MLTCOP | MICHIGAN LONG TERM CARE OMBUDSMAN PROGRAM

Long Term Care Ombudsman Guide for Resuming In-person Visits

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I. Table of Changes

Version	Date	Change	Comments
1.0	08/13/20		Initial release
1.1	10/07/20	Various	Removed reference to Governor's Executive Order, changed the use of facilities/facility to homes/home, updated the guide to reference the county risk levels to determine the type of visits allowed, update language on symptoms, allow for visit exceptions, and added CMS guidance on ombudsman access to residents and resident records
2.0	02/15/21	Visitation and Vaccination	Added language to IV.C.(2) allow for ombudsmen who have received the COVID-19 vaccine to conduct in-person visits regardless of county risk level. Added language to V.F. regarding the MLTCOP not requiring ombudsmen to be vaccinated to conduct visits.
3.0	04/06/21	Resume Visits per CMS QSO	• Added a new section (IV) to reflect the ombudsman (paid or volunteer) visitation status per MDHHS Epidemic Order of March 17, 2021. • Updated links to CMS guidance issued in QSO 20-39 NH Updated throughout document. • Moved Types of Visits to Terminology (Section II) and added CMS to list. • Updated General Guidance (Section III) to reflect language from EO visitation order. • Retained language basing visits on County Risk Level and moved to new section (XII) for implementation if visits are restricted or suspended due to changing guidance or orders.

II. Terminology During COVID-19

CDC
Centers for Disease Control and Prevention (CDC) is the federal agency charged with the protection of America's health, safety, and security threats from disease.

CMS
Centers for Medicare and Medicaid Services is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid programs.

COVID-19
The disease name for a newly identified form of a coronavirus that was first identified in 2019. SARS-CoV-2 refers to the name of the virus that causes COVID-19.

Infection control
Measures to stop the spread of an infection, including disinfecting surfaces; handling of soiled linens and garments; disposal of medical waste; hand hygiene; use and disposal of personal protective equipment (PPE); and coughing and sneezing into your sleeve. Cross contamination is an important concept related to infection control. Cross contamination is the spread of pathogens from one surface to another.

Isolation and quarantine
This graphic illustrates the different conditions to follow if you develop symptoms of COVID-19 (isolate) or are exposed to someone who has it (quarantine). The Center for Disease Control and Prevention (CDC) provides guidance for quarantine in long term care settings as well. If a person is fully vaccinated (i.e., 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine) and has been around someone who has COVID-19, the fully vaccinated person does not need to stay away from others or get tested unless the fully vaccinated person has symptom.

PPE
Personal protective equipment is items such as gloves, masks, N95 or KN95 respirators, gowns, shoe covers, face shields, and goggles.

Recovery
According to the CDC (as of 2/13/21), isolation and precautions for a person with COVID-19 can end based on the improvement of symptoms, no fever, or a prescribed amount of time. Testing is no longer recommended as a strategy to determine if isolation and precautions can end, except with some persons who are "severely immunocompromised." The two ways to determine a person has recovered from COVID-19 are using either a *symptom-based strategy* or a *test-based strategy.*

- A *symptom-based strategy* means that "for most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever

for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts." For a person who never develops symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive PCR test for SARS-CoV-2.

- For adults who are severely immunocompromised, a *test-based strategy* could be considered in consultation with infectious diseases experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

Regions (as defined in the Michigan Safe Start Plan)

1 **Detroit Region -** Counties of Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Wayne, and Washtenaw and the City of Detroit

2 **Grand Rapids Region -** Counties of Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa

3 **Kalamazoo Region -** Counties of Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren

4 **Saginaw Region -** Counties of Alcona, Arenac, Bay, Gladwin, Huron, Iosco, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, and Tuscola

5 **Lansing Region -** Counties of Clinton, Eaton, Ingham, Gratiot, and Shiawassee

6 **Traverse City Region -** Counties of Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, and Wexford.

7 **Jackson Region -** Counties of Hillsdale, Jackson, and Lenawee

8 **Upper Peninsula Region -** All Counties in the Upper Peninsula

Testing types

Antibody tests

- Antibody – This is a blood test that may determine whether a person was previously infected with SARS-CoV-2. This test is not recommended by the CDC to diagnose a person with the virus.

Diagnostic tests

- Antigen – This is one form of a viral test that uses a swabbed sample from the inside of the nose. Antigen tests can result in more false negatives (virus goes undetected) than molecular PCR testing.
- Molecular PCR (polymerase chain reaction) – This is another form of a viral test that uses a swabbed sample from the inside of the nose. This type of test was used by the state of Texas in its initial statewide testing of nursing home staff and residents. False negatives can occur but are less likely than other tests on the market.
  These tests may be available as POC (point of care) – This is a rapid test that does not have to be sent to a separate lab. Results are returned in less than one hour. Different POC tests use either the molecular PCR or antigen method. POC tests provide less accurate results than lab-performed tests and may require lab testing as confirmation.

Visit Types

- **Virtual Visit**
  A virtual visit allows for the resident to communicate with a visitor (family member, friend, clergy, volunteer, or ombudsman) through electronic communication such as telephone, laptop computer, iPad/tablet, Echo Dot, or another electronic device.

- **Window Visit**
  A window visit allows for the resident to have a visit where the resident remains in the building at a closed window or glass door and the visitor remains outside the building and visits with the resident at the door or window. No direct contact can be made between the resident and the visitor as the glass/plexiglass barrier must remain in place to protect all parties.

- **Outdoor Visit**
  An outdoor visit (weather permitting) allows for the resident to exit the building to visit with the visitor in a visitation area designed by the Home. This type of visit requires physical distancing, the use of a face covering or mask by both parties, and hand hygiene. The Home will also follow additional infection control practices like screening and logging visits. No direct contact can be made between the resident and the visitor or ombudsman.

- **Indoor Visit**
  An indoor visit allows for the resident to have a visit within the building in the resident's room or a visitation area designated by the Home. This type of visit requires physical distancing, use of a face covering or mask by both parties, and hand hygiene. The Home will also follow additional infection control practices like screening and logging visits. No direct contact can be made between the resident and the visitor.

III. General Guidance

This guidance follows MDHHS Epidemic Orders and Michigan's Safe Start plan and applies them to safely resuming long term care (LTC) ombudsman visits with residents in nursing homes, homes for the aged, and adult foster care homes (referred to as Home in this guidance) in Michigan. The guidance is intended for ombudsmen and Area Agencies on Aging (AAAs) or subcontractors of AAAs providing ombudsman services (referred to as Host Agency throughout this guidance) as visits resume.

As ombudsman advocacy services are provided to individuals who are at most risk for adverse outcomes from the novel coronavirus (COVID-19), or most other viruses, it is essential that every ombudsman adheres to the guidance to ensure the safety of the ombudsman, residents, and staff. The ombudsman must avoid visiting any Home where an existing resident or staff member contracts COVID-19 (in-house onset) until the provider completes outbreak testing to determine the impact and potential spread of the virus. This does **not** include new admissions directly to the COVID-19 presumed or confirmed unit of the Home.

It is also important to remember that additional community outbreaks or COVID-19 positive cases in a Home may require suspending or limited ombudsman visits. This version of the document retains previous guidance to address ombudsman visits should visits be restricted or suspended by MDHHS Epidemic Order in the future. This will allow the program to quickly respond with full understanding of expectations for and adaptations to service delivery.

