MDHHS
Michigan Department of Health & Human Services

Guidance and Protocols

MDHHS Designated COVID-19 Regional Hubs

Special Note: This guide is an iterative document that will be amended as new information is identified to support the operations of MDHHS Designated COVID-19 Regional Hubs. MDHHS strongly encourages users to access this guide and associated materials through the website rather than downloading or printing local copies to ensure that the most up-to-date information is always used.

TABLE OF CONTENTS

COVID-19 REGIONAL HUB OVERVIEW

The purpose of this document is to provide guidance specific to the operations of a Michigan Department of Health and Human Service (MDHHS) designated COVID-19 Regional Hub. MDHHS has provided guidance to all long-term care facilities regarding operations during the COVID-19 public health emergency. The guidance provided in *Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission and Current Stay)* applies to all nursing facilities and other residential settings, including COVID-19 Regional Hubs. This document provides the additional guidance relevant to a COVID-19 Regional Hub.

The COVID-19 Regional Hubs are designated facilities or units within existing nursing facilities to care for COVID-19-individuals residing in long-term care facilities who are suspected to have Coronavirus or have been confirmed to have COVID-19 but do not require acute care provided in a hospital. The COVID-19 Regional Hubs are also designed to support the statewide hospital discharge policy and facilitate admission into nursing facilities prepared to treat COVID-19-affected residents. Regional Hubs have designated units to care for COVID-19-affected residents and prioritized access to available Personal Protective Equipment (PPE).

COVID-19 Regional Hubs are selected at the discretion of MDHHS based on factors that include stated willingness to serve as a hub facility, capacity to contribute to local need for services, proximity to acute care facilities experiencing high COVID-19 related demand, physical attributes of the facility to effectively quarantine COVID-19-affected residents, performance history of the facility, and other factors deemed relevant by MDHHS.

COVID-19 Regional Hubs must keep up to date with Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) guidance and recommendations related to COVID-19 and inform employees of any changes.

MDHHS will periodically reevaluate the need for COVID-19 Regional Hubs and end this designation as the need for them subsides and residents within the COVID-19 Regional Hubs are discharged to the appropriate setting.

SITE PREPARATION

Before requesting to become a COVID-19 Regional Hub, the nursing facility must determine its ability to meet the minimum requirements. This includes the following:

PHYSICAL SPACE

1. COVID-19 Regional Hubs must separate COVID-19-affected residents from non-COVID-19-affected residents.
2. An entire wing, unit, or building must be designated. Configurations with only certain rooms within a wing or unit will not be considered.
3. If a unit is designated, a separate entrance to and exit from the unit is preferred. This may include repurposing an emergency exit. Additionally, the designated wing is preferred to have its own nursing station(s), supply rooms for linen storage (clean and soiled), medications, restrooms and shower facilities for residents.
4. The bed space within the unit must be reserved for COVID-19-affected residents. This means not all beds may always be filled during the designation.

INFECTION CONTROL PROCEDURES

1. Each facility seeking designation must review their current infection control procedures. COVID-19 Regional Hubs must follow CDC guidance for hand hygiene and infection prevention and control recommendations in healthcare settings as well as CMS detailed guidance for infection control and prevention in nursing homes.
2. Every person entering the COVID-19 Regional Hub must be screened at least once daily (before entering the hub) for COVID-19 symptoms. Staff, caregivers, other providers, and visitors exhibiting COVID-19 symptoms are not allowed to enter the hub.
3. Environmental cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas, according to CDC guidance.
4. Upon resident discharge, resident rooms must be terminally cleaned before another resident is admitted to the room. Entry into these rooms for terminal cleaning or resident placement should be delayed long enough to allow for removal of potentially infectious particles.
5. Trash from the COVID-19 Regional Hub may need to be collected more frequently and handled separately from other areas of the nursing facility.
6. Meal delivery including in the COVID-19 Regional Hub should be separate from the rest of the facility.

STAFFING

1. The COVID-19 Regional Hub must designate a contact person to deal specifically with COVID-19 issues.
2. Staffing assignments should be consistent within the COVID-19 Regional Hub. This means staff are assigned to a specific unit within the COVID-19 Regional Hub and do not work in other units, either within or outside of the COVID-19 Regional Hub.

3. Staff in the COVID-19 Regional Hub must have [additional training](#) on how to treat COVID-19-affected residents.
4. The COVID-19 Regional Hub must have a plan to replace workers who are unable to work because they have COVID-19 or are exhibiting symptoms of COVID-19.
5. Staff must be aware of not only common COVID-19 symptoms of fever, cough or shortness of breath, but also [additional symptoms](#) that may be exhibited by residents including confusion, inability to arouse, or sore throat.

