

# Welcome and Introductions



Allen Jansen, Senior Deputy Director  
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and more productive lives, no matter their stage in life.*

# COVID Epidemiology / COVID in Michigan Overview



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Bureau of Epidemiology and Population Health

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# Epidemiology and Surveillance

- **Epidemiology**

- Epidemiology is the **method used to find the causes of health outcomes and diseases in populations**. In epidemiology, the patient is the community and individuals are viewed collectively.
- We organize and summarize data according to **person, place, and time**

## Surveillance

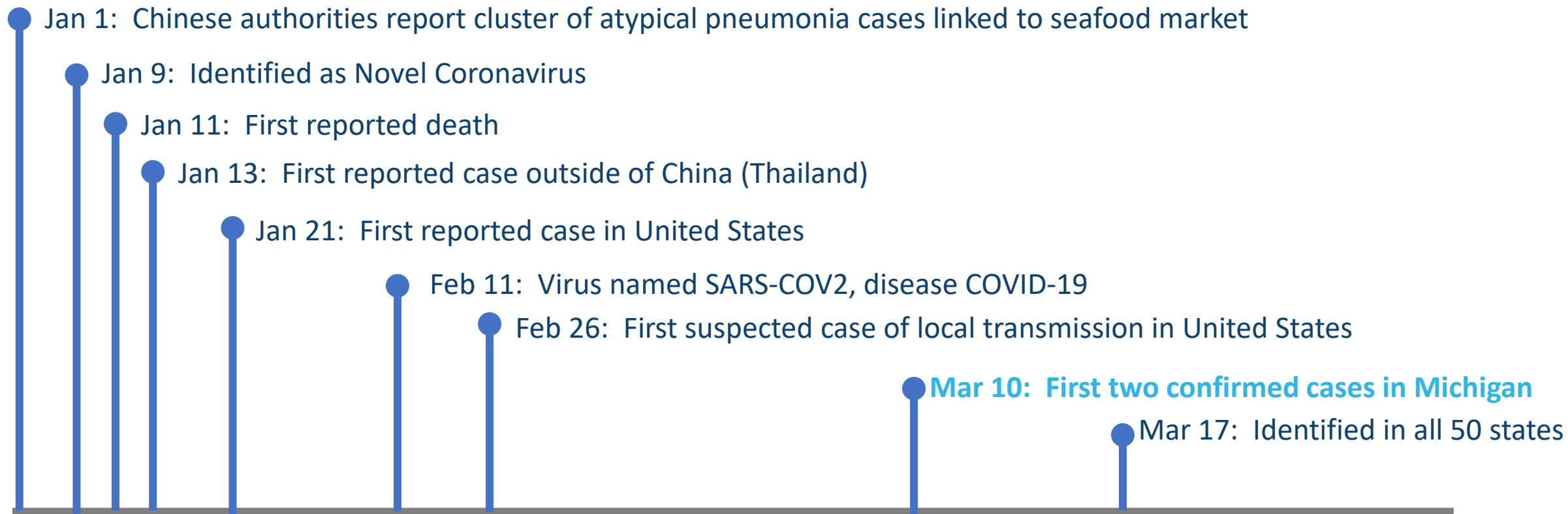
- **Systematic**, ongoing **collection, management, analysis**, and **interpretation of data** followed by the dissemination of these data to stimulate **public health action**.

# Why is Surveillance Important?

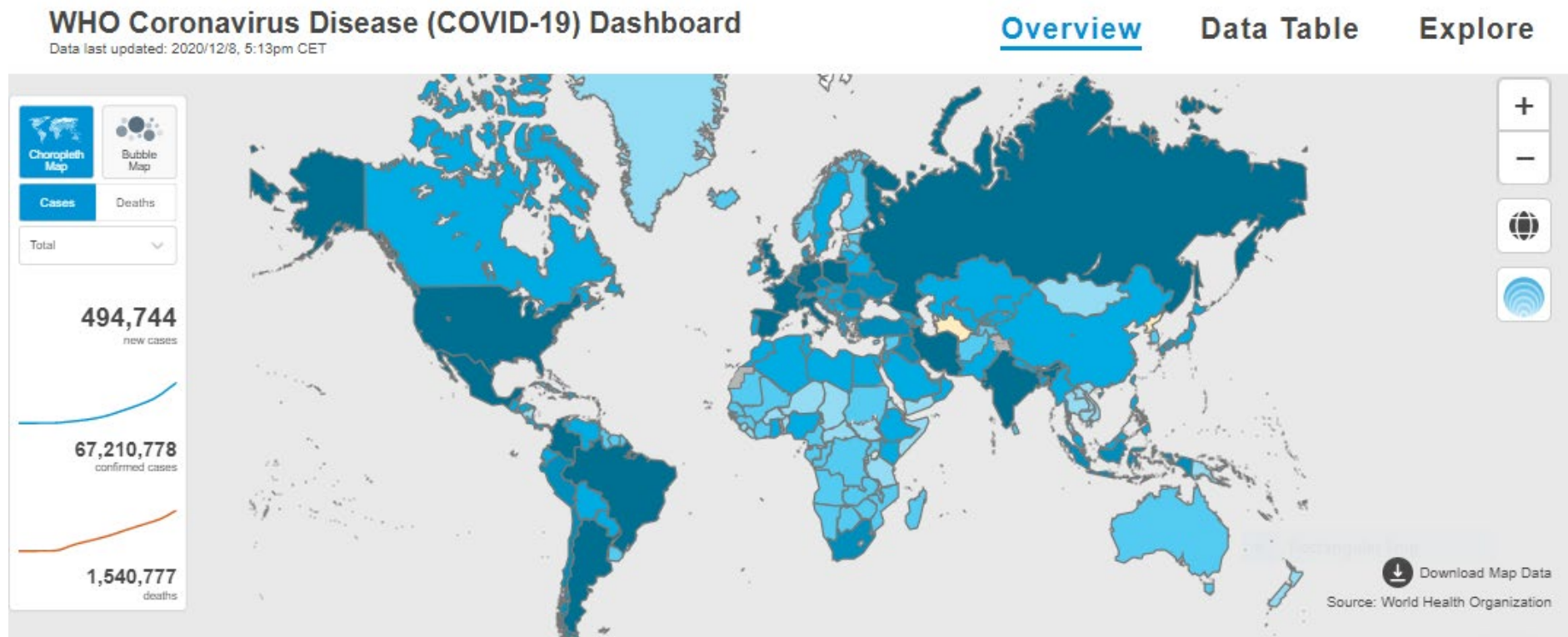
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- To estimate the magnitude of a problem
- To identify trends and outbreaks
- To assure treatment, preventive treatment and/or education
- To evaluate prevention and control programs
- To help target resources (e.g. testing, PPE, vaccination)
- To facilitate epidemiologic research
- To assist national and global surveillance efforts

# Early COVID-19 Timeline



# Global picture



**Globally**, as of **5:13pm CET, 8 December 2020**, there have been **67,210,778 confirmed cases** of COVID-19, including **1,540,777 deaths**, reported to WHO.



