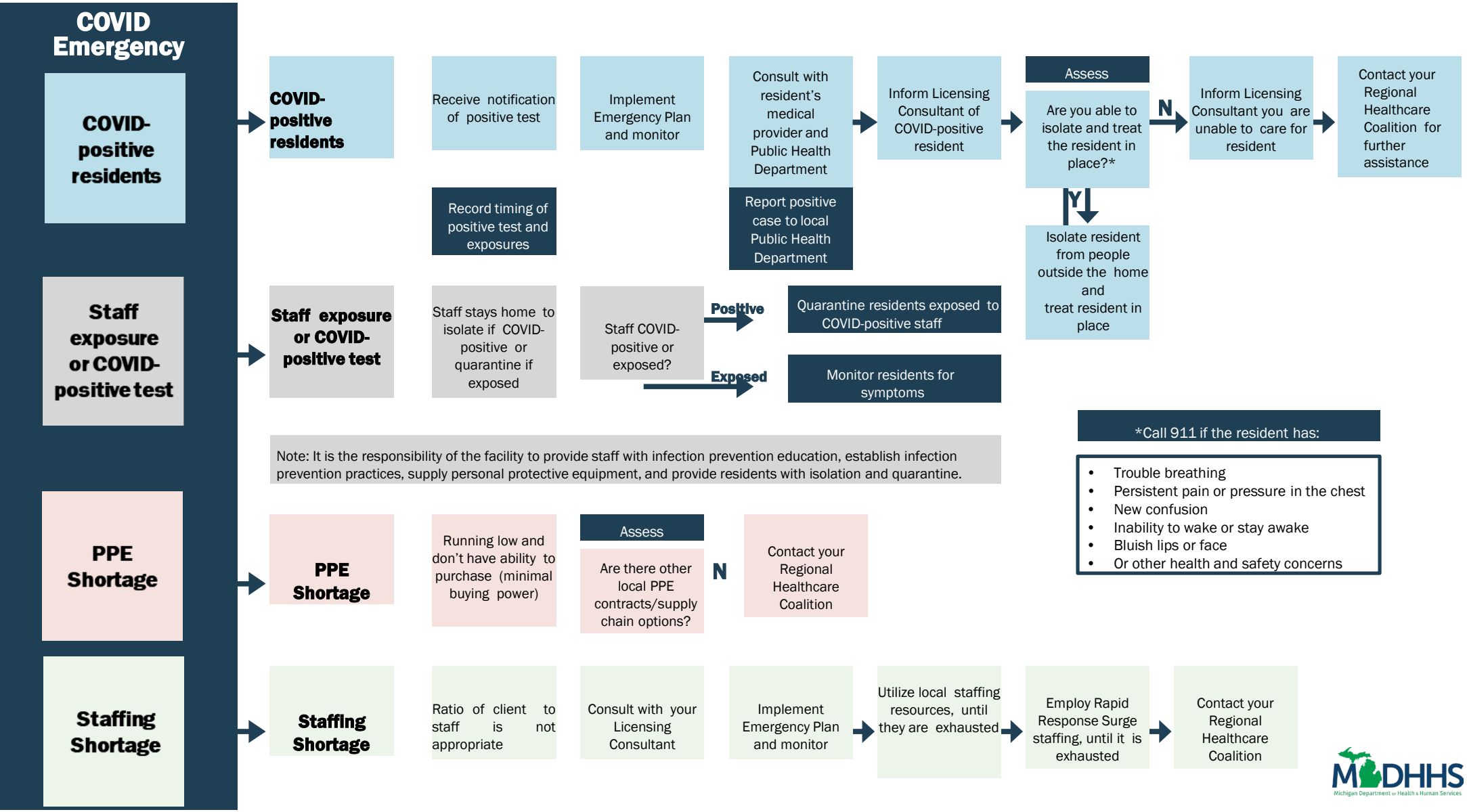
Welcome and Introductions

Jeffery L. Wieferich, MA, LLP
Director
Bureau of Community Based Services
Behavioral Health & Developmental Disabilities

Decision Tool

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

AFC/ HFACOVID-19 Emergency Response Tool



Note: Each home and provider needs to determine which employee(s) are responsible for performing these steps

Last Revision Date: 12/08/20

Federal Pharmacy Partnership for Long-term Care (LTC) Program Update

Alyssa Strouse, MPH
Adult and Adolescent Immunization Coordinator
Michelle Doebler, MPH
Influenza Epidemiologist

MDHHS
Michigan Department of Health & Human Services

Program Update

MDHHS
Michigan Department of Health & Human Services

Part A – Skilled Nursing Facilities

Part A includes all skilled nursing facilities (SNFs)

- Activated on 12/14/2020, clinics began 12/28/2020
- 424 SNFs enrolled
- As of 12/29/2020, 646 clinics have been scheduled for the month of January with a projection of 90,438 individuals to be vaccinated

Part B – “Other” Eligible Facilities

Part B includes assisted living, personal care homes, residential care, adult family homes, adult foster homes, HUD 202, IDD, CCRC and Veteran’s homes

- Activated on 12/21/2020, clinics to begin 1/4/2021
- 4,938 facilities enrolled
- Clinics are in the process of being scheduled
- Estimated projection of 216,588 individuals to be vaccinated

Frequently Asked Questions

MDHHS
Michigan Department of Health & Human Services

What priority group are AFC and HFA facilities in? When will they receive vaccine?

