MDHHS Michigan Department of Health & Human Services

Medical Services Administration
BULLETIN MSA

Bulletin Number: MSA 20-66

Distribution: Nursing Facilities, Assisted Living Facilities, Adult Foster Care Homes, Homes for the Aged, Hospitals, Prepaid Inpatient Health Plans, Community Mental Health Services Programs, MI Choice Waiver Agencies, Program of All-Inclusive Care for the Elderly (PACE) Providers, Integrated Care Organizations

Issued: September 30, 2020

Subject: COVID-19 Response: Policy for Care and Recovery Centers (CRCs) to Treat COVID-19 Patients and Residents Requiring Nursing Facility Care

Effective: Immediately

Programs Affected: Medicaid

PURPOSE

Regional Hubs in Nursing Facilities

In April 2020, Executive Order 2020-50 (EO 2020-50) established Regional Hubs to care for COVID-19 residents discharging from a hospital or transferring from a nursing facility (NF) if the originating facility was not equipped to care for the resident. To evaluate the regional hub process and approach, the Center for Health and Research Transformation (CHRT) conducted key informant interviews with a wide range of subject matter experts, engaged in comprehensive literature review, and provided data analysis. CHRT's goal was to identify best practices, challenges, and lessons learned from the regional hub process.

Task Force and CHRT Report Recommendations

While CHRT was evaluating the regional hub process, the Michigan Nursing Homes COVID-19 Preparedness Task Force was created by Governor Whitmer's Executive Order No. 2020-135 as an advisory body to the Michigan Department of Health and Human Services (MDHHS) to adequately inform the state's response to a potential second wave of COVID-19.

The Task Force was charged with coordinating across state government and with industry stakeholders to ensure a broad range of input from relevant entities, reporting on best practices to minimize the spread of COVID-19 in NFs, and provide appropriate and timely technical assistance to NFs. From the Task Force, four workgroups were created to provide recommendations related to the state's response to resource availability, quality of life considerations, staffing considerations, and the placement of residents. Collectively, the workgroups provided 28 final recommendations to Governor Whitmer.

Based on broad recommendations from the Task Force and CHRT, MDHHS will work with eligible Medicaid-certified NFs to establish Care and Recovery Centers (CRCs) to care for COVID positive patients discharging from a hospital or residents from NFs that are unable to care for residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions, but do not require hospitalization.

This policy temporarily grants some Medicaid-certified NFs the flexibility to operate as CRCs during times of a public health emergency, as approved by MDHHS. All other rules, regulations, and NF policies, including Executive Orders, must be followed by the CRCs.

Care and Recovery Centers Defined

The purpose of CRCs is to provide care for individuals with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions. CRCs operate when hospitals need to discharge residents to manage bed availability and provide an alternative for NFs that do not have the capacity to safely care for residents. NFs that operate a CRC have the physical plant capacity to designate a distinct area for COVID-19 isolation, can dedicate staff to the CRC, and meet other standards described below.

Minimum Participation Criteria

NFs will be considered for CRC designation if the following conditions exist:

- The NF has a rating of 3 or higher in the staffing category of the Centers for Medicare & Medicaid Services' (CMS) Nursing Facility Compare Five-Star Rating.
- The NF is not operating under a Denial of Payment for New Admissions (DPNA) restriction.
- The NF is not designated by CMS in Nursing Facility Compare as a Red Hand Facility, indicating a citation for abuse.

Identification of Eligible Nursing Facilities

Based upon the Minimum Participation Criteria, MDHHS has identified NFs that meet these criteria and will accept applications from those NFs seeking CRC designation. Selected NFs will need to complete an application that includes CRC selection criteria as listed below. Only facilities identified with elements consistent with MDHHS' Minimum Participation Criteria will be given consideration. Incomplete applications will not be considered.

CRC Selection

MDHHS will collaborate with eligible NFs to establish at least one CRC in each of the eight Emergency Preparedness Regions. MDHHS' selection of CRCs includes input and data from the Department of Licensing and Regulatory Affairs (LARA) and the State Long-Term Care

Ombudsman as it pertains to the standards below. From the selection of NFs, MDHHS will designate the CRCs. NFs that apply to be CRCs must meet the following standards:

Physical plant standards. The application must include a complete floor plan that identifies the following:

- Designated wing, separate unit or separate building
- Separate staff entry and donning/doffing area
- Separate staff break area and rest rooms

Staffing standards. The application must describe how the following standards will be met:

- Dedicated staff that only work in the CRC area of the NF
- A qualified healthcare professional designated as the Infection Preventionist; documentation of completed Centers for Disease Prevention and Control (CDC) training required
- Staffing plan based upon appropriate nursing and Certified Nurse Aide (CNA) ratio for the bed capacity

Infection control standards. The application must include:

- All CRC staff are trained in infection control procedures, including staff with resident care duties as well as housekeeping, dietary, laundry, and other employees working in the NF. Identify qualified clinical or non-clinical staff to serve as the NFs Infection Prevention Champion(s); documentation of completed CDC training required
- The CRC has management policy and procedures that ensure staff compliance with infection control procedures
- The CRC maintains an adequate supply of all Personal Protective Equipment (PPE)

Testing standards. The application must include:

- A three-month history of testing for residents and staff, including the testing dates and results
- A plan for complying with testing guidance from the CDC
- Resident and staff screening procedures

CRC communication. The application must include a communication plan that addresses communication with:

- Referring hospitals
- Other NFs
- CRC residents, families, and legal representatives
- CRC staff
- Use of virtual visitation for residents to communicate with family and friends

Pandemic performance standards. The following factors will also be considered:

- Death-to-case ratio during the COVID-19 pandemic
- Outbreak history in the NF

- LARA survey history

Selection criteria will be stipulated in the application. MDHHS and LARA will complete a desk review of the application that will include a review of the NF's regulatory compliance. An on-site assessment will be conducted to verify compliance with the selection standards. Virtual assessment may be used when on-site assessments are not practicable.

