

Serial Testing of Nursing Facility Staff for COVID-19: Frequently Asked Questions

REGARDING CMS MEMO QSO-20-38-NH

12/10/2020

General

Can I request a state testing team to assist with specimen collection to meet new Centers for Medicare and Medicaid Services (CMS) serial staff testing requirements?

Yes. Facilities that need state testing support should fill out the electronic testing form [COVID-19 Testing Requests and Allocations for Long Term Care](#) (<https://redcap.health.state.mn.us/redcap/surveys/?s=FXNEEE7PXX>) to request a team to collect specimens at your facility and train your staff to collect specimens. For more information, see the [COVID-19 Testing Information for Long-term Care Facilities: Frequently Asked Questions](#) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestfaq.pdf>).

My facility can do specimen collection to meet serial staff testing requirements, but needs to find a lab to work with for serial staff testing. What should we do?

If a facility already works with a laboratory, they should continue to work with that laboratory to obtain supplies and schedule testing. If the regular laboratory does not have capacity for testing, or if a facility does not have an existing relationship with a laboratory, the laboratories in the table below have indicated that facilities can reach out to them directly to arrange for supplies and specimen testing. Please note that some labs may need time to set up a new account for you; if this presents problems, please contact the State Emergency Operations Center (SEOC) at seoc.covid.testing@state.mn.us for assistance.

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19:
FREQUENTLY ASKED QUESTIONS

Laboratory Name	Point of Contact	Phone	Email
Allina	Heather Dawson	763-742-8713	Heather.Dawson@allina.com
CentraCare	Cindy Johnson	320-223-8376	Cindy.Johnson@centracare.com
Essentia	N/A	833-933-0505	COVID19Testing@Essentiahealth.org
Glacial Ridge Health System	Kathy Christianson	320-634-2257	Kathy.Christianson@glacialridge.org
Health Partners	Rick Panning	651-280-5909	Rick.L.Panning@healthpartners.com
Hennepin Healthcare	Pearl Peoples-Swearingen	612-309-9662	laboutreach@hcmcd.org
Mayo Clinic Laboratories	N/A	1-800-533-1710	MCL@mayo.edu
North Memorial	Patti Smith	651-341-0756	Patti.Smith@northmemorial.com
Ridgeview Medical Center	Dean Porter	612-219-8055	Dean.Porter@ridgeviewmedical.org
Simple Laboratories	David Meiselman	773-775-6697	outreach@simplelaboratories.com
Solaris Diagnostics	N/A	N/A	Admin@solarisdx.com
University of Minnesota	Sophia Yohe	612-834-5489	Yohe0001@umn.edu

Point of care antigen testing

Can we use point of care antigen testing to meet serial staff testing requirements?

Yes. Please review all manufacturer instructions and Minnesota Department of Health (MDH) recommendations on use of antigen testing equipment in long-term care (LTC) settings before beginning to use equipment. MDH has developed a resource to help facilities understand how to use point of care antigen tests and report results to MDH, [Using Antigen-based Point of Care Testing for COVID-19 in Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltcantigentest.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltcantigentest.pdf). Additional recommendations for use of antigen testing in LTC are available from [CDC: Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html).

A provider order is needed when using these tests. Under Minnesota law, the provider can be a physician, a physician assistant (PA), or an advanced practice nurse (APN).

Do we have to use the antigen testing equipment for testing of residents or staff?

No. Facilities may use this equipment to meet testing requirements but are not required to. Please review all manufacturer instructions and MDH and CDC resources on use of antigen testing equipment in LTC settings before beginning to use equipment.

We plan to use antigen testing to test all staff weekly. Do we need to get confirmatory PCR for every negative test? For positive tests?

Refer to the MDH guidance [Using Antigen-based Point of Care Testing for COVID-19 in Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/ltcantigentest.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltcantigentest.pdf) to determine when PCR confirmation of antigen tests is appropriate. When confirming an antigen test result with an RT-PCR test, the time interval between the two specimen collections must be less than 48 hours, with no opportunities for new exposures between the two tests. If this is not the case, the RT-PCR test should be considered a separate test, not a confirmatory test.

