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

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1. **Are there any upcoming events for family members of residents?**

Yes! The National Consumer Voice for Quality Long Term Care is sponsoring a webinar at 2 pm on June 18, a week from tomorrow. This webinar will provide information and tips on how to advocate for quality care individually and through family councils.  The webinar will also cover topics of particular concern to family members, including visitation, facility transparency and reporting requirements, transfers and discharges, COVID-19 testing and more.  You can register for the webinar on the Consumer Voice website (theconsumervoice.org) and we will have the [link](https://us02web.zoom.us/webinar/register/WN_XGo3QHPnRra1w3wXWyK7DA) on our website.

1. **Are other states facing the same issues we are?**

Yes. Long term care consumers in virtually every state have been hit hard by COVID-19. Advocates and families everywhere are struggling to find the right balance now between protecting residents from the virus and ensuring that they have some quality of life and are not harmed in other ways from our efforts to protect them. There is no right answer. No one wants to be reckless about exposing residents to unnecessary risk or indifferent to the suffering all the restrictions have caused residents and families.

1. **Last week you talked about urging the state to permit more liberal visitation for people on hospice. Has there been any progress on that?**

We have pushed that issue pretty hard in the last week. We know it is being considered by high level state officials because we have raised it with multiple individuals by email and in telephone calls. We also shared the very compelling concerns raised by one of the participants on this call. Those thoughts helped shape our advocacy and made us think about issues including why it might be important for more than one person to be able to visit at a time or for a resident to have more than one visit a day, the importance of children being allowed to visit when appropriate, the importance of permitting clergy to visit, and other issues. We have received confirmation from state officials that they think this is a priority issue but we have not seen any clarification yet. We know it is hard to be patient when every day with a loved one on hospice is so precious but we hope to have news soon and will continue to raise this forcefully at every opportunity. If necessary, we could consider seeking an injunction in court to permit visitation.

1. **When visits and activities are allowed, will they be allowed for people who are COVID-positive or only for people who are COVID-negative? I think a resident who is COVID-positive might be even more in need of a visitor than someone who is negative.**

We share this concern. We don’t know yet how Michigan will answer this question but we know many other states are limiting visits to people who are COVID-negative. This precaution was likely implemented to prevent the resident from spreading the virus to his or her visitors or to others participating in the activities. We think visits might sometimes be appropriate to a resident with COVID-19 as long as the visitor has appropriate PPE and other precautions are taken. We also think residents on a COVID-positive unit who are feeling well might be able to participate in some activities with other COVID-positive residents. We are raising these issues with the state to try to find the right balance between safety and quality of life.

1. **Who is making decisions about how different kinds of long term care settings will reopen so families can visit, residents can participate in group activities and communal dining, and residents can go out into the community?**

As we have talked about before, there is more guidance from the federal government for how nursing homes should reopen than for other settings like homes for the aged or independent living. The state will have to make decisions about requirements and recommendations for all of those settings. Right now, the state has created workgroups to look at plans to reopen nursing homes, various types of assisted living facilities, and independent living facilities. When the workgroup recommendations are final, they will be submitted to the Governor’s office so that final decisions can be made about how to move forward.

1. **Will the changes happen all at once or will they be gradual?**

While nothing has been finalized yet, we anticipate that the Governor’s office will decide to reopen facilities and allow residents more freedom in several phases. These steps could happen at different times for different regions of the state or even for different facilities, depending on the circumstances. Plans could be made or modified depending on many factors including whether there is a new outbreak of COVID-19 in the facility, whether the community has increasing or decreasing numbers of cases, whether testing and PPE are widely available, and other factors.

1. **My mom lives in an independent living facility. She has her own home just like I have my own home. Why should my mom face any more restrictions on her life and choices than I face in my home?**

This issue is part of the difficult balance between protecting people who may be at greater risk from the virus –such as those who live in independent living settings-- and respecting people’s choices and rights. We anticipate that when the Governor issues guidance on reopening different types of long term care settings, it is likely nursing home residents will face the greatest restrictions; homes for the aged, adult foster care, and assisted living facilities might have somewhat more relaxed requirements; and residents in independent living facilities will face the fewest restrictions. But when people talk about those different levels of care, they have to acknowledge that one assisted living setting might be intimate and home like where all the residents eat around one table while another setting could have more than 100 residents with multiple dining rooms, elevators, and a host of other issues. Making policy and rules for these very different settings can be very challenging.