This guidance is consistent with the Centers for Medicare and Medicaid Services (CMS) QSO-20-39-NH regarding access to residents in certified nursing homes and in-person visitation by LTC ombudsmen. This guidance addresses limitations on in-person visits and adherence to infection control practices recommended by the CDC as required by QSO-20-39-NH. Nursing homes are also required under 42 CFR 483.10(h)(3)(ii) to allow the ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by state law.

The ombudsman must conduct all visits in accordance with the guidance described in this document. Failure to comply with these procedures may result in suspension or termination of the ombudsman's designation as a representative of the Michigan Long Term Care Ombudsman Program (MLTCOP).

This guidance applies to the MLTCOP operations until the disaster declaration on all Michigan counties is removed.

IV. Implementation of Epidemic Order March 17, 2021

A. Resuming Ombudsman Visits

1. Authority

   Per MDHHS Epidemic Order March 17 - Requirements for Residential Care Facilities - Rescission of March 2, 2021 Order, long term care ombudsman (paid and volunteer) may resume visits in long term care settings including nursing homes, homes for the aged, and

adult foster care homes (Home) per CMS QSO 20-39-NH (revised March 10, 2021). This order and the CMS guidance lifts restrictions on long term care ombudsman visitation with very limited exceptions. While this order is in effect, ombudsman may only be restricted from conducting in-person indoor visits as follows:

- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine; or
- A new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation, until at least one round of facility-wide testing is completed.

When these restrictions limit ombudsmen indoor visits, the provider must make its best possible effort to coordinate another type of visit (outdoor, window or virtual as appropriate) for the resident to meet privately with the ombudsman.

2. When an Ombudsman **CANNOT** Conduct Visits

    a. **NEVER** conduct a window, outdoor, or indoor visit if you are displaying symptoms of any new communicable illness or disease that are out the ordinary.

    b. **NEVER** conduct a window, outdoor, or indoor visit when indicated by the required self-screening described in section V*. COVID-19 Health Screening of the Ombudsman*.

    c. **DO NOT** enter a Home beyond the lobby/entrance if you are informed upon arrival by the provider that there is an actual or suspected in-house onset of a COVID-19 case in the building and the Home is conducting outbreak testing.

    d. **DO NOT** enter a Home if you do not have a face mask or face covering to wear.

    e. **DO NOT** enter a Home if it has been identified as not having appropriate infection control and prevention practices in place.

3. In-person visits with Residents

    a. Ombudsmen may resume routine indoor visits to meet with multiple residents except for those exclusions noted in IV.A.1.

    b. Ombudsmen are to conduct unannounced visits per 45 CFR 1324. 11(e)(2). Ombudsmen are not required to pre-schedule visits with long term care providers but may elect to contact the provider prior to the visit to discuss health screening, PPE and other infection control requirements.

    c. Ombudsmen will honor the resident's choice whether to meet with the ombudsman and the type of visit to conduct (outdoor or indoor, in resident room or designated area, etc.).

d. Ombudsmen are encouraged to visit only one Home per day. (Multiple licensed settings on the same campus may be visited on the same day as this is considered one Home.) Ombudsmen may visit more than one Home in a day for the following reasons (this is not an exhaustive list):

   i. Report of alleged abuse, neglect or exploitation

   ii. Notification of involuntary discharge or eviction

   iii. Concerns about care, staffing, resident rights, or other serious concerns impacting the life and care of residents

   iv. Resident's communication needs require in-person visitation

   v. Travel distance to remote area of a region necessitate multiple visits in one trip

B. Protecting Yourself, Residents, and Others

1. Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer (at least 60% ethanol or 70% isopropanol) to clean hands.
2. Wear a mask following the CDC recommendations.
3. Stay home when sick and alert your manager/supervisor.
4. Cover coughs and sneezes with a tissue and personally throw away immediately. If no tissues are available, cough or sneeze into the elbow or upper arm of your shirt sleeve. Wash or sanitize hands as soon as possible.
5. Regularly clean frequently touched surfaces and objects.
6. Take care of yourself: rest, drink fluids, eat healthy foods, and manage stress.

C. Enhancing Resident Awareness and Wellbeing

1. Recognize residents may be worried, scared, and confused by all the changes they are experiencing.
2. Emphasize the need to stay safe by following recommended precautions.
3. Emphasize the need to be physically isolated but not socially isolated. Recommend options to stay connected with others while visiting restrictions are in place.

V. COVID-19 Health Screening of the Ombudsman

Before conducting an in-person visit (outdoor or indoor visit) with residents, it is vital that LTC ombudsmen learn to screen themselves for signs of COVID-19 infection. If at any time an ombudsman does not pass the screening, he/she should talk to his/her supervisor at the Host Agency, seek medical

advice, and/or get tested for COVID-19. In addition to seeking medical advice, the CDC has additional information on what to do when you are sick until you meet criteria to discontinue home isolation.

A. Host Agency Required Health Screening

The ombudsman must follow his/her Host Agency's requirements and processes for health screening and reporting results. This screening should be completed each day prior to conducting a window, outdoor, or indoor visit at a LTC Home and when directed by the Host Agency.

B. Potential Health Screening Questions

The Host Agency health screening may include, **at a minimum,** the following questions:

1. In the past 14 days, have you or a family member been diagnosed with COVID-19?
    a. If the ombudsman answers "**YES**", stay home and talk with your supervisor.
2. If the ombudsman has a new onset or worsening of **any one of the following symptoms**, stay home and talk to your supervisor:
    a. Shortness of breath
    b. Cough
    c. Difficulty breathing
    d. Loss of smell
    e. Loss of taste
3. If the ombudsman has a new onset or worsening of **any two of the following symptoms**, stay home and talk to your supervisor:
    a. Feverish
    b. Chills
    c. Muscle aches
    d. Headache
    e. Sore throat
    f. Nausea or vomiting
    g. Diarrhea
    h. Fatigue
    i. Congestion or runny nose
4. If the ombudsman has a body temperature above 100.4° F, stay home and talk to your supervisor.
5. The Host Agency may ask additional questions or have additional reporting requirements and protocols related to COVID-19 health screening.

C. COVID-19 Screening of Ombudsman at a Home

A Home may screen the ombudsman prior to a window, outdoor, or indoor visit. The ombudsman should plan for the additional time needed for the screening process when scheduling visiting times with residents. The ombudsman should inform the resident that the visit could be cancelled if the

ombudsman does not pass the screening. The ombudsman shall follow the Home's process for COVID-19 screening upon arrival at the building including recording the ombudsman's name, date of the visit, and the starting and ending times of the visit. The ombudsman must keep the names of the visited residents confidential and only disclose at a later date if needed for tracing purposes due to potential COVID-19 exposure.

D. Recording Health Screenings in Ombudsman Database

The ombudsman must include documentation of health screening in the Ombudsman Database for each in-person visit. When entering the *Facility Visit: Routine Access* or *Facility Visit: Non-Routine Access* in the Activity section, the ombudsman must note the completion of **both**:

1. The health screening required by the Host Agency.
2. The health screening required by the Home. If the Home did not require a screening, note such in the Ombudsman Database.

E. Testing of Ombudsman Not Required by the MLTCOP Office (Office)

To conduct a visit, an ombudsman must not be exhibiting COVID-19 symptoms or have known exposure to a person suspected or confirmed to have COVID-19. A negative COVID-19 test is not required for an ombudsman to enter a Home.

If an ombudsman is confirmed to have COVID-19, the ombudsman must meet the CDC symptom-based strategy, as described in the terminology section of this document. In addition, the ombudsman must meet the Host Agency's requirements for returning to work.

F. Vaccination of Ombudsman Not Required by the MLTCOP Office

The MLTCOP office is not mandating vaccination for paid or volunteer ombudsmen. Ombudsmen who are unable to or opt not to receive the COVID-19 vaccine may continue to provide ombudsman services in accordance with this guide. LTC providers may not refuse an ombudsman access to residents based on the ombudsman's vaccination status. Ombudsmen are not required to release their status of vaccination to providers, residents, agencies, or the public.

VI. Preparing and Planning for Visits

A. View Required Training Videos and Complete Acknowledgement Form

1. The ombudsman is **required** to review the following trainings and resources before conducting his/her first in-person visit.

a. CDC: Donning PPE (putting on)

b. CDC: Doffing PPE (taking off)

c. Registered Nurse (RN): Putting on and Removing Gloves

d. WHO: Use of Alcohol Based Hand Sanitizer

e. CDC: Cleaning and Disinfection of Non-emergency Transport Vehicles

f. CDC: Avoid Spreading COVID

g. CDC: Use PPE Correctly for LTC Frontline Staff

h. EPA: Steps for Disinfectant Use

i. Meridian Health: How to Disinfect Your Phone & Other Devices

j. CDC: Sparkling Surfaces

k. NORC: Ensuring Resident Access to an Ombudsman 1.5 hours

l. NORC: A four-part series entitled, *Ombudsman Programs: Understanding How Trauma Impacts You, Residents, and Your Advocacy*, each 1.5 hours
   - Person Centered Trauma Informed Care
   - Compassion Fatigue in a Time of COVID-19: Helping Ourselves to Help Others
   - Anxiety in a Time of COVID-19
   - Grief & Mourning in a Time of COVID-19

m. Any additional resources or training provided by Office or Host Agency

B. Supplies for the In-Person Visit

1. The ombudsman should ensure adequate supplies are readily available before conducting an in-person visit.

   a. Equipment (* items to be provided by the office)

      - MLTCOP-issued name badge*
      - Cell or wireless phone
      - Laptop or tablet (if needed for the visit)
      - MLTCOP materials* (to leave with the staff to safely distribute to residents)
      - Voice amplifier and plastic storage bag* (for ombudsman to wear/use)
      - Portable chair* (for ombudsman use)
      - Clipboard with ombudsman photo* (for resident to recognize ombudsman)
      - Dry Erase board, marker, and eraser* (for written communication with resident)

   b. Personal Protective Equipment (PPE)

      - Face Covering/Mask (required) (note: a manufactured mask is preferred)
      - Face Shield or Goggles (limited use/optional)
      - Gloves (limited use/optional)
      - Gowns (limited use/optional)

   c. Infection Control Kit for car

- Ziploc bag that holds the tool kit materials
- Hand soap
- Paper towels (fold several into the bag, do not take entire roll)
- Hand sanitizer (at least 60% ethanol or 70% isopropanol)
- Disinfectant wipes (if available or spray bottle with bleach/water mixture)
- Paper bag (if needed for face mask storage)
- Garbage bag (for use as barrier in vehicle)
- Extra face masks or face coverings (at least 5)
- Gloves, face shield or goggles, and gowns

2. Infection control kits and PPE must be stored properly to avoid degradation of their efficacy. High temperatures and direct sun may reduce the effectiveness of hand sanitizer and destroy plastic and elastic portions of PPE. Therefore, when an ombudsman is leaving any of these items in a hot vehicle, it is recommended that the items are stored in a portable cooler and these items should be stored in a cool, dry place after the visit is conducted.

VII. Arriving at the Home for the In-Person Visit

A. Precautions to Minimize the Risk of Contracting COVID-19

1. Minimize personal belongings brought with you into the Home. Secure items in your car.
2. Put on your face mask and wash/sanitize your hands.
3. Follow required check-in procedures at the Home including signing-in, completing screening questions, and having temperature taken. This process may vary between Homes.
4. Identify the staff person in charge and ask the location of any areas housing residents under investigation for or suspected or confirmed to be COVID-19 positive to avoid physically entering these areas. Ask if these areas are identified with signage.
5. Confirm with the staff person in charge that the Home does not have a new in-house onset of a COVID-19 suspected or confirmed case. This does **not** include residents admitted directly to the COVID-19 unit or a resident under transmission-based precautions due to a community visit for a medical appointment or treatment.
6. If denied a visit, discuss resident access to the ombudsman program and the authorization for the ombudsman to enter the Home pursuant to the March 17th MDHHS Epidemic Order entitled "Requirements for Residential Care Facilities" and CMS Guidance. The Ombudsman should contact the Office if a visit continues to be denied.

B. Entering the Outdoor Visiting Area or the Building

1. Follow marked areas for maintaining physical distancing at the entrance and within the building.
2. Minimize touching surfaces during the visit.

3. Wear a face mask/covering **at all times** while conducting the visit. Honor the resident's right to choose not to wear a face mask/covering but explain you may not be able to continue the in-person visit.
4. When a resident is unable to wear a face mask/covering for medical reasons, consider wearing goggles and/or a face shield to further minimize the potential to spread the virus.
5. Use hand sanitizer (at least 60% ethanol or 70% isopropanol) or thoroughly wash hands with soap and warm water for at least 20 seconds before entering and after exiting each resident room and the building.
6. If gloves are worn (not required), proper glove use and disposal must be followed. When visiting a memory care area, consider wearing gloves in case a resident unexpectedly reaches out to touch your hand.
7. Maintain 6-foot physical distancing when visiting residents or speaking with staff or other visitors.
8. Avoid touching people. This means NO hugs, NO holding the resident's hand, NO fist bumps, and NO physical contact with the resident or the resident's items. You can explain you must be careful about spreading your own germs to the resident.
9. The ombudsman is not to provide direct care or assistance such as pushing the resident's wheelchair or handing the resident a glass of water.
10. **Do not** pass anything directly between you and the resident.
11. Sanitize pens, phones, and other equipment and personal belongings when entering and leaving the building.
12. Use the portable chair to avoid sitting in the Home's chairs. Avoid setting belongings or supplies on the floor or other surfaces in the Home, if possible.

VIII. Visiting with the Resident

A. Entering the Resident's Room or Designated Meeting Area for an Indoor Visit

1. Knock on the door and obtain permission from resident before entering the room.
2. Inform the resident that you have already visited other residents during today's visit, if applicable.
    a. Inform each resident of the number of residents visited before this resident and seek their permission to visit with them.
    b. Ask the resident what type of visit they are most comfortable with having (virtual, window, outdoor, or indoor) if this was not discussed prior to the visit.
    c. Provide COVID-19 education to the resident and explain the use of PPE to reduce the risk of spreading COVID-19.

B. Conducting the Visit

1. Indoor Visit

   An indoor visit is an opportunity to determine the Home's management of the COVID-19 crisis and effective implementation of modified infection-control practices. It is equally important to review the visitation practices/protocols, quality of life for residents, and care and service delivery. Complete the electronic visitation form to document the indoor visit to a Home. The ombudsman should observe the Home's environment, staff, and residents and interview staff and residents to complete the checklist. Hands should be washed or sanitized before and after the visit.

