



ACTIONS FOR CAREGIVERS FOR OLDER ADULTS ADDENDUM FREQUENTLY ASKED QUESTIONS

Michigan.gov/Coronavirus

The Michigan Department of Health and Human Services (MDHHS) released “Actions for Caregivers for Older Adults” to minimize the spread of the COVID-19 while assuring vital services for vulnerable individuals continue. This document intends to clarify concepts included in the original guidance and answer frequently asked questions. Additional questions should be directed to the caregiver’s employer or the individual’s care manager or adult services worker.

Clarifications:

Q: Does the guidance apply only to services provided to individuals over age 60?

A: No. Many individuals under age 60 rely on services provided by caregivers. The guidance may be used for all individuals who rely on services provided to them in their home.

Q: What is meant by “support to sustain life”?

A: Many services are necessary for the health and well-being of an individual. The caregiver and individual need to use their judgement. For example, meals and baths are necessary to sustain life. But the individual may want to limit caregiver visits by taking fewer baths and having meals prepared for a few days in one visit. Decisions should be based on the regular service schedule and the wishes of the individual receiving them. Any questions should be directed to the caregiver’s employer or to the individual’s care manager or adult services worker.

Q: The guidance talks about using the client network. What does this mean?

A: Many individuals have friends and family who may be home during the COVID-19 emergency and able to help more than usual. When preferred by the individual, friends and family who are available and able to provide services should do so. Many programs that offer services in the home have back up plans in place to be used in emergencies such as this one. At the least, those back up plans should be reviewed with the individual as it may be necessary to activate them.

Q: Who has the responsibility to establish the one-to-one ratio between caregivers and individuals receiving services?

A: The guidance states: “For cases where visits remain necessary, care managers shall review clients’ care plans to ensure a one-to-one ratio between the direct care worker and the client **to the extent possible.**” MDHHS emphasizes that this guidance should be acted upon when reasonable.

Additionally, the term “care managers” should be broadly interpreted. MDHHS realizes that when a caregiver works for an agency, the person responsible for scheduling caregivers is often the agency supervisor. This guidance is not meant to circumvent established lines of authority. One caregiver serving only one individual is not always possible. Care managers need to use their best judgement when making these decisions.

Instructions for Caregivers

Q: Why do I need to call the individual before I come over?

A: For caregivers who do not live with the individual receiving services, phone calls let the individual know that you are not sick and can also alert you if the individual is sick and you, as the caregiver, should take precautions. The call also allows the individual to decide if they want you to visit that day. The goal is to have visits that are both needed and wanted.

Q: Do I really need to call the individual every day?

A: Many individuals rely on services every day. Those individuals should receive a daily call. Individuals who receive services less frequently should be called before each visit.

Q: Should I decide if the individual needs services during my call with them?

A: No. As a caregiver, you are an essential service provider and you should follow the regular service schedule if you are healthy during the COVID-19 emergency. The call is meant to assure the individual that you do not have symptoms of COVID-19 and that they still need you to visit that day.

Q: I often talk to the individual’s care manager or adult services worker. Has their role changed?

A: No. Care managers and adult services workers continue their roles in authorizing services for the individual. The guidance was not meant to change established processes. Caregivers should continue talking with the care manager or adult services worker as needed to assure the individual receives the services needed during this emergency.

Q: The guidance says that I should call the individual’s friends and family. I don’t usually do this, and I don’t know how to contact them. How do I get this information?

A: During your call with the individual, you may ask if they would like you to contact their friends and family. If so, the individual should provide you their information. This may also be done while you are providing services to the individual.

Individuals who have a case manager may also have a back-up plan. Case managers should contact the individual and their friends and family to determine if the back-up plan needs to be activated. If this is the case for the individual you are serving, you do not need to also do this. However, you may need to reach out to the case manager for any updates. The guidance is not meant to change established procedures.

Q: The individual I work for lives in an apartment building. The building manager will not let me in to provide services based on the “Stay Safe, Stay Home” executive order. What should I do?

A: Home care services are essential services according to the Executive Order. No guidance issued during the COVID-19 emergency is meant to prevent access to approved services. If you are denied access, contact the manager of the residence and provide this guidance. If that does not work, contact your employer or the individual’s care manager or adult services worker. As a last option, contact local law enforcement.

Q: The guidance says that I should wear a face mask and gloves. What do I do if I can’t get these supplies?

A: If you do not have access to a face mask or gloves, caregivers are instructed to contact their Local Emergency Management Program (https://www.michigan.gov/msp/0,4643,7-123-72297_60152_66814---,00.html). The Centers for Disease Control (CDC) provides strategies to optimize the supply of PPE and Equipment [here](#) or <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Until PPE can be obtained use universal precautions such as frequent hand washing and disinfecting frequently used surfaces.

Q: What does it mean for me to screen myself prior to any home visit?

A: You should check for symptoms of illness, such as a cough, achiness, or fever. A thermometer is helpful to check for a fever, but it is not essential for a self-screening. Additional CDC guidance can be found [here](#) (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Additional Information:

Q: What if the caregiver has limited cell phone minutes?

A: Many cell phone companies are offering free additional minutes right now. Caregivers should check with their cell phone provider to see if this is available under their cell phone plan.

Q: Some individuals are choosing to use their friends and family to provide services during the COVID-19 emergency. Will their services be permanently reduced because of this choice?

A: No. If a client chooses to use friends and family during the COVID-19 emergency, this is considered a temporary change. Services will return to the regular level and schedule at the end of the Emergency Order.

Q: Will caregivers be provided guidance on how to file for unemployment benefits?

A: The Michigan Unemployment Agency continues to update filing information for anyone entitled to unemployment benefits. You may find links to information on how to apply for unemployment benefits on this website: www.michigan.gov/coronavirus.

Q: Many individuals are already at risk for depression, cognitive decline, and other bad outcomes because of social isolation. What can I do to help them during this time?

A: Daily phone calls or video chats with friends and family can help. Caregivers, care managers, and adult service workers should encourage daily contact. Caregivers should talk to individuals about their concerns during in-home visits. If the individual usually attended adult day care or a senior center, it may be helpful to connect them with others from the center who are also alone right now.