All AFC and HFA enrolled in the Federal LTC Program are considered PART B of phase 1A.

- Part B includes assisted living, personal care homes, residential care, adult family homes, adult foster homes, HUD 202, IDD, CCRC and Veteran's homes
- Part B was activated on 12/20/2020 for clinics to begin as early as 1/4/2021
- Facilities NOT enrolled in the program are still considered top priority for vaccination and will be responsible for reaching out to their local health department (LHD) to obtain vaccine

Where can I find the list of enrolled AFC and HFA facilities in the program?

Visit www.Michigan.gov/COVIDvaccine

- Click the green tab labeled “LTC Pharmacy Partnership”
- Click “List of participating LTC facilities” and download the excel spreadsheet to view enrolled & matched facilities
- Please note there are multiple tabs at the bottom indicating Matched_SNF (skilled nursing facility – Part A) and Matched_Other (other eligible facilities listed in the previous slide – Part B)

What kind of staff support should the LTCF be prepared to provide when the clinics occur?

CVS

- Plans to vaccinate residents in their room. The LTCF shouldn't need to provide staff to monitor movement of residents, however if you would like to accompany pharmacists in each room, additional staff may be needed

Walgreens

- Will vaccinate based on need of the facility – will go room to room or hold clinic in activity room. May need LTCF staff assistance to monitor patients 15 min after vaccination

Should providers contact the pharmacy if some but not all their facilities are enrolled?

Unfortunately, enrollment in this program has passed.

- Facilities that are NOT on the enrolled list (part A or part B) will need to contact their local health department (LHD) for assistance to get their facility's residents and staff vaccinated.
- On RARE occasions, the pharmacy may be able to assist down the road.

Do providers need to be concerned about resident and staff consent forms or is this the pharmacies responsibility?

No, the pharmacies are entirely responsible for gathering all the information, including the consent forms, prior to vaccination.

- Consent process can be discussed with specific pharmacy partner assigned to the LTC facility.
- According to CDC, partners supporting the Pharmacy Partnership for Long-Term Care Program should follow all Emergency Use Authorization Conditions of Use for COVID-19 vaccines when vaccinating LTCF residents, including provision of fact sheets.
- Consent/assent for vaccination should be obtained from the resident or their medical proxy and documented in the resident's chart per standard practice.
- For more information, visit CDCs' FAQ: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/LTCF-residents.html

What about independent living facilities?

Some independent facilities may be enrolled in the program, please check the list posted to confirm.

- Facilities that are NOT on the enrolled list should follow the prioritization guidelines:
  - HCP staff would be eligible for vaccine as part of phase 1A
  - Residents over 75 years of age would be eligible in phase 1B
  - Residents 65-74 years of age would be eligible as part of phase 1C.
- For more information on priority groups, visit www.Michigan.gov/COVIDvaccine

Resources

MDHHS
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Visit www.Michigan.gov/COVIDvaccine for more information on priority groups and the LTC Pharmacy Partnership

LTC Pharmacy Partnership Tab includes:

- List of participating LTC facilities
- MDHHS Frequently Asked Questions
- CDC FAQs
- CDC Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccine at Your Facility

Testing Update

Jason Wilkinson, Director
COVID Testing & Collection Coordination

Michigan COVID Statewide Testing - Executive Overview

7-day Average Current Week Selected to Previous Week Selected

Current (top) Date: 12/25/20

Previous (Bottom) ...: 11/25/20

PCR (Molecular) Tests

Metric	Scope	Target	Current	Previous	Trend	Status
Daily Average Tests last 7 days	Overall w/MDOC	*58,000*	40,250	66,259		
Daily AVG per MM last 7 days	Overall w/MDOC	*4,000*	4,027	6,629		
Daily Average Tests last 7 days	MDOC ONLY	*464*	2,942	4,031		
% Counties Test 4,000/MM/day	Overall No MDOC	*100%*	15.5%	79.8%		
Daily % Positive last 7 days	Overall No MDOC	*3.0%*	8.4%	13.4%		
% Counties >15% Positivity	Overall No MDOC	*0.0%*	4.8%	35.7%		
% Counties >10% Positivity	Overall No MDOC	*0.0%*	23.8%	75.0%		
% Counties >5% Positivity	Overall No MDOC	*10.0%*	78.6%	96.4%		
Equitable Testing - target to non zip	Overall No MDOC	*105.0%*	(Blank)			