1. **I keep hearing that the Governor made a big mistake by forcing nursing homes to take COVID-positive residents which ended up resulting in COVID-negative residents being infected with the virus. Is that true?**

No. There is a widespread misunderstanding on this issue. The state did ***not*** require nursing homes to take COVID-positive residents at any time. A number of nursing homes chose to admit COVID positive residents or to re-admit positive residents after a hospital stay. But the state’s position was that nursing homes should only do so if they had the ability to take care of them safely. The final decision whether to admit a resident or not was always the nursing home’s, not the state’s.

1. **I have heard legislators ask how many people contracted COVID-19 because nursing homes with residents who did not have the virus admitted residents who had the virus. Is anyone keeping track of how admitting COVID-positive residents affected other residents?**

We think it is probably impossible to track this accurately. If someone in the nursing home came down with COVID-19, we often would not know if they contracted it from a staff member, another resident, or someone else who might have been in the building. The resident may have contracted it before they came to the nursing home but might not have had symptoms or a positive test until after they were there. Since we did not have widely available testing, we often would not have known who had the virus and the potential to spread it.

1. **I have heard there are proposals to create COVID-only facilities across the state. Doesn’t that make more sense than mixing COVID-positive and negative residents?**

To best protect residents from the spread of infection, it would make the most sense to keep residents with COVID-19 in separate buildings. But we are not aware of enough buildings that could be made immediately available for that purpose and do not know, given the staffing shortage, how those buildings could be staffed. In addition, if many residents had to be relocated to different buildings, that could be traumatic for the residents and negatively affect their health as well. Like everything related to the virus, there are trade-offs between promoting safety and reducing trauma.

1. **Can nursing homes provide care safely if they house residents who are COVID-positive in a separate unit from residents who are COVID-negative.**

We think residents have a better chance of staying safe if homes that have a mix of COVID-positive and COVID-negative residents faithfully engage in a number of best practices:

\* Creating physically separate units for COVID-positive and COVID-negative residents like a separate floor or wing. (It is also recommended that a facility create a third area for residents with unknown COVID status.)

\* Ensuring separate staff are always assigned to the COVID-positive or the COVID-negative unit but do not cross over between the two

\* Using a separate entrance, elevators, equipment and facilities for residents and staff in the COVID-positive and COVID-negative units

\* Engaging in scrupulous hand washing or hand hygiene, appropriate use of PPE, and other standard infection control practices

\* Participating in frequent testing of staff and residents, as necessary, to ensure residents are housed in the appropriate part of the facility depending on their COVID-positive or negative status.

1. **As the state decides to relax restrictions on nursing homes, I’m worried that my mom will be exposed to the virus. Her nursing home has not reported any staff or resident cases so far. I understand the need to allow more visitors but if cases in the community start to rise again, won’t my mom be at more risk if her home is no longer locked down?**

This is a serious concern but there should be a number of safeguards to reduce the risk of infection. Staff and visitors will continue to be screened before entering the building and we hope nursing homes will be able to maintain a rigorous testing protocol to identify any new cases promptly. Nursing homes will have to continue strict infection control procedures. And the loosening of restrictions will likely be slow and gradual. If new cases are discovered, stricter requirements will be reinstated.

1. **My brother lives in a group home. He always participated in a day program but has not been allowed to go to it since March. He really misses it. When will he be allowed to leave the facility and participate in that activity again?**

We anticipate that people who live in group homes and participate in day programs or volunteer or paid work will eventually be permitted to return to those activities with appropriate safeguards like wearing a mask, maintaining social distancing, and being screened for symptoms. No one knows yet when these activities will be able to start again but we should know more when the Governor’s office finalizes the plans that are being developed now.

1. **I heard that some states have granted nursing homes immunity for negligent care during the crisis. Has Michigan done that?**

Yes. Nursing homes and other health care providers across the country have argued that they need immunity to protect themselves during the COVID crisis. They state that the pandemic is an unprecedented event and many issues that led to harm to residents or patients were beyond their control. In late April, Governor Whitmer signed Executive Order 2020-30 which applies to any licensed health care professional or health care facility that provides medical services in support of this state’s response to the COVID-19 pandemic. The Executive Order states that these providers and facilities are not liable for injuries a person receiving medical services suffers unless the provider or facility committed “gross negligence.” That is a more difficult standard to prove in court than is normally required. As a result, it would be harder to win a case against a nursing home, home for the aged, hospital, hospice, or other health care facility for harm a person suffered during the crisis. The Governor’s Executive Order will remain in effect until the end of the emergency.