

## KDHE, KDADS and LTC webinar – 9/8/2020 Q&A

One of the major questions for which we need confirmation, is the 3 week grace period we have heard about. We just received our testing kits and need time to train and prepare to begin testing...	KDADS isn't aware of a grace period that is part of the CMS guidance on the final testing rule. The guidance does describe documenting efforts to comply and taking time to properly train staff on using the machine is appropriate to document.
What is a staff member of a LTCF is positive BUT did not contact COVID at the facility but was a community contact positive.	If you have a staff person that was infected outside of the facility, but they did potentially expose people at the facility, you should work with Public Health (LHD or KDHE) to figure out next steps. If the staff person worked 48 hours before symptoms started, or if they don't have symptoms then we would look at the 48 hours before their sample was taken, then you have potential exposures at the facility now and need to take some steps for testing in an outbreak situation.
What do we do if we have not received our rapid antigen machine AND we are not on CMS' list to receive one?	The CMS guidance would suggest contracting with a lab that could conduct required testing.
Who do we contact if we are short on tests and need some sent to us?	The testing machine should have come with instructions on requesting additional tests for the mandated staff testing. If you aren't able to obtain test kits for your machine and do not have access to another lab or contracted lab, document that as your best effort to comply with the rule.
are both positive and negative test results submitted to local HD and State HD?	Yes, both positive and negative test results need to be submitted. They don't need to be submitted to both the LHD and KDHE. For the most part, labs submit results to KDHE and they go into the surveillance system that is shared with the local health departments.
When is it considered an outbreak?	The definition of an outbreak is two or more cases with the same exposure.
Now - if we get a positive antigen test and have to confirm with a pcr --> what if we can't get the PCR test results back in 48 hours???	CMS guidance says that facilities can document their efforts to comply. If you aren't able to get the results back in the required timeframe, document the reasons.

If a staff is asymptomatic can they refuse the standard CMS testing?	The CMS guidance says that facilities "should follow its occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse routine testing."
How are they calculating the community positivity rate?	For KDHE's community positivity rate, the numerator is number of positive PCR results and denominator is number of positive and negative PCR results. If a person is positive, they are counted in the numerator once. All negative and positive PCR results are counted in the denominator.
Can you provide a link to the CLIA reporting site?	Here's the statement in the CMS Frequently Asked questions -- All laboratories must have a CLIA Certificate and report the results of the COVID-19 tests that they conduct to the appropriate federal, state, or local public health agencies. Laboratories must report data for all testing completed, for each individual tested. This data must be reported within 24 hours of test completion, on a daily basis, to the appropriate state or local public health department, based on the individual's residence. Testing sites must report all diagnostic test data in accordance with the HHS Lab Data Reporting Guidance for COVID-19 issued June 4, 2020 and meet these reporting requirements by August 1, including providing your facility name and CLIA number when reporting results. Please visit the CDC website for more information about data reporting requirements.
Also we are a LTC connected to a CAH hospital. We have a CLIA waiver through our hospital lab. We are not listed as a nursing home to get the testing equipment? Will we get one?	It was recommended by CMS that LTC/SNFs attached to hospitals should have their own Certificate of Waiver to better ensure their eligibility to receive the equipment. We cannot say for sure whether you will get equipment or not. This is being handled by HHS and CMS. You may contact the CLIA office and ask about getting a waiver and see if CMS has said anything about getting equipment after getting a waiver.
The Secretary of HHS denoted the State or Local Health department as the recipient of the test results, not CLIA. Where do we report to KDHE or local?	Please contact <a href="mailto:KDHE.EpiTraxAdmin@ks.gov">KDHE.EpiTraxAdmin@ks.gov</a> about reporting lab results.