Antigen (rapid) Tests

Metric	Scope	Target	Current	Previous	Trend	Status
Daily Average Tests last 7 days	Overall w/MDOC	*TBD*	4,065	2,537		
Daily AVG per MM last 7 days	Overall w/MDOC	---	407	254		
Daily Average Tests last 7 days	MDOC ONLY	---	198	37		
% Counties Test 4,000/MM/day	Overall No MDOC	---	(Blank)			
Daily % Positive last 7 days	Overall No MDOC	---	4.1%	6.8%		
% Counties >15% Positivity	Overall No MDOC	---	(Blank)			
% Counties >10% Positivity	Overall No MDOC	---	(Blank)			
% Counties >5% Positivity	Overall No MDOC	---	(Blank)			
Equitable Testing - target to non zip	Overall No MDOC	---	(Blank)			

Eligible Testing Reimbursement

- Any licensed Home for the Aged (HFA) or Adult Foster Care (AFC) facility that incurs eligible testing costs will be able to receive testing and related reimbursement from MDHHS as outlined below.
- An HFA/AFC will not be eligible for testing and related costs for weeks where a state contractor (Honu or Vault) conducted the testing as these costs are already being paid for by MDHHS.
- The department does not anticipate that labs will be reimbursed by private payers, as a result HFAs/AFCs are not obligated to pursue commercial insurance reimbursement at this time. However, the department reserves the right to provide further clarification and guidance at a future date as it relates to commercial insurance billings and state reimbursement.
- MDHHS will only reimburse an HFA/AFC for lab related expenses for PCR tests and only when the HFA/AFC partners with a lab or other medical provider to perform the tests. MDHHS will not reimburse lab related expenses for Medicaid and Medicare residents as that should be covered and billed by the laboratory.
- **MDHHS will reimburse for the specimen collection done by the HFA/AFCs with a CLIA Certificate of Waiver for point of care antigen tests (e.g., BinaxNOW) of staff and residents regardless of payor source at $22.07 a test.** It is the assumption of MDHHS that the specimen collection fee will encompass the HFA/AFC staffs' time and any related costs.
- An HFA/AFC will only be eligible for specimen collection reimbursement and not lab related expenses when antigen tests provided by MDHHS are used for testing.

Requesting Reimbursement

- Reimbursement to providers will be processed through SIGMA.
  - HFA/AFCs not currently registered in SIGMA need to register and obtain a SIGMA Vendor ID.
  - HFA/AFCs can register for SIGMA on this webpage - https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService.
  - Questions about registering for SIGMA or how to find the SIGMA Vendor ID can be directed to the Michigan VSS Support Center at SIGMA-Vendor@Michigan.gov or by calling 517-284-0550.

- Reimbursement forms found here: https://www.michigan.gov/documents/coronavirus/Testing_Reimbursement_Form_10.27.2020_SECURE_706296_7.pdf
  - HFA/AFCs will need to submit completed testing reimbursement forms to the Bureau of Audit via MDHHS-HFA-COVID- PAYMENT@michigan.gov.
  - Questions about completing the form or about testing reimbursement can also be directed to MDHHS- HFA-COVID-PAYMENT@michigan.gov.
  - **Note:** HFA/AFCs should not submit invoices, resident specific information, or employee specific information to this email box.

Quarantine, Isolation, and Cohorting

Brenda M. Brennan, MSPH
Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit Manager
Communicable Disease Division
Bureau of Epidemiology and Population Health

