SNF COVID-19 TESTING
August 27, 2020
Interim Final Rule: COVID-19 Testing in SNFs

- Aug 25, CMS issued interim final rule on August 25, found [here](#)
  - Comments due no later than 5 p.m. EST, October 23, 2020

- Amends current infection control requirements requiring nursing facilities to test staff and residents for COVID-19
  - Based on criteria set by HHS Secretary

- Staff includes following:
  - Individuals employed by facility
  - Individual providing services under arrangement with facility (e.g., hospice)
  - Only persons working onsite at facility subject to testing requirements

- Imposes enforcement sanctions for facilities that fail to comply with new testing requirements
  - Based on severity of noncompliance

- Imposes requirement to document instances of resident/staff testing

- Effective upon publication in Federal Register ([scheduled for publication on September 2, 2020](#))
COVID-19 Testing in LTC Facilities

• Facility must test residents and staff based on following parameters:
  – Testing frequency;
  – Identification of any facility resident or staff diagnosed with COVID-19 in the facility;
  – Identification of any facility resident or staff with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;
  – Criteria for conducting testing of above asymptomatic individuals, such as the positivity rate of COVID-19 in a county;
  – Response time for test results; and
  – Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19

• Not all staff/residents will consent to testing
  – Requires facilities to have procedures for addressing res/staff who refuse or cannot be tested
  – Facilities should take steps to maintain health and safety of staff/residents who have not been diagnosed with COVID-19
  – May include limiting staff’s access to facility and cohorting residents
  – If outbreak testing trigger and staff refuses, staff should be restricted from building until outbreak testing procedures completed
  – Facility should follow local occupational health policies with respect to any asymptomatic staff who refuses testing
COVlD-19 Testing in LTC Facilities, cont’d

• Aug 26, CMS issued QSO-20-38, providing guidance on requirements for COVID-19 testing of LTC staff and residents

• All facilities required to test staff at least 1x/month and up to 2x week, depending on facility’s County testing positivity rate in past week, starting August 28, 2020

• Facilities may comply with testing requirement through use of rapid POC antigen testing devices or through arrangement with offsite lab
  – Only antigen/PCR tests permitted
  – Antibody tests NOT permitted
COVID-19 Testing Requirements

- CMS guidance requires testing based on 3 triggers:

  1. When any new case arises in facility among staff or nursing home-onset case in resident (Outbreak):
     - all staff and residents should be tested
     - and all staff and residents that tested negative should be retested every 3 – 7 days until no new cases among staff/residents for 14 days since last positive result
  
     - Nursing home onset refers to case of COVID-19 that originated in facility and does not include:
      - Residents who were COVID-19 upon admission and placed on appropriate Transmission-Based Precautions
      - Residents who were placed on Transmission-Based Precautions on admission and developed COVID-19 within 14 days of admit
COVID-19 Testing Frequency

- Routine testing of staff must be conducted according to the below intervals:

- Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above
  - If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
  - If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.
COVID-19 Testing Documentation

Facilities must demonstrate compliance with testing through documentation:

• Symptomatic residents and staff:
  – Document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.

• Upon identification of a new COVID-19 case in the facility:
  – Document the date the case was identified, the date that all other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests.

• Routine staff testing:
  – Document facility’s county positivity rate, the corresponding testing frequency indicated, the date each positivity rate was collected, the date(s) that testing was performed for all staff, and the results of each test.

• Document facility’s procedures for addressing residents and staff that refuse testing or unable to be tested, and document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.

• When necessary, such as in emergencies due to testing supply shortages, document that facility contacted local health department to assist in testing efforts, such as obtaining testing supplies or processing test results
COVID-19 Testing Considerations

- **Must use testing methods “consistent with current professional standards of practice for conducting COVID-19 tests”**
  - Tests conducted in accordance nationally recognized standards and meet response times specified by HHS Secretary
  - Professional standards apply at time that care/service is delivered
  - Turnaround time for results of tests key factor (<48 hours)

- **COVID-19 Test Planning and Coordination**
  - Requires coordination with state and local health department on:
    - Availability of testing supplies
    - Obtaining testing supplies
    - Processing test results when necessary
  - Testing plan must also include any arrangements necessary to conduct, process, and receive test results prior to administration of required tests
  - Modifies previous guidance Medicare COVID testing to permit only one instance of each type of test to be conducted without physician/practitioner order

- **COVID-19 Test Result Reporting and Recording**
  - Labs (including LTCs) are required to report required information in manner specified by HHS Secretary
  - 3 week grace period provided to begin reporting required test data
  - Failure to report results in CMP of $1,000 for first day, and $500 for each day thereafter
  - All completed tests and results must be documented in staff and resident records (including volunteers or contract personnel)
Additional Considerations

• **Infection Control**
  – Considerations such as access to adequate testing supplies and arrangements for acquiring testing supplies must be addressed by infection prevention and control plan
  – Facilities must take actions to isolate and cohort staff and residents who test positive, and follow return to work criteria specified by Secretary

• **Staffing**
  – For staffing shortages during the PHE, facilities must:
    • Maintain appropriate staffing levels to provide a safe work environment for HCP and safe resident care
    • Assess their ability to accommodate or replace staff who are unable to work
  – CMS resources for staffing shortages:
    • [The Emergency System for Advance Registration of Volunteer Health Professionals](#)
    • [CDC Staffing shortages guidelines](#)

• **NHSN Weekly Data Reporting**
  – Failure to comply with weekly reporting cycle results in F level deficiency
  – scope of widespread, and severity of no actual harm with potential for more than minimal harm not Immediate Jeopardy
  – $1,000 for first week with $500 increments each following week
  – Continue for up to 1 year beyond PHE period
“If the facility has documentation that demonstrates their attempts to perform and/or obtain testing in accordance with these guidelines (e.g., timely contacting state officials, multiple attempts to identify a laboratory that can provide testing results within 48 hours), surveyors should not cite the facility for noncompliance. Surveyors should also inform the state or local health authority of the facility’s lack of resources.”