   The ombudsman should also consider the following items and document observations in the notes section of the form:

   a. Staff report sufficient supply of PPE, cleaning, and disinfectants.
   b. Residents' physical health has not significantly declined, such as no new weight loss or pressure ulcers.
   c. Residents' mental health or cognition has not significantly declined, such as unmet behavioral health needs, new symptoms of distress, depression, or anxiety, or new onset of memory loss.
   d. The Home has infection control policies and procedures that are specific to the Home's resident population.
   e. The nursing home has an infection preventionist who is responsible for coordinating the infection control program.
   f. Staff demonstrate competency with hand hygiene requirements.
   g. Staff demonstrate competency with PPE requirements.
   h. Environmental infection control measures are taken.

   When completed, the visit form is a confidential ombudsman program record and will be uploaded to the Ombudsman Database as part of the visit record documentation.

2. Consider confidentiality and resident privacy

   a. Be mindful of whether the conversation you have with the resident is being done in a confidential manner.
   b. Inform the resident if there is someone nearby who can hear the conversation.
   c. Discuss with the resident if he/she would prefer to discuss case information later over the phone or via an electronic video chat, if possible.
   d. If staff are monitoring the visit, remind them of the resident's right to visit with the ombudsman in private. Inform the staff that you will ensure masks will continue to be worn and physical distancing will be honored and ask the staff to allow for the private visit.

e. During a virtual visit, if staff are required to assist with the electronic communication device, remind the resident that the staff member is a mandated reporter and what this means if the resident shares information about abuse, neglect, or exploitation. Remind the staff member that all other discussions between the resident and the ombudsman are confidential and cannot be disclosed.

3. Do the advocacy work you are trained to do as an ombudsman
    a. Show the resident your photo clipboard to help the resident identify you.
    b. Make eye contact and use active listening skills.
    c. Ask the conversation starter questions as appropriate.
    d. Encourage the resident to speak up if he/she has concerns.
    e. Give the resident an opportunity to discuss his/her concerns.
    f. Use communication tools to support the conversation (amplifier, dry erase board).
    g. Use your observation skills.

4. Preparing for loss and grief

    The ombudsman may encounter a Home with significant loss of life due to COVID-19. It is important for the ombudsman to acknowledge the grief of residents, staff, and their own grief as it relates to that loss. When feasible, the ombudsman allows space for each resident who expresses feelings of loss to talk or express emotions nonverbally and to share in that grief as the ombudsman determines appropriate. Likewise, if staff appear in need of expressing their grief, an ombudsman may allow space for their grief to also be expressed and to share in that grief as the ombudsman determines appropriate.

    In addition to National Ombudsman Resource Center (NORC) training designed to help ombudsmen process their grief, an ombudsman is also encouraged to seek available employee assistance programs for needed counseling and behavioral health supports. Ombudsmen are also encouraged to use the free resources available to anyone found on the Mental Health Resources page of the Michigan Coronavirus website.

5. Visiting a memory care unit
    a. The ombudsman may not be able to conduct individual resident visits if physical distancing or wearing of a face mask/covering is not possible by the resident.
    b. The ombudsman should coordinate with staff to do a walk-through of the unit to observe the residents and services provided.
    c. The ombudsman may want to consider wearing additional PPE (gloves, face shield and/or gown) to offer the most protection as residents may not be able to adhere to physical distancing or wear a face mask/covering.

6. Timing of the visit
    a. Try to limit visits with each resident to 30 minutes.

b. Let the resident know how much time there is for the visit.

c. Give the resident a 5-minute warning before the visit ends.

7. Completing the visit

   a. Recap the visit and any action steps to which the resident has consented.

   b. Thank the resident for his/her time.

   c. If moving to another room, wash/sanitize your hands and only change your face mask/covering if it is wet or soiled.

   d. Follow up with staff on any concerns for which the resident has given consent.

IX. After the In-Person Visit

A. Removing PPE and Disinfecting

1. Follow CDC guidance on proper removal of face masks/covering and other PPE.
2. When exiting the building, dispose of your PPE in appropriate trash receptacles or if using a reusable face covering, store it properly in a new paper bag.
3. To help keep your vehicle virus free, take the following steps:

   a. Wipe materials with disinfectant prior to entering the vehicle.

   b. Use an EPA Approved Disinfectant or a mixture of 4 teaspoons bleach per quart of water.

   c. Disinfect the vehicle door handle (inside and out) after each visit.

   d. Utilize a barrier, such as a garbage bag, where you are placing your supplies. Place a garbage bag on the vehicle floor or in the trunk to place PPE and discard daily.

B. Documenting the Visit

1. Enter the window, outdoor, or indoor visit in the Ombudsman Database as a new Activity.

   a. *Facility Visit: Non-routine Access* if the required components of a quarterly visit were not met.

   Or

   b. *Facility Visit: Routine Access* if the ombudsman visited with 3 or more residents.

   c. Enter the required sections for a visit and these additional items:

      i. The names of the residents you visited in the order in which you visited with them.

      ii. The completion of both the Host Agency and Home's health screenings

d. Document any potential exposure to COVID-19 in the notes section of the visit. Report the potential exposure following the guidance provided in Section X below.

2. Virtual visits are **not** to be reported as a *Facility Visit*. The Ombudsman Database has an Activity titled "Virtual Visit" that should be used to record these visits. Activities that occurred during the virtual visit (i.e., I&A, open new case, journal entry for existing case) may be entered in the Ombudsman Database as well.
3. If *Information & Assistance to Individuals* or *Information & Assistance to Staff* was provided outside of a case investigation, enter that activity as appropriate.
4. Document any new case in the Ombudsman Database.
5. Document any work on existing cases in the Ombudsman Database.

X. Ombudsman Exposure to COVID-19

The exposure risk to the ombudsman should be minimal if using PPE, physically distancing, and taking other necessary precautions identified in this guidance and required by the Home's infection prevention practices.

A. COVID-19 Exposure During an In-person Visit

1. If the ombudsman feels he/she has been exposed (a resident makes physical contact with the ombudsman or the ombudsman is exposed to droplets due to a resident sneezing or coughing when the resident cannot wear a face mask/covering), the ombudsman should do the following:
    a. Excuse yourself from the visit if you are in the process of meeting with a resident.
    b. Appropriately remove existing PPE, wash the affected area, sanitize your hands, and apply new PPE as needed.
    c. Immediately ask for the staff person responsible for infection prevention (i.e., Director of Nursing, Assistant Director of Nursing, Infection Control Nurse, Administrator).
    d. Discuss the potential exposure with the staff person responsible for infection prevention to determine the level of risk. This may require releasing the name of the resident involved.
    e. With the staff responsible for infection prevention, determine if the ombudsman should leave the Home or continue with the visit.
    f. Identify if additional PPE (gloves, face shield, gown, etc.) should be worn for the remainder of the visit.
    g. Contact the office for additional guidance, if needed.
    h. Contact the Host Agency if required per Host Agency procedures.
    i. Monitor for symptoms and immediately get tested if any develop

B. Identification of a New COVID-19 Case in a Recently-Visited Home

1. When the ombudsman learns of a new COVID-19 case in a Home and the ombudsman visited this Home within the past 14 days and was potentially exposed to COVID-19, the ombudsman must immediately complete all of the following steps:
    a. Notify his/her employer following the Host Agency procedures for notification.
    b. Email the office (MLTCOP@meji.org) with the name of the Home reporting the case and provide a list of all residents and Homes visited since that in-person visit. If this information is already entered in Ombudsman Database, indicate such in the email.
    c. Immediately suspend all in-person visits and notify Homes if any scheduled visits are cancelled.
    d. Follow Host Agency requirements and CDC guidance for quarantining.
    e. Continue to provide ombudsman services through electronic communications, if asymptomatic, able to work, and consistent with Host Agency procedures.
    f. Get tested
2. If the ombudsman tests positive for COVID-19, the office will promptly notify any Homes visited within the previous 2 days of the onset of symptoms or before being tested.
3. The Host Agency will follow its protocols for reporting a COVID-19 exposure or case.
4. The state ombudsman or designee and the ombudsman supervisor at the Host Agency will discuss and agree upon a date the ombudsman may resume in-person visits. The earliest date will be at least 10 days after potential exposure unless other symptoms are detected. This may be done in consultation with the local health department and other infection control experts and may require COVID-19 testing of the ombudsman.