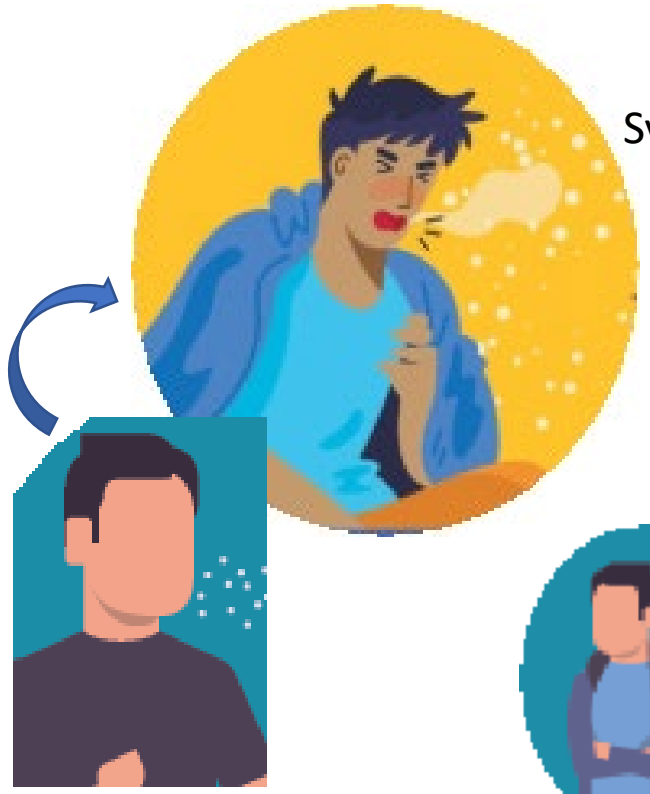
Transmission

How the SARS-CoV-2 Virus Spreads from Person to Person

Development of Illness After Exposure

Exposure

2 to 14 Days

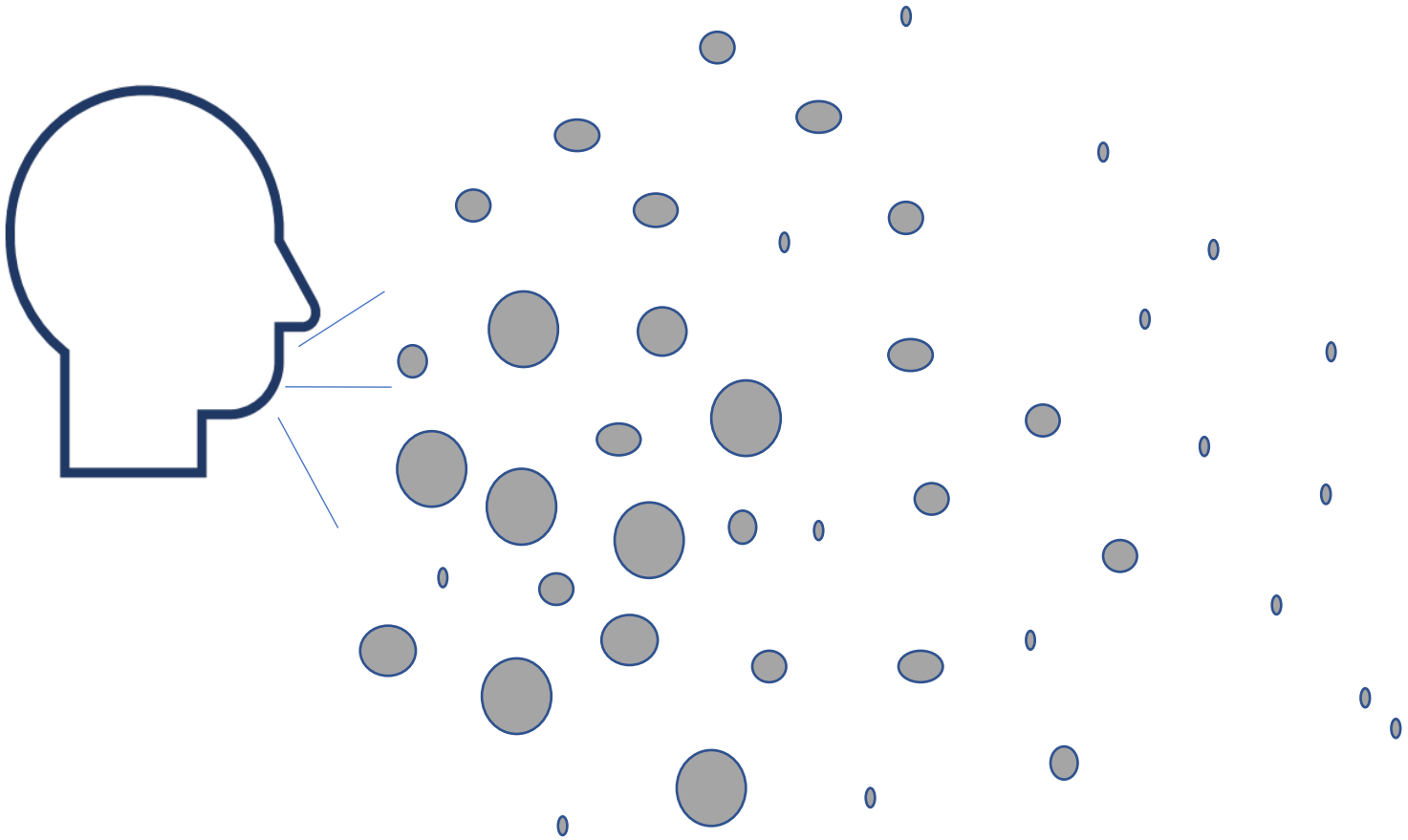


Symptomatic

Pre-symptomatic

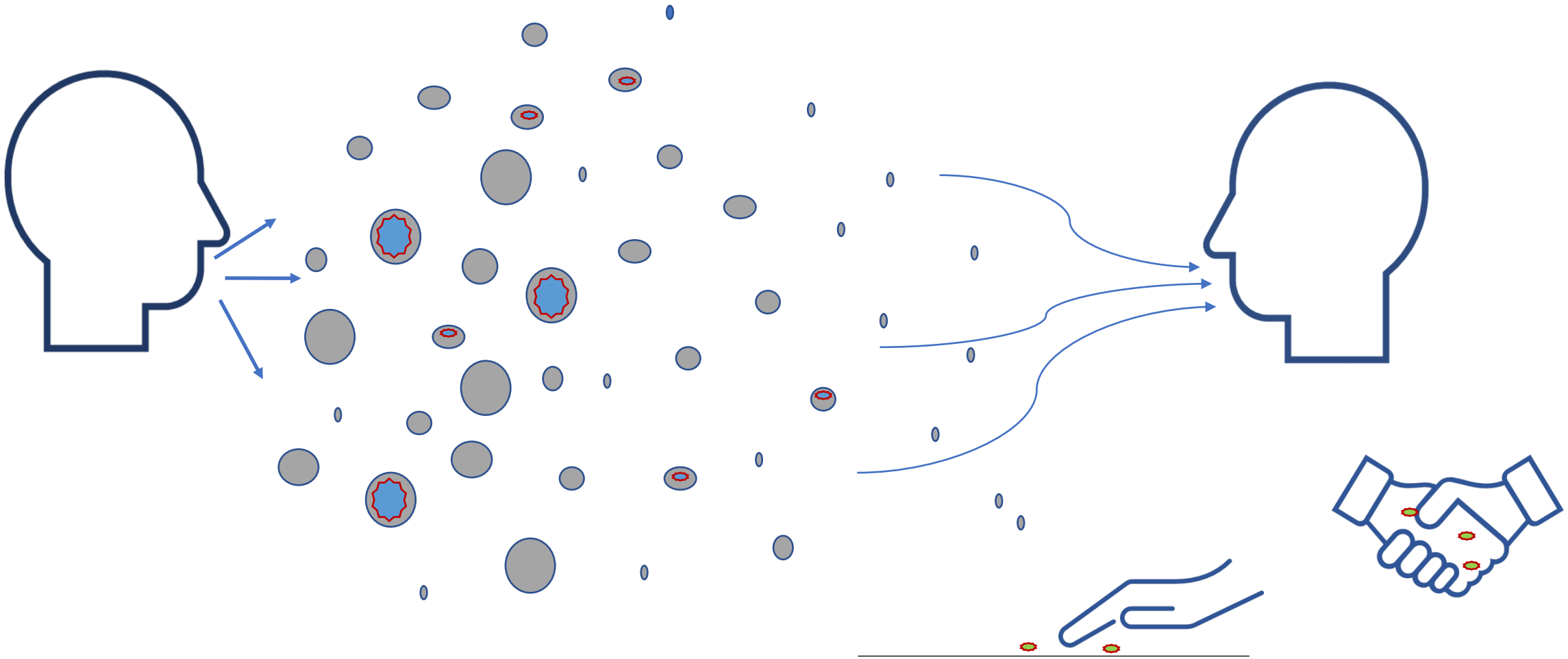
Asymptomatic

SARS-CoV-2 Spreads By Respiratory Droplets



Coughing
Sneezing
Talking
Shouting
Singing

SARS-CoV-2 Spreads By Respiratory Droplets



People in Congregate Settings may be at a Higher Risk for COVID-19

Older Adults

Underlying Medical Conditions

Group Settings

How to assess your facility to determine best-practices for quarantining and isolating COVID-positive residents

Understanding quarantine, isolation, and cohorting

Quarantine, Isolation, & Cohorting

- **Quarantine**
  - You had an **exposure** and may become ill
  - Means staying home, monitoring your health, and maintaining social distancing (at least 6 feet) from others at all times.
  - Quarantine keeps someone who might have been **exposed** to the virus away from others

Ending Quarantine Recommendations

Standard Quarantine Strategy

- Stay home (HCP) or in observation area (residents) for **14 days** after last contact with a person who has COVID-19
- Watch for fever, cough, shortness of breath and other symptoms of COVID-19 for **14 days** after exposure
- Stay away from other who are high-risk for COVID-19
- If symptoms develop, immediately isolate and test for SARS-CoV-2

Alternate Quarantine Strategy

- Stay home (HCP) for **10 days** after last contact with a person who has COVID-19