MDHHS retains discretionary rights to consider additional criteria standards and the right to approve or deny CRC applications based on additional criteria standards. CRCs not approved will be made aware of the decision not to approve their application. Applying entities are not entitled to appeal rights but may submit supplemental information during the review process if requested by MDHHS.

CRC Admission Criteria

CRCs may admit patients referred from hospitals or residents from other NFs that are unable to properly isolate residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions.

Hospital Referral
The preference is for confirmed COVID-19 positive hospital patients to remain in the hospital if the patient has less than 72 hours remaining in their overall isolation period. Confirmed COVID-19 positive hospital patients who require additional care and support may be discharged to a CRC. Patients admitted directly from the hospital do not need to meet the MDHHS Nursing Facility Level of Care Criteria.

Other Facility Referral
Confirmed COVID-19 positive residents who have not met criteria for discontinuation of Transmission-Based Precautions may be admitted to a CRC from another NF when:

- The resident does not require hospitalization.
- The referring NF cannot provide the necessary care and isolation.
- The resident needs the level of care provided by a CRC.

In circumstances when an individual meets Medicaid NF level of care, MDHHS will consider CRC admissions from other long-term care facilities, assisted living facilities, homes for the aged, and adult foster care homes on a case-by-case basis.

CRC Discharge Criteria

Residents may be discharged from a CRC under the following conditions:

- The resident has been isolated with precautions for 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- The resident never developed symptoms and was isolated with other precautions for 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

- The resident chooses to discharge to a private home or their NF of residence if that facility can provide proper isolation.

All CRC discharges must have a safe and appropriate discharge plan in place.

Ongoing CRC Monitoring

MDHHS and LARA will closely monitor the CRC activities, including on-site consultation, weekly monitoring calls, and continued compliance with CRC requirements.

CRC Support

MDHHS will provide necessary support to CRCs to meet the expectations of effective operations, including:

- State assistance to maintain adequate supplies of PPE
- Priority access to COVID-19 testing kits and assistance
- Infection control training and technical assistance

MDHHS CRC Reduction, Increase and Deactivation

MDHHS may reduce or increase the CRC bed-capacity or deactivate a CRC when additional beds are required or full capacity is no longer needed. To maintain the safety of all residents and support resident choice, MDHHS will provide advance notification of intent to reduce capacity or deactivate a CRC. The purpose is to ensure the safe transfer or discharge of remaining residents and support the CRC's transition. Upon receipt of an advance notification, the CRC must respond with their plan within 10 business days as described below.

Other instances that may require MDHHS to deactivate a CRC are as follows:

- The CRC meets one of the exclusion criteria.
- The CRC fails to meet the operational criteria.

In these instances, MDHHS will conduct an in-depth review on a case-by-case basis. Determinations made by MDHHS are deemed final.

CRC Bed-Capacity Reduction Process

Upon notification from MDHHS or if the CRC chooses to reduce bed-capacity on its own, the CRC must submit a revised bed-capacity plan to MDHHS for approval.

The plan to reduce capacity must include:

- The NF's revised floor plan for the designated CRC
- An explanation of how residents in the beds planned for reduction will be safely relocated

- Decontamination strategy for the beds being removed from the CRC that delineates infection control procedures to be used before use for non-COVID-19-affected residents in these rooms/unit(s)
- The requested effective date of the reduction
- The requested revised number of beds to remain for COVID-19-positive residents

CRC Resumption/Increase Process

MDHHS may require a CRC to increase their bed-capacity. The process for increasing the bed-capacity will be determined based on:

- Previous MDHHS notification or CRC request to reduce bed-capacity, or
- Current CRC bed-capacity exceeded

The plan to resume or increase current capacity must include:

- A revised floor plan clearly indicating the resumption of previously approved bed or additional beds for the CRC
- An explanation of how the resumption or expansion of the designated wing/unit will impact non-COVID-19-affected residents and the plan for their safe transfer to a non-CRC unit
- An explanation of how residents in the CRC rooms/units will be impacted by increased bed-capacity
- The requested effective date of the CRC expansion
- The requested revised number of beds for COVID-19-positive residents

CRC Deactivation Process

Upon notification from MDHHS or if the CRC chooses to deactivate CRC status, the CRC must include a written plan for the relocation of any remaining residents in the CRC.

The plan must address the following:

- Scheduled discharge dates for each resident of the CRC, along with anticipated place for discharge.
- Decontamination strategy for the CRC that delineates infection control procedures to be used for putting non-COVID-19-positive residents in the rooms once used as a CRC.
- The requested effective date to deactivate the CRC.

Upon submission of the request to reduce capacity or deactivate, MDHHS will review submitted materials. Following review, the CRC may be required to modify the plan to ensure the health and welfare of residents not only within the CRC, but also the rest of the nursing facility and the community.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Emily Frankman, Policy Specialist, via e-mail at FrankmanE@michigan.gov.

Please include "Policy for Care and Recovery Centers (CRCs) to Treat COVID-19 Patients and Residents Requiring Nursing Facility Care" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. Communications should include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Kate Massey, Director
Medical Services Administration