



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**Note: The below FAQs are as of September 10, 2020. With things changing rapidly, please check back often for updates.**

**I have questions on EO 2020-179 and how they apply to my facility. Who do I contact?**

[EO 2020-179](#) Section IV (2) gives MDHHS authority to issue orders and directives to implement EO 2020-179. MDHHS Director Gordon issued an [order](#) that provides some guidance but additional guidance is being developed. If you have specific questions on EO 2020-179 you can send your inquiries to [MDHHS-COVID19@michigan.gov](mailto:MDHHS-COVID19@michigan.gov).

**Can I take my loved one out of a facility to visit and if so, does the facility have to allow the resident to return to the facility?**

The Governor's order does not prohibit residents from leaving the facility however if a resident does leave the facility, the facility can ask screening questions and depending on where the resident went, who they were in contact with, the facility could require the resident to be quarantined within the home upon return. At this time, it is advised (but not required) that the homes educate residents on the associated risk of leaving the facility and educate residents on social distancing, hand hygiene, wearing a mask in public, etc. to limit the residents risk when outside the facility. The facility must allow the resident to return to their home. Please see [Executive Order 2020-179](#) if the facility is considering issuing a discharge notice. Questions on Executive Order 2020-179 and if a discharge notice can be issued can be directed to [MDHHS-COVID19@michigan.gov](mailto:MDHHS-COVID19@michigan.gov).

**Does Executive Order 2020-179 prohibit me from discharging a resident?**

[Executive Order 2020-179](#) Section IV (2) gives MDHHS authority to issue orders and directives to implement EO 2020-179. If you have specific questions on issuing a discharge notice and remaining compliant with EO 2020-179, you can send your inquiries to [MDHHS-COVID19@michigan.gov](mailto:MDHHS-COVID19@michigan.gov).

**Do I need to submit an incident report to licensing if a staff member tests positive for COVID-19?**

For AFCs, it is not required that an incident report be submitted if a staff person tests positive for COVID-19. It is recommended however that you notify your licensing consultant so that they can assist with making sure that the facility has taken proper precautions and is able to maintain proper staffing for the home.

For HFAs, an incident report is required if a resident suffers or is at risk of more than minimal harm. A staff person who tests positive could have exposed a resident or "put the resident at risk of more than minimal harm". For this reason, HFAs must submit an incident report when a staff person tests positive for COVID-19. Names of the staff that tested positive do not need to be included in the incident reports and can be discussed verbally with your HFA licensing staff.



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Note: [Executive Order 2020-179](#) requires that the presence of a COVID-19 affected resident be reported to your local health department within 24 hours of identification.

**A resident of our home has respiratory illness symptoms. Should they be transferred to the hospital?**

- If the resident needs immediate medical attention because of their symptoms, then the facility shall call 911.
- If the resident has symptoms but does not need immediate medical attention, the facility should contact the resident's doctor for guidance and to determine whether transfer to the hospital is necessary. The doctor can also advise if a COVID-19 test is necessary.
- If the doctor decides transfer to the ER is not necessary but the resident is presenting symptoms of a respiratory illness, the facility should follow protocols and CDC recommendations as if the resident was COVID-19 positive.
- If EMS is called and arrives at your facility, they may evaluate the resident onsite and may make the call if the resident meets the criteria to be transferred to the hospital or if the resident can currently be cared for at your facility.

Some suggestions on ways to minimize potential spread of the virus include:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase availability and accessibility of alcohol-based hand rubs, reinforce strong hand-hygiene practices, no touch receptacles for disposal, and facemasks as directed by CDC or MDHHS guidance.
- Use cloth masks when unable to secure disposable masks.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of equipment, etc., between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (phones, etc.).