COMMUNICATION AND COORDINATION WITH OTHERS

1. Upon designation as a COVID-19 Regional Hub, the COVID-19 Regional Hub must notify the Local Health Department (LHD) and the Regional Health Care Coalition of this designation and remain in contact with the LHD regarding bed availability throughout its designation.
2. COVID-19 Regional Hubs must track required data and enter it into the EMResource database daily.
3. COVID-19 Regional Hubs should determine how they plan to communicate with the family, friends, and legal guardians of COVID-19-affected residents.
4. When possible, encourage virtual visits between COVID-19-affected residents and their family and friends.
5. Admissions to and discharges from the COVID-19 Regional Hub must be reported to other payers such as Medicare, Medicaid, and other insurers.
6. For Medicaid-eligible residents, admissions to and discharges from the COVID-19 Regional Hub must be reported to other programs including Medicaid Managed Care Plans, PACE organizations, MI Health Link Integrated Care Organizations, MI Choice, and the resident's original nursing facility or other long-term care facility.
7. COVID-19 Regional Hubs should have a relationship with the local Long-Term Care Ombudsman and work closely with them during this emergency. Best practice is to contact the local Long-Term Care Ombudsman to let them know about transfers into and out of the COVID-19 Regional Hub. The Ombudsman can address many concerns of the residents and families.
8. COVID-19 Regional Hubs must adhere to current care coordination requirements for residents receiving hospice services.
9. A hub facility must still comply with all other local and state regulations, unless specifically waived by an executive order, and comply with federal Centers for Medicare and Medicaid Services (CMS) regulations and guidance for federally certified providers, unless CMS has issued a section 1135 waiver on a specific regulatory requirement. A facility should confer with and consult with the LARA Bureau of Community & Health Systems (BCHS) as the CMS State Survey Agency (SA) on state licensing and federal survey and certification issues, requirements, or waivers.

COVID-19 REGIONAL HUB ADMISSIONS

MDHHS designated COVID-19 Regional Hubs are required to accept a referral and admit COVID-19-affected residents based on an ability to adequately meet the medical needs of the resident. The referring long-term care facility or hospital must provide adequate medical history and relevant clinical information to support the transition.

RESIDENT ELIGIBILITY

Eligibility for admission to a COVID-19 Regional Hub is reliant upon residence at a long-term care facility at the time the resident either tested positive for COVID-19 or began exhibiting COVID-19 symptoms or has received COVID-19 related treatment in a hospital. Admission eligibility is not reliant upon Medicare, Medicaid, or other forms of payment.

LEVEL OF CARE

The level of care required for admission following a hospital discharge or facility of residence transfer to a Regional Hub is restricted to COVID-19-affected residents who have a need for medical care or additional support not otherwise available. Nursing facilities designated as COVID-19 Regional Hubs must provide the level of care and support required by the residents' plan of care.

The COVID-19 Regional Hub may submit Medicaid claims for a resident's care if the resident has a current Nursing Facility Level of Care Determination (LOCD) in CHAMPS. The admission requirements are not meant to circumvent applicable Medicaid payment requirements.

COVID-19 REGIONAL HUB ADMISSION PROTOCOL

To transfer a resident to a COVID-19 Regional Hub a local hospital or nursing facility must contact the COVID-19 Regional Hub regarding the resident and their specific needs. There is no direct admission to the COVID-19 Regional Hubs. All patients must come through a hospital or nursing facility. To support a smooth transition, MDHHS requires:

1. Case managers or discharge planners to make initial contact to discuss the appropriateness of each resident for the COVID-19 Regional Hub.
2. The transferring facility to follow their normal process for arranging interfacility transfer to the COVID-19 Regional Hub.
3. The resident's advanced directive including any Do Not Resuscitate (DNR) provision must accompany the resident at the time of the transfer and be disclosed to Emergency Medical Services (EMS) when requesting a transfer.

The transferring facility is responsible for the coordination and covering the cost of transporting the resident to the COVID-19 Regional Hub or other setting. Before transport, the transferring facility must assure the resident's belongings and equipment are properly labeled or stored. All necessary documentation related to the resident's care must be complete and accompany the resident.

When capacity within the COVID-19 Regional Hub allows the facility must accept the admission of the resident according to the scenarios described below.

FROM A NURSING FACILITY

The COVID-19 Regional Hub may admit a resident from a nursing facility under the following circumstances:

- When a nursing facility does not have a dedicated unit, or
- When a nursing facility is unable to secure adequate PPE to protect direct care staff despite their best efforts
- When a nursing facility does not have adequate staffing to address the needs of COVID-19-affected residents.

The COVID-19 Regional Hub should ensure the transferring facility completes the [Nursing Facility Surveillance Form](#) to support care coordination during transitions.

