

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

REGARDING CMS MEMO QSO-20-38-NH

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## 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 [Frequently Asked Questions: COVID-19 Testing Information for Long-term Care Facilities](#) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/lctestfaq.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](mailto:seoc.covid.testing@state.mn.us) for assistance.

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

## 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/lc Antigentest.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/lc Antigentest.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>).

### 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?

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.

#### Testing symptomatic individuals

- **No known cases:** In situations where there are no known COVID-19 cases, confirm positive antigen tests with an RT-PCR test. Once a positive case(s) is confirmed by RT-PCR, stop using antigen testing and use RT-PCR for testing of high-risk contacts and for point prevalence survey (PPS) testing as you define the scope of the outbreak.
- **Outbreak response:** In situations where there are already confirmed COVID-19 cases in residents or staff, RT-PCR confirmation of positive antigen tests is not needed.
- Confirm all negative tests from symptomatic individuals with RT-PCR. Symptomatic residents should be placed in appropriate transmission-based precautions, and symptomatic staff should be excluded from work while awaiting confirmatory testing.

#### Testing asymptomatic individuals

- **No known cases:** If screening asymptomatic individuals when the probability of a positive test is low (no known cases in the facility and low incidence in the county), confirm positive tests by RT-PCR

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within 48 hours. If the confirmatory test is negative, discuss interpretation of the discordant results with MDH or an infectious disease specialist.

- In a low-incidence screening situation, confirmatory RT-PCR for negative antigen tests may not be necessary if the person is asymptomatic or has no known exposures, or is part of a group that will receive rapid antigen tests on a recurring basis.
- **Outbreak response:** Confirmatory RT-PCR testing following a positive antigen test is not necessary when the probability of a positive test is high (outbreak in the facility, high incidence in the county), especially if the person is symptomatic or has a known exposure.
  - Confirmatory testing of negative tests is not necessary, but staff and residents who test negative should be tested again in three to seven days (see COVID-19 Testing Recommendations for Long-term Care Facilities on the MDH webpage, [Long-term Care Testing: COVID-19 \(https://www.health.state.mn.us/diseases/coronavirus/hcp/lctesting.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lctesting.html)).

### 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.

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## 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 in the last three months should not be included in resident or staff testing (e.g., serial staff screening, facility-wide point prevalence survey). Previously positive individuals can be included in testing 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

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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?**

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?**

During facility-wide (point prevalence survey) testing, which is of limited duration (e.g., in response to a new case or symptomatic cluster), MDH recommends that consent be obtained and documented prior to each round of testing.

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. Staff should understand that participation in testing is voluntary and that they can withdraw consent 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.

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## 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 nursing facilities, not to assisted living facilities.

### If we are in a county that should test monthly, can we start testing anytime in September?

Facilities should start testing per the CMS rule as soon as possible, and maintain documentation of their efforts to ensure compliance.

### 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 begins when the laboratory receives the specimen. It is important to remember that this timeframe is intended to facilitate rapid 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.

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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 to MDH Visitation and Activities Level 2?

Facilities cannot move to MDH Visitation and Activities Level 2 if they have had a facility-onset COVID-19 case in a resident or had a COVID-19 positive staff member work while potentially infectious in the last 28 days.

### 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 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.

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## 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 funds are not available.

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 report all (positive and negative) test results to MDH?

**All COVID-19 test results (positive and negative) performed on a laboratory testing platform inside an LTC facility** must be reported to MDH within 24 hours using the *MDH COVID-19 Lab Results Reporting File Template*.

- If you do not have the reporting template, email [Health.ELRmeaningfuluse@state.mn.us](mailto:Health.ELRmeaningfuluse@state.mn.us).
- MDH has an automated procedure for processing files. For this reason, we ask that you use the file template exactly. You may need assistance from your IT to export a file from your electronic health records. If you are not able to fill a field, insert a placeholder column in place of the field. You can also type or paste data into the template.
- The *MDH COVID-19 Lab Results Reporting File Key* includes directions on how to complete the template.
- Within 24 hours of testing, submit files in the MN COVID-19 Provider Portal. The provider portal is a secure web survey that allows you to submit files without needing a username and password. You will need to contact us to request access. Information is included in the *MDH COVID-19 Lab Results Reporting File Key* document.
- This file template and standard incorporates the United States Health and Human Services' reporting guidance ([COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act \[https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf\]](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf)). You will not need to report lab results separately to HHS. MDH will report these results on your behalf. However, facilities must continue to report other COVID-19 information directly to the CDC's National Healthcare Safety Network (NHSN).
- If you are using a large health care system's laboratory information system, let MDH know. We may be able to connect you with automated electronic laboratory reporting instead of using a flat file.

**Note:** Additional information on **positive cases** must still be reported as soon as possible via the secure web form [COVID-19 Patient Reporting Form \(https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=9XMX7WKRTM\)](https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=9XMX7WKRTM) or by faxing the paper form [COVID-19 Case Report Form \(https://www.health.state.mn.us/diseases/coronavirus/hcp/covidreportform.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/covidreportform.pdf) to 651-201-5743. This is regardless of if the test was performed at your facility or at a reference lab.

## 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. For the purposes of determining frequency of staff testing as outlined by CMS, the CMS data set must be used.

Can we use MDH positivity rate data instead?

No. Per the CMS Rule, facilities must use current county-level positivity rates that are posted here: [CMS COVID-19 Nursing Home Data \(https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg\)](https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg). Facilities are instructed to review their county's rate twice a month.

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## 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. 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.



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Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

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