We are a LTC facility affiliated with a hospital. Can our hospital laboratory conduct testing using the POC antigen test equipment we receive from CMS?

The BD Veritor™ system cannot be used for off-site testing. The device was developed and validated as a point-of care test only.

If testing must be conducted off-site with the Quidel Sofia 2, it is acceptable to transport specimen swabs in a capped tube (dry, with no viral transport media or saline) to a laboratory certified under the Clinical Laboratory Improvement Amendments. Swabs should be held and transported at room temperature or refrigerator temperature and must be tested within 48 hours. Refer to manufacturer instructions before use of this equipment for onsite or offsite use.

COVID-19 testing

I have a staff member who has recovered from COVID-19 and is currently asymptomatic. Do they need to be retested?

Currently asymptomatic individuals who have had laboratory-confirmed COVID-19 by RT-PCR in the last three months should not be included in resident or staff testing (e.g., serial staff screening, facility-wide point prevalence survey). Another group that can be excluded from screening tests is individuals who tested positive by antigen test and were symptomatic at the time of the infection. Individuals who tested positive by antigen test while asymptomatic and did not subsequently develop symptoms should continue to be included in screening tests. Previously positive individuals who have been excluded from routine testing can be included again once three months have passed since the initial date of COVID-19 symptom onset, or date of COVID-19 testing, if they had been asymptomatic. If a previously positive person develops new COVID-19 symptoms after recovering from the initial illness, they should be evaluated and may need to be retested if an alternate illness etiology cannot be identified.

Can staff work while awaiting test results?

Asymptomatic staff can work while awaiting test results. Staff who test positive should be excluded from work, even if asymptomatic. In some situations, facilities will conduct confirmatory RT-PCR testing following a positive COVID-19 antigen test. Staff who have tested positive should be excluded from work while awaiting the RT-PCR confirmation.

All symptomatic staff should be excluded from the facility, with return to work guided by CDC and MDH recommendations for health care workers with suspected or confirmed COVID-19.

- [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>)
- [MDH: COVID-19 Recommendations for Health Care Workers](https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf>)

In response to an outbreak, are facilities required to complete all resident and staff testing in one day, or can it be spread over multiple days to accommodate staff schedules?

When conducting a PPS in response to an outbreak, testing all residents and staff should be conducted on a single day, with any untested individuals tested on the following day, if needed. This approach provides information on the overall number of affected individuals in the facility at that point in time, so testing everyone on the same day is important.

For the purposes of meeting the requirements of CMS memo QSO-20-38-NH, must the testing be of ALL staff or just those working on the day of testing? Must staff testing be completed in one day?

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19: FREQUENTLY ASKED QUESTIONS

When conducting routine staff testing to meet CMS requirements, the facility must ensure that all staff can be tested, not just those on duty at the time of testing. Depending on the way that testing will be conducted (e.g., using point of care testing equipment vs. using an external laboratory), it may be necessary to conduct testing across more than one day. But testing must still be completed, and documented, for all staff based on the frequency indicated in CMS memo QSO-20-38-NH.

Do we need to have staff give consent every time we test or just one time?

Collection of consent forms for routine weekly or twice-weekly staff testing might present a burden on staff and facility leadership. Once consented, there is no legal requirement to renew consent at the time of each specimen collection. If consent is only obtained once, the consent form should clearly note that the consent applies to multiple instances of testing, specify the duration of time or number of rounds of testing for which the consent is effective, and state that participation is voluntary and consent can be withdrawn at any time. However, a facility can choose to obtain consent prior to each test to ensure that staff understand the consent process and to document for facility records.

Regardless of the consent approach selected, facilities must establish protocols for acquisition, documentation, and retention of forms used to obtain consent from staff.

How should we handle staff refusal of testing?

Facilities must have procedures in place to address staff who refuse testing. Staff who refuse testing cannot enter the building in the following situations:

- Staff who have signs or symptoms of COVID-19 and refuse testing cannot enter the building until return-to-work criteria are met.
- Staff who refuse testing as part of outbreak response cannot enter the building until outbreak testing procedures have been completed.

The facility should follow its occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse routine testing.

Testing requirements

Which types of facilities must conduct serial staff testing per CMS requirements?