FROM A HOSPITAL

The COVID-19 Regional Hub may admit a resident from a hospital under the following circumstances:

- When the long-term care facility where the resident resided prior to the onset of one or more principal symptoms of COVID-19 ("facility of residence") does not have dedicated unit, or
- When the facility of residence has a dedicated unit, but is at capacity, or
- When the facility of residence has a dedicated unit that is not at capacity but is unable to maintain appropriate PPE for the direct-care employees who staff the dedicated unit.

FROM AN ALTERNATE CARE FACILITY

The COVID-19 Regional Hub may admit a resident from an alternate care facility under the following circumstances:

- When an alternate care facility must discharge the COVID-19-affected resident as soon as capacity allows, but the facility of residence lacks capacity.

RESIDENT BELONGINGS

The referring entity is responsible for labeling and securely storing the resident's belongings that do not accompany the resident to the COVID-19 Regional Hub.

When transferring from either a nursing facility or other long-term care facility, the facility of residence should discus temporarily transferring the resident's personal funds to the resident's guardian, or another person of the resident's choice.

RESIDENT EQUIPMENT

In a transfer from the resident's long-term care facility, resident-specific and necessary durable medical equipment (DME) such as, but not limited to enteral feeding pump, intravenous infusion device, oxygen equipment and supplies, communication devices and other assistive technology, and motorized wheelchairs must be labeled and accompany the resident, unless the items are provided by the COVID-19 Regional Hub.

The resident's transferring long-term care facility and COVID-19 Regional Hub are responsible for tracking any inventory and ensuring the return of any DME, which shall be returned to the facility of origin after being disinfected, in like condition as soon as possible. The COVID-19 Regional Hub is responsible for appropriately tracking the use and necessary maintenance of all resident specific DME and supplies during the time such items are in the custody of the COVID-19 Regional Hub.

COVID-19 REGIONAL HUB SERVICES AND SUPPORTS

TELECOMMUNICATIONS

The COVID-19 Regional Hub must facilitate the use of telemedicine to the extent feasible.

Additional efforts should be made to facilitate communication between the resident and family members or others using telephones, tablets and other devices.

TRANSFER TRAUMA

Operating during the coronavirus pandemic is stressful for healthcare providers and residents. The risk of residents experiencing transfer trauma are increased at this time. Transfer Trauma refers to the various mood, behavioral, and physiological symptoms that may occur when a resident is transferred. COVID-19 Regional Hubs are encouraged to monitor residents for transfer trauma symptoms and make every effort to mitigate the effects.

POPULATION MANAGEMENT

COVID-19 Regional Hubs must review their population management activities with respect to the facility's capacity, resident placement, and the resident's plan of care. The COVID-19 Regional Hub's capacity may be affected by its' ability to cohort according to the resident and the resident's symptomology. COVID-19 Regional Hubs must consider the resident's medical needs, such as residents requiring care that may increase secondary spread via aerosol-generating procedures (e.g. respiratory treatments).

COVID-19 Regional Hubs must conduct regular population management activities including symptom monitoring and tracking. MDHHS has provided a Resident Surveillance Form to aid in this process.

MDHHS reserves the right to update reporting requirements as needed.

TRANSMISSION-BASED PRECAUTIONS

All COVID-19 Regional Hubs must follow CDC guidance on Transmission Based Precautions.

- Visitors and patients should wear cloth face coverings, facemasks should be reserved for healthcare professionals.
- Actively screen everyone for fever and symptoms of COVID-19 before they enter the COVID-19 Regional Hub.
- As community transmission intensifies within a region, COVID-19 Regional Hubs should consider foregoing contact tracing for exposures within the setting in favor of universal source control for healthcare professionals and screening for fever and symptoms before every shift.

Key concepts in the Transmission Based Precautions guidance:

- **Reduce facility risk**. Cancel elective procedures, use telemedicine when possible, limit points of entry and manage visitors, screen everyone entering the facility for COVID-19

symptoms, implement source control for everyone entering the facility, regardless of symptoms.

- **Isolate symptomatic patients as soon as possible**. Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (as possible). Reserve AIIRs for patients with COVID-19 undergoing aerosol generating procedures and for care of patients with other pathogens transmitted by the airborne route (e.g., tuberculosis, measles, varicella).
- **Protect healthcare personnel**. Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort patients with COVID-19, limit the numbers of staff providing their care, prioritize respirators for aerosol generating procedures.

DISCONTINUING TRANSMISSION-BASED PRECAUTIONS

At the time of the issuance of this guidance, CDC recommends the following testing strategies before healthcare professionals discontinue transmission-based precautions:

1.Test-based strategy.

