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Provider Guidance: Surveillance COVID-19 Testing for Long-Term Care Facilities
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On March 6, 2020, Governor Andy Beshear signed Executive Order 2020-215 declaring a state of emergency in the Commonwealth due to the outbreak of the novel coronavirus (COVID-19). The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers.

Consistent with the May 18, 2020 guidance memo from the Centers for Medicare and Medicaid Services (CMS), “Nursing Home Reopening Recommendations for State and Local Officials,” (QSO-20-30-NH, available at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>), CHFS expects by July 15, 2020 to have successfully completed comprehensive, baseline surveillance testing for determining the prevalence of COVID-19 among people living or working in Kentucky’s nursing facilities, nursing homes, intermediate care facilities and intermediate care facilities for individuals with intellectual disabilities. This effort also included residents and staff members of several licensed personal care homes and certified assisted living communities, as needed.

One of the core elements of the CMS guidance is the need to perform surveillance testing, following the most current recommendations available from the Centers for Disease Control and Prevention (CDC). The CDC released on July 2, 2020 “Testing Guidelines for Nursing Homes: Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel,” available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>.

To aid in advancing ongoing surveillance testing, the Kentucky Department for Public Health issued an order on July 9, 2020 indicating that a licensed clinician’s order is not required for a clinical laboratory to perform or bill for a COVID-19 FDA-approved diagnostic test, available at: <https://chfs.ky.gov/agencies/dph/covid19/Blanket%20Test%20Order%207-9-20%20FINAL.pdf>. The clinical laboratory performing the test is responsible for notifying the resident of test results, as well as reporting the results to the Kentucky Department of Public Health.

PURPOSE

This guidance is intended to demonstrate Governor Andy Beshear’s continuing commitment to protect our most vulnerable citizens residing in Kentucky’s Long Term Care Facilities from COVID-19. Accordingly, effective immediately, the CHFS will continue its financial support of ongoing COVID-19 surveillance testing for residents and staff of LTC providers. The guidelines are based on what is currently known about the transmission and severity of COVID-19. The critical aims of the proposed targeted testing strategy include:

1. Early detection of new COVID-19 cases among residents of long-term care communities, who are the most at-risk for severe outcomes, including death, if they contract the disease;
2. Early detection of new COVID-19 cases among those who provide care for (or come into contact with) long-term care residents;
3. Prevention of COVID-19 community spread – intra-facility and in its surrounding community;
4. Reduction of the COVID-19-related mortality rate among persons living or working in long-term care communities; and
5. Universal access by the targeted populations to testing (without individual cost presenting a potential barrier to testing).

DEFINITIONS (For the Purposes of this Guidance Memo)

CDC Guidelines: Reference materials available from the Centers for Disease Control and Prevention, available at: <https://www.cdc.gov>.

Clinical Laboratory: Included* in the Office of Inspector General’s “Directory of Laboratories” (available at: https://chfs.ky.gov/agencies/os/oig/dhc/Documents/Directories/Laboratory_Directory.pdf); qualified to perform an FDA-approved COVID-19 PCR test; and reporting at least 90% of COVID-19 PCR test results within 48 hours.

() – Any CLIA-Certified clinical laboratory can learn how to apply for inclusion by contacting the Office of Inspector General at (502) 564-7963*

COVID-19-Exposed Staff and Residents: Persons who have been directly exposed (or reasonably suspected of having been directly exposed) to someone who lives or works at the facility and tests positive for COVID-19.

Guidance: Recommended course of action; not a regulation or directive.

Provider: Congregate residential settings serving predominantly older or disabled adults, whether a Nursing Facility (NF), Nursing Home (NH), Intermediate Care Facility (ICF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Personal Care Home (PCH) or Assisted Living Community (ALC).

Surveillance Testing: Ongoing Polymerase Chain Reaction (PCR) testing to detect the presence of COVID-19 infections. CDC-approved testing guidance is available at:

<https://www.cdc.gov/coronavirus/2019-ncov/lab/testing.html>

Symptoms – COVID-19: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, muscle aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); CDC definition available at:

<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

LOGISTICS

- 1) **Testing:** Provider should
 - a. Plan internally to collect samples, performed either by staff or via contracted service;
 - b. Select a clinical laboratory to perform an FDA-approved PCR COVID-19 test assay, beginning (tentatively) the week of August 3, 2020, for
 - i. each staff member (including agency staff, contracted health professionals and others who regularly enter the facility) at least bi-weekly;

1. Recommendation: test a cohort of one-half of the staff roster per week.
 2. Recommendation: accept evidence of a negative test result performed by an eligible clinical laboratory at another site within the preceding seven (7) days.
 - ii. each resident who becomes COVID-19 symptomatic; and
 - iii. ALL COVID-19-EXPOSED STAFF AND RESIDENTS when a new COVID-19-positive test result is reported for either a staff member or a resident, at least weekly until 14 days have passed from identification of the most recent positive result in a staff member or resident.
 1. Recommendation: Place residents on transmission precautions for COVID-19.
 - c. Consider community-wide COVID-19 prevalence and trends in managing testing frequency.
 - d. Work closely with both the local health department and Kentucky Department for Public Health's Healthcare-Associated Infections (HAI) staff to plan, execute and coordinate response.
- 2) **Reimbursement:** Clinical laboratory performing COVID-19 PCR tests for a Provider - staff and and/or residents - should execute a contract with CHFS in order to submit monthly invoices directly to CHFS for COVID-19 testing services rendered, reimbursable up to the current Medicaid-approved rate (\$85.00 per test). Further details about the billing procedure will be published by 7/29/2020.
- 3) **Support:** Assistance with developing a Provider's response to receiving positive COVID-19 test results continues to be available from
- a. Local Health Departments, directory available at: <https://chfs.ky.gov/agencies/dph/dafm/LHDInfo/AlphaLHDListing.pdf> or
 - b. Kentucky Department for Public Health's *Healthcare Associated Infections (HAI) Team* directly at **(502) 564-3261, extension 4248**.
- 4) **Duration:** Surveillance COVID-19 PCR testing will continue in the described fashion until further notice. As more information becomes available about the announcement on July 14, 2020 by the Centers for Medicare and Medicaid Services of its intent to distribute COVID-19 rapid testing equipment directly to all Medicare/Medicaid-certified long-term care facilities, synchronization of that with this program will be developed.

There is an inherent risk of exposure to COVID-19 in any place where people are present. A Provider's residents are at high risk of becoming seriously ill with COVID-19, and the staff members providing their care have a significant exposure risk, as well. Adherence to these guidelines can *reduce* the risk of transmission of COVID-19; it will not *eliminate* the risk to a Provider's residents, staff or visitors. However, by engaging in ongoing surveillance testing, a Provider can foster early detection, thereby prompting effective interventions sooner.

Thank you for all you are doing every day to protect the people and communities you serve.



Eric Friedlander
Secretary



Adam Mather
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