

MDHHS Clarifications May 17 2021:

1. Are we okay to follow current CMS visitation guidance while awaiting MDHHS update?
Yes, facilities may begin leveraging the guidance in the CMS QSO-20-39-NH issued on April 27, 2021, including the updated guidance on communal activities and know that MDHHS will be issuing an update to the existing MDHHS Epidemic Order issued on March 17, 2021 to reflect the guidance from CMS/CDC.
2. We were told to defer to the updated CMS memo so what if we already started following that guidance for activities and dining this week? Are we at risk for citations?
Facilities may begin leveraging the guidance in the CMS QSO-20-39-NH issued on April 27, 2021, including the updated guidance on communal activities and know that MDHHS will be issuing an update to the existing MDHHS Epidemic Order issued on March 17, 2021 to reflect the guidance from CMS/CDC. Facilities should ensure their practices follow their standing policies to ensure they are not at risk for citation.
3. If staff have S&S and test negative, can we bring them back after S&S resolve or must we still wait 10 days if we don't have a documented (physician) reason for the S&S? Does vaccination matter in this case?
 - a. CDC guidance says to have them off 10 days unless there is support/reason for the symptoms. We are hearing many facilities are bringing them back if they test negative.

Answer from IPRAT:

Testing negative: The CDC utilizes a symptom-based approach for determining return to work for HCP. Their criteria states, "HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved."

CDC does not recommend using a test-based strategy for returning to work ([Return-to-Work Criteria for Healthcare Workers | CDC](#)).

Current guidance from MDHSS also utilizes the above criteria ([https://www.michigan.gov/documents/coronavirus/Accessible - HCP Combined Draft 698759 7.pdf](https://www.michigan.gov/documents/coronavirus/Accessible_-_HCP_Combined_Draft_698759_7.pdf)).

Vaccination status: MDHHS's May 5th EO stated in their testing protocols: "Testing any resident or staff member with symptoms of COVID-19 or suspected exposure to COVID-19, regardless of that individual's vaccination status."

[Coronavirus - Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities Rescission of October 28, 2020 Order \(michigan.gov\)](#)

Per the above guidance, your symptomatic staff should stay at home until 10 days have passed since symptoms appeared and the other bulleted points apply, regardless of their vaccination status, as the vaccine is not 100% effective.

Also, if the person in question is a healthcare worker, your facility should have a policy that outlines work restrictions for symptomatic employees. The CDC's Return to Work guidelines provides the following guidance: "For HCP who were suspected of having COVID-19 and had it ruled out, then return to work decisions should be based on their other suspected or confirmed diagnoses." Based on this guidance, consideration should be given to testing for other respiratory infections, including influenza. Ensure that these staff are not engaging in resident care, so as not to place residents at risk.

4. If a surveyor spends time in a building that has an outbreak, will they become tested regularly before they visit other facilities?

LARA indicated that the staff are being tested regularly in alignment with current CDC/CMS guidance for nursing homes.

5. In counties where CMS testing requires 2x/ week will surveyors be tested weekly or 2x/week?

LARA will explore implementation of increased testing, but at this time surveyor staff that are not vaccinated will continue with at least 1x weekly testing.

6. When surveyors go to the facilities, will they let the facility know which status they fall under - vaccinated or not or tests?

Surveyor staff are not required to share their vaccination status with facility staff. Testing will be conducted under the LARA operational procedures and facilities will not need to manage any on site testing of surveyors.

7. How will this vaccination status reporting be different than the required reporting for CMS starting in June?

On May 13, 2021, CMS published an [interim final rule](#) with comment period that imposes various requirements related to COVID-19 vaccines, including reporting vaccination status of residents and staff in the NHSN weekly vaccine modules. The interim final rule goes into effect on May 21, 2021. MDHHS will send further communication on COVID-19 Reporting requirements, including instruction associated with the reporting of vaccination status.

8. Do we have to report (antigen test results) both in NHSN and MDHHS online form?

Beginning May 26, nursing facilities must use the NHSN POC Test Result Reporting tool. They will not need to enter results in both the NHSN tool and the MDHHS Antigen Test Report form. If facilities are experiencing barriers to accessing the NHSN POC Test Result Reporting tool, including receiving SAMS Level 3 access, they should contact MDHHS at MDHHS-MSA-COVID19@michigan.gov for support.

9. We have received emails from MDHHS regarding the need to register as a provider of the COVID vaccine to enter into MCIR because our pharmacy brings us the vials and our nurses administer the vaccine to the individuals. Our pharmacy is considered the provider, so we are unclear about this requirement. Can you please clarify?

- a. Comment from participant: not sure who your pharmacy is but we have Omnicare and are doing the same process. We administer and send the list back to them and they are responsible to enter into MCIR

We are currently working with our immunizations colleagues on this, and will provide an update when available.