- Resolution of fever without the use of fever-reducing medications; and

- Improvement in respiratory symptoms (e.g., cough, shortness of breath); and

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

2.Non-test-based strategy.

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

- At least 7 days have passed since symptoms first appeared

Hospitalized patients may have longer periods of SARS-CoV-2 RNA detection compared to patients with mild or moderate disease. Severely immunocompromised patients (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) may also have longer periods of SARS-CoV-2 RNA detection and prolonged shedding of infectious recovery. These groups may be contagious longer than others. In addition, placing a patient in a setting where they will have close contact with individuals at risk for severe disease warrants a conservative approach.

Hence, a test-based strategy is preferred for discontinuation of transmission-based precautions for patients who are:

- Hospitalized,

- Severely immunocompromised, or

- Being transferred to a long-term care or assisted living facility.

If testing is not readily available, facilities should use the non-test-based strategy for discontinuation of Transmission-Based Precautions or extend the period of isolation beyond the non-test-based-strategy duration, on a case by case basis in consultation with the LHD.

COVID-19 REGIONAL HUB DISCHARGE

Once the COVID-19 Regional Hub determines transmission-based precautions can be discontinued or a resident remains COVID-19 symptom free for 14 days, the resident must be considered for discharge. However, discharge considerations must be made on a case-by-case basis to limit the risk of transmission.

DISCHARGE PROTOCOL

The COVID-19 Regional Hub must notify the resident, family, and the resident's legal representative of any planned transition as soon as possible. Communication to the resident, family and guardians must include the MDHHS letter addressing transfers provided in Appendix C: Resident Transfer Notice.

If the resident is discharged to a long-term care setting the COVID-19 Regional Hub must provide the receiving facility with documentation of the resident's COVID-19 status, the assessment, care plan, physician orders, and contact information for family and the resident's legal representative.

The COVID-19 Regional Hub must send with the resident all personal belongings, including glasses, dentures, hearing aids, and other personal possessions.

The resident's advanced directive including any Do Not Resuscitate (DNR) provision must accompany the resident at the time of the transition and be disclosed to EMS when requesting a transfer.

MDHHS has developed a checklist to facilitate resident transfer preparations. See Appendix C: Nursing Facility Resident Transfer Checklist

RETURNING TO A LONG-TERM CARE SETTING

When the COVID-19 Regional Hub can verify that the resident has been symptom free for 14 days or has otherwise assessed the resident's readiness for discharge from the COVID-19 Regional Hub, the facility of residence must accept the return of the resident. If the facility of residence does not have an available bed, the resident must be discharged to the next available bed.

RETURNING TO THE GENERAL POPULATION

If the COVID-19 Regional Hub is operating as wing, unit, or building of a facility that continues to serve a general population and made an internal transfer of a resident from its general population to the COVID-19 Regional Hub unit, it shall transfer the resident back to its general population after a 14-day period in which the resident remains asymptomatic.

RETURNING TO THE RESIDENT'S HOME

Some residents may choose to return to their or a family member's home during the coronavirus crisis. The COVID-19 Regional Hub must consult with the LHD during the initial stages of

discharge planning. The COVID-19 Regional Hub and other nursing facilities should confirm that the resident will receive the necessary care from the family or community-based services, as well as access to a community physician for treatment and prescriptions. Caregiver training and resource materials should be provided, if needed.

DECEASED COVID-19 AFFECTED RESIDENTS

COVID-19 Regional Hubs must communicate the death of the COVID-19 affected resident to EMResource daily and the LHD, facility of residence, family, the resident's legal representative and hospice as applicable. COVID-19 Regional Hubs also must follow their current procedures regarding postmortem care and removal of the deceased from the facility. The LHD will advise the COVID-19 Regional Hub whether postmortem testing should be pursued.

Unless provided by the COVID-19 Regional Hub, the facility is responsible for disinfecting and coordinating the return of any DME to the facility of origin as soon as possible.

The COVID-19 Regional Hub must also ensure all the resident's personal items are secured and labeled and afford the resident's family or legal representative an opportunity to retrieve the resident's personal belongings.

To reduce the risk of transmission, following the removal of the deceased resident, the COVID-19 Regional Hub must ensure the room is terminally cleaned before the admission of a resident to the room.

ADMINISTRATIVE FUNCTIONS

The CDC provides guidance for nursing facilities to address staffing shortages.

Many health care professionals have volunteered to assist in areas of need. Covid-19 regional hubs may access this resource through the regional health care coalition.

RATIOS AND SUPPORTS

COVID-19 Regional Hubs, units and facilities must maintain staffing levels necessary to care for residents. To the fullest extent possible, COVID-19 Regional Hubs should maintain consistent staffing for early detection of changes in condition. MDHHS requires COVID-19 Regional Hubs to follow CDC guidance for return to work criteria for personnel confirmed or suspected of having COVID-19. To the extent possible, mitigation staffing strategies should employ training consistent with future assignments. COVID-19 Regional Hubs must communicate any potential staffing crisis to ensure the needs of the residents are met.