C. Potential Exposure Other Than In-Person Visits

1. Other than reports of COVID-19 exposure related to in-person visits, if the ombudsman is suspected (due to exposure) or confirmed to be COVID-19 positive, the ombudsman must immediately:
    a. Notify his/her employer following the Host Agency procedures for notification.
    b. Email the office (MLTCOP@meji.org) with the name of the Home reporting the case and provide a list of all residents and Homes visited since that in-person visit. If this information is already entered in Ombudsman Database, indicate such in the email.
    c. Immediately suspend all in-person visits and notify Homes if any scheduled visits are cancelled.
    d. Follow Host Agency requirements and CDC guidance for quarantining/isolation.
    e. Continue to provide remote ombudsman services through electronic communications, if asymptomatic, able to work, and consistent with Host Agency procedures.

2. If the ombudsman tests positive for COVID-19, the MLTCOP office will promptly notify any Homes visited within the previous 2 days of the onset of symptoms or before being tested.
3. The Host Agency will follow its protocols for reporting the case to the local health department and any other reporting requirements.
4. The State LTC Ombudsman or designee and the ombudsman supervisor at the Host Agency will discuss and agree upon a date the ombudsman may resume in-person visits. The earliest date will be at least 10 days after potential exposure unless other symptoms are detected. This may be done in consultation with the local health department and other infection control experts and may require COVID-19 testing of the ombudsman.

XI. Protective Measures

This section provides guidance on proper use and disposal of PPE and recommendations for keeping the ombudsman's family and household members safe.

A. Face Mask Types and Requirements

1. Face Mask
    1. A manufactured, protective covering for the face that covers the nose and mouth and extends below the chin.[1] Face masks should be reserved for use by healthcare professionals and ombudsman conducting field visits.
    2. When available, use during all in-person interactions until 60 days into Phase 6 of the Michigan's Safe Start Plan. Use during Phase 6 when entering a Home or otherwise being in close contact with a resident who has indicated he/she has been exposed to COVID-19.
2. Cloth or Homemade Face Covering
    1. A face covering can be a scarf, bandana, or other cloth that **fully covers the nose and mouth**, often in the form of a homemade cloth mask. These, or manufactured face masks, may be used by residents if they are able to tolerate wearing one.
    2. When other face masks are not available, ombudsman may utilize a homemade mask ensuring the mask covers the mouth, nose, and extends below the chin. [2]
    3. Use face coverings during all in-person interactions until the pandemic is no longer considered a risk or 60 days into Phase 6. Use during Phase 6 when entering a Home or otherwise being in close contact with a resident who has indicated he/she has been exposed to COVID-19.

[1] For the best protection, masks should have two or more layers of breathable fabric, fit snugly against the sides without gaps, and ideally a nose wire to prevent air from leaking out of the top of the mask. There are also ways to improve the fit of the mask.
[2] While face masks are no longer in short supply, if a homemade face covering is used, it should meet the same criteria as a manufactured mask for the best protection.

B. Putting on the Face Mask/Covering

1. Wash your hands with soap and water for at least 20 seconds. Dry your hands with a clean paper towel and immediately dispose of the paper towel. If you are unable to wash your hands with soap and water, use a hand sanitizer that is at least 60% alcohol, fully covering the surfaces of your hands and allowing to dry.
2. Check face mask for any defects and expiration date. Dispose of all defective or outdated masks.
3. Ensure the exterior (usually yellow or blue) side of the face mask is facing out, away from your face.
4. Place the face mask on your face with the blue or yellow side facing out and the stiff, bendable edge at the top, over your nose. Note: not all face masks will have a stiff bendable edge.
5. Once the face mask is in place, use your index finger and thumb to pinch the bendable top edge of the face mask around the bridge of your nose.
6. Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
7. If the face mask has ear loops, put one loop around each ear.
8. If the face mask has a lower tie, once the face mask is fitted to the bridge of your nose, tie the lower ties behind your head with a bow.
9. Ensure the face mask is completely secure. Ensure the face mask covers your nose and mouth so that the bottom edge is under your chin.
10. Wash or sanitize your hands once the face mask is properly in place.
11. Avoid touching the mask while using it. If you do, clean your hands with soap and water or an alcohol-based hand sanitizer.
12. When the face mask needs to be repositioned, sanitize hands before and after touching it.
13. Replace the mask with a new one as soon as it is damp and avoid reusing single-use masks.

C. Removing the Face Mask/Covering

1. Wash or sanitize your hands before removing the face mask.
2. Do not touch the inside of the face mask (the part over the nose and mouth). It may be contaminated from your breathing, coughing, or sneezing.
3. Untie or remove the ear loops and remove the face mask by the straps.
4. Dispose of the face mask in a garbage receptable.
5. Wash or sanitize your hands after removal and disposal or storage of face mask.
6. If reuse of the face mask is necessary, do the following:
    a. Store the face mask in a paper bag, not plastic.
    b. Mark paper bag with one side as “Front”.

c. Place the outside of the face mask (side away from the mouth) into the paper bag facing the side marked “Front” on the bag.
d. Do not reuse face masks that have become wet or soiled.

D. Keeping Your Family/Household Members Safe

1. Wear washable clothing.
2. Remove clothing and shoes in garage, foyer, or entryway.
3. Place keys, cell phone, and items from your pockets in a bin or container for sanitization after showering.
4. Place clothes in a laundry basket with a liner, garbage bag, or directly into the washing machine.
5. Utilize the highest possible water temperature setting when laundering your clothing.
6. Shower immediately.
7. Limit contact with others within your household until the steps above are completed.
8. CDC: Cleaning and Disinfecting Your Home

XII. Preparedness for Suspension or Further Restriction of Ombudsman Visits

Previous visitation language is being preserved in this guidance in the event MDHHS issues a more restrictive Epidemic Order on visitation or the State LTC Ombudsman, in consultation with MDHHS, suspends or further restricts ombudsman visits due to outbreak in the community or a specific long term care Home. This section, if activated, would suspend and replace Section IV to ensure the ombudsman program quickly and consistently responds to changes in ombudsman service delivery including visitation based on County Risk Levels or another measure identified by the MDHHS if the pandemic worsens. All other sections of this guidance are applicable at any time except for Section XV which is only required when Section XII is activated.

