



# *Candida auris*

## *Patient/Resident Management*

Surveillance for Healthcare-associated and Resistant Pathogens Unit (SHARP)  
Michigan Department of Health and Human Services (MDHHS)

# Patient/Resident Transfers

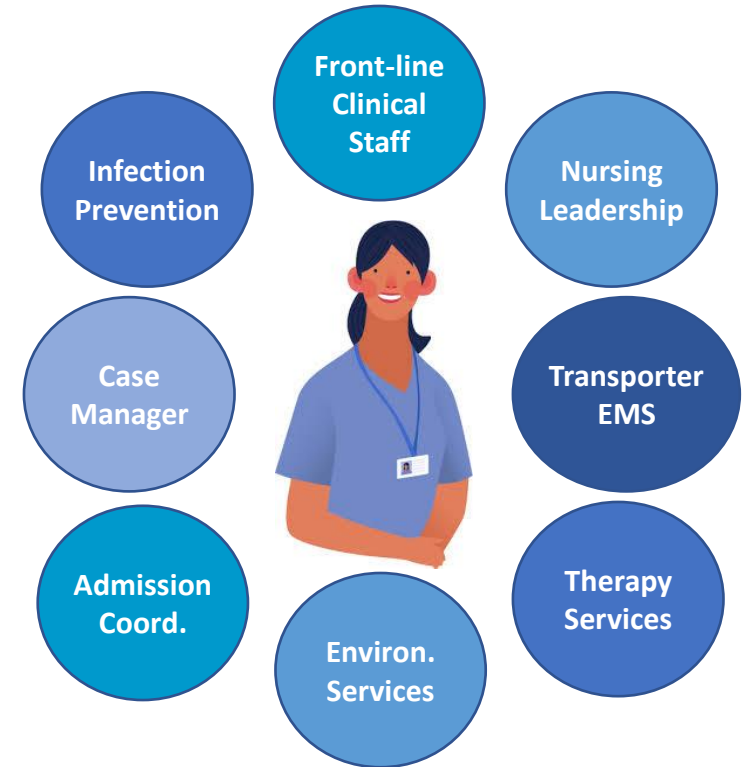
- **As with any MDRO**, decisions to transfer a patient/resident from one level of care to another should be based on:
  - Clinical criteria
  - Ability of the accepting facility to provide the appropriate level of care
  - **Not** on the presence or absence of *C. auris* infection or colonization

**All facilities need to be prepared to  
implement setting-appropriate precautions**

# Communication of *C. auris* Status

## When **ACCEPTING** patients/residents:

- **Ask** about their *C. auris*/MDRO status
  - If positive,
    - obtain a **copy of the lab report** or supporting medical records
- **Confirm** the type of precautions needed
- Ensure **all HCP are informed** of their *C. auris*/MDRO status
  - Maintain an up-to-date list of residents meeting criteria for precautions



# Communication of *C. auris* Status

## When **DISCHARGING** patients/residents:

- Clearly state the **status of *C. auris*** and all **MDROs**
  - Current or recent infection
  - Colonization
  - Pending status (laboratory results pending or testing is needed)
- Specify the **type of precautions** indicated
- **Tell HCP** at the receiving facility
  - **BOTH** verbal and written communication
  - Utilize **Inter-facility Transfer Form**

**Inter-facility Infection Control Transfer Form**  
This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.  
Please attach copies of latest culture reports with susceptibilities if available.

**Sending Healthcare Facility:**

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history (Check if YES)	Active infection on Treatment (Check if YES)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Clostridioides difficile</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Enterobacteriaceae (e.g., <i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i> ) producing-Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Candida auris</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**Does the person\* currently have any of the following?** (Check here ☐ if none apply)

<input type="checkbox"/> Cough or requires suctioning	<input type="checkbox"/> Central line/PICC (Approx. date inserted )
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hemodialysis catheter
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Urinary catheter (Approx. date inserted )
<input type="checkbox"/> Incontinent of urine or stool	<input type="checkbox"/> Suprapubic catheter
<input type="checkbox"/> Open wounds or wounds requiring dressing change	<input type="checkbox"/> Percutaneous gastrostomy tube
<input type="checkbox"/> Drainage (source):	<input type="checkbox"/> Tracheostomy

# Infection Prevention Precautions for *C. auris*



**Skilled  
Nursing  
Facilities  
and  
Nursing  
Homes**

## Enhanced Barrier Precautions

OR

## Contact Precautions

**STOP** **ENHANCED BARRIER PRECAUTIONS** **STOP**  
**EVERYONE MUST:**

Clean their hands, including before entering and when leaving the room.

