

*AGENDA:*

**Executive Director, John Obermesik reviewed CMHCM Press Release:**

CMHCM has established a COVID-19 Response Team to address the global pandemic threat. All usual contact numbers are in use and regular office hours are being observed with required initial COVID-19 screening. Crisis teams are available 24/7 providing supports for adults and children and are employing COVID-19 screening as well. **Beginning March 16, 2020**, all in-person contacts will include a basic screen to mitigate the spread of coronavirus as staff assess for COVID-19 risk prior to treatment. Staff are reaching out to persons served to inform about these precautionary measures being taken and to assess individual needs. New protocols are being implemented to assure that persons who screen as symptomatic are assessed by a health care professional. Routine treatment will continue although we will be adjusting our delivery methods to prevent transmission. Staff are transitioning to remote work assignments for workforce social distancing while meeting needs in the community through Telemedicine, Telepractice, and phone check-ins. We are meeting with providers to coordinate the Governor's Executive order **on restricting access to residential settings** in the effort to prevent transmission to our most vulnerable citizens. We are continuously assessing our risk and modifying our methods to prevent the spread of infection. Our mobilization is anticipating a long-term (extending beyond April 6) mitigation strategy given the currently low incidence of testing in Michigan.

**Dr. Angela Pinheiro, Medical Director reviewed COVID-19 statistics, Novel Coronavirus (COVID-19) Screening Tool (see below) \*\*The screening tool is to be utilized BOTH for any staff member providing service, as well as the consumer and/or other individuals present in the home environment.**

Some other helpful pieces of information from Dr. Pinheiro:

- 1) Providers should monitor for the following symptoms: new onset cough, shortness of breath/breathing difficulties, and fever (keep in mind the absence of fever is not a reliable indicator that COVID-19 is not present).
- 2) Symptoms could also present as increased confusion, or behavioral disturbance (particularly for individuals unable to verbalize symptoms). Be vigilant in your assessment of the individuals you serve!
- 3) If symptoms are noted, recommendation is to first contact the primary care physician BY PHONE to review symptoms (do not present to the office without calling). If Emergency Department visit is warranted, please also ensure you are calling ahead (even if already on the way). Both primary care offices and emergency departments will then be able to provide direction on what to do upon arrival (alternate check in, for example).
- 4) The importance of disinfecting surfaces was discussed as well, use the current CDC guidelines as well as previous constant contact emails for further information on this.
- 5) Prevention is Key:

- **Frequently** wash your hands with soap and water for at least 20 seconds. Be sure to wash between your fingers and your thumb. For example, wash before smoking, eating, shaving, using make-up, when returning home or after touching any surfaces in public places.
- Social distancing: Respiratory droplets usually don't travel more than 6 feet. Stay away from any groups where people are closer than 6 feet to each other. Avoid handshakes and hugs. Don't use public transportation unless absolutely needed.
- Avoid touching your face, mouth, nose and eyes.
- Always cover your cough and sneeze with a tissue or cough/sneeze into your elbow.
- Stay home and away from others if you are feeling sick.

IF ANY PROVIDER HAS A POSITIVE COVID-19 CONSUMER OR STAFF PLEASE NOTIFY CMHCM'S INFECTION CONTROL TEAM AT [infectioncontrolteam@cmhcm.org](mailto:infectioncontrolteam@cmhcm.org) with the following information:

County:

# Consumers tested and awaiting results:

# Consumers who have tested positive:

# of staff tested positive:

AFC staff should monitor temp and pulse oximeter once daily in general. If consumer is positive, they should be restricted to their room and if they leave their room. They should wear a face mask and use frequent hand hygiene (I realize that is not possible for all consumers). Staff that need to enter to care for the consumer needs to wear gown, mask, eye protection and gloves. The CDC recommended twice daily vital signs for those with symptoms – temp, heart rate and pulse oximeter – that should be at the direction of their primary health care provider.

Staff should monitor their temp and respiratory symptoms at the start of the shift, if they should fall ill during their shift they need to leave immediately.

