Preparing for Widespread Testing in Long Term Care

CMS has recently emphasized the importance of testing for COVID-19 in nursing facilities. Surveyors are increasingly looking for evidence that nursing facilities are testing symptomatic residents and isolating them while results are pending. In addition, a growing number of states are requiring testing of all residents and/or staff. Providers need to increase efforts around testing and document efforts.

Who Should be Tested
All facilities should follow guidance from their local or state health departments regarding prioritizing testing. Generally, prioritization should consider:

- Residents with symptoms or prolonged exposure to someone with confirmed COVID-19 (e.g. roommates).
- Any staff member with symptoms or prolonged exposure to someone with confirmed COVID-19 (e.g. caring for resident with COVID or working in close proximity with another staff member who tested positive).
- Asymptomatic residents and staff, as we know that this virus is commonly spread through contact with asymptomatic individuals.

Providers should document guidance from local or state health department and their efforts to follow the guidance.

How to Access Testing
First contact your local or state health department to seek availability to access testing. States with state-wide orders to test may have preferred vendors or specific guidance on testing protocols. Document your communications and the steps you take as a result.

In absence of direction from the local or state health department, facilities can refer to AHCA/NCAL’s list of vendors who provide testing in nursing home setting and are FDA approved. This list is continually updated as new vendors and testing opportunities are available, so please check back frequently.

Paying for Testing
Not all labs will bill Medicare directly. Check to ensure the lab you are receiving tests from will bill Medicare. If a lab does not have the ability to bill Medicare the facility will need to pay for the tests upfront. Tests range in cost from $115 to $500. Medicare Part B will only reimburse $51 for the PCR and $35 for other tests.

PCR Test vs. Antibody/Serology Test
When testing residents and/or staff to meet CMS, CDC, state and local testing guidelines, providers must use PCR tests and should not use antibody tests in place of PCR tests. PCR tests diagnose active COVID-19 infection, whereas antibody or serology tests are looking for prior infection with COVID-19 and are not diagnostic. Antibody or serology tests are blood tests that do not need to be performed in a lab and are available for direct purchase. PCR tests are collected through a nasal or throat swab and are usually performed in a lab (with the exception
of several point-of-care devices on the market). AHCA/NCAL recommends providers focus on PCR tests as this is currently the only test that will diagnose active COVID-19 infection.

**Caution**: marketing materials from companies producing antibody tests can be misleading as they don’t clearly tell you that they are looking for prior infection and are NOT able to diagnose an active COVID-19 infection.

There are several concerns over the usefulness of antibody tests:

- The quality of tests on the market greatly varies. There are over 90 tests on the market that have not been FDA approved. The FDA has only approved 4 antibody tests and discourages use of NON-FDA approved tests. There has been concern that some of the tests might confuse the coronavirus causing the current pandemic with one of several coronaviruses that cause the common cold.
- There are still many unanswered questions about the role of antibodies in COVID-19 immunity. How long immunity lasts or how effective it is in stopping future infections is uncertain.
- Even with a high degree of sensitivity and specificity (90% and above), these antibody tests will produce many false negatives and false positives. As a result, the value of these tests and what they tell you is limited until we learn more about how to use and interpret the results.

**Who Can Collect the Specimen**

Follow the test instructions but also check with state regulations including scope of practice on who can collect these samples in nursing homes and also who can perform the tests if they are being done on site. CMS has not issued any guidance for nursing homes on who can perform these tests.

**Frequency of Testing Residents and Staff**

Currently there is no guidance from CDC or CMS on how frequently to perform tests on residents or staff. The availability of the tests also makes the feasibility of frequent and widespread testing challenging.

For residents, one approach would be to test all residents, and then test all new admissions and any residents thereafter that develop symptoms.

For staff, there is tremendous debate since a negative test does not exclude contracting COVID-19 at a later date. Alternatively, or if someone was infected but in the incubation period when tested, the test will not detect the virus. Until further guidance is issued from CMS or CDC, we would recommend testing staff once, and then again as they develop symptoms, understanding that this will miss some staff who are infected but asymptomatic.

This is why CDC, CMS and AHCA/NCAL recommend all staff wear source control masks while in the building and observe social distancing with each other as much as possible. If facilities do not have adequate PPE, document efforts made to obtain PPE and alternative strategies employed.

**What to do When Residents Test Positive**

Residents who test positive for COVID-19 must be isolated and wear a source control mask until placed in isolation. Providers should explore cohorting with other positive residents, if possible.
Caution needs to be applied to actions after a new confirmed test in a resident, so it does not trigger unnecessary moving of the resident out of their existing room where exposure has already occurred.

AHCA/NCAL has also updated this resource as COVID-19 is increasingly impacting nursing homes and assisted living communities. Due to the rapid progression of this virus, centers should assume it is already in their surrounding community and may be in their facility. This resource outlines four action steps.

What to do When Staff Test Positive
Per CDC Return to Work Criteria guidance, health care facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting health care providers (HCP) to return to work without meeting all return to work criteria outlined.

CDC refers to the Strategies to Mitigate Healthcare Personnel Staffing Shortages for information which provides both contingency and crisis strategies. Contingency strategies apply when staffing shortages are anticipated and crisis strategies apply when staffing shortages are happening.

Facilities can activate these strategies based on their staffing situation and should document when they are activating these strategies with the reason why they were activated. Also, notify the local or state health departments of these actions.

AHCA/NCAL summarized this guidance in more detail in a recent member update.

Limits of testing and caution on assumptions from results
Test results capture information present in the person tested at the time the specimen was collected. The person’s condition may change with subsequent exposure.

Considering test results are not 100% accurate, nor do test results always identify when a person is actually infected due to the incubation period, considering every interaction as a risk is important.

Increased testing may result in increased confirmed cases which is attributed to the implementation of the new testing providing new information about existing conditions, not that the facility is getting worse with the virus.