# The U.S. leads the global community

## WHO Coronavirus Disease (COVID-19) Dashboard











Data last updated: 2020/12/8, 5:13pm CET

Overview

Data Table

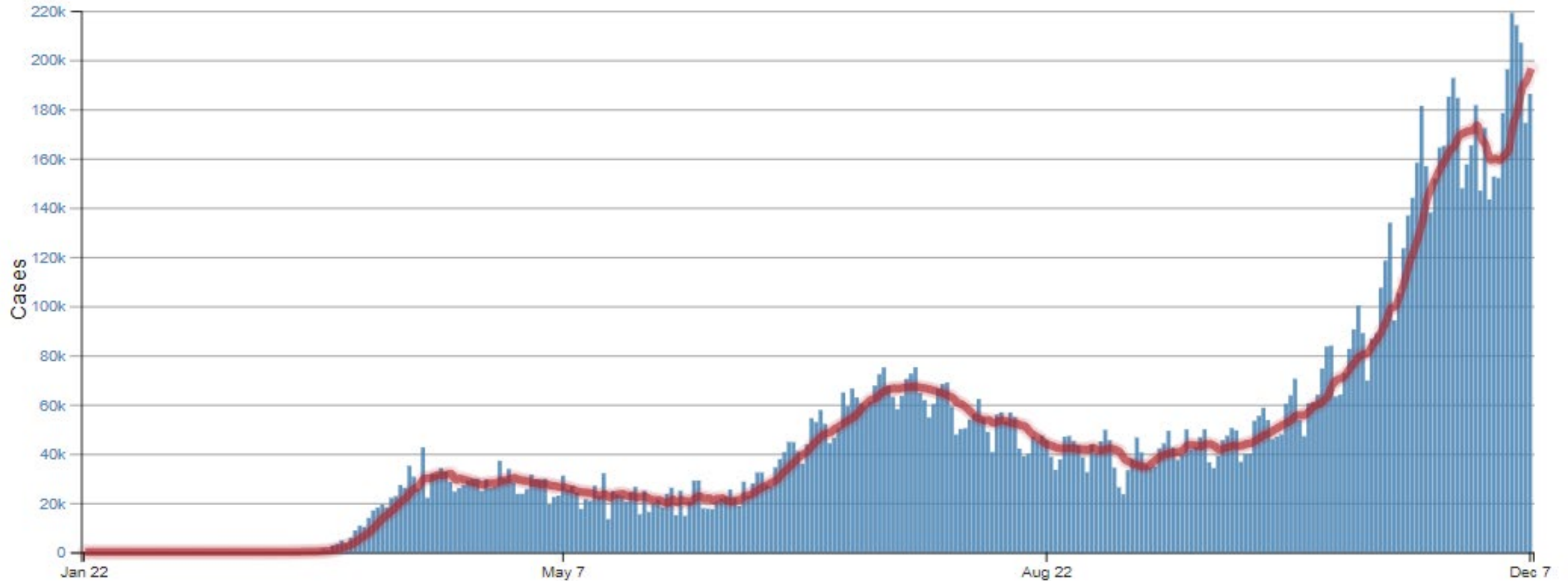
Explore

### Situation by Country, Territory & Area

Name	Cases - cumulative total	⇅	Cases - newly reported in last 24 hours	Deaths - cumulative total	Deaths - newly reported in last 24 hours	Transmission Classification
<b>Global</b>	<b>67,210,778</b>		<b>494,744</b>	<b>1,540,777</b>	<b>7,707</b>	
 United St...	14,570,523 		173,388	279,913	1,107	Community transmission
 India	9,703,770 		26,567	140,958	385	Clusters of cases
 Brazil	6,603,540 		26,363	176,941	313	Community transmission
 Russian F...	2,515,009 		26,097	44,159	562	Clusters of cases
 France	2,255,955 		3,103	55,158	366	Community transmission

