



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Note: The below FAQs are as of January 5, 2021. With things changing rapidly, please check back often for updates.

With the Michigan Supreme Court decision, what requirements are still in effect?

Several orders have been issued by MDHHS Director Gordon that require mask wearing, ban inside visits, limit communal dining, etc. To see a full list of MDHHS Director Gordon's orders click [here](#). In addition, licensing requires that a home keep residents safe and have policies, procedures, and protocols and implement said policies, procedures, and protocols to prevent disease transmission of any kind, including COVID-19. These policies, procedures, and protocols should be based on CDC guidance and/or another national standard.

Can I take my loved one out of a facility to visit and if so, does the facility have to allow the resident to return to the facility?

MDHHS's order does not prohibit residents from leaving the facility; however, if a resident does leave the facility, the facility can ask screening questions and depending on where the resident went, who they were in contact with, etc., the facility could require the resident to be quarantined within the home upon return. At this time, it is advised (but not required) that homes educate residents on the associated risk of leaving the facility and educate residents on social distancing, hand hygiene, wearing a mask in public, etc. to limit the residents risk when outside the facility. The facility must allow the resident to return to their home.

Do I need to submit an incident report to licensing if a staff member tests positive for COVID-19?

For AFCs, it is not required that an incident report be submitted if a staff person tests positive for COVID-19. It is recommended however that you notify your licensing consultant so that they can assist with making sure that the facility has taken proper precautions and is able to maintain proper staffing for the home.

For HFAs, an incident report is required if a resident suffers or is at risk of more than minimal harm. A staff person who tests positive could have exposed a resident or "put the resident at risk of more than minimal harm". For this reason, HFAs must submit an incident report when a staff person tests positive for COVID-19. Names of the staff that tested positive do not need to be included in the incident reports and can be discussed verbally with your HFA licensing staff.

Note: The [MDHHS Order](#) requires that the presence of a COVID-19 affected resident or staff be reported to your local health department.



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A resident of our home has respiratory illness symptoms. Should they be transferred to the hospital?

- If the resident needs immediate medical attention because of their symptoms, then the facility shall call 911.
- If the resident has symptoms but does not need immediate medical attention, the facility should contact the resident's doctor for guidance and to determine whether transfer to the hospital is necessary. The doctor can also advise if a COVID-19 test is necessary.
- If the doctor decides transfer to the ER is not necessary but the resident is presenting symptoms of a respiratory illness, the facility should follow protocols and CDC recommendations as if the resident was COVID-19 positive.
- If EMS is called and arrives at your facility, they may evaluate the resident onsite and may make the call if the resident meets the criteria to be transferred to the hospital or if the resident can currently be cared for at your facility.

Some suggestions on ways to minimize potential spread of the virus include:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase availability and accessibility of alcohol-based hand rubs, reinforce strong hand-hygiene practices, no touch receptacles for disposal, and facemasks as directed by CDC or MDHHS guidance.
- Use cloth masks when unable to secure disposable masks.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of equipment, etc., between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (phones, etc.).

EMS arrives at our facility and is refusing to participate in our screening protocol before entering our building. Is it okay to let them in?

Yes, it is okay to let EMS into your building without being screened. EMS should not be delayed from providing immediate care to a resident who is experiencing a medical emergency. EMS providers have been advised by MDHHS, Division of EMS and Trauma that they are to screen all EMS staff at the beginning of their shift and to buddy/coworker screen each other twice a day during their shift.



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A resident of our home has been transferred to the hospital/ER with respiratory illness symptoms or has tested positive for COVID-19 and the hospital is wanting to discharge them back to our facility. Do we have to take them?

Facilities should be asking questions of the hospital such as the following before the hospital discharges the resident back to their facility.

- Does the resident meet criteria outlined in the [CDC Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings?](#)
- Does the facility have the needed PPE (Personal Protective Equipment) or medical staff available to meet the resident's needs?
- Can the facility reasonably isolate the resident in a private room within the facility?

Hospitals should provide guidance on precautions (if any) that the facility should take to protect staff and other residents. If the hospital is recommending staff use PPE (gloves, masks, etc.) and the facility does not have any nor can they get any, they should discuss that with the hospital discharge planner to see if they can assist the facility in getting needed items before the resident is discharged.

Can we forgo fingerprinting new staff for background checks?

No. Nearly all IdentoGO locations are currently open. The Workforce Background Check section sent a message on October 5, 2020 that all conditional hires must be fingerprinted within 10 business days of hire and any hires whose fingerprints were postponed due to the previous suspension of requirements to be fingerprinted must be fingerprinted within 15 business days of October 5, 2020. To read the full workforce background check section message sent on October 5, 2020, see link below.

<https://miltcpartnership.org/longtermcareportal/home/news/109?Title=Executive%20Order%20%28EO%29%202020-150>

My CPR and first aid cards are about to expire. Can I postpone renewing my training until the crisis is over?

The American Heart Association (AHA) has issued a [letter](#) on July 23, 2020 allowing a 120 day extension to their current card expiration date for cards which expired in March, April, May and June. Starting in July, AHA recommends that cardholder's renew their cards by the expiration date. AFC licensing is willing to accept the AHA 120 day extension for all CPR and first aid update/refresher trainings for cards that expired in March, April, May and June. As of October, all CPR and first aid cards should be current. If a facility is having difficulty getting staff in required training courses, they should reach out to their licensing consultant to make them aware of the attempts they have made to get staff needed CPR and first aid training.



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Do I need to get references, verification of education, etc. before hiring a new staff person?

Facilities need to balance the immediate need for staff with the safety of the residents. While licensing will be lenient on timeframes and information that is gathered while [MDHHS order](#) for “requirements for residential care facilities” is in effect (until MDHHS lifts the order), it is recommended that facilities do not allow a new staff person to work alone at the facility while gathering required paperwork for new hires.

Will the Bureau of Fire Services continue all inspections during the crisis?

The Bureau of Fire Services has resumed inspections for AFCs (licensed for 7 or more) and HFAs such as inspections for renewals beginning June 15th. They continue to conduct unannounced investigations of allegations of serious nature. They also understand vendor testing of sprinklers and alarms may be delayed during this time. Any alarms on the fire panel or any other system issues should be addressed as soon as possible.

We have an isolation area within our facility. Does this area need to participate in fire drills?

For HFA: Drills may be modified for isolation areas to ensure proper infection control. However, the remainder of the facility must conduct fire drills as normal. Patient Isolation areas that are not part of the drill should be documented and additional documented staff training should be implemented for those areas.

For AFC: Drills may be modified for isolation areas to ensure proper infection control. For example, if a resident is under quarantine within the facility, that resident is not expected to participate. However, the remainder of facility must conduct drills as normal. Patient isolation areas that are not part of the drill should be documented and additional documented staff training should be implemented for those areas.

BFS inspectors are available to you to assist in determining appropriate drill procedures for your facility.

Are AFC licensing consultants and HFA licensing staff considered essential staff?

Yes. While licensing has scaled back its non-essential visits to facilities, licensing is still responsible for ensuring that vulnerable adults remain safe. Your licensing consultant may reach out to you to discuss your upcoming renewal and determine whether an onsite or virtual renewal is appropriate. Typically, your consultant will conduct at least a physical plant inspection onsite but may make arrangements to review documentation or conduct interviews remotely/virtually. Licensing will continue to conduct complaint investigations and will go onsite as determined necessary. Licensees must permit to allow licensing staff into the building. Licensing staff are not required to be COVID-19 tested prior to entry of the home. Licensing staff have a supply of masks and gloves they will use when conducting on-site



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inspections and investigations. If additional PPE is required beyond masks and gloves in accordance with facility protocol, licensing staff may need to be provided that PPE by the facility so they can enter the facility.

Can we continue to admit new residents?

To date, the state has not banned new admissions. The facility should do their own risk assessment and conduct a screening assessment of any potential new resident prior to admitting new residents to their facility. The facility can make the decision to quarantine any new residents. If a policy like this is implemented at the facility, the facility should make sure the resident and their guardian (if applicable) aware of the facility quarantine policy and that information should also be included within the admission paperwork so the prospective new resident and their guardian are properly notified and can make an informed decision if being admitted and then be quarantined is the right decision for them.

Can we 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 or isolate the resident could also be given from a local health department official. 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 official's order.

We are not able to schedule pre-employment physicals due to the crisis. Can we start new staff without a physical?

We understand many doctors are backed up from previously canceling any non-essential doctor visits. We will allow facilities to conduct their own assessment of a new employee with the expectation that the new employee get a physical as soon as possible. This postponement of pre-employment screening is allowed while the [MDHHS Order](#) for "requirements for residential care facilities" is in effect (until MDHHS lifts the order).

Can we use virtual/tele-medicine to complete a physical for direct care staff since many doctor's offices are backed up from previously closing or postponing non-essential visits?

We will allow a virtual physical in the interim to expedite and make sure direct staff are available, but the expectation would be that the staff get an in-person physical as soon as possible. This acceptance of virtual/tele-medicine is allowed while [MDHHS order](#) for "requirements for residential care facilities" is in effect (until MDHHS lifts the order).



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I would like to talk to my loved one by phone/video chat. Is that something I can do?

Yes. The facility must allow you to communicate by phone, email or video (FaceTime, Skype, etc.) The facility should be able to accommodate conversations if the resident does not have their own phone or computer. This order also allows for outside visits if certain conditions are met.

Do facilities have to allow any family and friends to visit if their loved one is on hospice?

[MDHHS Director Gordon's order](#) issued on December 8, 2020 allows visitors to see residents that are on hospice. The facility must screen any visitors prior to allowing them entry. Protocols should also be put in place so that the visitors do not come in contact with and possibly expose other residents.

Can residents visit with family and friends outdoors?

Yes, outdoor visits are allowed if certain requirements are met and safety precautions are put in place. Please see [MDHHS order](#) which was issued on December 8, 2020 for all the requirements necessary for outdoor visits.

Can residents visit with family and friends indoors?

Yes, indoor visits are allowed if certain requirements are met and safety precautions are put in place. Visits must be scheduled with the facility and the facility can limit the time of the visit. Visitors must be COVID-19 tested prior to the indoor visit in counties where the current Risk level is C, D, or E on the [MI Safe Start Map](#). Visitors must wear a mask. Please see the [MDHHS order](#) which was issued on December 8, 2020 of all the requirements necessary for indoor visits. Also see [MDHHS's FAQs](#) on visitation.

Are residents allowed to go into the community?

A resident that has been assessed as being able to enter the community safely can do so. However, if a resident does leave the facility, the facility can ask screening questions and depending on where the resident went, who they were in contact with, etc., the facility could require the resident to be quarantined within the home upon return. At this time, it is advised (but not required) that homes educate residents on the associated risk of leaving the facility and educate residents on social distancing, hand hygiene, wearing a mask in public, etc. to limit the residents risk when outside the facility. The facility must allow the resident to return to their home.

My license is about to expire. What should I do?



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Assuming you have applied to renew your license, there is nothing further needed from you as the licensee/licensee designee. There have been some delays with renewing licenses because of onsite inspections by licensing, Bureau of Fire Services and the local health department being postponed. Licensing is again conducting onsite renewal inspections whenever possible. The Bureau of Fire Services has resumed onsite as of June 15th. Local health department inspections being completed have varied from health department to health department. If inspections have been postponed, this may have caused delays your license renewal. If so, you will receive a license extension letter. Please allow 2 weeks after your license expires to receive a license extension letter. If your license has not been renewed and you have not received your license extension letter, you can request a license extension letter by contacting our licensing unit at 1-866-856-0126.

Does the MDDHS Director's order requiring testing of all nursing home residents apply to AFC and HFA?

The [MDHHS order](#) issued on October 28th requires all residents and staff of nursing homes, Homes for the Aged and AFCs (with a capacity of 13 residents or more) to be tested for COVID-19. HFA facilities must implement testing as required by this order by November 18, 2020. AFC licensed for a capacity of 13 residents or more must implement testing by November 24, 2020 for some requirements and December 2, for the remaining requirements (see order for details).

Can the state help secure testing supplies? How do I get them?

MDHHS has set up a link for requesting testing assistance. It is

<https://www.cms.gov/files/document/qso-20-39-nh.pdf>

MDHHS has also published an [HFA and AFC COVID-19 Testing Financial Guidance](#) and associated [Testing Reimbursement Form](#) to support facilities in implementing their testing plans.

I am having trouble staffing my building because staff are COVID positive. What resources are available to help?

MDHHS has contracted with 3 agencies that may be able to assist with temporary staffing if certain criteria is met. Please see additional info at

https://www.michigan.gov/documents/coronavirus/RRS_Guidance_for_LTC_Facilities_Program_Updates_Oct_2020_FINAL_706611_7.pdf. In addition, consider reaching out to your licensing consultant, residents, resident guardians, and resident family members about other possible temporary solutions such as consolidation facilities, residents temporarily going home with family, local EMS temporarily staffing the home, etc. MDHHS also has staffing teams stationed in Lansing, Grand Rapids, Saginaw, Kalamazoo, Gaylord, and the UP that can be deployed if necessary.



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I am still having trouble securing needed PPE? What resources are available to help my facility find the needed PPE?

Contact your Regional Healthcare Coalition. Early in the pandemic many Healthcare Coalitions were reserving PPE for hospitals and nursing homes, however many now have needed supplies and are able to provide them to HFAs and AFCs. If on how to contact your Regional Healthcare Coalition can be found at https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54826_56171-237197--,00.html#hcc.

Can our facility use its indoor pool?

According to the [MDHHS order](#) issued on December 9, 2020, indoor pools can operate but cannot exceed 25% of bather capacity. You should also check with your local health department to verify if they have not issued stricter restrictions.

Can our facility use its exercise facilities?

According to the [MDHHS order](#) issued on December 9, 2020, they can be used if 25% of the total occupancy limits are not exceeded and 12 feet between each occupied workout station is maintained.

Is communal dining and group activities allowed?

According to [MDHHS order](#), section 1.(a)(1), communal dining and internal and external group activities can be held with restrictions in accordance with the order and Center for Medicare and Medicaid Services (CMS) guidance [QSO-20-39-NH](#).

Note: While the CMS guidance was developed for nursing homes, the MDHHS order adopts this guidance for AFCs and HFAs too.

With staff going home and out in the community, I am concerned that they may be exposed unknowingly and bring COVID back into the home. Is there anything we can do to alert us of potential exposures?

Consider having staff use the [MI COVID Alert App](#). This app would alert an individual if they came in contact with someone that has tested positive.