When calculating the county positivity rate, do they use the total number of tests performed in the county, or only those tests that were for residents of that county?	For KDHE's positivity rate, it is county of residence.
Do you have a list of labs that are hitting the 48 hour turnaround time for PCR tests? The one we are contracted with cannot meet that time requirement.	KDHE does not have a list of labs with this turnaround time, but has heard from some that they are able to meet it. We recommend calling around and asking each of them if they can meet it.
What about agency staff that we have on our schedule? Will they have to be tested before their shift and if so what is the frequency i.e. each shift? Are we responsible to do their testing or is their company? Also, we have PRN staff that work one time monthly... how often are they required to be tested?	The CMS guidance says that the testing requirement applies to all staff. "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 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..." (QSO-20-38-nh, page 3).
Can we rely on our local county positivity rate information provided by the county vs the state to determine our frequency of testing staff?	CMS has stated on our regional call (9/10/20) that facilities can use their local or state data-they must document and cite their source, verify it is a reliable source and they have not answered whether or not it is allowable to use data that has been modified such as rural counties who have low population levels. I have also included this question in the list of questions given to our CMS regional office to be addressed in writing.
If a 'contractor, consultant' defined as staff under the CMS guidance, tests positive --- won't every facility where they contract going to be reporting this case? Is that appropriate? Doesn't it inflate the numbers.	Each facility is required to report for their staff which could include contractors or consultants that work at multiple facilities.

CMS directs us to use the CDC positivity rate which is 3 weeks old. The KDHE website is more recent. Which positivity rate should be use?	CMS has stated on our regional call (9/10/20) that facilities can use their local or state data - they must document and cite their source, verify it is a reliable source and they have not answered whether or not it is allowable to use data that has been modified such as rural counties who have low population levels. I have also included this question in the list of questions given to our CMS regional office to be addressed in writing.
I did not receive a ".csv" file for reporting. Can you send it out?	To receive the .csv file, please send an email to <a href="mailto:KDHE.EpiTrax@ks.gov">KDHE.EpiTrax@ks.gov</a> .
How does this affect Homepluses and how do we get testing equipment?	Home pluses are not subject to the CMS requirement for staff testing.
for the prior week PTR rate, may we use our local health department data or are we required to use the cms data that only updates every 2 weeks?	KDADS has asked this question of the CMS regional office but the QSO memo does give the following email for questions as well: <a href="mailto:DNH_TriageTeam@cms.hhs.gov">DNH_TriageTeam@cms.hhs.gov</a>
With respect to best efforts to obtain testing and supplies- what is the expectation regarding costs? If a lab states that yes, they can supply the testing within the 48 hour time period, but the pricing is completely unaffordable, how will the surveyors handle this?	We have asked CMS that question as well. At this point, KDADS would recommend documenting that as part of the reason for not complying or being able to comply with the requirement.
Do homeplus get any of the funding being distributed?	Not of the \$38.4 million from SPARK. KDADS has made a separate request for state licensed facilities that we are waiting for a response about.
I am hearing that there are rapid testing that is positive - then the prc is negative. do we report both?	If a facility has a point of care instrument, then the facility is responsible for reporting lab results to KDHE. If you are doing confirmation testing with a PCR test that goes out to a reference lab, make sure your reference lab is reporting directly to KDHE. If they are, then the facility does not need to report the result to KDHE.
Please confirm the CMS requirements are for nursing facilities only and not for all licensed adult care homes ie facilities such as, assisted living, home plus, etc. Thank you	That is correct. The requirements are on skilled nursing facilities only.

<p>One questions on the spreadsheet, on the Test Date, if we are sending the tests out is that the day results received, date test sent out? I know that if we are using our own we are to use the same date as specimen collection</p>	<p>KDHE needs more context for this question. If you are talking about a point of care instrument where you are taking the sample and running it on the same day, then your sample collection date is the same as your test date.</p>
<p>Can you please clarify the refusal of testing by asymptomatic staff. If asymptomatic staff refuse testing, can they continue to work?</p>	<p>I'll check with the survey team to verify for sure, but the CMS guidance describes facilities needing a procedure in place to address staff who refuse testing.</p>