# New COVID-19 Cases by Date – United States

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



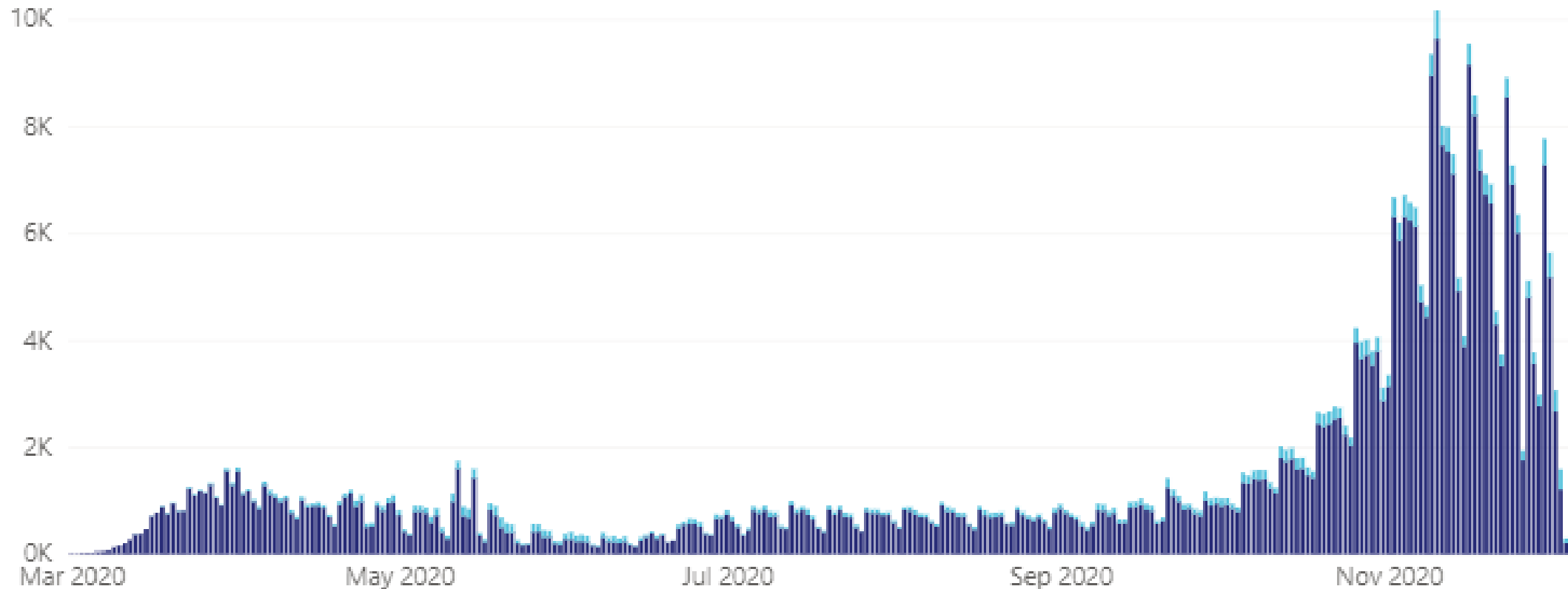


# New COVID-19 Cases by Onset Date\* — Michigan

Cases by Date of Onset

Case Status ● Confirmed ● Probable

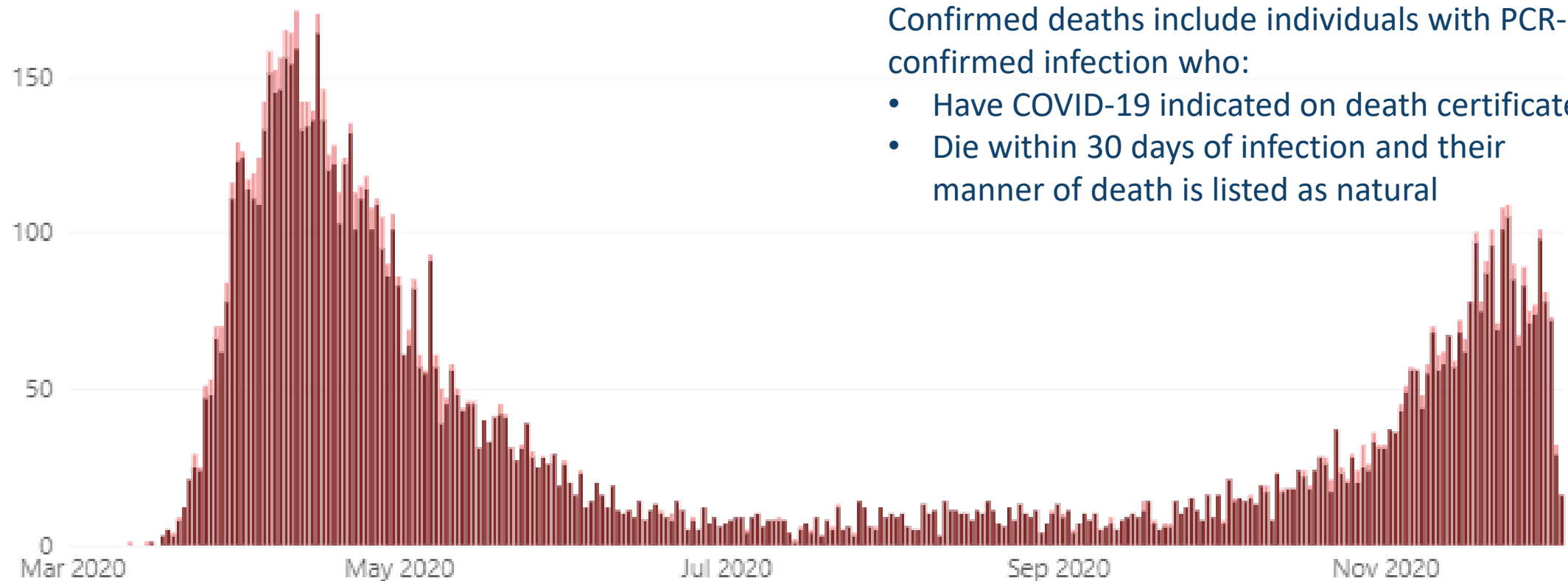
\*or specimen collection date if onset is unavailable



# COVID-19 Deaths by Date of Death — Michigan

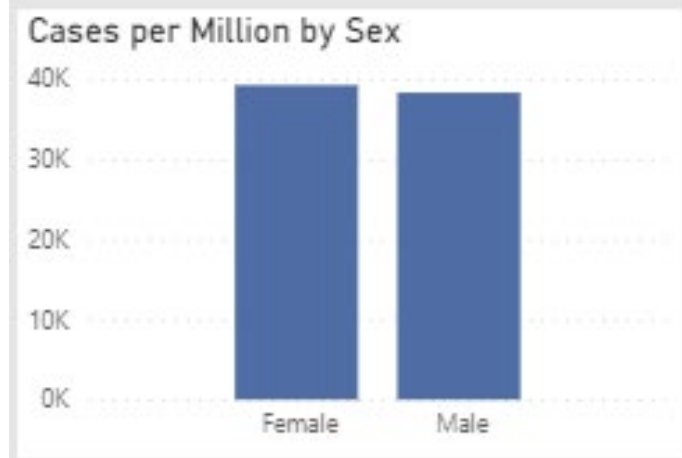
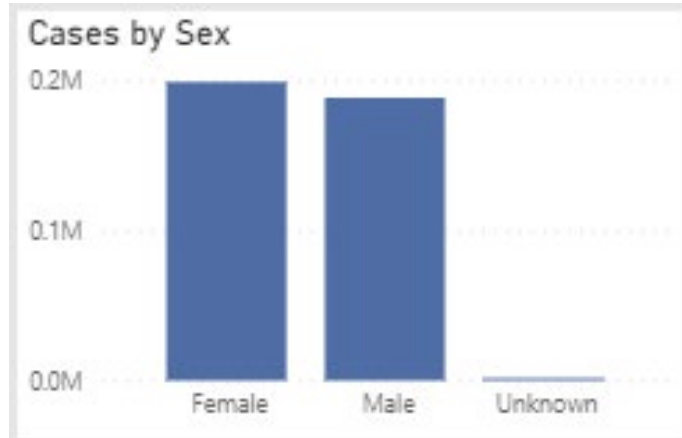
## Deaths by Date of Death

Case Status ● Confirmed ● Probable

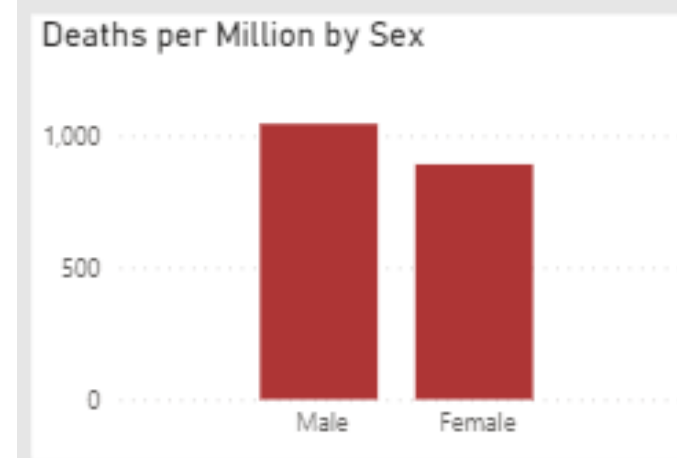


# Cumulative COVID-19 Cases by Sex — Michigan

## Cases

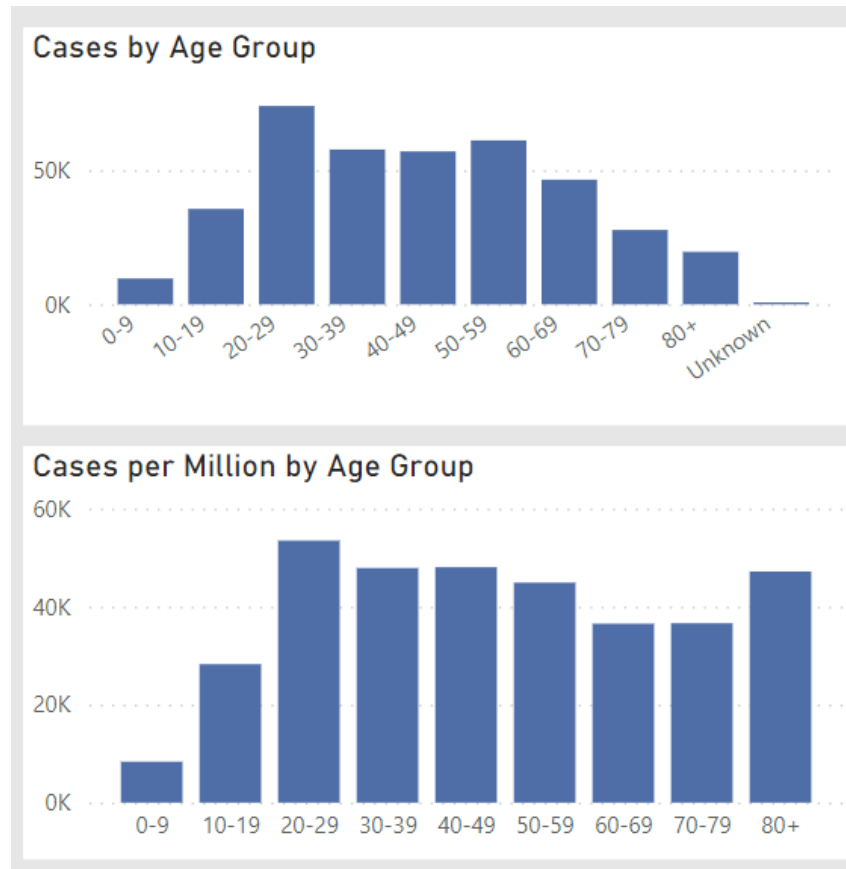


## Deaths

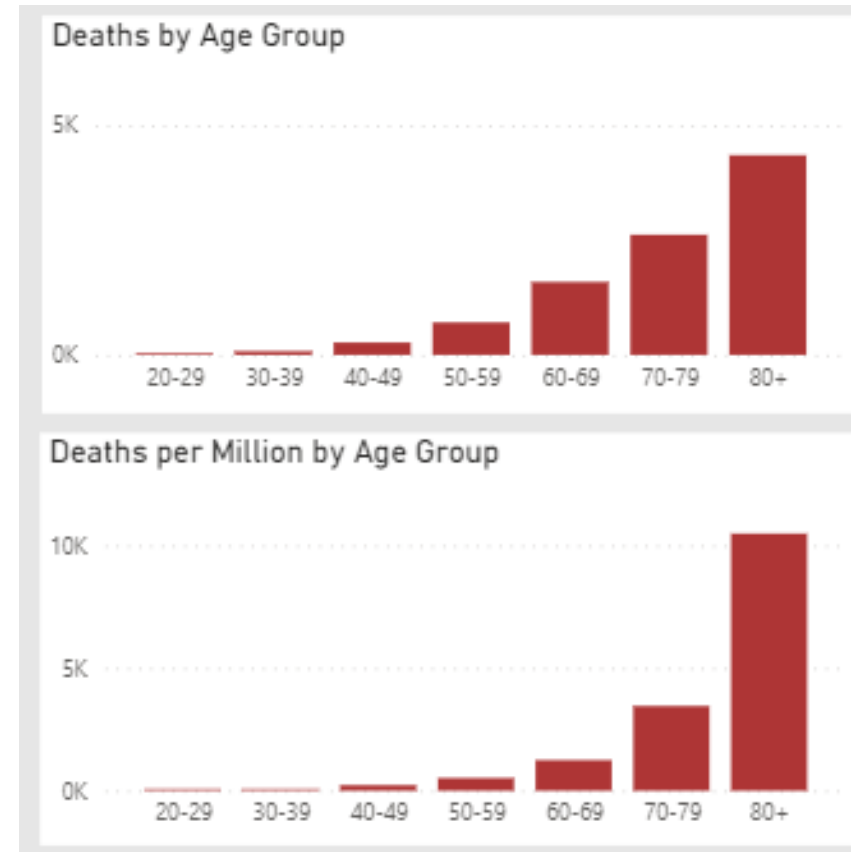


# Cumulative COVID-19 Cases by Age Group — MI

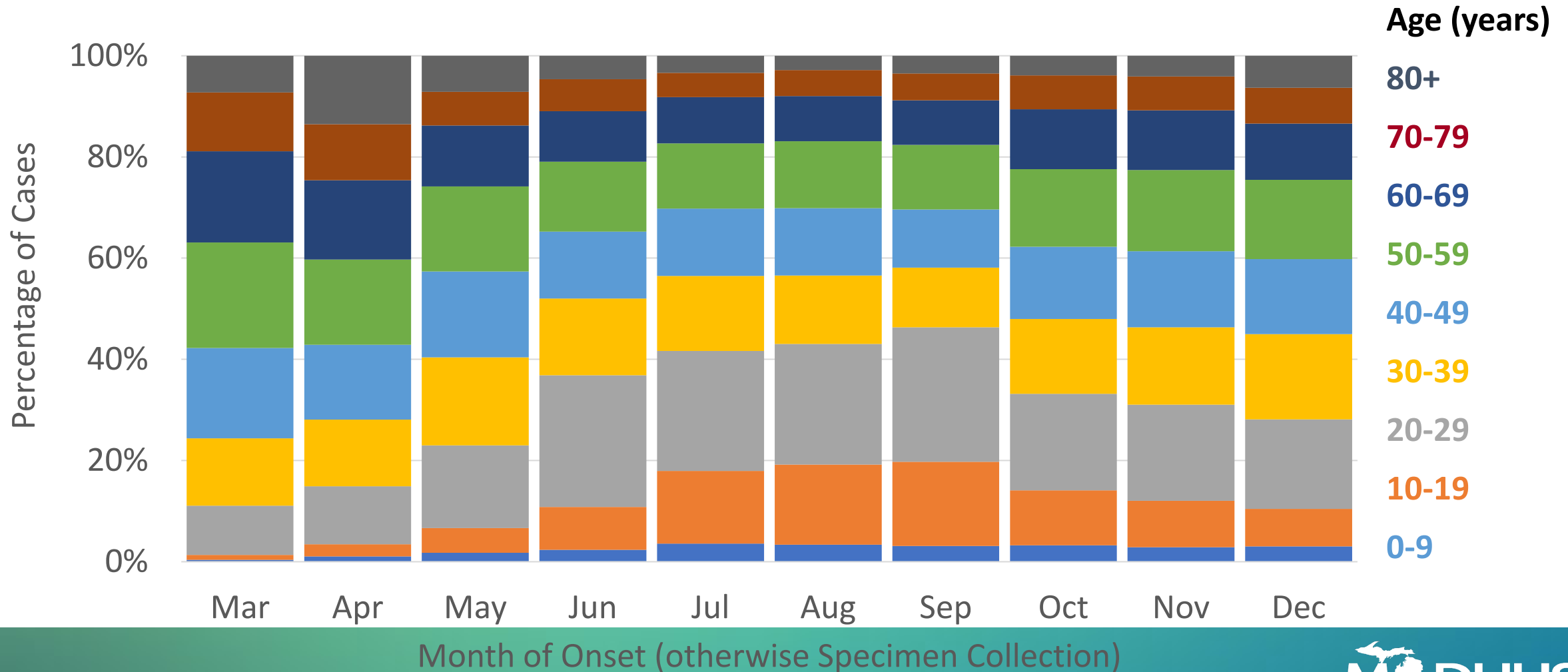
## Cases



## Deaths

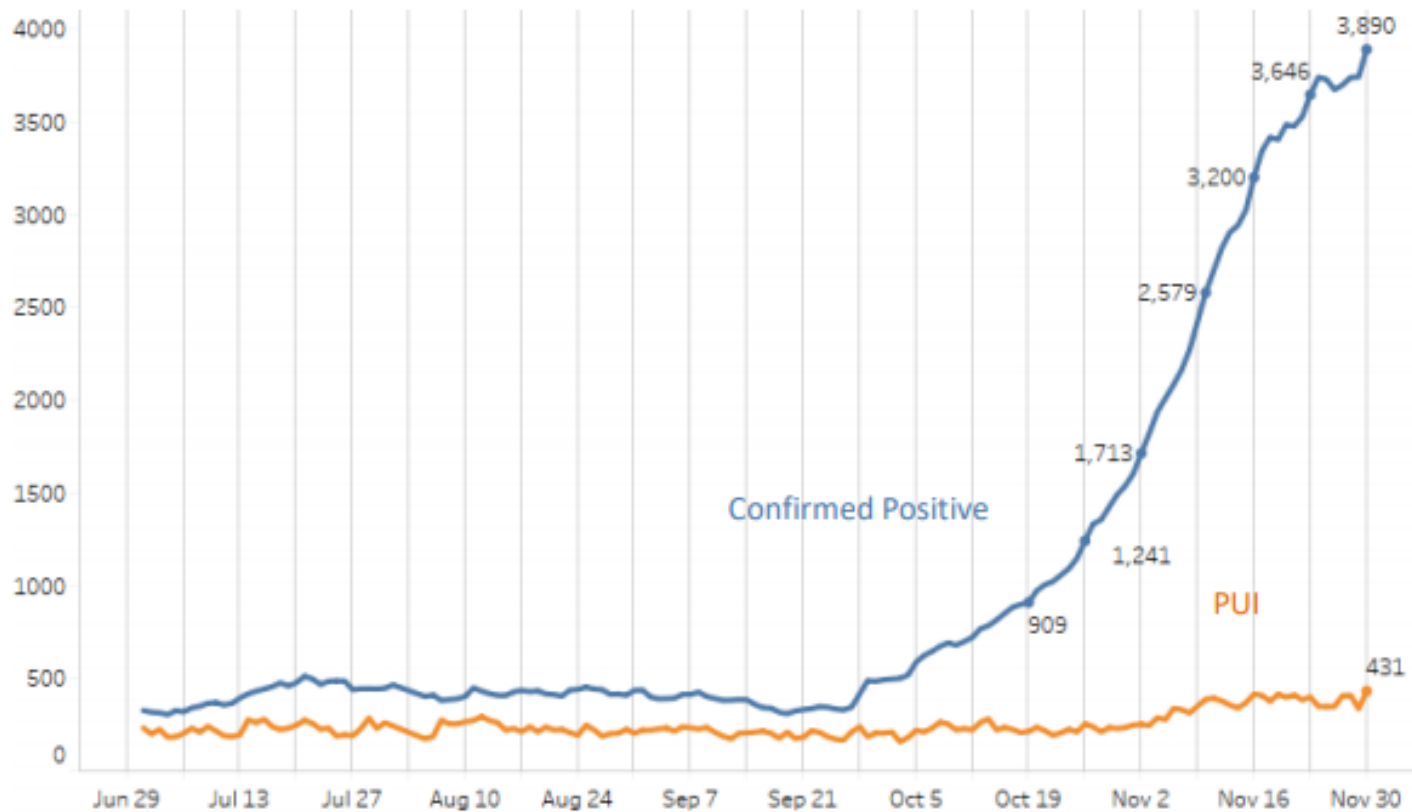