Please follow all guidance on the CDC website at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

*Update from Vocational Providers was given as follows (as of 11:30 a.m. on 3.16.2020, more information to follow):*

**Arnold Center, MMI, Hope Network and MOARC are closing normal operations and will only be serving persons in their home and the community as it is safe utilizing the screening tool for COVID-19. Contact the vocational providers with any questions as to whether or not your consumers will continue vocational services.**

**All outside services should be verified before sending any consumer for services outside the home.**

**Please work with your case holder to arrange for appropriate services and supports to ensure the health and safety of the consumer.**

**\*\*Tonya requested vocational providers provide her with updates on an ongoing basis so that information can be disseminated through the Provider Network.**

### **Provider Frequently Asked Questions (FAQ):**

1. Q: How should providers that are providing in-home service (such as ABA, CLS) determine how to proceed with service provision?  
A: The COVID-19 screening tool should be utilized for staff providing the service, as well as all individuals present in the home environment. When possible, the recommendation is to meet the needs of the individual in other ways (for example, via telephone).
2. Q: How should a provider handle requests from family members to bring an individual home for a weekend visit?  
A: Providers should not prohibit a consumer's ability to leave for a visit; however, it should be very clear to all parties involved (families/consumers) that upon attempting to re-enter the provider home, the COVID-19 screening will be completed for consumers/family members and a "yes" response on that screening tool may prohibit re-entry.
3. Q: If an individual in a provider home screens positive on the COVID-19 screening tool OR if an individual is confirmed to have COVID-19 and is not being admitted to the hospital, how can a provider ensure isolation of that resident and prevent further spread?  
A: Dr. Pinheiro indicated the recommendation would be to speak with the local Health Department and/or the Primary Care Physician for direction. Make sure that the primary care and the Health Department are aware there are other vulnerable individuals in the home and quarantine in the provider home setting is not possible. If the individual is NOT admitted, please reach out to CMHCM Provider Network Manager, Tonya Lawrence ([tlawrence@cmhcm.org](mailto:tlawrence@cmhcm.org)) for additional discussion on potential options.
4. Q: Will there be a suspension in any required trainings (CPR for example) while these precautionary measures are in place.  
A: Yes, but additionally reach out to Licensing with questions (see information at the bottom of this FAQ). CMHCM will be flexible in our requirements, particularly when following through with the training will not allow for social distancing.
5. Q: Is Medicaid providing a virtual physician for screening potential COVID-19 cases?  
A: No, but phone primary care physicians with questions as they are wanting phone screens prior to in-person arrival in offices. As an additional resource to individuals without a primary care, there is an MDHHS Coronavirus Hotline that can accept questions, 888-535-6136.
6. Q: Do Providers have access to Personal Protection Equipment (PPE) through the Health Department, particularly masks?  
A: No, the Health Department is not supplying this equipment. See update below from Licensing for additional information on supplies.
7. Q: If families or consumers have suspended CLS service, will there be reimbursement from CMHCM for services unable to be provided?  
A: Providers should not bill under the CLS HCPC code for services unable to be rendered; however, should be tracking this and be in contact with CMHCM with regard to these services.

More information from the Federal government is likely to come on this through the Federal Relief Bill. Providers should monitor this bill, as CMHCM already is. Employers with over 50 employees should be following the Michigan Medical Paid Medical Leave Act. CMCHM will be working with providers to ensure they are whole.

8. Q: What should residential providers do if additional staffing ratios are needed?

A: Use the hours already provided within the home, including any float hours (including hours that were previously approved for HCBS needs), and keep a list of when staffing shortages are occurring and what additionally is needed. Keep Provider Network, Tonya Lawrence, in the loop with regard to potential need.

9. Q: If/when vocational providers are closed, will providers of CLS service see additional authorizations or an increased request for service to provide hours when an individual would normally have been at the vocational program?

A: Requests for increased CLS in this situation will be determined on a case-by-case basis. Please reach out to the individual's case holder to begin the discussion.

\*There was a discussion on providers working together if there are staffing need (for example, MMI indicated they are currently experiencing reduced operations so they may have the potential of staff available to assist with other provider agencies) Reach out to Jennifer Grace (Arnold Center), Cherie Johnson (MMI), and/or Centria—all have mentioned the possibility of having some staffing available. Reciprocity on training was discussed (and confirmed by MSHN), talk with your Licensing consultant with additional questions.

10. Q: Is It safe to let families and consumers know April 6<sup>th</sup> is a minimum for these precautions?

A: Yes

Site Reviews scheduled for the next 3 weeks are cancelled and will be rescheduled when it is safe to resume. HCBS site visits (both at the CMH and MSHN level) are also on hold at this time until it is safe to resume.

LeeAnn Albee, CFO, indicated "business as usual" for processing of claims and payments to providers. Follow the same deadlines/billing processes as you have been. Reach out to Payables staff for questions on the payment side-- if there are issues with entry of authorizations, reach out the case manager for the consumer. Tonya Lawrence indicated the same for Provider Network staff, Tonya will be the contact person if there are questions, [tlawrence@cmhcm.org](mailto:tlawrence@cmhcm.org)

A federal relief bill is being worked through that provides a number of relief options, and more information will be provided as it becomes available. The below information regarding the Michigan Paid Medical Leave Act is applicable to employers with over 50 employees:

- For the closure of the eligible employee's primary workplace by order of a public official due to a public health emergency (not applicable at this time)
- For an eligible employee's need to care for a child whose school or place of care has been closed by order of a public health official due to a public health emergency (This is applicable effective Monday, March 16, 2020)

- If it has been determined by the health authorities having jurisdiction or by a health care provider that the eligible employee's or eligible employee's family member's presence in the community would jeopardize the health of others because of the eligible employee's or family member's exposure to a communicable disease, whether or not the eligible employee or family member has actually contracted the communicable disease.

