

MICHIGAN NURSING HOME COVID 19 PREPAREDNESS TASKFORCE RECOMMENDATIONS

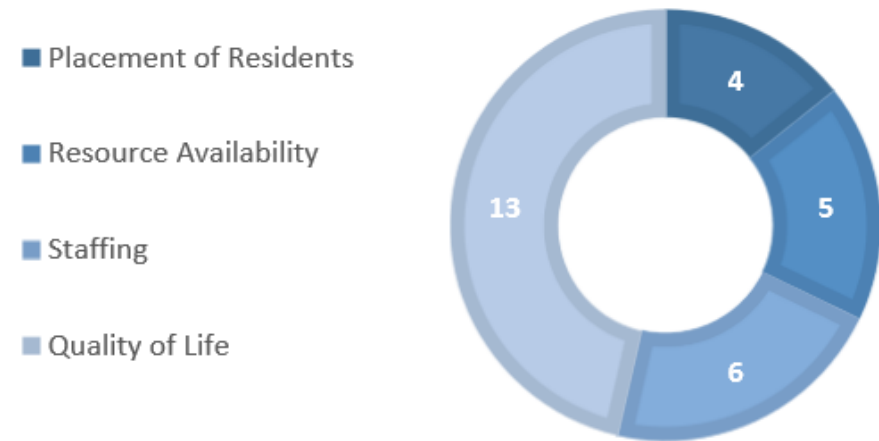
PRESENTED BY TASKFORCE CO-CHAIR

BETTY CHU, MD

EXECUTIVE SUMMARY

- 20 committee members
 - 4 legislators
 - Staff from HHS and LARA
- 28 final recommendations
- 4 workgroups
- 10 non-committee subject matter experts
- Presented August 31, 2020 to Governor's office

NUMBER OF RECOMMENDATIONS BY WORKGROUP



GOALS

Produce a recommendation to the governor for an action plan on how to prepare nursing homes for any future wave of COVID-19 cases by August 31, 2020

- Ensure adequate testing efforts in facilities across the State
- Limit the spread of COVID-19 infection to residents and staff
- Provide continuity of care for non-infected residents
- Provide support for facilities to keep their staffing levels up
- Secure access to personal protective equipment needed in facilities
- Provide resources and technical assistance to facility staff on infection prevention, resident care, and overall resident well-being
- Build and maintain enough bed capacity for residents with COVID-19 who do not require acute care in the hospital
- Explore opportunities to secure adequate financial resources are in place to implement recommendations

PLACEMENT OF RESIDENTS USING A PRIORITIZATION FRAMEWORK

- Placement initially to hospital/healthcare facilities with excess surge capacity.
- If hospital options are not feasible, then residents would be placed at state-designated Care and Recovery Centers.
- In exceptional circumstances when these options are not possible, the Task Force recommends that facilities with experience in caring for COVID positive residents be permitted to admit COVID positive individuals; if they meet established criteria recommended by state/national experts.
- The Task Force suggested that the state continue to explore the option of creating dedicated COVID19 facilities. However, this option presented substantial procedural challenges that may not allow for timely implementation if we are faced with a second wave this fall.

SUPPLY RESOURCE AVAILABILITY

- Task Force recommends improving the coordination of PPE distribution to nursing homes
- Laboratory testing supplies require improve coordination, prioritization, and procurement for nursing homes if we encounter a second surge – and ongoing funding for nursing home testing is needed
- Decreased resource reporting burden for nursing homes
- Designate specific labs for nursing home testing

STAFFING RECOMMENDATIONS FOCUS ON RECRUITMENT AND RETENTION

- Recruiting and retention of adequately trained staff to maintain safe and high quality care is a key issue
- Recognition of support for the overall physical and mental health of current staff is a critical aspect of success in a second wave In particular
- The task force recognized the key role certified nursing assistants (CNAs) play in the delivery of nursing home care.
- Wage issues were discussed but felt to be outside of the scope of the committee's purpose

QUALITY OF LIFE FOR RESIDENTS IS A SIGNIFICANT CONCERN

- Given the ongoing nature of the pandemic – addressing the mental health of residents is a critical factor in ensuring their overall health and success.
- Of 28 recommendations, nearly half involve ways to better quality of life.
- Task force members recognize the need to balance resident safety with ensuring their overall wellbeing.
- Outdoor visits, small group non-contact activities and limited communal dining are examples of much needed human contact that can be done safely with proper social distancing and adherence to mask wearing.

• MDHHS Updates Visitor Restrictions for Residential Care Facilities

- A new Michigan Department of Health and Human Services (MDHHS) [order](#) issued yesterday evening will allow outdoor visits at residential facilities. The order continues to require precautions to protect against COVID-19. Residential facilities are not required to allow visitors under this order; it simply allows them to if they meet the requirements and wish to allow visitors.
- The order creates exceptions to Gov. Gretchen Whitmer's order that temporarily restricts visits at healthcare, residential, congregate care and juvenile justice facilities and is based in part on recommendations from Gov. Whitmer's Nursing Home Preparedness Task Force. The MDHHS also considered the flattening of the COVID-19 curve and the impact of the visitor restrictions on residents of these care facilities in issuing this order, **which takes effect Tuesday, Sept. 15**. Residential facilities are required to ensure that outdoor visitation areas allow for at least 6 feet separation between all people and provides adequate protection from weather elements. They must also assure someone trained in infection control will be within sight range for compliance reasons.
- Facilities must also meet certain criteria, including having had no new COVID-19 cases originate at the facility within the previous 14 days.
- To allow visitation, the facilities must, among other things:
 - Permit visits by appointment only.
 - Limit the number of visitors to two people or less per visit.
 - Exclude visitors who cannot or will not wear a face covering during the entire visit.
 - Require visitors to maintain social distancing.
 - Limit the number of overall visitors at the facility at any given time based upon space limitations, infection control capacity and other appropriate factors to reduce the risk of COVID-19 transmission.
 - Prohibit visits to residents who are in isolation or under observation for symptoms of COVID-19.
 - Additional requirements can be found in the emergency order.
- The order applies only to residential long-term care facilities, which include nursing homes, homes for the aged, adult foster care facilities, hospice facilities, substance abuse disorder residential facilities, independent living facilities and assisted living facilities.

APPENDIX



MHA BULLETIN: CMS RELEASES NEW GUIDANCE

Long-term Care Enforcement Regulations

In May, CMS released a separate interim final rule requiring nursing homes to report confirmed or suspected COVID-19 cases, and other related data. CMS then issued a [policy memo](#) detailing how the agency will enforce the new reporting requirements. Subsequently, the Sept. 2 interim final rule added enforcement to the LTC reporting requirements by codifying the use of CMPs for each week a facility fails to report.

Moving forward, LTCs that don't comply **will be subject to CMPs** which begin at \$1,000 for the first occurrence of noncompliance and increase by \$500 for each subsequent time the facility fails to report COVID-19-related data. The maximum allowable CMP amount is \$6,500 per citation. The compliance reporting requirements will be assessed weekly and the regulation will continue to be in effect for up to one year beyond the end of the public health emergency.