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

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1. **My husband** **is on hospice in an assisted living facility. What would happen if he develops COVID-19? My husband’s facility sends all residents who develop COVID to the hospital, but I am wondering if that is what would happen to him since he is on hospice and would not receive active treatment for COVID at the hospital? Couldn’t his facility quarantine my husband at his facility instead of sending him out to the hospital? You answered this question in May, but I am wondering if anything has changed?**

Unfortunately, nothing has changed since May and we still don’t have a great answer. As we said then, assisted living facilities may not have the ability or willingness to quarantine a resident who develops COVID-19 and protect other residents from acquiring the virus. Having that person stay in the facility may endanger other residents.  If the resident who develops COVID-19 is medically **unstable**, he or she will likely be sent to a hospital even if he or she would not want active treatment and it is not likely that any nursing home would accept him while his condition is unstable.  If the resident is stable and is sent to the hospital but does not need or want acute care, the hospital would look for a nursing home that would admit him. This could be tough if he does not need nursing home level of care.  So we still don’t have a good answer to this question.

1. **My husband has advanced dementia and cannot speak or make his needs known. I wouldn’t feel comfortable having him go to any nursing home that would accept him. So if I don’t want him going to a random nursing home, can he receive palliative care at the hospital or can I bring him home with services to help me take care of him?**

Those do sound like your other options. The hospital may not be willing to keep your husband for very long, but he could receive palliative care or hospice care at the hospital while he is there. You could also choose to bring him home with hospice care and, we hope, other services he might qualify for to help you take care of him. But we understand that would be a really big challenge for you.

1. **Is everything you said true even for residents who test positive but are asymptomatic?**

Yes. An assisted living facility does not have to take care of COVID-positive residents if it is unable or unwilling to quarantine them and protect staff and residents appropriately. This is true whether or not the COVID positive resident is symptomatic. We understand it seems very cruel to transfer someone in your husband’s condition if he is not even appearing to be ill with COVID, but if he tests positive, the issue becomes how to best protect staff and other residents*.*

1. **I was curious if the health departments had made "rapid testing" kits available to LTC facilities so they can know if residents are COVID-19 + before sending them out for treatment.  My husband is in hospice and it doesn't make sense to send him to the hospital to see if he is positive.**

At this time, rapid testing kits are not being distributed to long term care facilities. MDHHS has a testing workgroup that is coordinating with the Michigan National Guard to offer testing site throughout the state and is supporting on-site testing at nursing homes.

1. **Are residents at assisted living facilities being sent out of the facility to testing centers to get tested for COVID or will the tests be done on-site? It seems sending residents out to get tested might put them at greater risk of being exposed to COVID!**

The state is discussing the option of the National Guard supporting testing in various long term care settings, but the National Guard’s role if any in testing at other long term care settings has not been finalized. At this time, the only option for testing if the facility is not providing it, is to go off site to be tested.

1. **Has the Governor’s Nursing Home Task Force finished its recommendations yet? What do they say?**

The Task Force has until August 31st to submit its final recommendations to the Governor. Once the recommendations are available, we will be happy to review those on our call. Remember there are four workgroups charged with addressing staffing, PPE, testing and Quality of Life for residents.