# Frequently Asked Questions: Long Term Care & COVID-19

# Version date: May 6, 2020

1. **If a resident tests positive for COVID-19 in a long term care facility and is medically stable, where will the resident receive care and could the resident be moved to another facility?**

If the long term care facility has a dedicated unit for COVID positive residents, has appropriate personal protective equipment (PPE) for the staff, and can provide the care needed by the resident, the resident will be moved to the COVID unit within the facility.

If not, the nursing home must transfer the COVID positive resident to a Regional COVID-19 Hub, if one is available to accept the resident. If a bed in a Regional COVID-19 Hub is not available, the facility must attempt to send the resident to a to a hospital within the state that has available bed capacity.

1. **Can you remind us what is a Regional COVID-19 Hub?**

A Regional COVID-19 Hub is an entire nursing home or unit in a nursing home designated by the state to care for people with COVID-19 needs. The hub must have adequate PPE for staff and residents, have dedicated staff to only care for residents with COVID-19, and have strong infection prevention and control practices in place. When only a unit within a nursing home is designated, the COVID-19 unit must have a separate entrance for residents and staff.

1. **What happens when a resident at a Regional COVID-19 Hub is considered recovered and is ready for discharge?**

Under Executive Order 2020-50, which expires on May 13, 2020, residents have the right to return to their original facility. The staff at the Regional COVID-19 Hub should discuss the move with the resident and family or legal representative to coordinate the resident’s return to the original facility. If residents are not allowed to return, they can reach out to the ombudsman program and we will try to help.

1. **If a resident tests positive for COVID-19 in a long term care facility and is medically unstable, what happens to that resident?**

The resident must be transferred to a hospital for evaluation unless the resident has stated in their advance directives that they don’t wish to receive this level of care.

Once a resident becomes stable at the hospital, the hospital has to transfer the resident back to the original facility if that facility has a dedicated COVID unit and appropriate PPE and has an open bed.

If the original facility does not have a dedicated COVID unit, appropriate PPE or an available bed, the resident must be transferred to a Regional COVID-19 Hub.

1. **How long will residents be confined to their rooms and not be allowed to have in-person visits?**

It is difficult to know how long these precautions will be in place. As COVID-19 testing becomes more widely available, nursing homes may have a better sense of who is positive and who is negative which could lead to less isolation for residents. Also, as more residents are separated into COVID-19 Units and Region COVID-19 Hub facilities due to testing, there might be a way to better isolate those who are positive and allow those who are negative to have more movement within a home.

These decisions will be made by state public health officials, in consultation with other state agencies. The current Executive Order prohibits entry into long term care facilities until at least May 31st. The federal government also prohibits visitors, so both federal and state guidance would need to be modified before visits to nursing homes can resume.

1. **Do nursing homes have to allow window visits from friends or family members?**

Under the Governor’s Executive Order 2020-70, individuals are ordered to stay at home but there is an exception to allow individuals to visit residents in residential care facilities. The order also prohibits long term care facilities from allowing visitors to enter the building but does not prevent window visits. Nursing homes should also be encouraging visits through Skype, phone calls and other technology. Visitors should keep at least a six- foot distance from anyone they encounter outside and wear a face mask as required by Executive Order 2020-70.

1. **What should a visitor consider when visiting at a resident’s window?**

For the visitor’s safety, it is important to take caution when leaving the paved areas as the ground could be uneven near the windows. Visitors should avoid visiting in any areas which might be reserved for resident use. If a resident has a window that looks out over a courtyard or other area that residents use, a visitor of that resident can contact the home to make an alternative arrangement (for example, having a visit at a dining room window). Visitors should not open windows when visiting, as this could allow transmission of the virus.

Special consideration should be given when visiting residents living with Dementia, as they may be frightened by visitors showing up outside their window wearing a mask. It is recommended that visitors coordinate with staff to ensure that residents living with Dementia or with limited cognition have a visit that is positive and tailored to their unique needs.

1. **Can residents in other settings have window visits?**

The Executive Order allows individuals to leave their homes to visit people under the care of a health care facility, residential care facility, or congregate care facility. Adult Foster Care Homes and Homes for the Aged are included in these types of settings so the same rules and considerations for window visits would apply.

1. **How can families be sure about the care that residents are getting during this time if visitors are not allowed in long term care facilities and staffing might also be reduced due to staff coming down with the disease themselves?**

Local ombudsmen continue to engage with residents and families who have concerns about care during the pandemic. Ombudsmen respond to those concerns by reaching out to long term care facilities where they often have long-standing relationships with administrators, directors of nursing, social workers or other key staff to ask questions about care or staffing concerns.

In addition, the state’s survey agency , the Department of Licensing and Regulatory Affairs (LARA), is continuing to monitor nursing homes for adequate infection control prevention and reports of abuse and neglect or serious care or staffing issues during this time. If there are concerns about staffing, care, or infection prevention, file a complaint with LARA by calling 1-800-882-6006 or online at [https://www.michigan.gov/lara/0,4601,7-154-89334\_63294\_72973---,00.html](https://www.michigan.gov/lara/0%2C4601%2C7-154-89334_63294_72973---%2C00.html).

