

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Michael Hart

**Phone Number:**

Initial

Public Comment

Final

**Brief description of policy:**

This policy updates bulletin MSA 20-73, issued November 16, 2020. MSA 20-73 established COVID Relief (CR) Facilities to allow eligible Nursing Facilities to retain COVID-positive residents and under enhanced standards and special circumstances they will also be able to admit new COVID-positive residents when additional capacity is needed.

**Reason for policy (problem being addressed):**

Per Senate Bill 1094 of 2020, MSA 20-73 established a path for existing Medicare and Medicaid certified Nursing Facilities to enhance the continuum of Nursing Facility (NF) capacity in response to COVID-19. Through designation as a COVID Relief (CR) Facilities, eligible NFs will be able to treat COVID-positive residents in-place as a mechanism to limit the risks associated with transfer, facilitate additional oversight on infection control measures to ensure safety, and increase surge capacity in a region should it be needed.

**Budget implication:**

- budget neutral
- will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation
- will save MDHHS \$ \_\_\_\_\_

**Is this policy change mandated per federal requirements?**

No, the policy is mandated per Michigan Senate Bill 1094.

**Does policy have operational implications on other parts of MDHHS?**

None

**Does policy have operational implications on other departments?**

The application approval process and ongoing monitoring will require support and coordination with LARA.

**Summary of input:**

- controversial (Explain)
- acceptable to most/all groups
- limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: _____ Approval	Date: _____

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2076-NF	<b>Date:</b> November 30, 2020

**Comments Due:** January 4, 2021  
**Proposed Effective Date:** December 15, 2020  
**Direct Comments To:** Michael Hart  
**Address:**  
**E-Mail Address:** [HartM6@michigan.gov](mailto:HartM6@michigan.gov)  
**Phone:** **Fax:**

<p><b>Policy Subject:</b> COVID-19 Response: Update to Bulletin MSA 20-73</p> <p><b>Affected Programs:</b> Medicaid</p> <p><b>Distribution:</b> Nursing Facilities</p> <p><b>Summary:</b> This policy updates bulletin MSA 20-73, issued November 16, 2020. MSA 20-73 established COVID Relief (CR) Facilities to allow eligible Nursing Facilities to retain COVID-positive residents and under enhanced standards and special circumstances they will also be able to admit new COVID-positive residents when additional capacity is needed.</p> <p><b>Purpose:</b> Per Senate Bill 1094 of 2020 MSA 20-73 established a path for existing Medicare and Medicaid certified Nursing Facilities to enhance the continuum of Nursing Facility (NF) capacity in response to COVID-19. Through designation as a COVID Relief (CR) Facilities, eligible NFs will be able to treat COVID-positive residents in-place as a mechanism to limit the risks associated with transfer, facilitate additional oversight on infection control measures to ensure safety, and increase surge capacity in a region should it be needed.</p> <p><b>Cost Implications:</b> Budget neutral</p> <p><b>Potential Hearings &amp; Appeal Issues:</b></p>
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<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, date submitted:</b>	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Submitted date:</b>
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<b>Tribal Notification:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - <b>Date:</b>
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<b>THIS SECTION COMPLETED BY RECEIVER</b>
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<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

**Bureau/Administration** *(please print)*

**Date**

**Comment001**

**Revised 6/16**

**Bulletin Number:** MSA 20-78

**Distribution:** Nursing Facilities

**Issued:** November 30, 2020

**Subject:** COVID-19 Response: Update to Bulletin MSA 20-73

**Effective:** December 15, 2020

**Programs Affected:** Medicaid

## **PURPOSE**

The purpose of this policy is to update bulletin MSA 20-73, issued November 16, 2020. MSA 20-73 established COVID Relief (CR) Facilities to allow eligible nursing facilities (NF) to retain COVID-positive residents and, with enhanced standards, under special circumstances they will also be able to admit new COVID-positive residents when additional capacity is needed.

## **MINIMUM PARTICIPATION CRITERIA**

Facilities must meet the following criteria to qualify for CR Facility designation:

- Facility is licensed by the Department of Licensing and Regulatory Affairs (LARA) as a Nursing Home
- Has a designated COVID-positive area (designated area can include a portion of a unit, wing, or separate building);
- Has dedicated staff to serve only COVID-positive residents;
- Has an adequate supply of Personal Protective Equipment (PPE); and
- Has adequate testing capabilities to comply with any Michigan Department of Health and Human Services (MDHHS) orders or Centers for Medicare & Medicaid Services (CMS) requirements

CR Facilities seeking to admit new COVID-positive residents must also meet the following criteria demonstrating enhanced experience and capacity:

- The NF has a rating of 2 or higher in the staffing category, or a rating of 2 or higher overall if not rated in the staffing category of the CMS Nursing Facility Compare Five-Star Rating by the date of final application approval.
- The NF is not designated by CMS in Nursing Facility Compare as a Red Hand Facility, indicating a citation for abuse.
- Has experience serving COVID-positive residents.
- Has available a qualified healthcare professional designated as the Infection Preventionist ([Centers for Disease Control and Prevention](https://www.cdc.gov) completed and documented).

*Note: Whenever practicable, a virtual assessment will be conducted to verify compliance with the selection standards for facilities seeking CR Facility designation to admit new COVID-positive residents.*

CR Facilities approved to admit new COVID-positive residents may only do so under the special circumstances outlined within this policy.

## **EFFECTIVE IMPLEMENTATION DATE**

This policy is effective on December 15, 2020. After this date:

- With the exception of facilities designated as CRCs, nursing facilities that have not applied for or were denied CR Facility designation must transfer any COVID-positive residents to an alternate location as soon as practicable.
- Nursing facilities that have applied for CR Facility designation but have not yet received approval/denial for participation:
  - Will be permitted to retain for care an individual who has tested positive for COVID-19 until official MDHHS determination.
  - Will not be permitted to accept a new COVID-positive admission from either a hospital or other NF until and unless such approval is granted.

NFs will be notified of their designation status via email. The State retains the right to revoke or modify designation at any time.

## **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Michael Hart via e-mail at [HartM6@michigan.gov](mailto:HartM6@michigan.gov)

Please include “Policy for COVID Relief (CR) Facilities to Treat COVID-19 Residents Requiring Nursing Facility Care in Limited Circumstances” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration