

Workgroup	Preliminary Recommendation
<b>Resident Placement</b>	The workgroup recommends that MDHHS work with hospitals to identify facilities with excess capacity, including long-term acute care hospitals, specialty surgical hospitals, and the use of swing beds. Also, if a hospitalized patient has less than 72 hours remaining in the overall isolation period, the hospital should keep the patient until the end of the isolation period.
	The workgroup recommends using the regional hub program with strengthened guidance and protocols. Updated guidance should include on-site review of the facility's physical plant and compliance with protocols. MDHHS should prepare a pamphlet on the program to provide detail to residents, families and the public. Facilities would have to notify residents and families that they have been designated a hub.
	The state should continue to explore the option of creating dedicated COVID-19 facilities/alternative care settings. While these options may not be feasible for an upcoming second wave, the state should explore the necessary changes in policy that would allow for the establishment of these options in preparation of a future pandemic or surge, particularly in urban areas.
<b>Resource Availability</b>	Recommendation for improving the Regional Health Care Coalitions, Local Emergency Management and FEMA to coordinate and prioritize PPE supplies for Nursing Homes.
	Improvement in the coordination, prioritization, and procurement of laboratory testing supplies for Nursing Homes.
	Nursing Home reporting coincides with the risk based on MI Safe Start risk mapping.
	Laboratory systems that are dedicated to and prioritize nursing home testing
	Consistent funding stream to secure continued testing of Nursing Homes residents and staff as considered a standard of care for management of COVID 19
<b>Staffing</b>	Website - New and Updates to Existing
	Public Service Announcements
	Ensure adequate access to training programs across the state
	Improved support of physical and mental health for current staff
	Set minimum standards for CNA Preceptor Training across MI
	Michigan will have a formal and identified CNA Career Ladder
<b>Quality of Life</b>	Outdoor visits are allowed and strongly encouraged for residents in long term care settings
	Providers will provide small-group non-contact activities for residents
	Providers will provide limited communal dining for residents
	Providers will provide residents with the option to participate in in-door visitation
	Providers will provide residents with the option to engage in smalls groups as a "family" or "pod" within the facility
	Increase virtual visitation opportunities for residents regardless of COVID-19 status Virtual visitation is especially important for residents who are COVID positive or under observation as they do not have access to in-person visits and if the state experiences another surge in COVID-19 and other types of visits are suspended
	Provide additional creative activity ideas for nursing home staff
	Providers will increase resident supports for meaningful activities and engagement especially for residents living with Dementia or other cognitive limitations
	Ancillary service providers should be determined essential based on the resident's need to receive the service and the negative impact (physically, emotionally, psycho-socially) on the resident when the service is not being provided
	Providers will be allowed and strongly encouraged to engage volunteers to serve as facilitators of in-person visits or virtual visits (Visitation Volunteers)
	MDHHS to offer clarifications on the Epidemic Order issued June 30, 2020
	Providers will support residents attending off-campus appointments for medical (dental, optical, etc.) and mental health purposes when telemedicine is not feasible
State to clarify that window visits are allowed and strongly encouraged weather permitting	