PERSONAL PROTECTIVE EQUIPMENT

COVID-19 Regional Hubs must communicate and coordinate with MDHHS on allocation of appropriate PPE for employees and residents (see reporting requirements below). MDHHS will monitor the PPE reported daily by each COVID-19 Regional Hub to support PPE allocation and dissemination. When supplies are low within the COVID-19 Regional Hub, the facility will be contacted to coordinate a shipment of needed PPE.

The CDC has developed a tool, PPE Burn Rate Calculator, to support healthcare facilities in planning and optimizing the use of PPE for the response to COVID-19.

The COVID-19 Regional Hub is responsible for providing supplies necessary to maintain adequate hand hygiene practices (i.e. 60-95% based alcohol-based hand sanitizer, soap, and paper towels).

Resources to support operations include the Centers for Medicare and Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance (4.2.2020)

CARE COORDINATION

RESIDENTS WITH END-STAGE RENAL DISEASE

COVID-19 Regional Hubs must have a plan to ensure residents with End-Stage Renal Disease (ESRD) receive scheduled dialysis treatments. In response to the health crisis, CMS is allowing dialysis services in the nursing facility. COVID-19 Regional Hubs are advised to ensure dialysis services are provided in the nursing facility to reduce community spread of COVID-19. For dialysis services not immediately available in the nursing facility, COVID-19 Regional Hubs must notify the outpatient dialysis facility of the resident's condition prior to transport for receipt of dialysis services. It is expected the outpatient dialysis facility will adhere to CDC's Interim

Additional Guidance for Infection Prevention and Control Recommendations for Patient with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities.

RESIDENTS RECEIVING HOSPICE SERVICES

COVID-19 Regional Hubs are encouraged to support end of life situations. The COVID-19 Regional Hub and the resident's hospice team should discuss available options to ensure the goals and wishes of the resident. MDHHS encourages using telehealth visits with hospice providers and virtual communication with families to the extent possible. Due to risk of transmission imposed to the hospice resident's family, CMS recommends restricting in-person hospice visitations. Alternative methods may be employed to provide closure for imminent end of life situations for hospice residents, as well as those not receiving hospice services.

RESIDENTS AND FAMILIES

At admission, the COVID- 19 Regional Hub must contact the resident's family and legal representative and provide contact information for the COVID-19 Regional Hub.

Prior to transfer from the COVID-19 Regional Hub, the staff must notify the resident, family, and the resident's legal representative of the planned transfer as soon as possible. Communication to the resident, family and the resident's legal representative must include the MDHHS letter addressing transfers provided in Appendix D: Resident Transfer Notice.

During the resident's stay at the COVID- 19 Regional Hub, staff must facilitate communication between the resident and the resident's family to the extent feasible.

MICHIGAN LONG-TERM CARE OMBUDSMAN

COVID-19 Regional Hubs must notify the Long-Term Care Ombudsman of all participants transferred including the name of resident and resident's representatives, and contact information (phone or email) for each.

PAYERS AND PROGRAMS

COVID-19 Regional Hubs must notify and coordinate with applicable Medicaid Managed Care Organizations when members are admitted to the COVID-19 Regional Hub. This includes:

- Medicaid Health Plans (MHPs)
- Integrated Care Organizations (ICOs)
- PACE Organizations
- MI Choice Waiver Agencies
- Pre-paid Inpatient Health Plans (PIHPs)

Upon designation and execution of the Conditions of Participation letter, the COVID-19 Regional Hub should have received contacts for the above payers and programs to support coordination efforts.

REPORTING REQUIREMENTS

FEDERAL REPORTING REQUIREMENTS

The Center for Medicare and Medicaid Services (CMS) will mandate reporting of suspected or confirmed COVID-19 resident and staff to CDC's National Health Safety Network (NHSN) system. Additionally, CMS will require facilities to notify its residents and their representatives of conditions inside the facility.

MDHHS will provide additional information to nursing facilities and COVID-19 Regional Hubs as details are provided.

MDHHS REPORTING REQUIREMENTS

COVID-19 Regional Hubs must report the following information to MDHHS:

- All presumed positive COVID-19 cases including any additional data deemed necessary,
- Data regarding the quantity of each type of appropriate PPE available on site to EMResource, and
- Resident status reports.

COVID-19 Regional Hubs are responsible for maintaining accurate and current data. MDHHS reserves the right to change reporting requirements and content.