- Watch for fever, cough, shortness of breath and other symptoms of COVID-19 for **14 days** after exposure
- If symptoms develop, immediately isolate and test for SARS-CoV-2

***The local health department will provide consultation and direction about end of quarantine procedures**

MDHHS Michigan Department of Health & Human Services

Quarantine, Isolation, & Cohorting

- **Isolation**
  - You are **ill** or **actively contagious**
  - Means staying at home, in a specific room away from other people and using a separate bathroom, if possible.
  - Isolation keeps someone **who is infected** with the virus away from others, even in their home

Ending Isolation Recommendations

Symptoms of COVID-19

Symptom-based strategy

- No fever for 24 hours without medication AND
- Respiratory symptoms have improved AND
- At least 10 days since symptoms first appeared

No Symptoms of COVID-19

Time-based strategy

- At least 10 days since positive test
- No symptoms have developed since test

***The local health department will provide consultation and direction about end of isolation procedures**

MDHHS Michigan Department of Health & Human Services

Quarantine, Isolation, & Cohorting

- **Cohort**
  - Grouping individuals with the same disease or exposures together

Quarantine, Isolation, & Cohorting
Summary

Quarantine	Isolation	Cohort
Exposure you *may become* ill	**Ill** or **actively contagious**	Grouping individuals with the **same disease** or **exposures together**
Monitoring your health (watch for symptoms)	**Staying away** from other people	
Maintaining social distancing from all	Using a separate bathroom, if possible	

