

Welcome and Introductions

Wednesday, June 30, 2021



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Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Today's topics and guests

- **Risks of Loneliness and Isolation: How to Support Your Residents**
Raymie Postema, Director
Office of Recipient Rights
- **Status of Emergency Orders impacting residential care facilities**
Katie Commey, Manager
Strategic Partnerships and Special Projects



Risks of Loneliness and Isolation

How to support your residents during COVID-19

**Raymie Postema, Director
Office of Recipient Rights**



The content of this health policy brief has been developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR #90RTHF0001). NIDILRR is a Center within the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS). This brief does not necessarily represent the policy of NIDILRR, ACL, or HHS and you should not assume endorsement by the Federal Government.
11/30/2020



Social isolation and loneliness are serious health concerns for adults with disabilities.

COVID-19 has magnified the problem.

- 40 percent of adults with a debilitating disability or chronic condition report feeling lonely or socially isolated.
- The health risks of prolonged loneliness are equivalent to smoking 15 cigarettes a day.
- Seniors who report feeling lonely or socially isolated have a 45 percent greater risk of mortality.
- Social Isolation is the objective state of being isolated from people and lacking meaningful contact with a social network or community. Loneliness is the perception of feeling isolated.



Source: *Health Policy Brief: Social Isolation and Loneliness*, Nov. 2020, University of Michigan. <https://bit.ly/3cYq7ne>

Significant **risk factors** for social isolation and loneliness include:



Living alone



Mobile disabilities

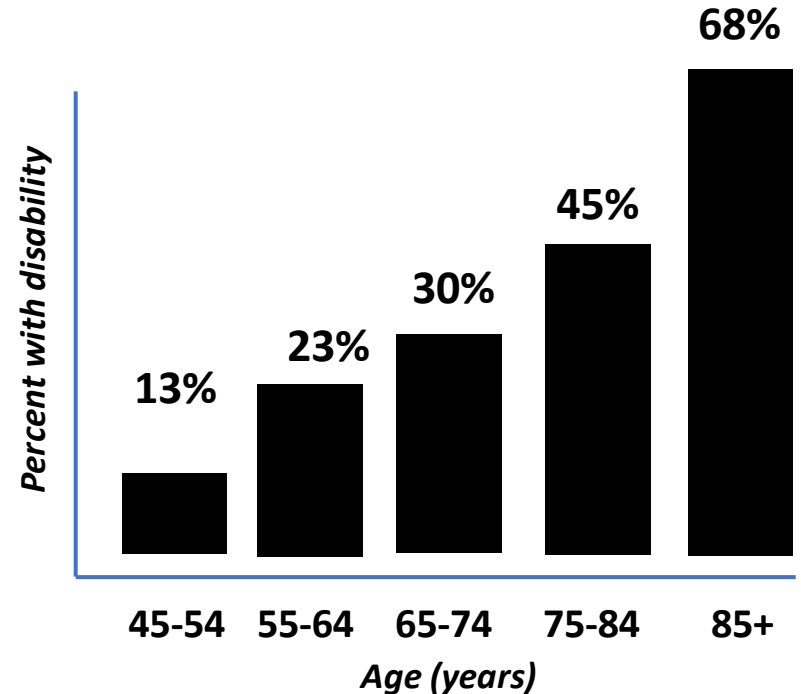


Major life transitions



Emerging health problems

The **rate of disability**, a key risk factor, increases with age



40 percent of adults with a debilitating disability or chronic condition report feeling lonely or socially isolated.



Source: *Health Policy Brief: Social Isolation and Loneliness*, Nov. 2020, University of Michigan. <https://bit.ly/3cYq7ne>

Specific **health risks** associated with social isolation and loneliness include:



Increased mortality



Increased blood pressure and progression of Alzheimer's Disease



Depression, pain, and fatigue



Failing immune system, decreased restorative sleep

The health risks of prolonged loneliness are equivalent to smoking **15 cigarettes a day**

Seniors who report feeling lonely or socially isolated have a **45 percent greater risk of mortality**

COVID-19 has exacerbated challenges for adults with disability.

- Social relationships encourage older adults and those with disabilities to seek preventive treatment plans, as well as to participate in fewer negative health behaviors. But without regular social support and communication, older adults with disabilities often experience negative health outcomes.
- The COVID-19 pandemic has intensified poor health outcomes because of the closure of many ancillary services, and the shift to telemedicine – especially for adults whose disabilities prevent them from accessing online resources.



Source: *Health Policy Brief: Social Isolation and Loneliness*, Nov. 2020, University of Michigan. <https://bit.ly/3cYq7ne>

How can you help support residents?

Treat all residents with dignity and respect

- Everyone has strengths and the ability to express preferences and make choices.
- Residents' cultural background shall be recognized and valued in the decision-making process.
- Treatment and supports identified through the process shall promote maximum independence, least restrictive treatment modalities, community connections and quality of life.