### **Additional Information from Licensing:**

Good afternoon,

I am sure you too have been getting many requests and questions. In response to some of those questions we are putting the following protocols in place effective immediately. These will remain in effect until further notice but likely at least 30 days.

-Any of our staff who have any signs of illness, have recently been ill or have a family member they live with who is ill, should refrain from making any on-site inspections or investigations. We don't want to expose any medically frail or elderly residents to illness.

-We are temporarily suspending all renewal inspections and original license surveys where there are residents already in the facility (think of change in licensee renewals where the residents remain at the facility) license inspections.

-Whenever possible, staff are to conduct interviews for special investigations by phone instead of in-person interviews at the facility.

-For complaints pertaining to the physical plant on a facility, work with managers and use discernment in determining which ones really necessitate an immediate on-site inspection and which ones are of a less serious nature and can perhaps be addressed through face-time video or photos provided by the licensee, or perhaps addressed as an on-site follow-up at a later date.

-For those with the ability to work from home, work with your manager but it is encouraged to work from home when possible. It is also a good time to get outstanding reports written. You can also work on purging files (either in the office or take a bunch of files home and purge at home).

As for providers restricting access to visitors and our staff, we need to defer to the providers to use good judgement. Providers may restrict visitors by using screening tools that ask visitors to self-limit visitations if they have had an upper respiratory illness, traveled to a restricted area, etc. or could put a temporary ban on any not essential visitors. The one example of an essential visitor is if a resident is actively dying, we would expect that the facility allow loved ones to visit that resident. We should not cite a facility if they temporarily are not allowing visitors. The providers need to educate visitors and the residents / patients on these temporary restrictions and other alternative methods to still allow residents / patients to communicate with family members, etc. Providers cannot restrict our staff access but our staff do need to participate in confirming with the provider that they have no identified risks similar to any other visitor.

We continue to work on getting supplies to field staff such as gloves, masks, etc. however many items are on back order. Providers should also allow us access to their supplies if needed, but we want to make sure that any use of supplies by our staff does not take away from protecting the providers staff. If a facility is locked down, the field staff should contact their manager immediately and then we can assess next steps on a case-by-case basis

## Novel Coronavirus (COVID-19) Screening Tool

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please ask the following questions of consumer at check-in:

1. Have you recently developed any of the following symptoms?
  - Fever > 100.4 or feeling like you have a fever?  Yes  No
  - New Cough?  Yes  No
  - Shortness of breath/breathing difficulties?  Yes  No
  
2. Have you travelled internationally or to an area in the United States with a high number of coronavirus cases, flown in an airplane or been on a cruise in the last 14 days?  Yes  No  
If yes, where? \_\_\_\_\_
  
3. In the last 14 days, have you been in close contact (face-to-face contact within 6 feet) with someone who probably has COVID-19?  Yes  No

### **CONSUMER:**

If a consumer answers **YES** to any of the above questions:

#### **If screen administered prior to a home visit, transportation or office visit:**

Offer phone appointment and troubleshoot other needs.

Assess whether consumer should remain home and call PHCP or go to the ED. Call a nurse to assist and talk to consumer if unclear or if you have any questions or concerns.

#### **If screen is administered when consumer is in the building for an appointment:**

Ask consumer whether he/she drove, and has minutes on phone, and is able to wait in vehicle. If yes, ask he/she to wait in the car until the nursing staff calls.

If no vehicle or minutes on the phone, request consumer to put on a mask and to sit in an area which is at least 6 feet from others and as determined by county:

Nursing staff to assess whether consumer can go home to call PHCP or go to the ED.

Trouble shoot other needs (injection, certs, psychiatric needs).

**STAFF:**

If staff answers **YES** to any of the above questions, they will be asked to return home, call supervisor and follow up with their PHCP as needed.

**VISITORS TO A CMHCM BUILDING:**

Visitors are not allowed in a CMHCM building unless accompanying a consumer who needs the visitor's assistance. If a visitor is allowed to enter the building, he/she will be screened and asked to leave if they answer **YES** to any of the above questions.

**VISITORS TO A RESIDENTIAL FACILITY:**

Follow Governor Whitmer's Executive Orders