CURRENT CAPACITY AND OPERATIONS

COVID-19 Regional Hubs must report on specific data elements identified by MDHHS including the PPE they have available onsite and information related to COVID-19 cases.   COVID-19 Regional Hubs will be listed as unique entities within EMResource and should not report data for the non-designated areas of the nursing facility. This reporting must be completed on the event tab through the web based EMResource tool which can be accessed at https://emresource.juvare.com/login. A user guide can be accessed within the tool through the "attached file" link.

Reporting submission: Daily by noon (12:00 p.m.)

Reporting period: 24-hour period ending at midnight (12:00 a.m.) the night before

Questions related to EMResource including account and access issues should be directed to the Regional Healthcare Coalition (HCC) that serves the county in which the Hub is located. See Appendix E for HCC contact information.

CRISIS AVOIDANCE

The COVID-19 Regional Hub must contact MDHHS and the Department of Licensing and Regulatory Affairs if the COVID-19 Regional Hub is unable to follow this guidance because of staff shortages, PPE shortages, or other reasons. COVID-19 Regional Hubs can contact

MDHHS with these or any other concerns via email at MDHHS-COVID19RegionalHubs@michigan.gov.

COST REPORTING & AUDIT

Guidance on cost-reporting will be provided to facilities who are designated as COVID-19 Regional Hubs. Regional Hubs must account for expenditures associated with COVID-19 and be prepared to provide support for these expenditures. These expenditures may be subject to audit.

APPENDICES

MDHHS has developed work aids to support the efforts of the COVID-19 Regional Hub which are located in the following appendices

APPENDIX A: GLOSSARY

Adult foster care facility has the same meaning provided by section 3(4) of the Adult Foster Care Facility Licensing Act, MCL 400.703(4).

Alternate care facility means any facility activated by the state to provide relief for hospitals that surge past their capacity, including but not limited to the TCF Regional Care Center.

Appropriate Personal Protective Equipment (PPE): means a facemask, a form of eye protection including goggles or a face shield, gloves, and a gown. In the event that an aerosol generating procedure is used, then appropriate PPE also includes a N-95 mask. This definition is subject to any changes in MDHHS guidance.

COVID-19-affected resident means a resident of a nursing facility or other long-term care facility who is COVID-19 positive, who is a person under investigation, or who displays one or more of the principal symptoms of COVID-19.

COVID-19 Regional Hub: a nursing facility that is designated by MDHHS to temporarily and exclusively provide care to COVID-19-affected residents.

Home for the aged: has the same meaning provided by section 20106(3) of the Public Health Code, MCL 333.20106(3).

Long-term care facility: Nursing homes, homes for the aged, adult foster care facilities and unlicensed assisted living facilities.

Medically unstable means a change in mental status or a significant change or abnormality in blood pressure, heart rate, oxygenation status, or laboratory results that warrants emergent medical evaluation.

Person under investigation: or "PUI" means a person who is currently under investigation who have been exposed or at risk for COVID-19 that are not currently exhibiting one of more of the principle symptoms that cause COVID-19

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NURSING FACILITY RESIDENT SURVEILLANCE FORM

Full assessment of the resident must be completed at minimum once a shift. In the event transfer is required to another facility or hospital, the resident's Nursing Facility Resident Surveillance Form must accompany the resident. For accurate monitoring, the receiving facility should continue documenting on the form received from the transferring facility. It is advised the originating nursing facility to retain a copy of the resident's surveillance form for their records.

Resident Name:_____ **DOB (MM/DD/YYYY):** _____

Nursing Facility: _____

Symptom Start Date: _____ **14-Day Quarantine START date:** _____

Symptom End Date: _____ **14-Day Quarantine STOP date:** _____

DATE	TIME	VITALS					SIGNS & SYMPTOMS						DIAGNOSTICS				
		Heart Rate	Blood Pressure	Respiratory Rate	Pulse OX	Glucose (required for diabetics)	Fever (Y/N)	Cough (Y/N)	Myalgia (Body Ache) (Y/N)	Sore Throat (Y/N)	Diarrhea (Y/N)	Tiredness or Fatigue (Y/N)	Date of Chest X-Ray (MM/DD/YYYY)	COVID-19 Test Performed (Y/N)	Date of COVID-19 Test Results (MM/DD/YYYY)	COVID-19 Test Results (+) Positive; (-) Negative	If test is inconclusive, date of COVID-19 re-testing ((M/DD/YYYY)