1. **Is hydroxychloroquine a safe treatment for COVID-19?**

We are not medical professionals but we know Hydroxychloroquine has sometimes been used as a treatment for COVID-19. We understand the medication is currently being studied in clinical trials and there is some evidence that it may have side effects. Residents or families who are concerned about a doctor prescribing this or any other medication or treatment should talk to their medical professionals about any concerns and can ask questions about how effective the medication is likely to be and whether it might have any side effects.

1. **Is there any other medication or treatment that might prevent or reduce the symptoms of COVID-19?**

We understand there are clinical trials occurring on possible treatments. We are not aware of any vaccine or antibody treatment that has been approved to prevent or treat the disease at this time though we know that some people are treated with oxygen or are on ventilators to help them breathe.

1. **Do residents have to wear masks while they are in their room?**

When possible, all long term care facility residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth when staff are in their rooms. They could use cloth, non-medical masks, like a homemade mask, when those are available. According to federal guidance, residents should not use medical grade facemasks, like an N95 mask, unless they are COVID-19-positive or assumed to be COVID-19-positive as these are in limited supply and are needed for healthcare workers.

1. **Is a nursing home required to provide a private room to any resident that tests positive for COVID-19?**

No. A resident who tests positive would ideally be placed in a private room but could also be placed in the same room with another COVID positive resident. The CDC recommends that a consistent staffing team be assigned to COVID positive residents to reduce exposure as much as possible. Staff should use PPE whenever in contact with COVID positive residents and COVID positive residents should wear masks if possible.

1. **When can COVID positive residents, who remain in the nursing home’s COVID unit, return to a regular unit with other COVID negative residents?**

Per current CDC guidance, residents should stay in a COVID positive unit until they are asymptomatic for at least 14 days. COVD positive residents should not be moved back into a room with COVID negative residents until they are quarantined for 14 days and do not develop any symptoms.

1. **What should happen to the roommate of a resident who tests positive for COVID-19?**

Roommates who are exposed to a COVID positive resident, but don’t show signs of COVID should remain quarantined for 14 days before they are placed with a person who has not been affected by COVID and is presumed to be negative. If the roommate develops symptoms, they should stay in a COVID positive unit until they are asymptomatic for at least 14 days.

1. **Can residents be discharged from a nursing home for no longer meeting the Medicaid Level of Care Determination?**

First let me explain that the Level of Care Determination is an assessment completed by a provider to determine if a person is functionally eligible for Medicaid covered nursing home level of care services. The tools looks at many domains of a person’s needs including item like personal care assistance, memory and recall, and nursing services.

On May 1, the State Medicaid agency released letter to providers (L-20-19) giving guidance on the Medicaid Level of Care Determinations (LOCDs) during the COVID-19 emergency. All LOCDs with an end date between March 1, 2020 and April 30, 2020 have been extended by 180 days. LOCDs with end dates between May 1, 2020 and June 30, 2020 have been extended by 120 days. Providers do not need to take any action as the dates will automatically be adjusted by the State. Providers should not conduct LOCDs during this timeframe if there is an existing eligible LOCD in the States’ system (CHAMPS) for the beneficiary.

1. **Do nursing homes have to tell residents and their families about the positive COVID-19 cases in the home?**

Yes. The federal government is requiring nursing homes to inform residents, their representatives, and families by 5 p.m. the next calendar day if there is a confirmed positive case, or three or more residents or staff have a new-onset of respiratory symptoms that occur within 72 hours of each other.

Also, a summary update of cases must be provided to all residents, their representatives, and families at least weekly. No individual resident or staff will be identified in these updates. Nursing homes must also indicate the steps they are taking to prevent or reduce the risk of spreading the disease, including if normal operations in the nursing home will be changed.

1. **Are the number of cases in each home that are reported on the state’s COVID-19 website accurate?**

It is difficult to answer this question because nursing homes might be reporting differently depending on how they are interpreting the criteria for reporting. For example, nursing homes may or may not include COVID positive residents who have already been sent to the hospital or passed away from the disease.

The numbers of cases being reported can change from day to day as it is not cumulative. Residents may be leaving the nursing home for a variety of reasons and not be reported on subsequent days.

1. **Why is the nursing home not providing in-person physical or occupational therapy to residents?**

Under a new federal government waiver of rules, nursing homes can provide physical therapy, occupational therapy, and speech therapy remotely through the use of online technology. People moving to a nursing home for physical, occupational or speech therapy services should discuss their needs with the nursing home staff prior to admission to determine if the nursing home can meet their needs if tele-health is being used to provide therapy services. Existing resident who have had their therapy end due to these waivers for in-person therapy service delivery should also discuss their concerns with the nursing home staff or contact the long term care ombudsman program.