# COVID-19 Cases by Age Group Over Time — Michigan



# Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 7/1/2020 – 11/30/2020  
Confirmed Positive

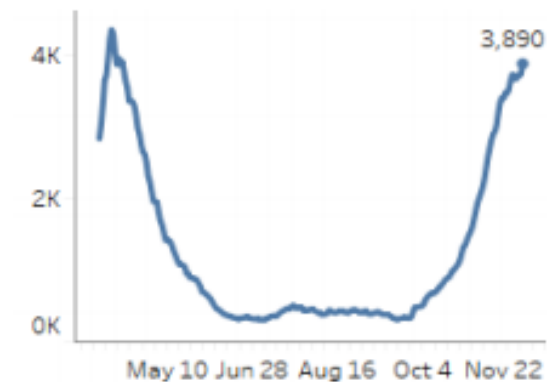


This week, hospital COVID+ census is 7% higher than last week (vs. 14% growth week prior)

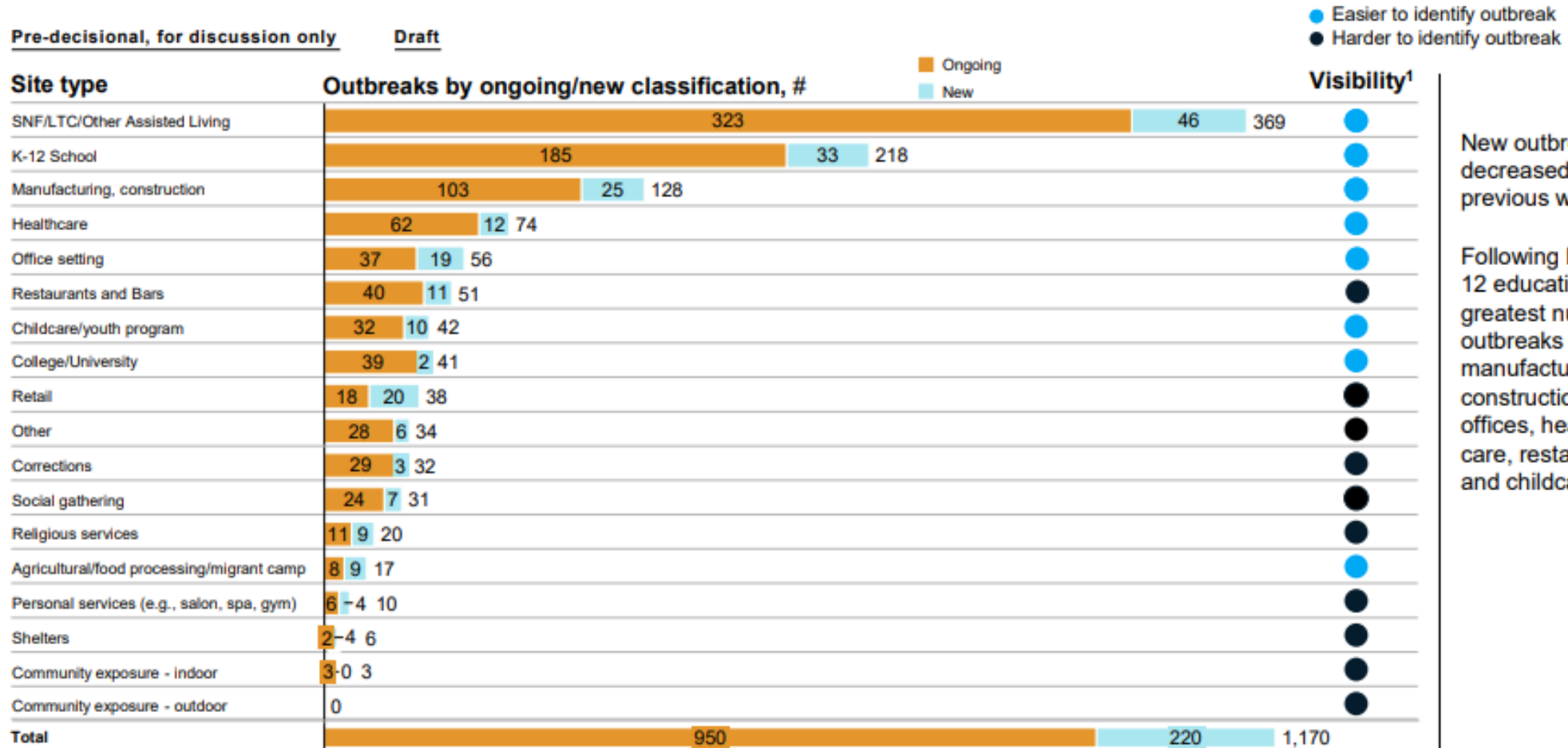
We are now at ~90% of our spring peak.