A. Michigan Safe Start Plan Phases and County Risk Levels

In Michigan's Safe Start Plan, the state evaluates where the state and each of its Regions fall within the six phases of this epidemic. The types of visits conducted by the ombudsman will be limited based on the risk levels of the county in which the Home is located.

MI Safe Start Map is a dashboard designed to monitor the status of COVID-19 indicators across the state of Michigan. The dashboard tracks and displays the current risk level of Michigan regions and counties due to COVID-19. The goals are twofold:

- To assist public health officials in making state, regional, and county-level decisions related to COVID-19;
- To provide the general public with insight into some of the indicators that affect these public health decisions.

The county risk levels are assigned as LOW, A, B, C, D, or E with E being the highest risk level.

B. When Ombudsman Visits Can be Conducted

1. Ombudsman visits will be determined based on the status of the Michigan Safe Start Plan county risk level as follows, with exceptions noted in (2) and (3) below:
   a. Virtual visits may be conducted when the county is in any of the six levels.
   b. Window visits may be conducted when the county is in any of the six levels.
   c. Outdoor visits may be conducted when the county is in risk level Low, A, B, C, or D.
   d. Indoor visits may be conducted when the county is in risk level Low, A, B, C, or D.
2. Ombudsmen who have been fully vaccinated[3] against COVID-19 may conduct in-person (outdoor and indoor) visits regardless of the county risk level. Ombudsmen will follow this guidance for scheduling visits if the county risk level is at E. Ombudsmen will take all

[3] People are considered fully vaccinated two weeks after their second dose in a two-dose series (e.g., Pfizer, Moderna) or two weeks after the dose of a single-dose vaccine (e.g., Johnson & Johnson).

precautions necessary to mitigate the spread of COVID-19, including, but not limited to: wearing a face mask at all times, maintaining 6-foot distance from residents and staff, screening prior to the visit and upon entry, and washing or disinfecting hands often.

3. Ombudsmen may conduct in-person visits to support residents when a provider is being decertified from the Medicare and Medicaid programs or when a Home is being evacuated or closed. The type of visit will be determined by the State Ombudsman in consultation with MDHHS and/or LARA and will consider the current status and history of COVID-19 cases at the Home. This type of visit may not coincide with the Michigan Safe Start Plan county risk levels as described in B.(1) above.
4. Residents should be given the opportunity to select the type of visit to have with the ombudsman from the visits allowed per the Safe Start Plan county risk level.

C. Safe Start Plan Phases and Corresponding Ombudsman Visits

Michigan's County Risk Levels	Type of Ombudsman Visits Allowed
E	Virtual & Window*
D	Virtual, Window, Outdoor, and Indoor
C	Virtual, Window, Outdoor, and Indoor
B	Virtual, Window, Outdoor, and Indoor
A	Virtual, Window, Outdoor, and Indoor
Low	Virtual, Window, Outdoor, and Indoor

* Outdoor and indoor visits are allowed when the ombudsman meets the criteria of being fully vaccinated or the Home is in the process of decertification, evacuation, or closure as described in B.(2) and B.(3) above.

D. When Ombudsman Visits CANNOT be Conducted

1. **NEVER** conduct a window, outdoor, or indoor visit if you are displaying symptoms of any new communicable illness or disease that are out the ordinary.
2. **NEVER** conduct a window, outdoor, or indoor visit when indicated by the required self-screening described in *II. COVID-19 Health Screening of the Ombudsman*.
3. **DO NOT** enter the Home beyond the lobby if you are informed upon arrival by the Home's leadership that there is an actual or suspected in-house onset of a COVID-19 case in the building.
4. **DO NOT** enter a Home if you do not have a face mask or face covering to wear.
5. **DO NOT** enter a Home if it has been identified as not having appropriate infection control and prevention practices in place.
6. **Follow any additional visitation restrictions imposed by the Host Agency, local health department, or MDHHS.**

E. COVID-19 In-Person Visit Acknowledgement Form

1. Prior to scheduling any in-person visits, the ombudsman must complete the *COVID-19 In-Person Visit Acknowledgment Form* indicating that he/she has reviewed, understands, and agrees to follow the directions and precautions provided in the resources in VI.A above and throughout this guidance.
2. The completed form must be submitted to the office by emailing it to MLTCOP@meji.org.
3. The ombudsman will retain a copy and provide one to the Host Agency, if requested.

F. Prioritizing Visits

1. The ombudsman may only visit **ONE** Home in any given day.

   NOTE: Exceptions may be approved by the office when extremely rural visits necessitate multiple Home visits in one day. The ombudsman should be prepared to change clothing between Homes or to wear a gown to reduce the potential to spread the COVID-19 virus.

2. Consider the impact of COVID-19 within the service area to determine which Homes to select and prioritize for in-person visits. The ombudsman should use his or her discretion when selecting Homes to visit based on the concerns stated by residents and families as well as the Home's status and history of COVID-19 cases. Considerations may include:
   a. Which Homes had the greatest frequency of complaints prior to COVID-19?
   b. Which Homes had the greatest number of complaints during COVID-19 visitation restrictions?
   c. Which Homes were you unable or least frequently able to communicate with during COVID-19 visitation restrictions?
   d. Which Homes have few or no residents with whom the ombudsman communicated during COVID-19 visitation restrictions?
   e. In which Homes does a complaint investigation require direct observation, interview, or record review that cannot be conducted through virtual means?
3. The ombudsman may find he/she has an excess of cases for investigation and follow-up due to the suspension of in-person visits. Ombudsman should prioritize cases for investigation which require an in-person visit as follows:
   a. To investigate a case alleging serious abuse or neglect of a resident.
   b. To follow-up on a case related to abuse, neglect, or another serious care issue.
   c. To investigate a facility-initiated involuntary discharge case that cannot be done through electronic communication.
   d. To investigate concerns about care, staffing, resident rights, or other serious concerns impacting the life and care of residents.

4. Ombudsmen will not conduct in-person visits for reasons other than the priorities listed in 3 above until the county risk level is at A, B, or C. Ombudsman visits described in XII.B.(2) and B.(3) are not subject to the restrictions in this section. Ombudsmen are excluded from conducting in-person visits while the county risk level is D if the only purpose for the visit is to:
    a. Complete a routine access (quarterly) visit without investigating a complaint.
    b. Participate in a resident council meeting within the building.
    c. Provide a staff educational session within the building.
    d. Participate in a survey exit conference.
    e. Conduct other activities not related to the investigations described in 3 above.

G. Notice to Provider Associations and Homes Regarding Ombudsman Visits

The State LTC Ombudsman will notify LARA and provider associations that ombudsmen will resume visits to LTC Homes. A request will be made of provider associations to notify their members of this change by distributing the MLTCOP memo to providers (see section XV). Ombudsmen are encouraged to provide a copy of the memo to the administrator/manager by email and to bring a copy of the memo with them when conducting a visit.

H. Scheduling the In-Person Visit

1. Window and Outdoor Visits Require Coordination Prior to First Visit

   While ombudsman visits to Homes are typically unannounced, when the county risk level is at E, the ombudsman **must attempt** to coordinate a window or outdoor visit with the administrator/manager of a Home, or that person's designee.
    a. The ombudsman should request to receive by email or secure facsimile a copy of the Home's visitation protocol and maintain a copy of the protocol for the ombudsman's records and reference.
    b. The ombudsman should request to receive by encrypted email or secure facsimile a copy of the Homes census and contact phone numbers and email addresses for residents and the legal representatives of residents who are incapacitated.
    c. Ask to be notified if the Home has an in-house onset of a new case of COVID-19 prior to the scheduled outdoor visit.