1. **Can a nursing home take longer than two days to release a copy of a resident’s medical records?**

The federal government has waived the requirements for a person to be able to receive a copy of their records in two working days. This period of time has now been extended to ten working days. Residents and their legal representatives still have a right to receive a copy of their medical records.

1. **Why are nursing home residents being visited by a nurse practitioner instead of a physician? Can a resident demand a visit from the physician instead?**

The federal government has allowed physicians in nursing homes to delegate in-person physician visits to nurse practitioners, physician assistants, or clinical nurse specialists who are not employees of the nursing home. The medical providers must still be supervised by physicians, however. These visits can also take place electronically if necessary. The resident can always ask if the physician is available to meet with them electronically or in-person.

1. **What happens when COVID-19 positive residents who transferred to a nursing home, want to return their home for the aged, adult foster care home, or other assisted living setting?**

It depends on the situation and a consideration of several factors. This is really a case-by-case issue and the resident should contact the local ombudsman for assistance.

1. **What questions should residents ask before returning to their original long term care setting?**

A resident thinking about returning to their original long term care settings may want to ask about PPE availability and how many positive cases there are at the original long term care setting, in order to make a decision about whether it is safe to return. The resident may also want to discuss any changes in his or her service or care needs with the long term care provider to ensure those needs can be met upon return.

1. **Can all staff and residents be tested for COVID-19?**

Due to the current limitation on testing abilities, there is no state-wide requirement for all staff and residents to be tested. There is recent guidance on testing priorities that allows asymptomatic nursing home staff to be tested. Asymptomatic residents are not included in the current testing priority list. But, we are aware of some local public health departments testing all residents and staff in some counties where COVID-19 is widespread.

1. **Are long term care facilities required to test residents before discharging them home?**

A long-term care facility is not required to test a resident if they are asymptomatic. There is new guidance stating that anyone with symptoms can be tested, and this guidance prioritizes long term care staff and residents. However, there is no guidance that mandates that residents who are asymptomatic should be tested. If a resident is concerned about being exposed to the virus around the time of being discharged, he or she could choose to self-quarantine in a separate area of the home after discharge.

1. **If a resident who has both Medicare and Medicaid is at the end of therapy for his or her Medicare stay in a nursing home, does he or she need to move to another nursing home if there are no Medicaid beds in the current home?**

If the nursing home takes part in the Medicaid program, Medicaid will allow the nursing home to use a Medicare bed to provide Medicaid services without getting prior approval. Most nursing homes in Michigan are Medicaid providers, so a residents usually should be able to stay in their original nursing home if therapy ends even if it means using a Medicare bed for a Medicaid covered stay. This is a complex issue, so please feel free to contact the local ombudsman for help.

1. **Why is the nursing home holding resident mail and other deliveries?**

Not knowing how long the COVID-19 virus can live on paper, cardboard, or plastic, nursing homes are taking extra steps to avoid exposing residents to the virus, including holding mail and other deliveries for several days. This is to protect residents during this outbreak.

1. **Why won’t the nursing home allow residents to go outside to smoke?**

Nursing homes may not have enough staff to take residents outside and still meet the care needs of all residents. It may also be hard to socially distance residents or disinfect the hallways or elevators the residents need to go through to get outside. The nursing home should offer residents nicotine gum or a patch while residents cannot smoke.

1. **Will the stimulus check affect my Medicaid status?**

Stimulus checks will not affect a residents’ Medicaid eligibility status as it is not counted as income. Residents have 12 months to spend the stimulus money without it counting as an asset for Medicaid eligibility.

1. **Do I need to file a tax return to get a stimulus check?**

The Treasury Department has confirmed that people who receive certain public benefits, like social security, will not have to file a tax return to receive the stimulus check.

1. **When should a person contact their local health department?**

People are encouraged to call the local health department if they have a concern about that quarantine or isolation orders are not being followed including individuals working while ill, while told to self-quarantine, or while told to self-isolate. People should also call when they have concerns about potential facility exposure to COVID-19 of high-risk populations like those served in nursing homes, homes for the aged, adult foster care, hospice, senior or assisted living facilities and other congregate settings

(To find a local health department, visit: <https://www.malph.org/resources/directory>)

1. **Why hasn’t my local ombudsman been here to visit me?**

On March 13, the State Long Term Care Ombudsman make a the very difficult decision to suspend ombudsman visits to all licensed settings. This was done to avoid the risk of ombudsmen spreading the virus between residents and between long term care facilities. Since that time, the Centers for Medicare and Medicaid Services (CMS) has also banned visitors to nursing homes, including long term care ombudsmen.

1. **Can I still contact my local ombudsman for help?**

Yes, long term care ombudsmen are available by phone or email to help residents with their concerns. Ombudsman must provide advocacy services to residents even with the visiting restrictions in place. CMS guidance requires nursing home providers to help residents contact the ombudsman program by making phones available for resident use. You can reach your local ombudsman can calling 866-485-9393. All services are free and confidential.