Trend has now shown 2 weeks of slowing growth rates

Hospitalized COVID Positive Long Term Trend (beginning March)



# Number of outbreak investigations by site type, week ending Nov 25



New outbreaks decreased 29% from previous week

Following LTCs and K-12 educational settings, greatest number of new outbreaks reported in manufacturing/construction, retail, offices, health care, restaurants/bars, and childcare.

1. Based on a setting's level of control and the extent of time patrons/residents spend in the particular setting, different settings have differing levels of ability to ascertain whether a case derived from that setting

NOTE: Many factors, including the lack of ability to conduct effective contact tracing in certain settings, may result in significant underreporting of outbreaks. This chart does not provide a complete picture of outbreaks in Michigan and the absence of identified outbreaks in a particular setting in no way provides evidence that, in fact, that setting is not having outbreaks.

Source: LHD Weekly Sitreps

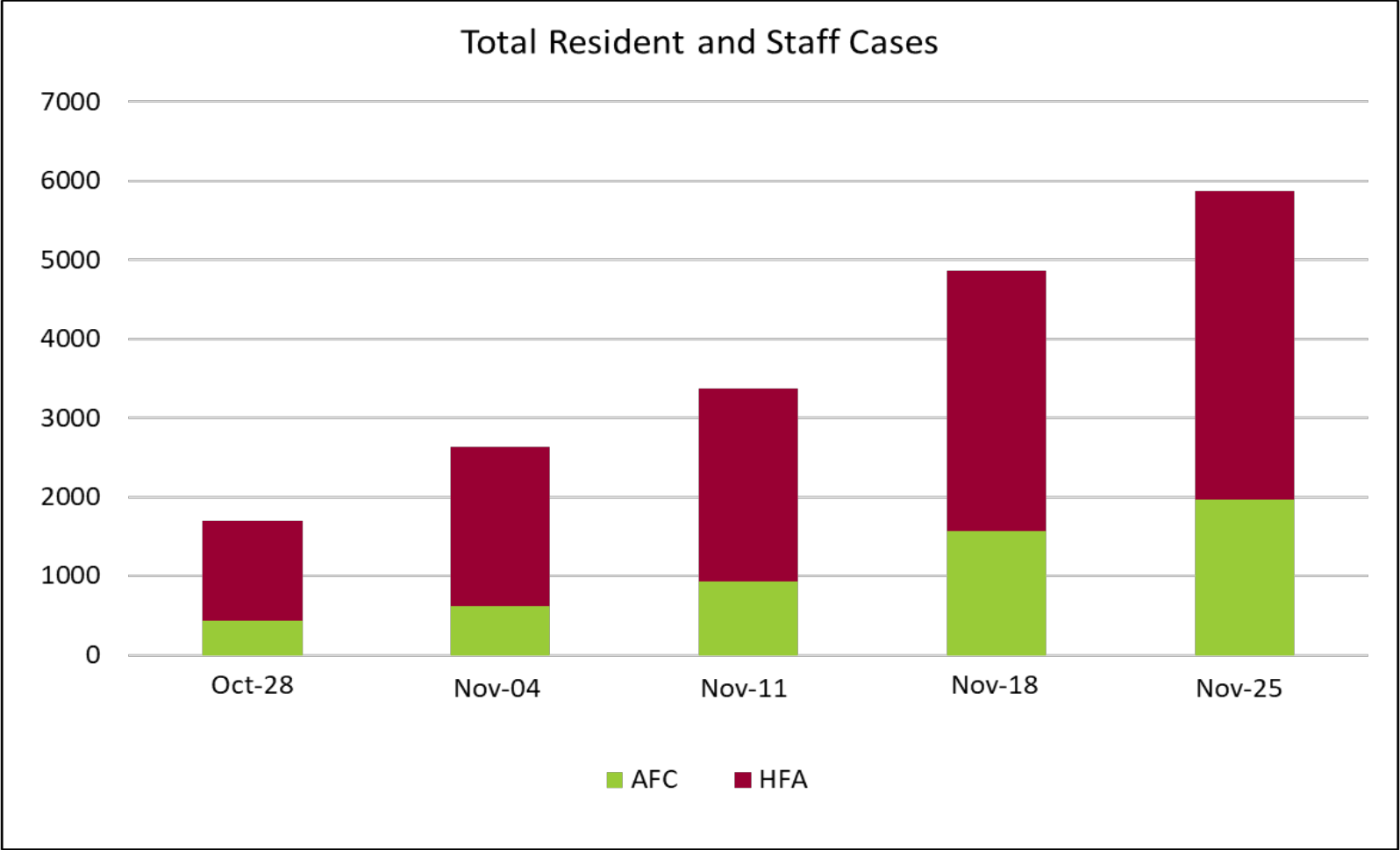
# Adult Foster Care (AFC) & Home For the Aged (HFA) COVID-19 Data

Facility Type	Reported	Licensed Facilities	Percent Reported	Total Resident Cases	Total Resident COVID-19 Deaths	Total Staff Confirmed Cases	Total Staff COVID-19 Deaths
Home for the Aged Facility	245	307	80%	1,985	571	1,928	3
Adult Foster Care Facility	435	604	72%	1,033	247	931	17
<b>Facility TOTAL</b>	<b>680</b>	<b>911</b>	<b>75%</b>	<b>3,018</b>	<b>818</b>	<b>2,859</b>	<b>20</b>

- Data source: [https://www.michigan.gov/coronavirus/0,9753,7-406-98163\\_98173-526911--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173-526911--,00.html)
- Data as of 12/4 – slides prepared by Elli Stier



# Adult Foster Care (AFC) & Home For the Aged (HFA) COVID-19 Cases by Week



Data source: [https://www.michigan.gov/coronavirus/0,9753,7-406-98163\\_98173-526911--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173-526911--,00.html)

Slides prepared by Elli Stier

# Infection Prevention Resource and Assessment Team (IPRAT)

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## Goal:

- **1)** Prevent COVID-19 from entering LTC facilities
- **2)** Contain the spread of COVID-19 in LTC facilities with positive residents and staff