How can you help support residents?

Utilize Person-Centered Planning

- A process for developing treatment and supports for a person receiving services that builds upon the person's capacity to engage in activities that promote community life and that honors their preferences, choices and abilities.
- Person-centered planning involves families, friends and professionals as the person desires or requires.

How can you help support residents?

Value residents' right to freedom and choice

- **Freedom:**

Acting, thinking, or speaking without external imposition.

- **Choice:**

The freedom to make informed decisions regarding a course of action.

Excerpt from BHDDA Communication #20-10

Resident Freedom of Movement and Visits with the lifting of the Stay Home, Stay Safe Executive Order 2020-21

Date of Issuance: July 08, 2020

Freedom of Movement

The behavioral health needs of individuals residing in a care facility must be provided with a person-centered approach that includes the ability for individuals to engage in activities in the community as currently permitted in the COVID-19 context...

Individuals living in a care facility should not be prohibited from exiting their home where they would otherwise have freedom of movement to go out into the community. Individuals should also continue to have access to home and community-based services, based on the Individual Plan of Service and those services necessary to maintain behavioral or psychiatric stability.

Please share your experiences, including challenges and successes.

- Send your stories to:

[MDHHS-COVID-AFC-HFA-
Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

- In the subject line, type “Keep people connected”
- Submit no later than 7/9/2021

Status of Emergency Orders Impacting Residential Care Facilities



Katie Commey, MPH

Strategic Partnerships and Special Projects

Medical Services Administration

Status of MDHHS Emergency Orders

- Governor Whitmer recently announced measures to relax COVID-19 restrictions, and several MDHHS COVID-19 epidemic orders were rescinded beginning June 22, 2021.
- While some orders were rescinded, others remain in effect.
- *What does this mean for Long Term Care/Residential Care Facilities?*

May 5 Testing and May 21 Visitation Orders Remain in Effect

- [May 21, 2021 Requirements for Residential Care Facilities](#)

AND

- [May 5 - Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities](#)

Have NOT been rescinded, and facilities should continue to follow the protocol outlined within.

Which facilities are subject to MDHHS visitation requirements?

“Residential Care Facilities” as defined in the [May 21, 2021 Requirements for Residential Care Facilities](#) Epidemic Order means a **nursing home, home for the aged, adult foster care facility, hospice facility, substance use disorder residential facility, or assisted living facility**. It does not include independent living facilities.

How does the MDHHS May 21, 2021 Epidemic Order relate to CMS guidelines?

MDHHS has specific epidemic orders for necessary actions to protect the public during a pandemic. Similarly, CMS issues “QSO” guidelines. MDHHS has aligned current visitation requirements with [CMS QSO-20-39-NH](#), revised 4.27.21.

Key Points

- Residential Care Facilities are required to comply with CMS [QSO-20-39-NH](#) (issued September 17, 2020 and revised on April 27, 2021)
- Facilities should be offering visitation
- Facilities should maintain Core Principles of COVID-19 Infection Prevention
- Communal Activities & Dining
- When a COVID-19 case is identified at your facility, inform residents and employees about it within 12 hours
- Maintain accurate and current COVID-19 records, report consistent with MDHHS surveillance reporting guidance

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19
- Hand hygiene
- Face covering or mask (covering mouth and nose), and social distancing at least six feet between persons, in accordance with [CDC guidance](#)
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required*

How does the MDHHS May 5, 2021 Epidemic Order relate to CMS guidelines?

MDHHS testing strategy is informed by CMS [CMS QSO-20-38-NH](#), revised 4.27.21.

Nursing homes must follow both federal (CMS) and state (MDHHS) testing requirements.

Which facilities are subject to MDHHS testing requirements?

The [May 5, 2021 Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care](#) Facilities Epidemic Order applies to adult foster care facilities licensed to care for 13 individuals or more, home for the aged, and nursing home facilities.

Under the current MDHHS order, how often should unvaccinated staff be tested? CMS bases testing of unvaccinated staff on county positivity rate for the frequency. Which testing requirement do facilities follow?

AFC and HFA facilities follow MDHHS testing guidelines. Unvaccinated staff must be tested weekly.



QUESTIONS?

Concluding Remarks

Reminder

A recording of today's presentation will be sent to the groups below, and they will email it to their members.

- Community Mental Health Association of Michigan
- Michigan Assisted Living Association
- Michigan Center for Assisted Living
- Leading Age of Michigan

You can also download the slides from our presentations at Michigan.gov/Coronavirus. Click the RESOURCES tab and select "For AFC and HFA Operators." Scroll to bottom of page.

Send your questions/comments to:

Staffing: MDHHS-LTCStaffing@michigan.gov

Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov

Testing: MDHHS-COVIDTestingSupport@michigan.gov

Emergency Orders: MDHHS-MSA-COVID19@michigan.gov

All Other Questions:

MDHHS-COVID-AFC-HFA-Response@michigan.gov

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