**PROVIDERS AND STAFF MUST ALSO:**

Wear gloves and a gown for the following High-Contact Resident Care Activities.  
Dressing  
Bathing/Showering  
Transferring  
Changing Linens  
Providing Hygiene  
Changing briefs or assisting with toileting  
Device care or use:  
central line, urinary catheter, feeding tube, tracheostomy  
Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.

CDC 10/16/14 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

- Known MDRO
- Indwelling device or wound
- Used for resident's entire length of stay

**STOP** **CONTACT PRECAUTIONS** **STOP**  
**EVERYONE MUST:**

Clean their hands, including before entering and when leaving the room.

**PROVIDERS AND STAFF MUST ALSO:**

Put on gloves before room entry. Discard gloves before room exit.

Put on gown before room entry. Discard gown before room exit.  
**Do not wear the same gown and gloves for the care of more than one person.**

Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

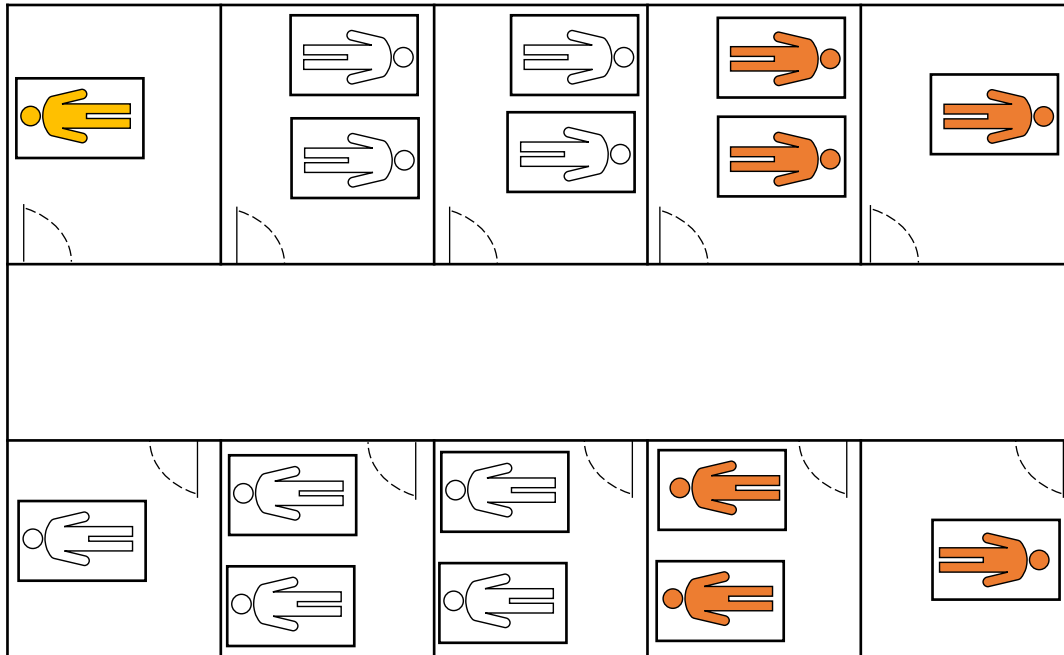
CDC 10/16/14 U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

- Acute diarrhea
- Uncontained draining wounds, secretions or excretions
- Other infections (Appendix A)
- Limited to infectious period

# Resident Placement

- **Contact Precautions**

- Single-resident room whenever possible



- **Enhanced Barrier Precautions**

- Single-resident rooms are not required
- For facilities with capacity, single-resident rooms may be preferred
- *C. auris*-positive residents may be cohorted in the same room
- Facilities can consider a designated unit or part of unit for cohorting

# Set-up for Success



## Precautions Signage

- Visible
- Clear and informative
- Durable



## Alcohol-based Hand Sanitizer

- Available and accessible for all health care personnel



## PPE Cart or Caddy

- Placement just outside resident room
- Restocking PPE supply



## Dedicated Equipment

- When possible
- Wipe placement for shared equipment

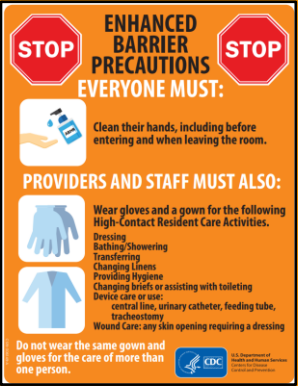





# Hand Hygiene

- **Alcohol-based hand sanitizer (ABHS)** is effective against *C. auris* and is the preferred method to clean hands in most clinical situations
- Consider **ABHS placement** for availability and accessibility
- Use soap and water per routine indications





# Personal Protective Equipment (PPE)

Type of Precaution	PPE	When	What Care
 <p><b>ENHANCED BARRIER PRECAUTIONS</b> <b>EVERYONE MUST:</b></p> <ul style="list-style-type: none"> <li>Clean their hands, including before entering and when leaving the room.</li> </ul> <p><b>PROVIDERS AND STAFF MUST ALSO:</b></p> <ul style="list-style-type: none"> <li>Wear gloves and a gown for the following High-Contact Resident Care Activities: <ul style="list-style-type: none"> <li>Dressing</li> <li>Bathing/showering</li> <li>Transferring</li> <li>Changing Linens</li> <li>Providing hygiene</li> <li>Changing briefs or assisting with toileting</li> </ul> </li> <li>Device care or use: <ul style="list-style-type: none"> <li>central line, urinary catheter, feeding tube, tracheostomy</li> </ul> </li> <li>Wound Care: any skin opening requiring a dressing</li> </ul> <p>Do not wear the same gown and gloves for the care of more than one person.</p> <p>CDC</p>	 	<p>Before high-contact resident care</p>	<ul style="list-style-type: none"> <li>• Dressing</li> <li>• Bathing/showering</li> <li>• Transferring</li> <li>• Providing hygiene</li> <li>• Changing linens</li> <li>• Changing briefs or assisting with toileting</li> <li>• Indwelling device care or use</li> <li>• Wound care</li> </ul>
 <p><b>CONTACT PRECAUTIONS</b> <b>EVERYONE MUST:</b></p> <ul style="list-style-type: none"> <li>Clean their hands, including before entering and when leaving the room.</li> </ul> <p><b>PROVIDERS AND STAFF MUST ALSO:</b></p> <ul style="list-style-type: none"> <li>Put on gloves before room entry. Discard gloves before room exit.</li> <li>Put on gown before room entry. Discard gown before room exit.</li> <li>Do not wear the same gown and gloves for the care of more than one person.</li> <li>Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.</li> </ul> <p>CDC</p>	 	<p>Before any room entry</p>	<ul style="list-style-type: none"> <li>• Any care</li> </ul>

# Cleaning and Disinfection for *C. auris*

- *C. auris* contaminates and **persists** in the health care environment
- Mobile or reusable equipment is likely an important source of *C. auris* spread



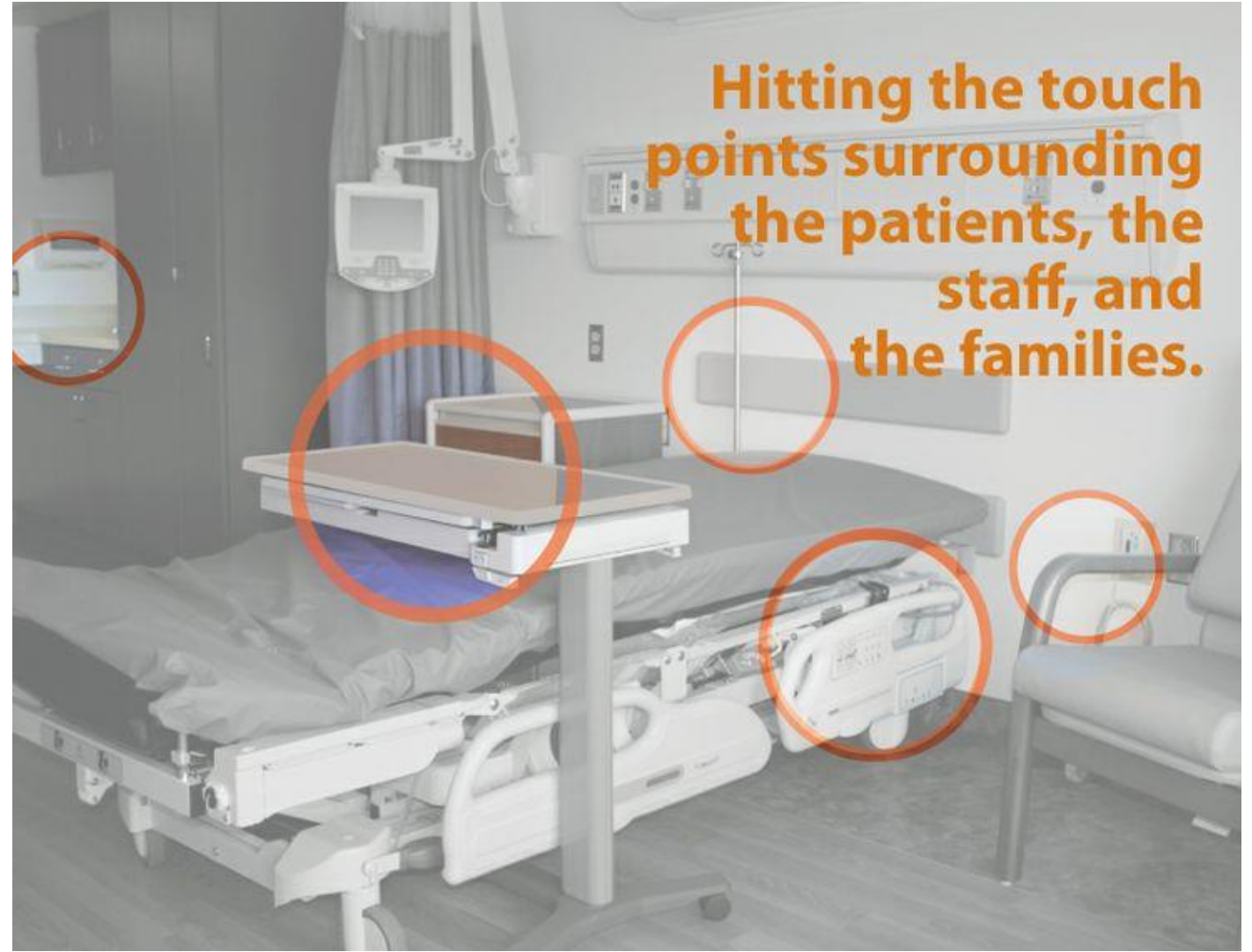
- Not all disinfectants are equally effective against *C. auris*
- Use EPA-registered hospital-grade disinfectant products effective against *C. auris* = **EPA List P**
- **Strongly consider** using an EPA List P disinfectant **routinely** for all resident care areas if *C. auris* is in your area, even if not yet identified in your facility