2. Indoor Visits Require Scheduling with Staff

   Ombudsman visits are subject to CMS guidance QSO-20-28-NH (revised) and regulations at 42 CFR § 483.10(f)(4)(i)(C) which require that a Medicare and Medicaid- certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with

immediate access to any resident.

In-person access may not be limited without reasonable cause.

If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

The ombudsman does not need to identify for staff which residents will be visited. The ombudsman should:

a. Contact the staff (administrator/manager or designee) to discuss the Home's process for in-person visits.
b. If denied a visit, provide the current MDHHS Epidemic Order and CMS guidance to providers, and discuss resident access to the ombudsman program and the authorization for the ombudsman to enter the Home. The ombudsman should contact the Office if a visit continues to be denied for a reason other than an in-house onset of COVID-19.
c. Request by email a copy of the Home's visitation protocol and maintain a copy of the protocol for the ombudsman's records and reference.
d. Questions or concerns raised by the administrator/manager are ideally addressed during this prior communication and escalated to the office as needed.
e. Request to receive by encrypted email or secure facsimile a copy of the Home census and contact phone numbers and email addresses for residents and the legal representatives of residents who are incapacitated.
f. Ask to be notified if the Home has an in-house onset of a new COVID-19 case prior to the scheduled in-person visit. The ombudsman may consider delaying the indoor visit or conducting an outdoor visit.

3. Discuss the Process for In-Person Visits

    a. Ask about the procedures for screening, the entry point at the Home for visitors, and if any PPE is required besides a face mask/covering (i.e., gloves, gown, face shield).

    b. Discuss with the staff member the options for an ombudsman visit.

        i. The ombudsman should suggest the best day and time for the visit based on the residents' preferences.
        ii. How can the Home accommodate the resident's wishes for the location of the visit? Is there a designated meeting space to provide privacy or if the roommate does not wish to have visitors in his/her room?
        iii. How can the Home's staff support a visit for residents living in the memory care unit?
        iv. Will the Home provide face coverings for residents who are able to wear one?
        v. For residents not able to wear a face covering, can the ombudsman use a

plastic shield to visit with residents with appropriate physical distancing?

vi. Who is the current resident council president, if not known to the ombudsman?

c. Inform the Home's staff that you can only conduct in-person visits with residents who are considered COVID-19 negative. Encourage the staff to offer virtual or window visits for residents suspected to be, under observation for, or confirmed to be COVID-19 positive. If possible, conduct a virtual tour of the COVID-19 area(s) during your in-person visit.

d. Take time to prepare a set of questions to ask residents as conversation starting points.

i. Is there something I can do for you?
ii. What would you like to talk about?
iii. Are you able to participate in meaningful activities?
iv. Have you had contact with your friends and family?
v. How has the isolation affected you and what would be helpful to reduce the impact on you?

I. In-Person Visit Scheduling Form

1. Submit the *In-Person Visit Scheduling Form* to the office via email for visit approval **prior** to visiting a Home. This will ensure that the office can respond to any inquiries from providers or state agencies regarding ombudsman in-person visits and track all ombudsman visits should exposure to COVID-19 be reported to the office.
2. Use the subject line **"In-Person Visit Request at <Home name>"** and email the form to **MLTCOP@meji.org**.
3. The office will review the form and return it within one business day with questions, approval, or denial.

J. Status of Volunteer Ombudsmen

1. Until the county maintains a risk level of A for 30 days, the MLTCOP is not allowing in-person visits to be conducted by volunteers including those that are interns. As the program gets more experience in conducting visits and the county reaches a risk level A status, we will slowly allow visiting by volunteers and interns.

2. Volunteers may continue to provide ombudsman services by:
   a. Staying in contact with residents at assigned Homes.

      Reaching out to other Homes in the service area to request lists of current residents and family with contact information to help with outreach efforts, at the direction of the paid ombudsman.

   b. Assisting the paid ombudsman in scheduling visits with residents, per this guidance.

c. Responding to phone calls by answering questions for callers, if appropriate.

3. In rare situations, a paid ombudsman may request approval for a volunteer ombudsman to conduct an in-person visit.

    a. The following criteria will be considered when determining if the volunteer visit is approved:
        i. The paid ombudsman is not available to conduct the visit due to restrictions from possible exposure or COVID-19 positive status or the extreme-rural area does not allow for the paid ombudsman to conduct the visit.
        ii. The volunteer ombudsman must be willing to conduct the visit without pressure to do so.
        iii. The visit must be necessary to address one of the priorities listed in VI.C.(3) and cannot solely be to conduct an activity listed in VI.C.(4).
        iv. The ombudsman has determined the case cannot be investigated or resolved through electronic communications (telephonic or virtual visit).

    b. The Office, paid ombudsman and Host Agency will discuss the request for the volunteer to conduct an in-person visit and any Host Agency volunteer protocols that need to be considered.

    c. The State Ombudsman and Host Agency will jointly make the final decision on allowing or denying the request for the volunteer to conduct an in-person visit.

    d. The office will notify the paid ombudsman of the approval or denial of the visit.

    e. The paid ombudsman or volunteer must complete the *In-Person Visit Scheduling Form* as defined in VI.B.

    f. The volunteer must:
        i. Adhere to this guidance and any requirements of the Host Agency.
        ii. Review the COVID-19 educational resources in VI.A.(1).
        iii. Submit the completed *COVID-19 In-Person Visit Acknowledgement Form* to the Office (MLTCOP@meji.org) prior to scheduling a visit.
        iv. Adhere to any Host Agency requirements that do not conflict with this guidance.

XII. Safe Start Plan - Ombudsman Visit Checklist

OMBUDSMAN VISIT CHECKLIST			
Screening for COVID-19			**Completed/Have**
1. Complete Host Agency health screening for COVID-19			☐
2. Complete Home's health screening upon arrival			☐
Sanitary Tool Kit			
Ziploc bag	☐	Hand soap	☐
Paper towels	☐	Hand sanitizer (at least 60% ethanol or 70% isopropanol)	☐
Disinfectant wipes	☐		
Garbage bag	☐	Paper bag	☐
Personal Protective Equipment (PPE)			
Face mask/covering (preference for manufactured mask)			☐
Other PPE if deemed necessary (gowns, face shield/googles, and gloves)			☐
Work Supplies (cleansed/sanitized)			
Cell or wireless phone			☐
Pen (that can be easily disinfected)			☐
Name badge			☐
Clipboard with photo			☐
Dry erase board, marker, and eraser			☐
Voice Amplifier (for ombudsman use only)			☐
Any additional supplies or documents			☐
Actions Prior to Visit			
Wash/sanitize hands			☐
Store personal items in car			☐
Sanitized work supplies			☐
Put on needed PPE using proper procedures (wash/sanitize hands before and after)			☐
Actions During Visit			
Maintain physical distance (6 feet)			☐
Avoid handshakes, hugs, sharing of items			☐
Avoid sitting on the furniture - use portable chair, if possible			☐
Avoid touching doorknobs or handles: use a barrier (i.e., paper towel, tissue, plastic bag)			☐
Actions After Visit			
Remove PPE using proper procedures (wash/sanitize hands before and after)			☐
Disinfect vehicle door handle (inside/outside)			☐
Place work supplies on barrier located on vehicle floor (i.e.: garbage bag)			☐
Wash/sanitize hands			☐
Documentation After Visit			
Complete data entry in Ombudsman Database			☐

XIII. COVID-19 In-Person Visit Acknowledgement Form

COVID-19 In-Person Visit Acknowledgement Form

Name of Ombudsman _____ Region # _____

In preparation for the long-term care (LTC) ombudsman to resume visits with LTC residents, the MLTCOP developed guidance for conducting visits at LTC Homes. The ombudsman must review the guidance, sign this form, and submit it to the office (MLTCOP@meji.org) prior to scheduling any in-person visit.