Facility Considerations

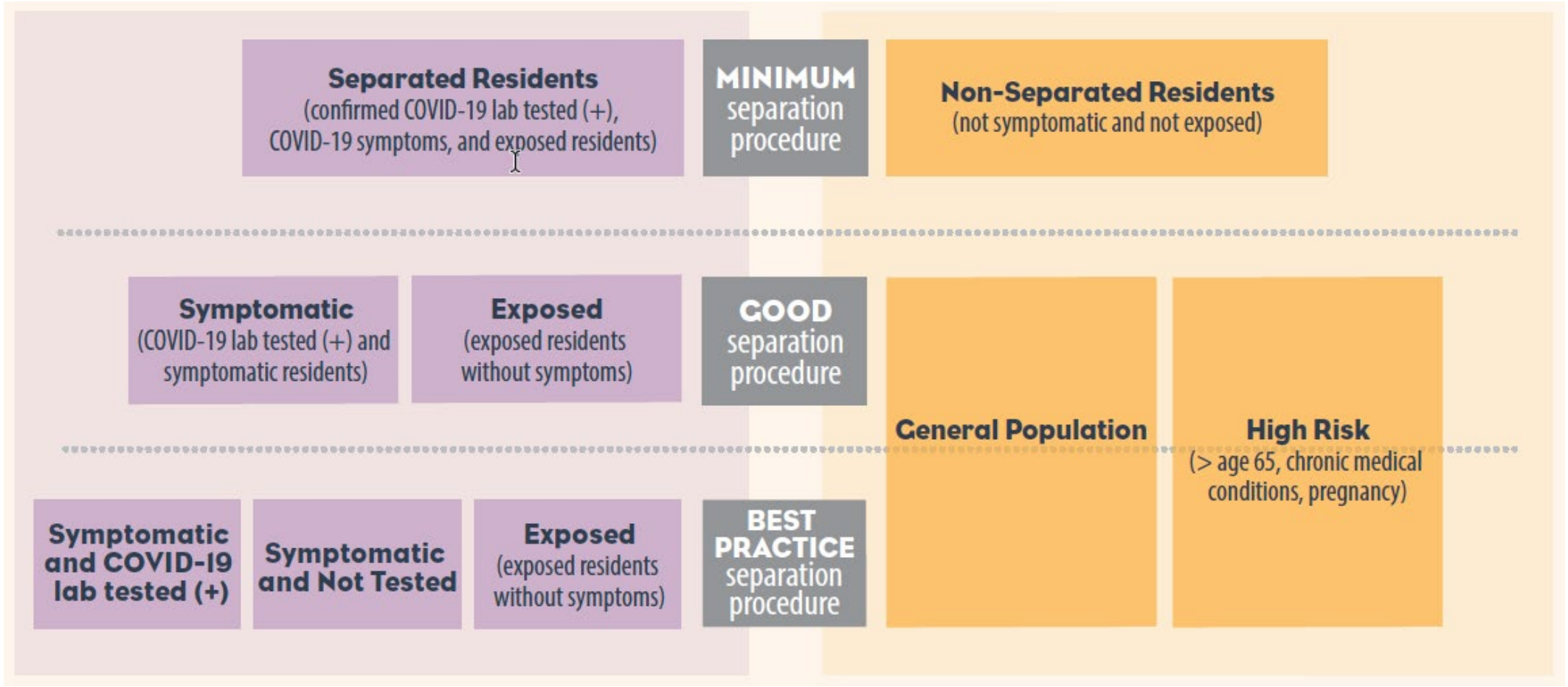
- Limit visitors who are not residents, staff, or volunteers
- Avoid handling resident belongings
- Consider ways to increase physical distancing between residents and staff
  - Meal service: delivery/take away, staggered meal times
  - Maximum occupancy for common areas, bathrooms
- Consider use of physical barriers for interactions with residents with unknown infection status and where physical distancing may be difficult