- **EPA-approved hospital-grade disinfectant → List P**
- **Read the directions**
  - What types of surfaces?
  - What precautions are needed?
- **Pre-clean** if surfaces are soiled or directions require
- Follow the **contact time**
  - time a disinfectant must remain wet on a surface to be effective



# Cleaning & Disinfection Plan for *C. auris*

- Clean *C. auris* rooms last
- Increase cleaning frequency of high-touch surfaces
- Clean shared medical equipment





# Who Cleans What?

- Sometimes HCP don't know what they should be cleaning
- Make a list of all high-touch surfaces and equipment
- For each item indicate:
  - Frequency
  - Products to use (if different than routine)
  - Assignment to different HCP roles
- Share with all HCP with cleaning duties
  - Include both new and veteran HCP

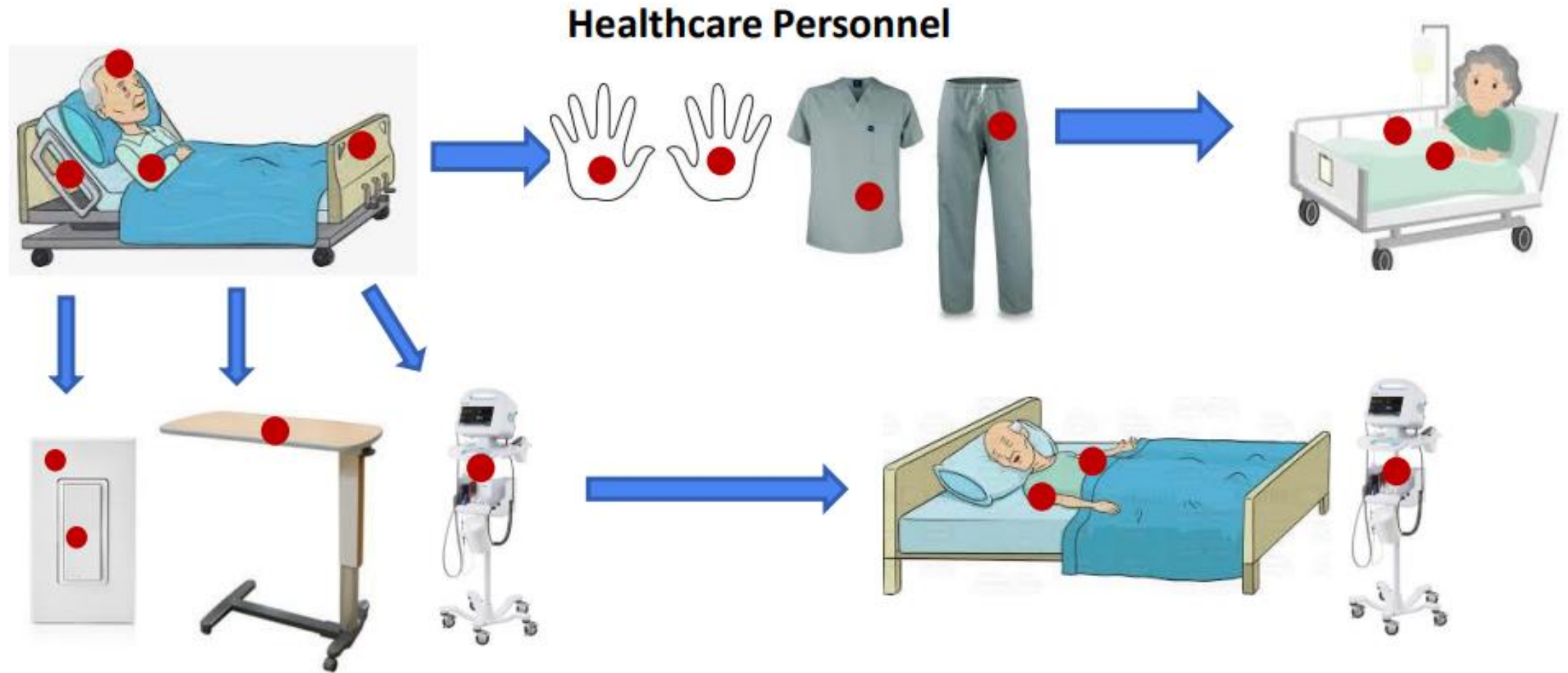
Who Cleans What and When?						
<i>Template for healthcare facilities to ensure that all surfaces, devices, and equipment are properly cleaned at the right times by the right staff. Please modify this template as needed. Below are just some examples of various surfaces that should be covered!</i>						