Resident Name: _____ **DOB (MM/DD/YYYY): _____**

DATE	TIME	VITALS					SIGNS & SYMPTOMS						DIAGNOSTICS				
		Heart Rate	Blood Pressure	Respiratory Rate	Pulse OX	Glucose (required for diabetics)	Fever (Y/N)	Cough (Y/N)	Myalgia (Body Ache) (Y/N)	Sore Throat (Y/N)	Diarrhea (Y/N)	Tiredness or Fatigue (Y/N)	Date of Chest X-Ray (MM/DD/YYYY)	COVID-19 Test Performed (Y/N)	Date of COVID-19 Test Results (MM/DD/YYYY)	COVID-19 Test Results (+) Positive; (-)	If test is inconclusive, date of COVID-19 re-testing

APPENDIX C: NURSING FACILITY RESIDENT TRANSFER CHECKLIST

Resident Name: _____ DOB: _____

Discharging Facility: _____

All items <u>must</u> accompany the resident at the time of transfer.
- ☐ Face Sheet
- ☐ Advance Directives - Do Not Resuscitate (DNR) orders are to remain in place
- ☐ Detailed Order Summary
- ☐ Physician Order to Discharge
- ☐ Care Plan Summary
- ☐ Vital Signs Summary (last 14 days), include any relevant COVID-19 assessment tools
  - ▪ Nursing Facility Resident Surveillance Form
- ☐ Most Recent History & Physical
- ☐ 3-Days of Nursing Notes including Change of Condition (i.e. SBAR: Situation, Background, Assessment & Recommendation)
- ☐ Most Recent Social Worker Notes
- ☐ Most Recent Chest X-Ray & Lab Results
- ☐ Non-controlled Medications (i.e. oral, liquid, ophthalmic, respiratory, and wound care)
- ☐ Controlled (Schedule II – V) Medications
- ☐ Intravenous Therapy
  - ▪ If the resident is currently receiving intravenous therapy, all IV medications, IV pump and other pharmacy delivered items (i.e., IV tubing, saline syringes, etc.)
- ☐ Resident Inventory Sheet (i.e. personal items including Hoyer lift pads, etc.)
- ☐ Most Recent Minimum Data Set (MDS) Review

Hospice Residents
- ☐ Hospice Agency, including contact information
- ☐ Hospice orders, and all relevant information

Resident's with End-Stage Renal Disease
For resident's receiving off-site dialysis services:
- ☐ Scheduled Hemodialysis Appointment Times
- ☐ Hemodialysis Provider and Location (i.e. address, phone number)
- ☐ NEMT Information (i.e. address, phone number)

For resident's receiving on-site dialysis services:
- ☐ Hemodialysis Provider, including contact information

To support the identification of the resident's belongings during the transfer process, the nursing facility should ensure the resident's belongings are clearly marked for with the resident's first and last name. This includes, and not limited to clothing, medications, and equipment used to support the resident's care.

Lastly, the resident, family or legal representative should be made aware of the transfer prior to or at the earliest available time.

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STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

May 6, 2020

Dear Administrator,

The Michigan Department of Health and Human Services appreciates your extraordinary efforts to meet the challenges created by the coronavirus pandemic. Your critical role in Michigan's healthcare system has never been more evident.

To prevent the unnecessary spread of COVID-19 within your facility, we understand you may need to move residents within, as well as from your facility to a hospital or another facility to assure the health and welfare of COVID-19 symptomatic and asymptomatic residents and staff.

Please distribute the attached MDHHS letter to residents, families and responsible persons prior to moving a resident within or between facilities. The purpose of the letter is to inform the recipients of the Department's support of your decisions, advise them about the purpose of these moves, and assure them the moves are temporary. If you have prepared your own letter to issue to residents, please include the MDHHS letter with that communication.

We encourage you to distribute the letter as soon as a move is likely. We understand the measures you must take to protect your residents places enormous stress on them and staff. We encourage you to use the letter as an opportunity to address concerns, facilitate phone communication with families, box and label belongings and offer other means of support.

You may find additional resources to address COVID-19 and stop the spread at www.michigan.gov/coronavirus.

Thank you for your commitment to the health and safety of your residents and staff.

Sincerely,

Kate Massey, Medicaid Director

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

May 6, 2020

Dear Resident, Family Member or Responsible Party,

In this letter we want to tell you about what may happen in the coming days or weeks. We know this is a stressful time. Many things have changed because of the novel coronavirus (COVID-19) outbreak. Friends and family can no longer visit you and daily routines may be different. This social distancing is an attempt to slow and reduce the spread of the virus. Please know that these changes have been made to keep you safe while making sure you get the care you need.

COVID-19 is a respiratory disease that is easily spread between people and has serious health risks for you. It is critical to do everything we can to prevent the spread of COVID-19. This includes separating residents believed to have COVID-19 from those not suspected of having the virus.

To keep you as safe and healthy as possible, you may need to move to a new room or even to a new facility. This separation is important so residents who may have COVID-19 receive the care they need and residents without COVID-19 don't get the virus. **These moves will be temporary**. You will return to your room or facility as soon as it is safe.