Residents with Respiratory Symptoms or Suspected COVID-19

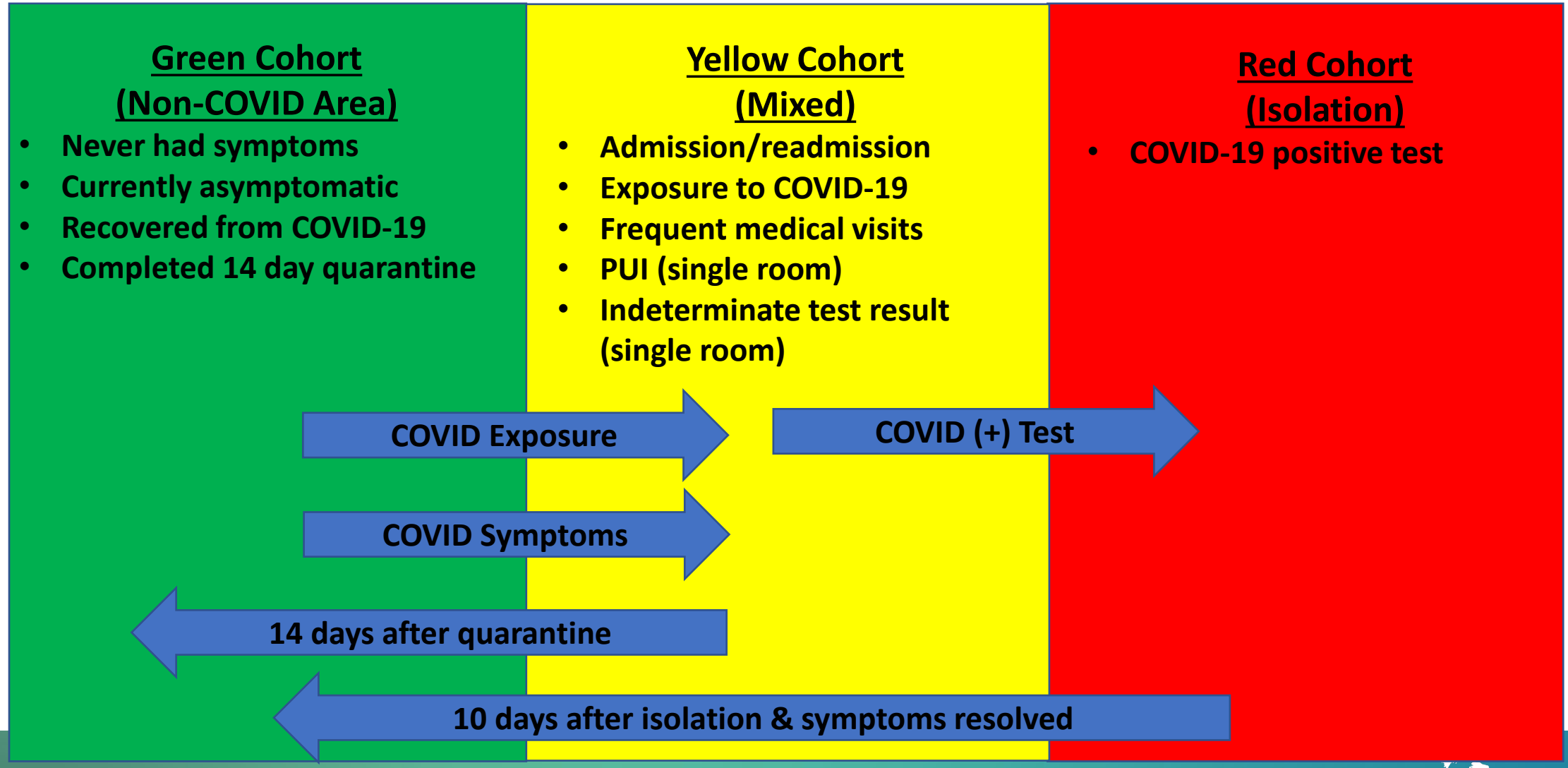
- Prioritize for individual rooms
- Designate a separate bathroom, if possible
- If more than one resident has tested positive, positive residents may stay in same area
- If individual rooms not available:
  - Large, well-ventilated room
  - Keep beds 6 feet apart
  - Use barriers/curtains between beds
  - Align beds head-to-toe if possible

- If designated quarantine or isolation areas are not available at the facility, assist with transfer to a pre-arranged location