Facility name: _____		Unit: _____		Update date: _____		Approved by: _____
Area/Device/Equipment	EVS	Frequency	Nursing	Frequency	Other (Specify)	Frequency
Anesthesia equipment and controls						
Bathroom sink						
Bed rail/controls						
Bed table						
Bedside cabinet & other furniture						
Bladder scanner						
Blood pressure cuffs, sphygmomanometer						
Call box, button, and cords						
Computer keyboard						
Computer monitor, keyboard, mouse, cart						
Corridor railing						
Dispensers for towels, soap, sanitizer, etc.						
Door knob/handle, push plates (in/out of room)						
Feeding pumps, stands						
Glove box holders						
Infusion pumps and control						
ISO holder						
IV poles						
Light switch						

# Observation and Feedback for IPC Practices

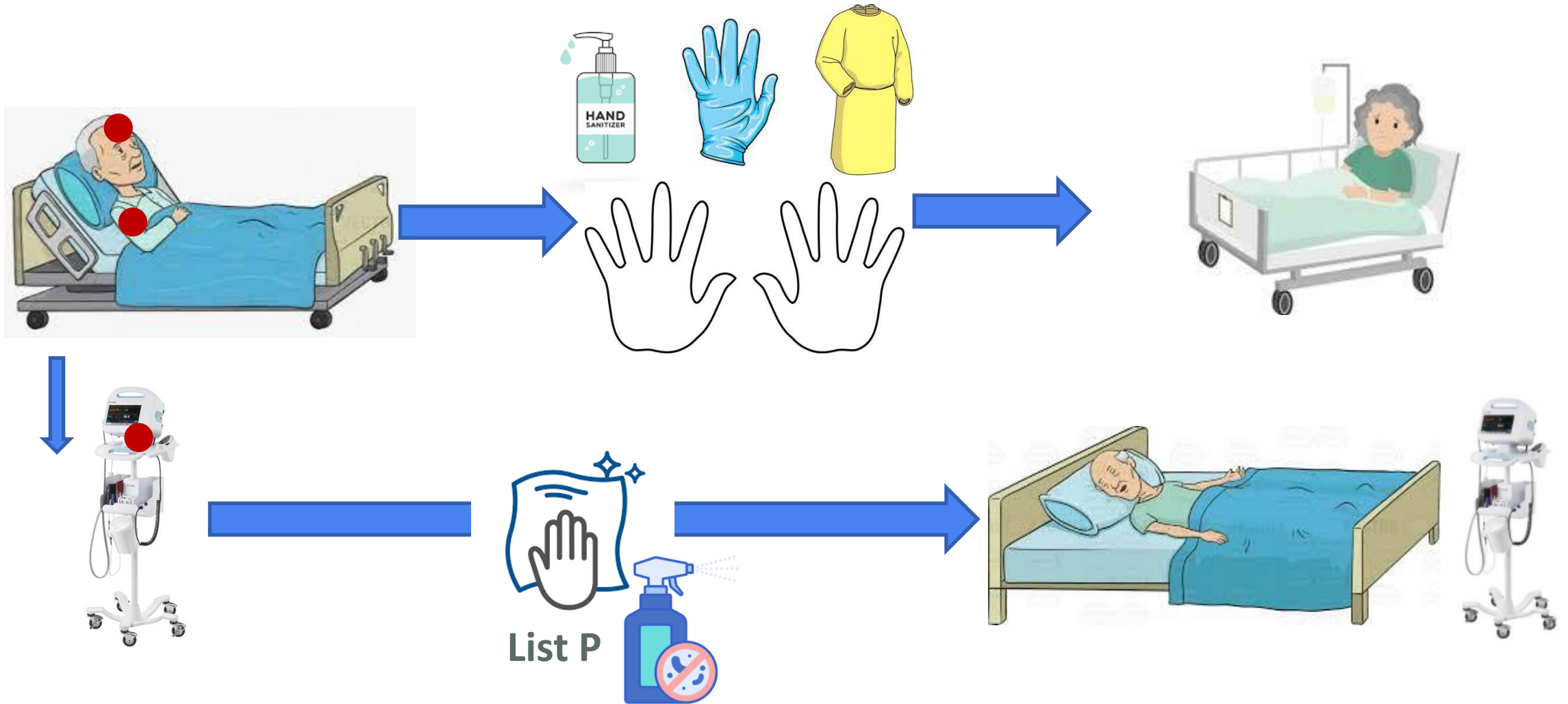
- **Ongoing monitoring:**
  - Hand hygiene
  - Putting on/taking off PPE
  - Cleaning and disinfection effectiveness
- **Collect data, track and display over time**
  - What's working well?
  - When and where are missed opportunities?
- **Routinely share the data with all HCP**
  - Celebrate successes
  - Identify barriers and solutions