By signing below, I acknowledge all of the following:

1. I have reviewed and will adhere to the MLTCOP Guide for Resuming In-Person Visits (guidance).
2. I have reviewed all the educational resources identified in the Section IV.A of the guidance.
3. I agree to seek approval from the office for each visit per Section IV.E of the guidance.
4. I agree to wear a face mask/covering at all times when visiting a LTC Home or resident.
5. I agree to follow appropriate hand hygiene techniques.
6. I agree to avoid all physical contact with residents, other visitors, and staff members.
7. I agree to follow my host agency and Home's health screening processes.
8. I agree to monitor my own health and not visit if I am ill or if I have been exposed to the virus.
9. I agree to notify my supervisor and the office if I am exposed to or have symptoms of COVID-19.
10. I understand that there could be risk of exposure to COVID-19 by conducting in-person visits. I will use my best judgement when visiting a resident, wear appropriate PPE, sanitize my hands as required, and take other precautions to minimize this risk of exposure to COVID-19.

Signature of Ombudsman_____Date_____

XIV. MLTCOP Provider Memo

Date: August XX, 2020

To: All Nursing Homes, Homes for the Aged, and Adult Foster Care Home Providers

From: Salli Pung, State Long Term Care Ombudsman

Re: Ombudsmen Resuming In-person Resident Visits

Due to health concerns related to COVID-19 for residents, facility staff, and ombudsmen, the Michigan Long Term Care Ombudsman Program (MLTCOP) suspended in-person visits to residents in March 2020. Effective immediately, long-term care (LTC) ombudsmen will resume conducting in-person visits at facilities in accordance with MLTCOP-issued guidance.

We can only imagine the tremendous stress you have been under while trying to keep COVID-19 out or minimize the spread of it in your building. We share that goal, and for that reason your ombudsman wishes to coordinate with you prior to an initial in-person visit and during certain phases of the Michigan Safe Start Plan. When contacted by an ombudsman, I request that the administrator or manager promptly respond or delegate someone within your facility to promptly respond to the ombudsman. The purpose of our prior contact is to coordinate and work in accordance with your facility screening protocols.

Precautions

When entering your facility, ombudsmen will comply with your screening protocols, adhere to hand hygiene protocols, maintain physical distance of at least six feet from others, and wear appropriate PPE (at a minimum a manufactured face mask). When possible, ombudsmen will also conduct visits outdoors to meet with residents who wish to speak with an ombudsman. Ombudsmen will attempt to conduct virtual visits with residents under observation for, or suspected or confirmed to be, positive for COVID-19.

Ombudsmen are never allowed to visit when ill, are monitoring themselves for COVID-19 symptoms, and are required to follow CDC guidelines regarding when it is safe to discontinue isolation and precautions if the ombudsman has symptoms of COVID-19. Prior to conducting a visit, an ombudsman must complete training, including CDC training, on hand hygiene and PPE, CDC training regarding infection control, and National Ombudsman Resource Center training regarding ombudsman visitation during COVID-19 and responding to trauma, grief, and loss related to COVID-19.

Information Requested

A LTC ombudsman will request information from you about the facility's screening protocols and infection control practices. This is to help us understand what precautions are expected by essential service and critical assistance providers. If you have not recently provided resident census and contact information, the ombudsman will request this information from you. The ombudsman will also request contact information for a resident's legal representative (LR) for residents who are incapacitated or who request that the ombudsman speak with the resident's LR. Having contact information allows the ombudsman to communicate through technology and reduce the risk of transmission of COVID-19 to residents and staff of your building. Your cooperation with these requests is appreciated.

Authority

MDHHS has issued a series of emergency orders related to residential care facilities, most recently on March 17th, 2021. Both active and rescinded orders are available here. These orders are applicable to a wide variety of LTC settings including those in which ombudsmen provide advocacy services to residents.

Regarding nursing facilities regulated by the Center for Medicare and Medicaid Services, CMS issued QSO-20-28-NH Revised, which specifies that a certified ombudsman has access to a nursing facility. Specifically, the memo states:

> Access to Ombudsman Sections 1819(c)(3)(A) and 1919(c)(3)(A) of the Social Security Act (the Act) and implementing regulations at 42 CFR 483.10(f)(4)(i)(C), require that a Medicare and Medicaid certified nursing home provide representatives of the State Long Term Care Ombudsman with immediate access to any resident, however during this Public Health Emergency (PHE) in-person access may be restricted. If in-person access is not advisable due to infection control concerns and transmission of COVID-19, facilities must facilitate resident communication (e.g., by phone or through use of other technology) with the ombudsman.
>
> Additionally, through this memo, CMS is ensuring nursing homes and other stakeholders are aware of the implementation of the recent CARES Act which states State Long Term Care Ombudsman shall have continued direct access (or other access through the use of technology) to residents of LTC facilities during any portion of the public health emergency relating to coronavirus until September 30, 2020. The CARES Act does not repeal or amend CMS requirements under sections 1819 or 1919 of the Act or implementing regulations. Nor does it place a time limit or expiration date (e.g., until September 30, 2020) on the CMS requirements providing for resident access to the Ombudsman program, but instead affirms that the current pandemic requires the Ombudsman program and LTC facilities to support resident access and communication in a variety of methods. For additional information regarding resident access to the Ombudsman please see Frequently Asked Questions on Nursing Home Visitation.

Questions

If you have questions pertaining to this memo, contact the MLTCOP office at MLTCOP@meji.org. To reach the State Long Term Care Ombudsman, call Salli Pung at 517 827-8010 or email at spung@meji.org.

Thank you for your cooperation and continued support of residents as LTC ombudsmen carefully resume safe in-person visits.

XV. In-Person Visit Scheduling Form

In-Person Visit Scheduling Form

Ombudsman submitting request: _____

Ombudsman conducting visit if different: _____

Planning & Visit Details	**Notes**
Date of Contact*	
Home Name	
Home City	
Home County	
Type (NH, AFC or HFA)	
Contact Person*	
Contact Person Phone*	
Contact Person Email*	
Proposed Date for Visit	
Type of visit (indoor, outdoor or window)	
County risk level (Low-E)	
Discussion about PPE and Physical Distancing*	
Discussion about Home's Protocols upon Arrival*	

Scope of Visit**	
Primary Reason for Visit***	

* Not required if the Home is in a county with a risk level at Low.

** Scope may include visiting one resident or multiple residents, conducting a routine access visit.

*** Primary reason may include open new case, continue work on an open case, follow-up on complaint, or respond to an involuntary discharge that cannot be resolved through virtual communication.

Submission Instructions

Email this form to MLTCOP@meji.org to receive prior approval for the visit.

Use the subject line “In-Person Visit Request at <Home name>”.

The Office will review and respond via email within one business day of the request.