



CMS New Testing Requirement for Staff and Residents

Virginia Health Care Association | Virginia Center for Assisted Living

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New Testing Requirements Facts

- ▶ **Effective September 2, 2020**
- ▶ **All Residents**
- ▶ **All staff defined as:**
 - ▶ Employees regardless of job title
 - ▶ Volunteers
 - ▶ Contractors
 - ▶ Consultants

Key Background Information

- ▶ Memo anticipates availability of antigen test equipment in facility
- ▶ Facilities without antigen equipment should have arrangements with a laboratory to conduct tests to meet these requirements.
- ▶ “Laboratories that can quickly process large numbers of tests with rapid reporting of results (e.g., within 48 hours) should be selected to rapidly inform infection prevention initiatives to prevent and limit transmission.”

Routine Testing of Staff and Contractors

- ▶ Frequency depends on prevalence in your community

Low	<5%	Once a Month
Medium	5-10%	Once a Week
High	>10%	Twice a Week

- ▶ Routine testing of asymptomatic residents is not recommended nor required
- ▶ Individuals who tested positive don't need repeat testing for 90 days
- ▶ Staff can be tested elsewhere, if it is completed in the same timeframe and results are documented

How to Find Your Community Rate

- ▶ **CMS will publish county-level positivity rates at <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>**
- ▶ Facilities should monitor and adjust testing frequency based on changes in positivity rate
 - ▶ Check rates on first and third Monday each month
 - ▶ **Rate increases:** immediately adjust testing frequency
 - ▶ **Rate decreases:** continue testing staff at higher frequency level until rate has remained at lower level **for at least two weeks**

Additional Testing Triggers

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Documentation

- ▶ Must document resident testing results in medical record
- ▶ Staff testing can be documented in a variety of ways, but must be secure
- ▶ Keep separate file for contractors and volunteers
- ▶ Documentation varies for testing reason
 - ▶ Symptomatic
 - ▶ Date and time of identification of signs or symptoms
 - ▶ Date of test & date results obtained
 - ▶ Results and actions taken
 - ▶ Outbreak
 - ▶ Date first case was identified
 - ▶ Dates and results of initial testing and **retesting** for all residents & staff
 - ▶ Routine (staff testing)
 - ▶ County positivity rate and testing frequency required
 - ▶ Date the positivity rate was checked on the CMS website
 - ▶ Dates and results of all tests

Other Requirements

- ▶ Requires physician order for residents and staff
 - ▶ Standing orders are acceptable
- ▶ Must follow CDC guidelines on testing and specimen collection
- ▶ If using POC testing:
 - ▶ Must have CLIA waiver certificate for POC testing
 - ▶ Must report all negative and positive test results to public health agencies

Refusal of Testing

- ▶ Facilities must have procedures in place to address staff who refuse testing
- ▶ Document procedures for residents and staff refusing tests and how the facility addressed those cases
 - ▶ **Staff refusal:**
 - ▶ Outbreak testing: restricted from building until procedures for outbreak testing completed
 - ▶ Routine testing: follow occupational health and local jurisdiction policies
 - ▶ **Resident Refusal:**
 - ▶ Residents with signs or symptoms of COVID-19 who refuse testing are placed on TBP until criteria for discontinuing are met

Payment for Resident Tests

- ▶ Medicare Part B and Medicare Advantage will cover **diagnostic testing**
 - ▶ Diagnostic testing includes:
 - ▶ Initial baseline testing of asymptomatic residents (e.g., one-time)
 - ▶ Residents with symptoms of COVID-19
 - ▶ Asymptomatic residents with known exposure to infected individuals
 - ▶ Testing to determine resident no longer has COVID-19

Payment for Staff Tests

- ▶ Provider Relief Fund
- ▶ State CARES Act Funds
- ▶ Staff health insurance
 - ▶ Diagnostic only

New Tag: F886

- ▶ Facilities that do not comply with the testing requirements in §483.80(h) will be cited for noncompliance at new tag F886.
- ▶ Compliance will be assessed through the following process using the COVID-19 Focused Survey for Nursing Homes

Penalties for Not Testing

- ▶ Enforcement remedies (such as civil money penalties) will be imposed based on the resident outcome (i.e., the scope and severity of the noncompliance)
- ▶ If facility has documentation of attempts to comply, surveyors instructed **not** to cite for noncompliance
 - ▶ Document attempts to get more tests or labs to do tests
 - ▶ Call local and state health department if tests not available or results taking more than 48 hours.



Questions?

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