The requirement for serial staff testing ([CMS Memo QSO-20-38-NH](https://www.cms.gov/files/document/qso-20-38-nh.pdf) [<https://www.cms.gov/files/document/qso-20-38-nh.pdf>]) only applies to federally certified nursing facilities, not to assisted living facilities.

In determining laboratory turnaround time, does the 48-hour requirement begin when the specimen is collected, or when it is received in the lab?

The 48-hour timeline refers to the time between when the specimen is collected and when the test result is received by the facility. It is important to remember that this timeframe is intended to facilitate rapid

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19: FREQUENTLY ASKED QUESTIONS

response to any positive cases to prevent and limit transmission. Any delay in sending the specimens to the lab and getting the results means a delay in infection prevention initiatives as well.

I have heard from my school district that kids should stay out of school if someone in their household is being tested for COVID-19. What does this mean if I am being tested routinely for COVID-19 at work?

MDH recommends that children who have a **symptomatic** household member stay out of school while awaiting the ill person's COVID-19 test result. If the test is negative, the child can return to school. If the test is positive, children should quarantine for 14 days after the date of last exposure to the positive household member.

Children of **asymptomatic** individuals being tested as part of occupational surveillance (e.g., serial staff testing, point prevalence survey testing) do not need to be quarantined while awaiting test results. Routine or targeted testing to screen asymptomatic people for unapparent infection differs from diagnostic testing for an ill person.

Asymptomatic students who work, volunteer, or train in facilities where testing is conducted for occupational surveillance do not need to exclude themselves from school while awaiting test results.

We conducted testing of all staff, and one staff member had a positive result. Do we now need to do a PPS (facility-wide test)?

Nursing homes should conduct a PPS of all residents and staff if there is a new COVID-19 case in any staff member who worked while potentially infectious or a facility-onset case in a resident. PPS should be repeated every three to seven days for all previously negative individuals until testing identifies no new cases of COVID-19 among residents and staff at least 14 days since the last positive resident or staff might have exposed others in the facility.

We conducted testing of all staff, and one staff member had a positive result. Can we still move forward with indoor visitation?

Facilities must accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines: a) There has been no new onset of COVID-19 cases in the last 14 days and b) the facility is not currently conducting outbreak testing. Facilities must also base visitation decisions on county positivity rates. Refer to the [Minnesota Home Care Provider/Assisted Living Visitation and Activities Guidance Throughout the COVID-19 Pandemic \(https://www.health.state.mn.us/diseases/coronavirus/hcp/lcvisit.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lcvisit.pdf) or the [COVID-19 Guidance: Nursing Home Visitation and Activity Restriction Modifications \(https://www.health.state.mn.us/diseases/coronavirus/hcp/nhvisit.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/nhvisit.pdf) for more information about testing and indoor visitation.

Who is included as “staff” in required staff testing?

According to CMS, “facility staff” includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19: FREQUENTLY ASKED QUESTIONS

training programs or from affiliated academic institutions. For the purpose of testing ‘individuals providing services under arrangement and volunteers,’ facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. We note that the facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or school or on their own). However, the facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility’s testing frequency.”

Are essential caregivers, beauticians, and corporate staff included in the CMS routine testing requirements?

CMS memo QSO-20-38-NH defines “facility staff” to include: employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. Beauticians do provide services under arrangement and would fall under this requirement. Essential caregivers can be tested by the facility at the discretion of the provider. It is up to the provider to determine whether the care and services they provide are on behalf of the facility. Corporate staff do not generally come into the facility to provide care to residents.

How should we document that external providers have been tested in compliance with our COVID-19 testing requirements?

The facility is responsible to obtain documentation that required testing was completed. There is no specific format for this documentation. Contractors or external staff could provide documentation that they have received COVID-19 testing through another facility if it meets the required timeframe for testing. If CMS provides additional guidance on the level of detail or format required for this documentation, we will update this question to reflect that.

What documentation is needed to show that we have made an effort to receive COVID-19 test results within 48 hours?

