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

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1. **I understand the state issued a new order about visitation in long term care facilities. What kind of facilities does it cover?**

Robert Gordon, the head of the Michigan Department of Health and Human Services issued an order yesterday that gives far more detail about when and under what circumstances visits will be allowed. This order applies to a wide array of licensed and unlicensed long term care facilities. It applies to:

* homes for the aged
* nursing homes
* adult foster care facilities
* hospice facilities
* substance abuse disorder residential facilities
* independent living facilities, and
* assisted living facilities
1. **How does this Order from MDHHS jive with the Executive Order 2020-136 which the Governor issued on June 26 and which talks about restrictions on visitation?**

The Governor’s most recent Executive Order on this issue has similar language to previous executive orders that have been in place since March and that barred most visitors. The latest order explains that the Director of MDHHS can issue orders and directives to implement the Governor’s Executive Order and to better explain any exceptions to the general ban on visitors. The MDHHS Order is meant to provide more detailed guidance than is offered in the Executive Order. This is really the document we have been waiting for to clarify what visits should be allowed now.

1. **And how does this MDHHS Order jive with the guidance from the federal government (CMS) that we talked about before? That guidance discussed the different phases nursing homes would have to go through as they gradually allow more visitation?**

It *is* confusing when orders and guidance come from so many different sources and change frequently. The federal government guidance that we have talked about before suggests but does not mandate how states should gradually reopen nursing homes. But states have a lot of flexibility to determine how and when to reopen nursing homes to visitors. Different states are taking different approaches. We are still waiting for the Governor to release Michigan’s plan for reopening nursing homes. But the important thing to understand tonight is that the new MDHHS Order that was issued last night is in effect *right now.* Long term care facilities can now allow visits in the limited circumstances described in the MDHHS order.

1. **We have talked a lot about when a resident on hospice can receive visitors. Many facilities thought visits had to be limited to the last hours of life. Is that right?**

Fortunately, that is not right. This MDHHS Order clarifies that there are two circumstances in which people nearing the end of their lives can receive visitors. They are:

* Residents enrolled in hospice services, regardless of whether the resident appears to be in serious or critical condition or at the end of life; and
* Residents receiving end of life care who are not enrolled in hospice.
1. **Can residents who have a serious decline receive visitors even if they are not necessarily at the end of life?**

Yes. The Order gives two situations in which residents not at the end of life could receive visitors because their condition has significantly declined:

* Residents whose wellbeing is at significant risk, based on the clinical judgment of a treating medical professional, where family visits are a potentially effective intervention; and
* Residents who experience a significant adverse change of condition.

We know that there may be differences of opinion about when a resident’s wellbeing is at significant risk, when family visits would be effective in addressing that situation, and when a resident has a significant adverse change of condition. But we are grateful that the language opens up some opportunities for visits when something worrisome is going on.

1. **Are there other circumstances in which a resident could have a visitor right now?**

Yes. The Order addresses residents whose family or friends need help with activities of daily living, like help at mealtime. They are also allowed if effective communication is not possible otherwise because the resident has hearing, vision, or speech impairments and that other kinds of communication that are not in person won’t work. These visits are allowed if:

* The arrangement for the family or friend to provide that help existed before March 14, 2020 when the lockdown went into effect *or* become necessary in light of a change in the resident’s condition, such as if the resident is now refusing to eat.
* The resident’s situation could be improved with assistance from a friend or family member helping with an activity of daily living, like help at mealtimes to ensure adequate nutrition.
* The visits are so the friend or family member can assist with an activity of daily living such as help with meals to ensure adequate nutrition
* The visitor wears a mask at all times (but does not have to maintain social distance).
* The visitor knows how to perform the assistance and is observed or trained to make sure the visitor is doing the task correctly.
* These visits must be scheduled in advance for a specific activity of daily living and must occur in the resident’s room or a room designated by the facility.
1. **You mentioned some requirements for visitors who are visiting to help with an activity of daily living. Are there any general requirements for all visitors that we should expect the facilities to follow?**

Yes. There are many required procedures for these visits. These include:

* When visitors arrive, they should see signs that say all visitors must be screened and no one can enter if they have symptoms of COVID-19
* Visitors can enter only through entrances where they will be screened and must be screened each time they enter the facility. Visitors who don’t pass the screening—if, for example, they have a fever or have been exposed to someone with the virus—cannot enter the facility. If visitors do pass, their movement in the facility on the way to visit residents should be limited to reduce exposure.
* Visits can be by appointment only and facilities can impose reasonable time limits and must log arrival and departure times.
* Residents will be limited to no more than 2 visitors at a time
* Only those visitors who are able to wear face covering for the whole visit and follow hand hygiene requirements are allowed in.
* Facilities must make hand sanitizer or hand washing available to visitors and post information on proper hand washing and sanitation.
* Facilities have to make staff who are trained in infection control available to assist with the visitor protocols, monitor visits, and clean after each visit.
* Visits should be outdoors if possible (with appropriate protections like shade) or in the resident’s room (if a single) or other location in the facility. If residents have to be transported outside their rooms for a visit, they cannot be taken through a COVID unit or exposed to residents who have COVID or may have it.
* Facilities must provide PPE if necessary to visitors and instruct visitors how to use it
* Maintain social distancing (unless helping with ADLs)
* Visitors and residents are not supposed to share food
* Visitors who develop symptoms of COVID-19 within 14 days of a visit to a facility must notify the facility.
* No visits will be allowed with COVID-positive residents or those under observation for COVID-19
1. **There are a lot of requirements for facilities before they can allow visits and we know they are already understaffed in many cases. Can a facility just say they won’t allow the visits because they cannot comply with all the requirements?**

We have been advocating for language that requires facilities to facilitate visits whenever possible. We anticipated that some facilities would think it was easier and more convenient for the facility to just say no to visits. We were pleased to see language that facilities must:

* Make their best efforts to facilitate visitations with individuals under their care by phone or other electronic communication platforms to the fullest extent possible
* Attempt to contact the resident’s next of kin to establish arrangements when a visit to help with an activity of daily living would be permitted. So these facilities can’t just wait for families and residents to find out themselves that visits might be allowed; the nursing home or other facility has a duty to tell people when a visit should be allowed.
1. **What remedy is there if the facility still refuses to allow visits or unduly restricts visits even in the circumstances described in the Order or if there is disagreement if a situation falls within the Order or not?**

Please call your local ombudsman for help with these situations if they occur in a licensed facility. Please call the MEJI office at 517-827-8010 if they occur in an unlicensed facility. We are all still learning how this Order will be implemented and the remedies are not entirely clear, but we are glad to try to help work through these situations to permit visits when they should be permitted.

1. **Facilities have indicated that some residents are testing positive continuously for 8-12 weeks.  Is there any information regarding false positives or tests that are more accurate?**

We don’t know if this is an issue with testing or if it is how a person presents after presumably recovering from the virus. We do know that MDHHS is aware of this concern and is working to address it and provide guidance. If this creates a placement issue for a resident, please reach out to the ombudsman program so we can understand the number of people impacted and share that data with MDHHS as it may help prioritize a response this issue.

1. **Is there any update on the status of expired driver’s license we talked about on our previous call?**

Yes. Today, Governor Whitmer signed Senate Bills 876-878, which codify her previous Executive Orders**,** further extending the renewal dates for driver’s licenses, CDLs, state ID cards and vehicle registrations. Among the extensions outlined in the legislation, those with driver’s licenses or vehicle registrations expiring after March 1 have until September 30, 2020 to have them renewed.

1. **When we do get to visit, what should I do if my dad does not recognize me?**

Visits are going to be very different from what we have been used to. Families should prepare themselves both mentally and emotionally for these visits and ask the home to help the resident prepare also. After you are able to schedule an in person visit, have a conversation before the visit takes place to talk with your resident about expectations like “we will both be wearing masks and I won’t be able to give you a hug but I am so excited to see you.” Stay positive to boost the morale of the resident. Take the lead from your resident about what is important to him/her. It may be difficult for the resident to hear you through the mask or they may not recognize you because of the mask. You may be concerned about your resident’s change in appearance. Your resident may have had a decline physically or mentally. Continue to support your resident in their reality. Remember, outdoor visits may only be for a short period of time. You will not be able to hug or even touch your resident. Not even hold their hand. You will have to social distance. Not being able to comfort your resident physically may be very difficult. Also, your visit may be supervised. The home should try to ensure as much privacy as possible. If you think that any rules set forth by the nursing home is unreasonable, please contact your local ombudsman.

1. **With all of the changes in nursing homes, what rights does my resident still have?**

Residents still have the right to:

* Receive the care and services needed to obtain their highest possible level of well-being.
* Participate in developing and implementing a person-centered plan of care that reflects personal and cultural preferences. This includes the resident’s right to make decisions about their care now and in the future, such as what treatment they might want related to COVID-19.
* Be free from abuse, neglect, exploitation, and misappropriation of resident property.
* Voice grievances without discrimination or retaliation, or the fear of it, and prompt efforts by the facility to resolve those grievances.
* Not be discharged or transferred except for certain reasons, to appeal the decision, and have a safe and orderly discharge/transfer if the resident leaves the facility.
1. **What is trauma informed care?**

The federal regulations state the nursing home must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. This regulation was implemented in November of 2019.

Trauma related to the changes in the residents every day lives, including isolation and fear, is real. If you feel your resident is experiencing trauma in the nursing home, please reach out to the social worker. Ask the staff to work with the resident to help create a care plan that addresses trauma and how to reduce the potential for trauma to reoccur. At the direction of the resident, you can ask for a care conference to review the care plan.