To make sure those with COVID-19 can get the care they need, we will select some nursing homes to be COVID-19 Regional Hubs. These Hubs will provide specialized services to people who have or are suspected to have COVID-19. The Hubs can offer more services to treat residents with additional needs. All other nursing homes, foster care homes, homes for the aged, and assisted living facilities will continue providing the services and care they have been during this emergency. This may include the care of COVID-19 positive residents who do not require the additional care from a hospital or Hub, provided appropriate isolation strategies are possible.

During the COVID-19 outbreak, decisions to move residents must be made quickly and **you may have little time to prepare**. If you move, your

essential belongings will be sent with you and other belongings will be stored safely. Your caregivers will make sure your medical records and medications go with you too. Your family will be notified as soon as possible so they always know where you are.

Please remember in times like these, it is normal to have questions, feel uneasy or even scared. Reach out to someone and talk about how you are feeling. You should start with the staff at your residence, and your friends and family.

The Long Term Care Ombudsman is available by calling toll-free 1-866-485-9393. The Ombudsman can answer questions about your rights as a resident and other issues.

If you have questions about the COVID-19 outbreak, you may call the COVID-19 Hotline toll-free at 1-888-535-6136.

We need to do things differently right now but will continue to offer support so that we can get through this together and return to normal as soon as possible.
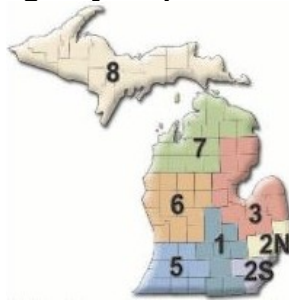
Sincerely,

Kate Massey, Medicaid Director

Michigan Emergency Preparedness Regions Map

Region 1
2123 University Park Drive, Suite 110
Okemos, MI 48864
Office: 517-324-4404
Fax: 517-324-4406
Email: d1rmrc-matt@sbcglobal.net
www.d1rmrc.org

Region 2N
705 Barclay Circle, Suite 140
Rochester Hills, MI 48307
Office: 248-759-4748
Fax: 248-759-4751
Email: rdrummer@region2north.com
www.region2north.com

Region 2
6754 Brandt Street
Romulus, MI 48174
Office: 734-728-7674
Fax: 734-902-6000
Email: AShehu@2South.Org
portal.2south.org

Region 3
1575 Concentric Boulevard
Saginaw, MI 48604
Office: 989-746-7757
Fax: 989-746-7767
Email: rob.kelly@cmich.edu
www.Region3HCC.org

Region 5
1000 Oakland Drive
Kalamazoo, MI 49008
Office: 269-337-4286
Fax: 269-337-6475
Email: Richard.Winters@med.wmich.edu
www.5dmrc.org

Region 6
1675 Leahy Street, Suite 308B
Muskegon, MI 49442
Office: 231-728-1967
Fax: 231-728-1644
Email: Laurner@wmrmc.org
www.miregion6.org

Region 7
80 Livingston Boulevard, Suite 106
Gaylord, MI 49735
Office: 989-748-4975
Fax: 989-748-4980
Email: rc@mir7hcc.com
www.Miregion7.com

Region 8
1202 Wright Street, Suite E
Marquette, MI 49855
Office: 906-273-2125
Fax: 906-273-2126
Email: ed.unger@region8.org
www.region8.org

MICHIGAN COUNTIES BY HCC REGION

Region	Counties	
1	Lenawee Hillsdale Livingston Jackson Gratiot	Clinton Ingham Eaton Shiawassee
2N	Oakland St. Clair	Macomb
2S	Wayne Monroe	Washtenaw
3	Genesee Bay Huron Lapeer Arenac Iosco Ogemaw	Sanilac Tuscola Saginaw Midland Gladwin Oscoda Alcona
5	Barry Allegan Van Buren St. Joseph Branch	Kalamazoo Calhoun Berrien Cass
6	Isabella Oceana Newaygo Muskegon Ottawa Kent Ionia	Clare Osceola Mecosta Lake Mason Montcalm
7	Grand Traverse Wexford Leelanau Emmett Charlevoix Roscommon Presque Isle Montmorency Alpena	Antrim Kalkaska Benzie Manistee Missaukee Cheboygan Otsego Crawford
8	Marquette Chippewa Mackinac Luce Schoolcraft Alger Delta Gogebic	Menominee Dickinson Iron Baraga Keweenaw Houghton Ontonagon

APPENDIX F: REVISION HISTORY

Revision Date	Version	Section(s)	Page(s)	Summary
5/06/2020	2	Site Preparations, Appendix D	5, 25	Addition of item 9, Inclusion of Resident Transfer Letter