**EMS arrives at our facility and is refusing to participate in our screening protocol before entering our building. Is it okay to let them in?**

Yes, it is okay to let EMS into your building without being screened. EMS should not be delayed from providing immediate care to a resident who is experiencing a medical emergency. EMS providers have been advised by MDHHS, Division of EMS and Trauma that they are to screen all EMS staff at the beginning of their shift and to buddy/coworker screen each other twice a day during their shift.



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**A resident of our home has been transferred to the hospital/ER with respiratory illness symptoms or has tested positive for COVID-19 and the hospital is wanting to discharge them back to our facility. Do we have to take them?**

Facilities should be asking questions of the hospital such as the following before the hospital discharges the resident back to their facility.

- Does the resident meet criteria outlined in the [CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalization Patients with COVID-19?](#)
- Has the patient gone at least 3 days (72 hours) fever free without the use of fever reducing medications and demonstrates an improvement in respiratory symptoms (cough, shortness of breath)?
- Does the facility have the needed PPE (Personal Protective Equipment) or medical staff available to meet the resident's needs?
- Can the facility reasonably quarantine the resident in a private room within the facility?

Hospitals should provide guidance on precautions (if any) that the facility should take to protect staff and other residents. If the hospital is recommending staff use PPE (gloves, masks, etc.) and the facility does not have any nor can they get any, they should discuss that with the hospital discharge planner to see if they can assist the facility in getting needed items before the resident is discharged.

**See below link to a tool that MDHHS has posted on their website to assist hospitals in determining if the resident may be transferred back to your facility.**

[https://www.michigan.gov/documents/coronavirus/Hospital\\_to\\_Post\\_Acute\\_Care\\_Transform\\_Form\\_v4\\_031920\\_684373\\_7.pdf](https://www.michigan.gov/documents/coronavirus/Hospital_to_Post_Acute_Care_Transform_Form_v4_031920_684373_7.pdf)

**We cannot obtain or complete TB testing for new staff. Can we proceed with hiring them without a TB test?**

During this crisis where many non-essential doctor's visits or testing is being canceled or not being scheduled, licensing will allow facilities to start staff prior to getting TB tested so they can keep facilities properly staffed. Facilities should conduct TB screenings of any new staff until they can be TB tested. Any new staff whose TB testing is postponed must be scheduled to be TB tested as soon as the state of emergency order is lifted.

**Can we postpone TB tests for existing AFC staff who are due to be retested and HFA staff that are required to be tested based on the facility risk assessment?**

Yes, TB testing can be postponed for current staff that are required to be retested until after the state of emergency order is lifted.



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### **Can we forgo fingerprinting new staff for background checks until after the crisis is over?**

Yes. [Executive Order 2020-150](#) allows for fingerprinting of AFC and HFA staff to be postponed until 10 business days after the end of the declared states of emergency and disaster. While fingerprinting of new staff can be postponed, it is asked that those who are able to get fingerprinted do so to help prevent the system from becoming overwhelmed after the state of emergency. Additional guidance can be found on the Workforce Background Check Section's website at the link below.

<https://miltcpartnership.org/longtermcareportal/home/news/95?Title=EXECUTIVE%20ORDER%202020-61%20GUIDANCE>

### **My CPR and first aid cards are about to expire. Can I postpone renewing my training until the crisis is over?**

The American Heart Association has issued a letter requesting that regulating bodies (such as licensing) consider honoring a 60-day extension to their current card expiration date which could be extended longer based on the evolving COVID-19 threat. AFC licensing is willing to accept this 60-day extension for all CPR and first aid update/refresher trainings.

NOTE: [Executive Order 2020-150](#) states the following: "Professional certifications of individuals in basic life support, advanced cardiac life support, and first aid- shall remain in effect, even if they are otherwise due to expire." This order is effective immediately and continues until the end of any state of emergency or disaster related to the COVID-19 pandemic.

### **What about CPR and First Aid Training for new staff?**

For new employees who need initial training, we will temporarily accept online trainings until the crisis is over. Once over, we will expect new staff to complete in-person training as needed. Facilities are responsible to ensure new staff are competent in required trainings before being scheduled alone in a facility.

### **Do I need to get references, verification of education, etc. before hiring a new staff person?**

Facilities need to balance the immediate need for staff with the safety of the residents. While licensing will be lenient on timeframes and information that is gathered during the crisis, it is recommended that facilities do not allow a new staff person to work alone at the facility while gathering required paperwork for new hires.



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**We have concerns about residents not being able to follow social distancing protocols. Do we need to continue to practice fire drills?**

If it is believed that residents are not able to practice social distancing during a fire drill or if there are other infection control concerns, the facility can postpone full fire drills. It is recommended if full fire drills are postponed, that the facility still ensure that staff are properly trained to handle emergency situations, especially new staff. The facility can run a drill with staff only if possible, however this is not required during the crisis. Licensing and the Bureau of Fire Services will be understanding when reviewing fire drills due during the crisis.

**Will the Bureau of Fire Services continue all inspections during the crisis?**

The Bureau of Fire Services has resumed inspections for AFCs (licensed for 7 or more) and HFAs such as inspections for renewals beginning June 15th. They continue to conduct unannounced investigations of allegations of serious nature. They also understand vendor testing of sprinklers and alarms may be delayed during this time. Any alarms on the fire panel or any other system issues should be addressed as soon as possible.

**Are AFC licensing consultants and HFA licensing staff considered essential staff?**

Yes. While licensing has scaled back its non-essential visits to facilities, licensing is still responsible for ensuring that vulnerable adults remain safe. Your licensing consultant may reach out to you to discuss your upcoming renewal and determine whether an onsite or virtual renewal is appropriate. Typically, your consultant will conduct at least a physical plant inspection onsite but may make arrangements to review documentation or conduct interviews remotely/virtually. Licensing will continue to conduct complaint investigations and will go onsite as determined necessary. Licensees must permit to allow licensing staff into the building. Licensing staff have a supply of masks and gloves they will use when conducting on-site inspections and investigations. If additional PPE is required beyond masks and gloves in accordance with facility protocol, licensing staff may need to be provided that PPE by the facility so they can enter the facility.

**Are direct care workers considered essential staff and do they need a letter designating them as such to travel to work?**

All AFC and HFA staff are considered essential workers as they are caring for vulnerable adults. They can travel to work without a letter. While it is not believed that law enforcement are stopping people that are outside their house, if you are stopped, you should explain that you are going to work at a facility that cares for vulnerable adults and you should be allowed to proceed.



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**Can we continue to admit new residents?**

To date, the state has not banned new admissions. The facility should do their own risk assessment and conduct a screening assessment of any potential new resident prior to admitting new residents to their facility. The facility can make the decision to quarantine any new residents. If a policy like this is implemented at the facility, the facility should make sure the resident and their guardian (if applicable) are aware of the facility quarantine policy and that information should also be included within the admission paperwork so the prospective new resident and their guardian are properly notified and can make an informed decision if being admitted and then being quarantined is the right decision for them.

**Can we require symptomatic residents to be quarantined?**

Yes, a facility can require a resident to quarantine in their room if that guidance was given by a doctor or other health professional due to symptoms or a positive COVID-19 test. The order to quarantine the resident could also be given from a local health department official. This would not be considered a violation of the resident's rights to freedom of movement as the facility is following the health professional or health department official's order.

**We are not able to schedule pre-employment physicals due to the crisis. Can we start new staff without a physical?**

We understand many doctors are canceling any non-essential doctor visits. We will allow facilities to conduct their own assessment of a new employee with the expectation that the new employee get a physical as soon as they are able.

**Can we use virtual/tele-medicine to complete a physical for direct care staff since many doctor's offices are closing or postponing non-essential visits?**

We will allow a virtual physical in the interim to expedite and make sure direct staff are available, but the expectation would be that the staff get an in-person physical once their doctor's office will start seeing them in person again.