## • Who:

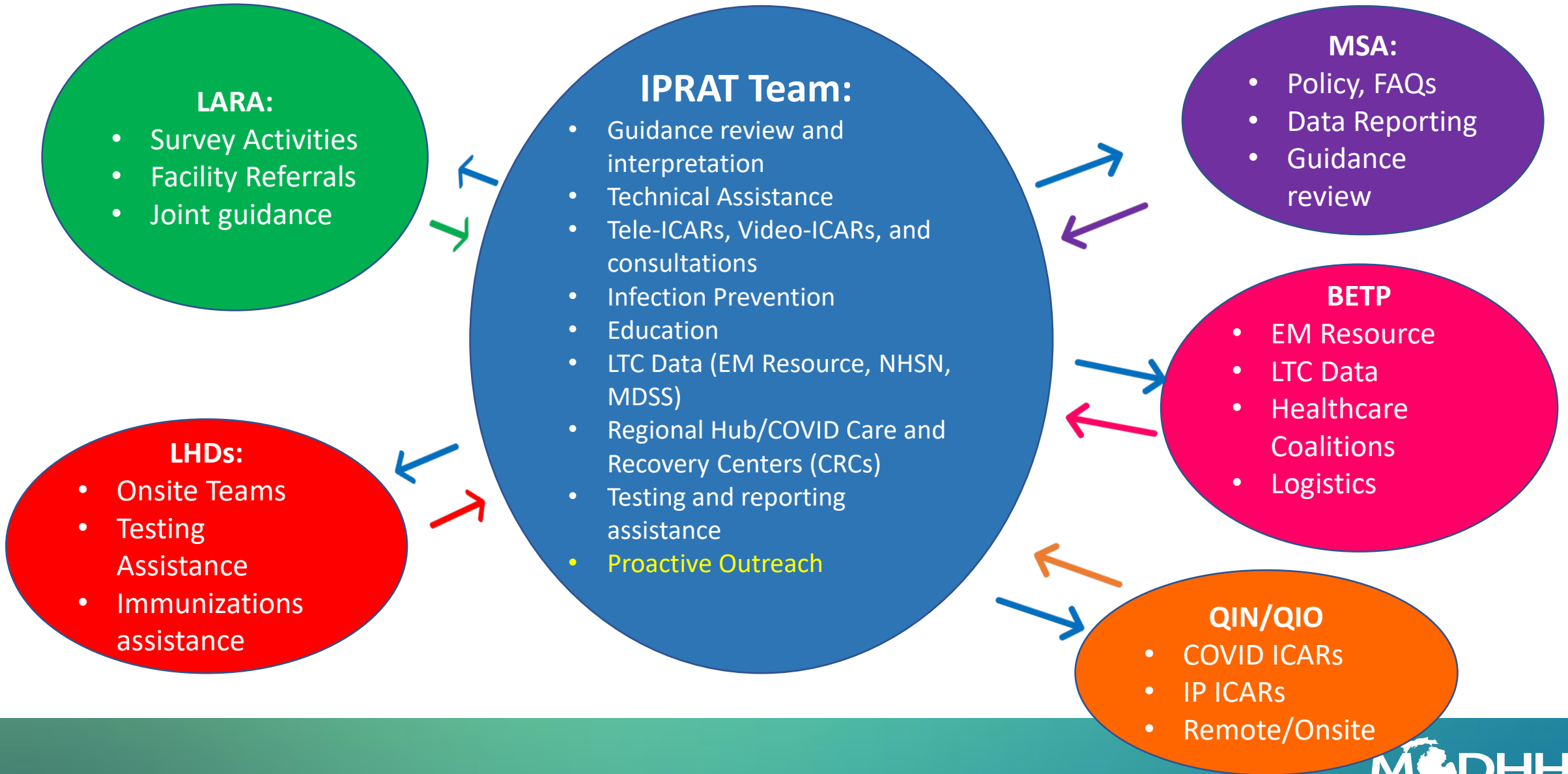
- **Michigan Department of Health and Human Services staff**
  - CD Division, SHARP Unit staff (Remote Team)
  - CD Division, Infection Prevention Unit (Onsite Team)

# Infection Prevention Resource and Assessment Team (IPRAT)

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- **What: In collaboration with Local Health Departments...**
  - Consultative service – non-regulatory
  - Technical assistance with infection prevention questions regarding personal protective equipment (PPE), cohorting residents, testing strategies, staff exclusion, etc.
  - Review of infection prevention policies, procedures and practices at LTC facilities and other congregate settings
  - Conduct Infection Control Assessment and Response (ICARs) for LTCs to prevent or contain COVID-19
  - Review and interpretation of the latest CDC, MDHHS, and CMS guidance

# Long-Term Care Partners



# How to Contact IPRAT

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**Website: [www.michigan.gov/iprat](http://www.michigan.gov/iprat)**

**Email: [MDHHS-IPRAT@michigan.gov](mailto:MDHHS-IPRAT@michigan.gov)**

**Additional data can be found at:**

- <https://covid.cdc.gov>
- <https://www.michigan.gov/coronavirus>;
- <https://www.mistartmap.info/>

# MDHHS Epidemic Orders

Current AFC and HFA  
Requirements and Expectations



Jeffery L. Wieferich, MA, LLP  
Director

Bureau of Community Based Services  
Behavioral Health and Developmental Disabilities Administration

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# MDHHS Epidemic Orders

## ➤ Requirements for Residential Care Facilities – Issued October 21, 2020

- Established indoor and outdoor visitation and visitor guidelines for facilities
  - Indicates that facilities are encouraged to permit visitation when the outlined safety standards can be met
  - Ensures that compassionate care visits are not limited
  - Outlines who is considered a visitor
- Established visitor testing requirements for facilities
  - Directed when point of care testing should take place
  - Addressed frequency of testing for return visitors
  - Addressed reporting requirements

# MDHHS Epidemic Orders

- Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care – Issued October 28, 2020
  - Established the mandated testing protocols for staff and residents of:
    - nursing homes,
    - homes for the aged and
    - adult foster care facilities licensed for 13 beds or more.
- As a result of this order, the visitor testing requirement of the order issued on 10-21-20 now became a requirement for homes for the aged and adult foster care facilities licensed for 13 beds or more



# MDHHS Epidemic Orders

- MDHHS has made every effort to provide as much support as possible, to minimize the administrative burden on HFAs and AFCs as a result of the testing order
  - Shipped test kits directly to facilities
  - Michigan National Guard has reached out to facilities to support education and training efforts
  - Established an expedited approval process for the waiver of the Clinical Laboratory Improvement Amendment (CLIA) Certificate and arranged for coverage of the cost
  - Established process for re-ordering supplies from the state
  - Established a reporting process for testing and the results
  - MDHHS held a webinar on these requirements and the video is posted online

# Testing



Jason Wilkinson, Director  
COVID Testing & Collection Coordination

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# Implementation

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- Testing basics: two types of diagnostic tests can meet these requirements:
  - PCR: highly sensitive test, samples sent to laboratory for processing
  - Antigen: less sensitive test, performed at point of care
- MDHHS shipped antigen and PCR tests to all facilities affected by this order. Make refill requests online: <https://www.surveymonkey.com/r/K3T9JHQ>

Facilities	Type of Test	Details
SNFs that received BD kits from federal government	BD	Rapid point of care test, requires BD machine to analyze
All other SNFs	Binax	Card-based point of care test, no additional equipment needed
All HFAs and AFCs		

# Binax Antigen Test Details

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- 15-minute card-based test; can be performed without special equipment, by direct care staff
- Facilities must do three things to use these tests:
  - 1. Get a CLIA waiver:** CLIA regulates lab testing; getting a waiver requires a 5-page application sent to LARA
  - 2. Train staff:** staff must complete two online training videos [here](#) and [here](#).
  - 3. Find a medical provider to order the test:** can be any type of nurse, PA, pharmacist, or physician; facilities without a medical provider should contact local health department.

# CLIA Waiver Application Process

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- To get a CLIA certificate of waiver:
  - Facilities should [complete this application](#)
  - Email application to [LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov](mailto:LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov)
- Cost: \$180 for two years
- Questions about process can be addressed to: [MDHHS-Binaxnowrequest@michigan.gov](mailto:MDHHS-Binaxnowrequest@michigan.gov)

# Confirming Antigen Results with PCR Test

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- Because they are less sensitive, Binax antigen tests sometimes need to be confirmed by more sensitive PCR tests:
  - When someone with symptoms tests negative; or,
  - When someone without symptoms tests positive.
- MDHHS is sent all affected HFAs and AFCs a small number of saliva PCR tests to keep on hand and use when antigen tests need to be confirmed.
- Saliva tests can be self-collected by patients or collected by direct care staff with training; MDHHS's testing vendor Honu will provide training and instructions.