While there is no specific required format for documentation, providers should maintain clear documentation of efforts to connect with laboratories to run the tests within the required 48-hour timeframe. Facilities should maintain documentation including the date, time, and who they spoke to. We expect that facilities contact and follow up with the laboratory if they have not received test results within 48 hours.

Billing/Payment

Who pays for the costs of serial staff testing?

Per CMS guidance, skilled nursing facilities are responsible for the costs of testing conducted in order to comply with the infection control requirements of the rule. HHS has announced that \$5B in new Provider Relief Fund distributions will be made under the CARES Act to skilled nursing facilities to help them meet this requirement, although the rule also states that facilities are responsible for the costs even if those

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19: FREQUENTLY ASKED QUESTIONS

funds are not available. Many labs will bill skilled nursing facilities directly for serial staff testing done to meet the requirements of QSO-20-38.

If reimbursement is not available from the CARES Act, Medicare, Medicaid, employee insurance, or another source, facilities may seek reimbursement of testing-related costs (including laboratory services, test kits, or supplies associated with antigen testing equipment) from the Minnesota Department of Human Services (DHS) through its accelerated reimbursement program under Minnesota Statutes, Chapter 12a.10. Information about how to access this program, and the types of costs that can be reimbursed, may be found at [Nursing Facility Provider Portal \(https://nfportal.dhs.state.mn.us\)](https://nfportal.dhs.state.mn.us).

The state will also continue to provide assistance to facilities to meet these requirements, including by providing no-cost specimen collection teams where needed, training facilities to do specimen collection on their own, and facilitating connections with laboratories that can assist with testing.

Reporting results

If we use point of care antigen tests, are we required to conduct laboratory reporting for all (positive and negative) test results?

All COVID-19 test results, positive and negative, performed on a laboratory testing platform inside your facility must be reported within 24 hours. There are two ways for long-term care (LTC) facilities to report these results:

- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Long-term Care (LTC) Facility COVID-19 Module
- Submission of a reporting spreadsheet through MDH Provider Portal

Federally Certified Nursing Facilities: Federally certified nursing facilities are required to report POC COVID-19 test results, including antigen test results, through the CDC NHSN LTC COVID-19 Module. As of October 19, 2020, this NHSN reporting is required to meet federal Health and Human Services requirements. Facilities should report as soon as they have the required Level 3 access. Until NHSN reporting is initiated, facilities must report POC antigen test results to MDH. Once successfully reporting to NHSN, facilities can stop reporting to MDH. CDC will send test results to MDH.

Assisted Living Facilities: Assisted living facilities are encouraged to report through NHSN, although it is not required. Until facilities have completed CDC Level 3 access requirements to report into NHSN and begin reporting by that route, POC antigen test reporting to MDH should continue. Once successfully reporting to NHSN, facilities can stop reporting to MDH. CDC will send test results to MDH. Assisted living facilities that do not choose to report through the CDC NHSN module should continue to report antigen test results directly to MDH.

If using antigen testing in your facility, review the complete information about recommendations for use and requirements for reporting.

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19: FREQUENTLY ASKED QUESTIONS

- [Using Antigen-based Point-of-Care \(POC\) Testing for COVID-19 in Long-term Care Facilities \(https://www.health.state.mn.us/diseases/coronavirus/hcp/lclicantigentest.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lclicantigentest.pdf)
- [Reporting Results of COVID-19 Tests Performed Inside Your Long-term Care Facility \(https://www.health.state.mn.us/diseases/coronavirus/hcp/lclicantigenreport.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lclicantigenreport.pdf)

How do I conduct MDH laboratory reporting of antigen test results?

Download the appropriate laboratory reporting spreadsheet for the antigen testing equipment used at your facility. Upload the completed spreadsheet into an MDH Provider Portal. Information about reporting, and links to the spreadsheets, instructions, and Provider Portal can be found on the MDH website.

- [Reporting Results of COVID-19 Tests Performed Inside Your Long-term Care Facility \(https://www.health.state.mn.us/diseases/coronavirus/hcp/lclicantigenreport.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lclicantigenreport.pdf)

How do I conduct CDC NHSN laboratory reporting of antigen test results?

