Preparing for Widespread Testing in Long Term Care

Testing residents and staff in long term care is becoming an increasingly important issue on both the state and federal level. This document contains guidance for providers on testing staff and residents. Navigate to a specific section by selecting it below:

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Who Should be Tested

Providers should follow guidance from their state health departments regarding testing strategies for both residents and staff (who should be tested, at what frequency, resulting actions, etc.) It’s extremely important that providers document the guidance from state health departments and their efforts to obtain testing and meet that guidance.

In absence of state guidance, providers should consider CDC guidance on testing for COVID-19 in nursing homes. CDC has recently developed two sets of guidance for testing in nursing homes, which is also applicable to other long-term care settings, such as assisted living.

**CDC Testing Guidance for Nursing Homes:** This guidance addresses who should be tested, when to test and at what frequency. It also and aligns with the recent memo CMS released with recommendations for state and local officials on reopening nursing homes.

**CDC Guidance on Performing Facility-wide Testing in Nursing Homes:** This guidance is meant for both state health departments and nursing homes and addresses considerations for performing facility-wide testing among both nursing home residents and staff.

How to Access Testing

First, contact your local or state health department to seek availability of tests. 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 the 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 settings using FDA approved tests. This list is continually updated as new vendors and testing opportunities are available, so please check back frequently.
Point-of-Care testing devices (devices that can process a specimen on site) are also on the market, but not yet widely available. According to CMS guidance, tests authorized as point-of-care can be performed under all CLIA certificate types.

CMS released a Toolkit for Nursing Homes that provides information on what states are doing to support nursing homes during the COVID-19 pandemic. There is a section on Testing that summarizes state initiatives and resources for testing.

**Types of Testing**

There are three types of tests currently available: PCR, antigen and serology.

1. **PCR tests**: Diagnose active COVID-19 infection by detecting the RNA genetic material in the COVID-19 virus. PCR tests are collected through a nasal or throat swab or saliva collection and are usually performed in a lab (with the exception of point-of-care devices).

2. **Antigen tests**: Detect the presence of COVID-19 specific protein particles. The FDA recently approved the first antigen test in the United States.

3. **Antibody or serology tests**: Are looking for antibodies in the blood to indicate prior infection with COVID-19 and are therefore 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.

**AHCA/NCAL recommends providers focus on PCR tests as this is currently the only widely available test that will diagnose active COVID-19 infection.** Providers should not use antibody tests in place of PCR or antigen tests. In their Testing Guidance for Nursing Homes, the CDC states “At the current time, antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection and should not be used to inform IPC action.”

**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 150 tests on the market and the majority have not been FDA approved. The FDA discourages use of non-FDA approved tests. There has been concern that some of the tests might confuse COVID-19 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.
Specimen Collection

The CDC Guidance on Performing Facility-wide Testing in Nursing Homes contains important consideration for specimen collection, including location/environmental considerations, PPE and cleaning and disinfecting. Providers should review this guidance before conducting facility-wide testing.

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 also indicated in their recent guidance that home health nurses are able to collect the specimen.

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 guidance on what to do when COVID-19 gets in 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 facilities and communities can take.

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.

The CMS Nursing Home Toolkit also outlines state specific resources and strategies on a number of topics including Workforce and Staffing. Check with your state to see what additional resources may be available.

**Limits of Testing and Caution on Assumptions from Results**

Test results capture the presence or absence of the virus at the time the specimen was collected. The person’s condition may change with subsequent exposure, and per CDC guidance, testing must be implemented in addition to recommended IPC measures.

Considering test results are not 100% accurate, nor do test results always identify when a person is actually infected due to the incubation period, AHCA recommends considering every interaction as a risk of potential transmission. This is why source control masks are recommended by CDC for all residents and staff during the pandemic.

Increased testing may result in an increase in confirmed cases. This increase may be due to the implementation of the new testing which provides new information about existing conditions. It does not necessarily indicate that the facility is experiencing an increase in the number of new cases of the virus.

**Reimbursement for Testing Residents and Staff**

**Medicare Coverage of Testing**

Medicare fee for service and Medicare Advantage plans will cover the cost of COVID-19 diagnostic (PCR) tests. Tests range in cost from $115 to $500. Medicare Part B will only reimburse approximately $100 for the PCR and $35 for other tests.

Not all labs will bill Medicare directly. AHCA/NCAL recommends that, wherever possible, providers use labs that will bill Medicare. If a lab does not have the ability to bill Medicare, the facility will need to pay for the tests upfront and it get reimbursed through Medicare Part B for the cost of the test. Guidance on billing and CPTs is locate here. CMS has confirmed that health care providers and laboratories may bill Medicare and other health insurers for COVID-19 tests performed on or after February 4.

Whether all antibody tests will be covered is questionable. Due to the number of antibody tests with low reliability, Medicare and Medicare Advantage plans are being more cautious about reimbursement for these tests. It is likely that more guidance will be required on this issue.

**Medicaid Coverage of Testing**

Generally, state Medicaid plans should cover the cost of testing. However, since Medicaid is state by state, providers should contact their state about reimbursement and if they are supplying the tests.
CARES Act Grant Funds
The CARES Act Grant Funds can be used to cover costs for testing for resident tests that are not otherwise reimbursable. This does NOT include testing for residents under a Part A stay where it is included in consolidated billing. It is not clear if it can be used to cover the costs associated with testing staff, we are seeking additional clarification.

Health Plan Coverage
The CARES act requires health plans to cover the cost of COVID-19 testing for beneficiaries at no cost to the beneficiary. CMS is requiring Medicare Advantage Plans to cover the costs of testing for MA plan beneficiaries. This includes waiving any applicable deductible.

Typically, however, when a test is required by an employer for employment, then the employer is responsible for the cost of the test. If the state is mandating testing the employer may not be held accountable for the cost of the test but this is has not yet been validated.

AHCA/NCAL is working with America’s Health Insurance Plans (AHIP) to verify that health plans will cover the cost of testing in either situation.

Legal Issues

Resident Refusals
Residents that refuse to be tested for COVID-19 cannot be discharged involuntarily, unless the facility is otherwise incapable of caring for residents with a confirmed diagnosis of COVID-19. If residents refuse to be tested and follow infection prevention practices (e.g. stay in their room, use source control masks, etc.) then you may be able to discharge the person as a risk to others, but you should confer with the Ombudsman and state survey agency prior to taking such action. See the April 24 CMS QSO memo FAQs question #10 about discharging a resident against medical advice (AMA).

If a resident cannot be tested voluntarily (e.g., a resident with dementia who would have to be forcibly held by staff in order to be tested), forcible administration (e.g. use of restraints) of COVID-19 testing would violate regulations. We are seeking further guidance from CMS.

Employee Refusals
Finally, employers can require COVID-19 testing as a condition of employment. This includes terminating or not hiring a person who refuses a COVID-19 test. However, employers must make this a condition of employment and follow state requirements for making such a policy, which may include modifying employment contracts where applicable.