# *C. auris* Colonized Residents and Transmission



# *C. auris* Colonized Residents and Transmission





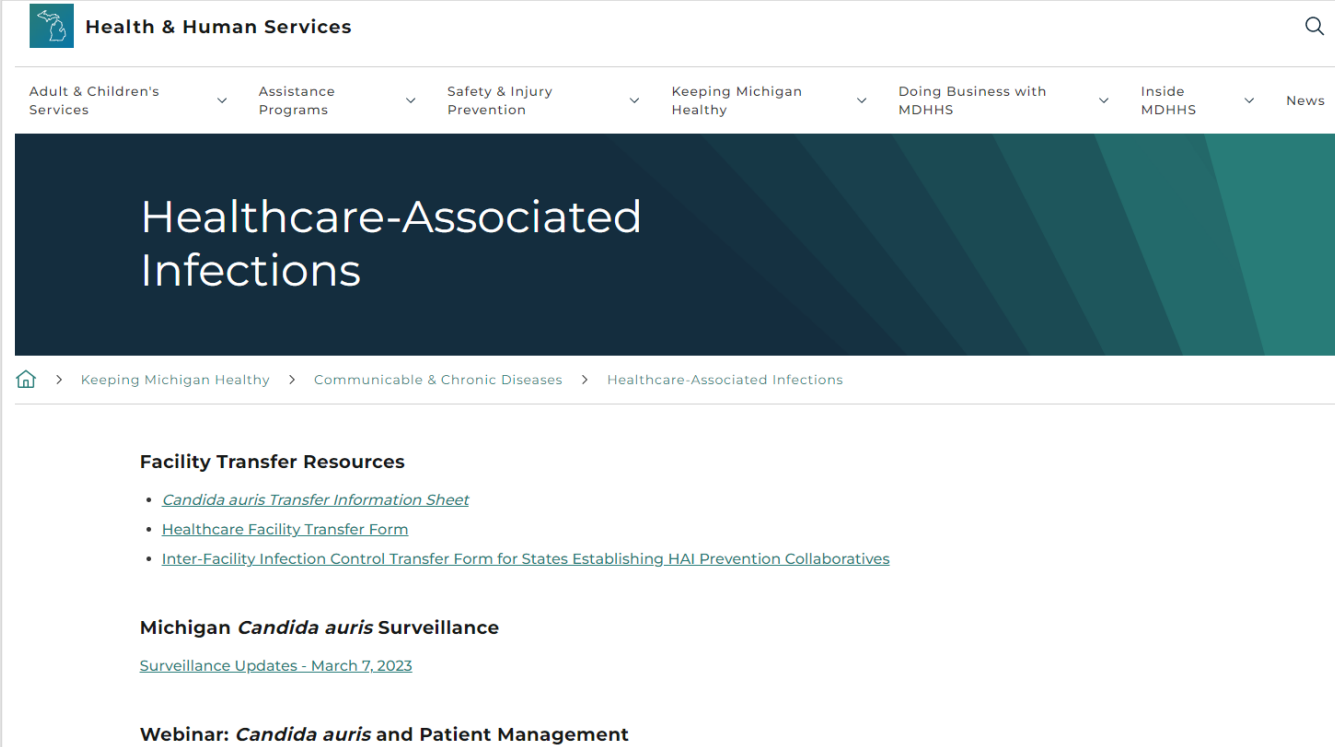
# Questions about *C. auris*?