Antigen test reporting is just one part of the CDC LTC COVID-19 Module in NHSN. LTC facilities reporting to any part of the LTC COVID-19 Module need to enroll in NHSN. Some facilities (e.g., federally certified nursing facilities) have already acquired limited Secure Access Management Service (SAMS) access to NHSN earlier in the COVID-19 pandemic in order to complete required CMS reporting through the LTCF COVID-19 Module Reporting Pathways.

Federally certified nursing facilities and other LTC facilities that wish to report POC SARS-CoV-2 testing results into the NHSN application but have limited access to the COVID-19 Module only (specifically, no SAMS grid card) will need to upgrade their NHSN SAMS access from Level 1 to Level 3. Use the information available on CDC's website or email the NHSN program for assistance.

- [CDC: Increasing LTCF SAMS Level Access to NHSN \(https://www.cdc.gov/nhsn/lc/covid19/sams-access.html\)](https://www.cdc.gov/nhsn/lc/covid19/sams-access.html)
- Contact NHSN@cdc.gov with the subject line "Enhancing Data Security" to begin upgrading SAMS access.

Am I required to report additional information to MDH about positive cases?

Additional clinical and demographic information on positive cases must be reported as soon as possible via a secure web form. This information is required for all resident and staff cases associated with your facility, whether tested with a POC antigen test or with RT-PCR by a reference laboratory.

- The secure web-based case report form can be found at [Submitting Clinical Information on Long Term Care COVID-19 Cases and Reporting Discrepant Laboratory Results \(https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD\)](https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD)

If you conduct RT-PCR testing to confirm a positive antigen test, and the RT-PCR test is negative, tell us about the discrepant result by filling in the case report form (same link as above) and selecting "Discordant results in a staff or resident (positive antigen test followed by a negative PCR collected less than 48 hours later)."

Positivity rates

Why are the county-level positivity rates being provided by CMS different from what is on the MDH website?

Reasons why these data may not be the same include differences in the specific time period covered in each 7-day period, the possible inclusion of out-of-state patients in the federal data, and differing processes for de-duplication.

Can we use MDH positivity rate data instead?

Federally certified nursing facilities may use either CMS data or the MDH county positivity rates to determine their county's 14-day test positivity rate, but facilities should consistently use the same data. Add the numbers of the two most recent weeks in your county and divide by two to determine the 14-day positivity rate.

Although routine all-staff testing is not required in assisted living settings, it is encouraged. Assisted living facilities should use MDH county percent positivity data to guide routine staff testing unless staff are shared with an affiliated nursing facility that is already using CMS. In the latter situation, both the assisted living and skilled nursing facility should use CMS data.

CMS county percent positivity data can be found at:

- [CMS: COVID-19 Nursing Home Data \(https://data.cms.gov/stories/s/bkwz-xpvg\)](https://data.cms.gov/stories/s/bkwz-xpvg)

MDH data can be downloaded from:

- [Weekly Percent of Tests Positive by County of Residence \(CSV\) \(https://www.health.state.mn.us/diseases/coronavirus/stats/wtrmap.csv\)](https://www.health.state.mn.us/diseases/coronavirus/stats/wtrmap.csv)

Enforcement/Compliance

When will MDH surveyors begin surveying for compliance with these requirements?

MDH surveyors are expected to survey to the rule now. The final rule was published Sept. 2, 2020. Compliance will be reviewed during Focused Infection Control, Complaint and Recertification surveys. MDH will be implementing all reviews in accordance with CMS direction.

If a facility needs more time to begin meeting the serial testing requirements, is there any way to request a waiver or delay?

The new CMS staff testing requirements went into effect on Sept. 2, 2020, and there is no mechanism to request a waiver or delay. Facilities should maintain documentation of their efforts to implement the necessary testing in accordance with CMS requirements; there is no specific required format for this documentation.

SERIAL TESTING OF NURSING FACILITY STAFF FOR COVID-19:
FREQUENTLY ASKED QUESTIONS

If the facility has documentation that demonstrates their attempts to perform and/or obtain testing in accordance with these guidelines (such as timely contacting of state officials or multiple attempts to identify a laboratory that can provide testing results within 48 hours), surveyors will not cite for noncompliance.



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact health.communications@state.mn.us to request an alternate format.