**I cannot visit my loved one in their AFC or HFA home as required by the [Executive Order 2020-174](#) through September 30, 2020. Can I communicate with them during the visiting ban?**

Yes. The facility must allow you to communicate by phone, email or video (FaceTime, Skype, etc.) The facility should be able to accommodate conversations if the resident does not have their own phone or computer.



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**Do facilities have to allow any family and friends to visit if their loved one is on hospice?**

[Executive Order 2020-174](#) allows visitors to see residents that are on hospice. The facility must screen any visitors prior to allowing them entry. Protocols should also be put in place so that the visitors do not come in contact with and possibly expose other residents.

**Can residents visit with family and friends outdoors?**

Yes, starting September 15, 2020. MDHHS Director Gordon issued an order allowing outdoor visits if certain requirements are met and safety precautions are put in place. Please see [Director Gordon's order](#) which was issued on September 10, 2020.

**Are residents allowed to go into the community?**

A resident that has been assessed as being able to enter the community safely can do so now that the stay at home executive order has been lifted. The facility should educate the resident on the importance of social distancing, hand hygiene, wearing a mask, and other safety measures to minimize potential exposure.

**I am being harassed for buying too much at the grocery store because during this crisis as I am buying for several residents. What can I do?**

One option is that you contact the grocery store to let them know your situation. It is also recommended that you wear an employee ID if you have one and carry a copy of your license so you can present it and explain that you are shopping for multiple residents.

**Residents of our AFC are receiving their stimulus checks for \$1,200. Many residents cannot deposit the checks because they do not have a bank account, or their bank is not open during the COVID-19 crisis. Can we hold this money for the resident until this crisis is over?**

Licensing Rule 315 (6) for small and large group homes and Rule 21 (5) for family homes prohibit the licensee from accepting more than \$200 from any resident. If a resident does not have a guardian, financial Power of Attorney, payor, etc. then AFC licensing will allow the licensee to temporarily hold up to \$200 plus any stimulus money the resident may have received until 10 business days after the state of emergency ends. A listing of all valuables that are accepted by the licensee for safekeeping (including any stimulus money) must be maintained in accordance with Rule 315 (4) for small and large group homes and Rule 21 (3). The licensee shall either help the resident set up a bank account or have the resident spend down their account (to \$200 or less) within 10 days of the state of emergency being lifted.



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### **My license is about to expire. What should I do?**

Assuming you have applied to renew your license, there is nothing further needed from you as the licensee/licensee designee. There have been some delays with renewing licenses because of onsite inspections by licensing, Bureau of Fire Services and the local health department being postponed. Licensing is again conducting onsite renewal inspections whenever possible. The Bureau of Fire Services has resumed onsite as of June 15th. Local health department inspections being completed have varied from health department to health department. If inspections have been postponed, this may have caused delays your license renewal. If so, you will receive a license extension letter. Please allow 2 weeks after your license expires to receive a license extension letter. If your license has not been renewed and you have not received your license extension letter, you can request a license extension letter by contacting our licensing unit at 1-866-856-0126.

### **Can we allow contractors to start construction/renovation work within our home?**

Non-essential construction work may start if there is a separation of the work area which would not require contractors to work in the area of the facility utilized by residents. For construction or repair that is necessary to maintain the current ongoing operation of the resident area of the facility, contractors should be screened like staff prior to entering the facility. If the construction works does not meet one of these two criteria, [Executive Order 2020-174](#) would prohibit contractors from entering the resident area of the building and this EO is in effect through August 31 (unless extended further).

### **Does the MDDHS Director's order requiring testing of all nursing home residents apply to AFC and HFA?**

The order requires all residents and staff of nursing homes to be tested for COVID-19. This is a [MDHHS order](#) and does not apply to AFCs and HFAs. MDHHS has a separate area working on testing of AFC and HFA residents and staff but currently, testing of AFC and HFA residents and staff is still voluntary.