## Contact the SHARP Unit

 [MDHHS-SHARP@michigan.gov](mailto:MDHHS-SHARP@michigan.gov)

 [Michigan.gov/HAI](https://michigan.gov/HAI)

 [517-335-8165](tel:517-335-8165)



The screenshot shows the Michigan Health & Human Services website. The header includes the Michigan state logo and the text "Health & Human Services". A navigation bar contains links for "Adult & Children's Services", "Assistance Programs", "Safety & Injury Prevention", "Keeping Michigan Healthy", "Doing Business with MDHHS", "Inside MDHHS", and "News". The main content area features a large banner for "Healthcare-Associated Infections". Below the banner, a breadcrumb trail reads: "Home > Keeping Michigan Healthy > Communicable & Chronic Diseases > Healthcare-Associated Infections". The page lists "Facility Transfer Resources" with three links: "Candida auris Transfer Information Sheet", "Healthcare Facility Transfer Form", and "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives". It also mentions "Michigan Candida auris Surveillance" with a link to "Surveillance Updates - March 7, 2023". At the bottom, it lists a "Webinar: Candida auris and Patient Management".

**Health & Human Services**

Adult & Children's Services Assistance Programs Safety & Injury Prevention Keeping Michigan Healthy Doing Business with MDHHS Inside MDHHS News

## Healthcare-Associated Infections

Home > Keeping Michigan Healthy > Communicable & Chronic Diseases > Healthcare-Associated Infections

### Facility Transfer Resources

- [Candida auris Transfer Information Sheet](#)
- [Healthcare Facility Transfer Form](#)
- [Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives](#)

### Michigan *Candida auris* Surveillance

[Surveillance Updates - March 7, 2023](#)

### Webinar: *Candida auris* and Patient Management

# Bulletin L23-23 - Level of Care Determination (LOCD) End of COVID-19 Public Health Emergency (PHE) and Resumption of Normal Operations

Michigan Department of Health and Human Services  
Program Policy Division PO Box 30479  
Lansing MI 48909



March 30, 2023

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<City> <State> zipcode5-zipcode4

Dear Provider:

RE: Level of Care Determination (LOCD) End of COVID-19 Public Health Emergency (PHE) and Resumption of Normal Operations - Nursing Facilities (NF), Program of All-Inclusive Care for the Elderly (PACE), MI Choice, and MI Health Link Home and Community Based Services (HCBS) Waiver

The purpose of this letter is to provide guidance regarding the LOCD at the termination of the COVID-19 PHE and resumption of normal operations. The LOCD is an eligibility tool used to determine functional eligibility of individuals seeking long-term supports and services in Medicaid-certified NFs, PACE, MI Choice, and MI Health Link HCBS Waiver.

During the COVID-19 PHE, the Michigan Department of Health and Human Services (MDHHS) utilized various flexibilities within LOCD policy and operations to provide continuity of care for enrolled or admitted beneficiaries and virtual assessments. The COVID-19 PHE ends on May 11, 2023. On May 12, 2023, MDHHS will resume LOCD policy as stated in the MDHHS Medicaid Provider Manual, Nursing Facility Level of Care Determination Chapter. **No COVID-19 flexibilities will be continued.**

This letter rescinds Numbered Letters L 21-66, L 21-57, L 21-37, L 21-36, L 21-19, and L 21-18 effective May 12, 2023.

The guidance in this letter describes requirements related to:

- Resuming
  - In-Person LOCDs
  - LOCD door 7
  - Passive redetermination- Door 87
- Terminating
  - End date extensions
  - Inactivation of Door 0
  - Adequate and Advanced Action Notices
  - Door 8 COVID-19 Exception for MI Choice and MI Health Link HCBS Waiver

L 23-23

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## Resuming

### In-Person LOCDs

On May 12, 2023, providers must resume LOCDs for *all beneficiaries*. To determine eligibility following the end of the PHE, providers must conduct an *in-person* LOCD at the beneficiary's next scheduled assessment, prior to the end date of the current LOCD record, or if the beneficiary has a *new* significant change in condition, whichever is earliest. Passive redetermination may confirm eligibility for a beneficiary. All enrolled or admitted beneficiaries must have an LOCD conducted in-person or through passive redetermination prior to the end date of the current LOCD.