Cohorting in Congregate Settings

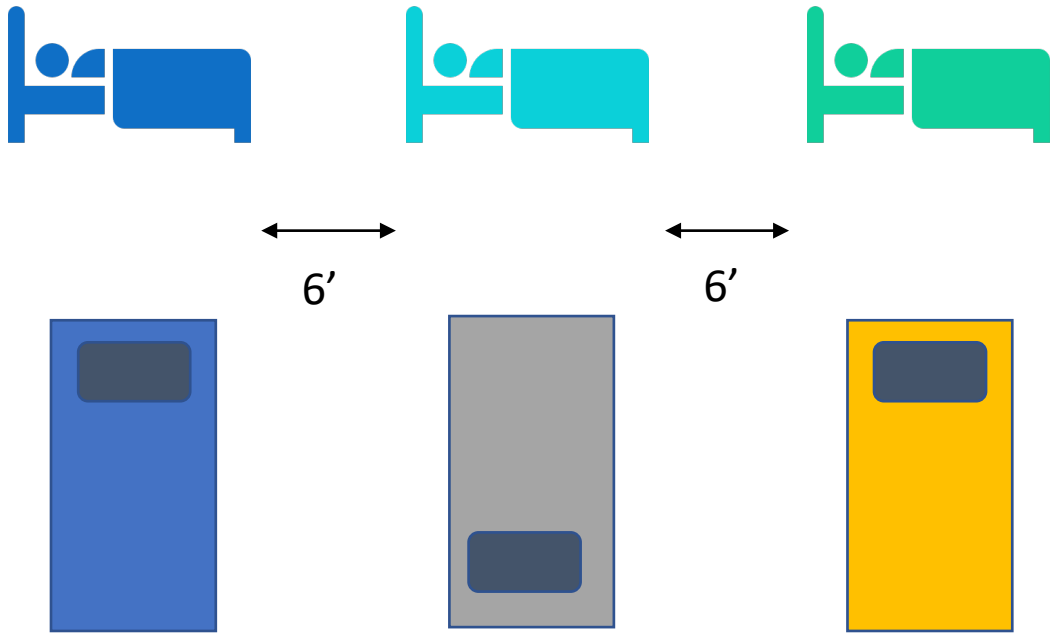


Cohorting in Long-Term Care Settings



General Sleeping Areas

- For those not experiencing respiratory symptoms
- Keep beds 6 feet apart
- Align to sleep head-to-toe



Minimize Shared Items

- Clean and disinfect commonly touched surfaces and any shared items between use
- If you choose to use any shared items that are reusable (e.g., seating covers, tablecloths, linen napkins), wash, clean, and sanitize them after being used

Tracy Ma / The New York Times; Getty Images

Personal Protective Equipment

Cloth Face Coverings

- **Cloth face coverings should be worn over the nose and mouth**
  - Important when it is difficult to stay at least 6 feet apart from others
  - When people are indoors to help protect each other
- **Cloth face coverings may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others**
  - Wearing a cloth face covering helps protects others in case you're infected - while others wear one to protect you should they be infected.
- **Who should NOT use cloth face coverings**
  - Children under age 2
  - Anyone who has trouble breathing
  - Unconscious
  - Incapacitated
  - Otherwise unable to remove the mask without assistance.

Universal Source Control

Residents

- Cloth face covering or other face covering provided by the facility
- Provide facemask if symptomatic

Staff

- Face coverings or facemasks are required by all persons in all resident areas, common or shared areas, walkways, or where residents and/or staff congregate

Personal Protective Equipment

Staff

- Gloves
  - When cleaning and disinfecting
  - When providing direct physical assistance resident per standard precautions
- If providing care to residents who are symptomatic, on quarantine or isolation:
  - N95 respirator (or higher or equivalent) if available, or Facemask
  - Eye protection (goggles or face shield)
  - Gloves
  - Gowns




Understanding the Difference

	Surgical Mask	N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (**FDA**)	Evaluated, tested, and approved by **NIOSH** as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (**only non-oil aerosols**).

Source: https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf

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CDC Guidance on N95/KN95 Respirators

- Per CDC infection control guidance, N95 respirators (or higher or equivalent) are preferred

- **HOWEVER,** if supplies are limited
  - N95 respirators should be reserved for use during aerosol generating procedures
  - Wearing a surgical/medical facemask is acceptable (providing no AGPs)

CDC Guidance on N95/KN95 Respirators

- N95 respirators (or equivalent or higher-level respirator) should only be used in a setting where the facility has a respiratory protection program with trained, medically cleared, and fit-tested healthcare workers.
- When the supplies are restored, facilities with a respiratory protection program should return to use of respirators for residents with suspected or confirmed SARS-CoV-2 infection.
- Facilities that do not currently have a respiratory protection program but care for residents with pathogens for which a respirator is recommended, should implement a respiratory protection program.

Frequently Asked Questions

What are the expectations around residents returning home, (*i.e. home visits, doctor appointments, etc.*)?

- MDHHS order does not prohibit residents from leaving the facility
- Education on the risks of leaving the facility, social distancing and mask wearing should be provided to residents prior to their departure
- Facilities must allow residents to return to their home
- Upon return, screening questions can be asked by the facility.
  - Exposure risk
  - Symptom screening
- The facility can require that the resident be quarantined to the AFC upon return

Can residents visit with family and friends outdoors? (or pertaining to smoking)

- Yes, outdoor visits are allowed if certain requirements are met and safety precautions are put in place.
- If resident is going outside to smoke:
  - Face covering while moving to designated area
  - Limit residents in designated at one time to accommodate social distancing at least 6 feet apart
  - Face covering back on when in building or unable to distance

Does everyone need to isolate or quarantine in their rooms if everyone in the home is positive or have already been exposed?

- Depends on the situation and would be case-by-case
- **Isolation** is for **ill individuals** or those or those with **positive COVID-19** test result
- **Quarantine** is for those who are **exposed**
- These two groups need to be separated in the facility (to the extent possible)
- Not all residents or HCP will have the same exposure, test date, isolation date range, etc.

How and who to quarantine when one or more residents are positive but entire home has not been exposed yet?

- Exposed individuals should be in quarantine even if all exposed
  - They may not all have the exact same exposure level
  - Implementation depends on the exact physical layout and staffing level of the facility

Can AFCs require symptomatic residents to be quarantined/isolated?

- **Yes**, a facility can require a resident to quarantine (if exposed) or isolate (if ill or contagious) 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 (LHD)

- 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 order

Conclusion: Questions / Comments:

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