# Reporting Results

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- All tests conducted for COVID-19 must be reported to MDHHS. [Required data elements](#) can be found in MDHHS's antigen FAQ.
- SNFs: per CMS guidance, should report antigen test results to CDC's National Healthcare Safety Network (NHSN). Data reported here will be shared state and local health departments.
- HFAs and AFCs: can complete this online form: <https://www.Michigan.gov/COVIDBinaxReporting>

# Follow up questions:

- We will hold Testing “Office Hours” this Friday (December 11) from 2-3p to answer your questions.
- [MDHHS-Binaxnowrequest@michigan.gov](mailto:MDHHS-Binaxnowrequest@michigan.gov) for the invite.



# Decision Tool



Belinda Hawks, Director  
Division of Quality Management & Planning  
Behavioral Health and Developmental Disabilities Administration

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# AFC/HFA COVID-19 Emergency Response

- Decision Tool
  - -COVID-positive residents
  - -Staff exposure or COVID-positive test
  - -PPE shortage
  - -Staffing shortage

# Decision Tool - Guidance Document

- Decision Tool Resources
- General COVID-19 Resources

# Rapid Response Staffing



Nicole Hudson  
State Assistant Administrator to  
Chief Deputy of Health / Chief Medical Executive

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# Rapid Response Staffing in Long-Term Care Facilities

- The Michigan Department of Health and Human Services is offering Rapid Response Staffing statewide to assist long-term care facilities who may be experiencing a staffing shortage. This includes:
  - Skilled Nursing Facilities, Assisted Living Centers, Homes for the Aged, and Adult Foster Care Homes.
- MDHHS's contracted staffing agencies can provide:
  - Short term (120 hours or less) of consecutive staffing assistance
  - Facilities will be able to request of maximum of 5 staff total per shift
- **MDHHS cannot guarantee that every facility that meets criteria and request staffing resources will receive staffing support due to the high demand for supplemental staffing**

# Steps for Requesting Staffing

- Detailed program information can be found here:  
[https://www.michigan.gov/documents/coronavirus/RRS\\_Guidance\\_for\\_LTC\\_Facilities\\_Program\\_Updates\\_Oct\\_2020\\_FINAL\\_706611\\_7.pdf](https://www.michigan.gov/documents/coronavirus/RRS_Guidance_for_LTC_Facilities_Program_Updates_Oct_2020_FINAL_706611_7.pdf)
- Facilities should thoroughly review the document before requesting staffing resources to understand their responsibilities under this program.
- If a facility fails to meet the criteria or fails to submit the required survey within 24 hours of requesting staffing, the facility will be billed by MDHHS for the staffing costs.

# Step One: Self Certifying Criteria

Criteria for Requesting Staffing Support			
Facility Type	Demonstrated Need for Staffing Assistance	Enacted Emergency Protocol for Staffing	Facility Reached Out to a Staffing Agency but No Staff Available (Facility <b>must</b> first reach out to staffing agency that is not contracted with MDHHS)
Homes for the Aged	<p><i>Emergency Staffing:</i> 40% or more of scheduled staff have missed two shifts in a row and the absences are unrelated to a strike or labor dispute</p> <p># of staff who have missed a shift divided by the total number of staff scheduled for that shift must equal 40% or higher.</p>	<ul style="list-style-type: none"> <li>• If the home shares ownership or operational management with 5 or more homes, have requested backup support from those homes</li> <li>• If part of a corporate structure with regional staff, have called upon those employees to provide care and supervision to residents</li> <li>• If part of a continuing care retirement community, have requested staffing support from other areas of the CCRC operation</li> <li>• Enlisted members of management staff to assist with resident care and supervision where appropriate</li> </ul>	Yes, staffing agency did not have staff available
Adult Foster Care Home Licensed as Large or Congregate	<p><i>Emergency Staffing:</i> 40% or more of scheduled staff have missed one shift and the absences are unrelated to a strike or labor dispute</p> <p># of staff who have missed a shift divided by the total number of staff scheduled for that shift must equal 40% or higher.</p>	<ul style="list-style-type: none"> <li>• If the home shares ownership or operational management with 3 or more AFC homes, have requested backup support from those homes</li> <li>• If part of a corporate structure with regional staff, have called upon those employees to provide care and supervision to residents.</li> <li>• Enlisted members of management staff to assist with resident care and supervision where appropriate</li> </ul>	Yes, staffing agency did not have staff available
Adult Foster Care Home Licensed as Family or Small	<p><i>Emergency Staffing:</i> 40% of scheduled staff have missed one shift or there is reason to believe that staff will not be able to report for the next shift and the absences are unrelated to a strike or labor dispute</p> <p># of staff who have missed a shift divided by the total number of staff scheduled for that shift must equal 40% or higher.</p>	<ul style="list-style-type: none"> <li>• If the home shares ownership or operational management with 3 or more AFC homes, have requested backup support from those homes.</li> </ul>	Yes, staffing agency did not have staff available

# Step Two: Facility Contacts Staffing Contractor

Facilities contact one of the staffing contractors:

- 22nd Century Technologies, Inc (TSCTI) at 1-800-674-8380
  - ATC Healthcare at 1-800-240-47 or [stateofmichigan@atchealthcare.com](mailto:stateofmichigan@atchealthcare.com)
  - P.I.E. Management (William Phillips) at 313-967-7871 or [skendrick@piemanagement.com](mailto:skendrick@piemanagement.com)
- 
- In some instances, facilities may need to contact multiple staffing agencies for staff; however, facilities can **only receive a total of 5 staff for 5 days from all staffing sources.**
  - Facilities who attempt to circumvent these rules will be subject to recoupment or other consequences.



# Step Three: Facility Completes Survey

- Facilities must complete the [survey](#) within 24 hours **AFTER** requesting staffing resources to verify they have met the criteria.
  - You cannot request staffing resources via this survey
  - The survey only comes to MDHHS – do not use it to try and request staffing
  - **Do not** fill the survey out until you have contacted the staffing agency and arranged staff
  - **Do not** fill out the survey first or before calling the staffing contractor
- MDHHS uses the survey to verify that the facility met the criteria – it is not reviewed until after a facility requests staffing supports.
- MDHHS does not pre-certify or approve the survey before a facility can request staffing supports.

# Questions

- Please review the program guidance document for Frequently Asked Questions: [https://www.michigan.gov/documents/coronavirus/RRS Guidance for LTC Facilities Program Updates Oct 2020 FINAL 706611 7.pdf](https://www.michigan.gov/documents/coronavirus/RRS_Guidance_for_LTC_Facilities_Program_Updates_Oct_2020_FINAL_706611_7.pdf)
- All other questions can be emailed to: [MDHHS-LTCStaffing@michigan.gov](mailto:MDHHS-LTCStaffing@michigan.gov)
- Please note, requests for staffing assistance cannot be made via this email address.

# Conclusion: Questions / Comments:

Allen Jansen, Senior Deputy Director

Behavioral Health and Developmental Disabilities

[MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

517-335-0196 or 517-648-9415