**Do not retroactively enter LOCD Door 0s that were conducted before May 12, 2023 for enrolled/admitted beneficiaries.**

### LOCD Door 7

Enrolled or admitted beneficiaries must be thoroughly evaluated for each LOCD Door. Due to the length of the COVID-19 PHE, an enrolled or admitted beneficiary may meet Door 7, service dependency. To be determined eligible through Door 7, a beneficiary must have continuous enrollment for at least one year, require ongoing services to maintain status, and no other services are available to meet their needs.

Continuous enrollment is enrollment or admission in a NF, MI Choice, PACE, MI Health Link HCBS Waiver or a combination of these programs for 365 consecutive days (including hospitalizations that do not result in discharge).

To demonstrate the need for continued services to maintain functional status, there must be documentation that shows a relationship between specific services currently provided and the risk for functional decline with the removal of services.

Other community services include those for which the beneficiary is eligible and available (i.e., no waiting lists, reasonable traveling distance), residential services available at the beneficiary's home or current living environment, and informal services such as an unpaid caregiver(s) who has the capacity, skills, choose to make a commitment for the required schedule and that is acceptable to the beneficiary.

For more details on evaluating for each LOCD Door, see the LOCD Field Definition Guidelines, the [LOCD web page](#) job aids and L 18-04.

# Bulletin L23-23 - Level of Care Determination (LOCD) End of COVID-19 Public Health Emergency (PHE) and Resumption of Normal Operations

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## Passive Redetermination – Door 87

On May 12, 2023, the passive redetermination process will resume generating Door 87s in the Community Health Automated Medicaid Processing System (CHAMPS). Door 87 is generated when the passive redetermination process cannot establish eligibility from the interRAI Home Care (iHC) or Minimum Data Set (MDS) assessments. Door 87 has a start date equal to the date the passive determination was applied to the assessment. The end date is 45 days from the start date or the end date of the previous LOCD, whichever is earlier. The provider must conduct an in-person LOCD before the end date of Door 87 to determine the beneficiary's eligibility. Door 87 is not sufficient basis for issuing an Adverse Action Notice to the beneficiary. Refer to the MDHHS Medicaid Provider Manual, Nursing Facility Level of Care Determination Chapter for additional information.

## Terminating

### End Date Extensions

Starting May 12, 2023, MDHHS will not extend the end dates of eligible LOCD records (Doors 1-8, 67, 77). Payment will only be issued for valid LOCDs. Providers must conduct a new LOCD on or prior to the end date of the current LOCD to continue eligibility. Providers may do this through in-person LOCDs or the passive redetermination process. **Providers are responsible for monitoring LOCD end dates for beneficiaries and conducting new LOCDs timely.** For more details on LOCD start and end dates and passive redetermination, refer to the MDHHS Medicaid Provider Manual, Nursing Facility Level of Care Determination Chapter.

### Inactivation of Door 0

Effective May 12, 2023, MDHHS will not inactivate LOCD Door 0s (ineligible) for enrolled or admitted beneficiaries. Providers must issue the appropriate notices to the beneficiary or their legal representative. If the beneficiary is enrolled or admitted with another provider, they must be notified of the Door 0.

For nursing facilities, MDHHS will resume the process of reviewing payment requests for dates of service covered under a Door 0 record. Further guidance will be issued to providers prior to the conclusion of the PHE.

### Adequate and Advanced Action Notices

Adequate and Advanced Action Notices for LOCD have been updated. Visit the MDHHS [LOCD website](#) and download the updated notices for your program.

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## Door 8 COVID-19 Exception for MI Choice and MI Health Link HCBS Waiver

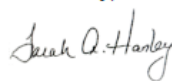
As of May 12, 2023, MI Choice and MI Health Link Waiver will not re-establish an enrolled beneficiary's eligibility through LOCD Door 8, approval criteria "Frailty", and approval code "2019." All beneficiaries must meet the LOCD criteria as stated in the LOCD Field Definition Guidelines or the Exception Criteria. MI Choice has the option to request a secondary review to have a beneficiary evaluated for exception criteria (Door 8).

Policy information for the LOCD can be found in the Nursing Facility Level of Care Determination Chapter of the MDHHS Medicaid Provider Manual at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

MDHHS strongly encourages providers to subscribe to COVID-19 updates at [www.Michigan.gov/coronavirus](http://www.Michigan.gov/coronavirus).

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,



Farah Hanley  
Chief Deputy Director for Health

- [MDHHS-NFISOLATION@michigan.gov](mailto:MDHHS-NFISOLATION@michigan.gov)
  - Bed Isolation Requests