

# **Nursing Facility Testing Guidance**

**Kansas Department for Aging and Disability Services**

Scott Brunner, Deputy Secretary, Hospitals and Facilities, KDADS

# Nursing Facility COVID-19 Testing

CMS interim final rule requires testing in Long Term Care facilities ([QSO-20-38](#) issued August 26, 2020)

Nursing facilities are required to test all staff (defined as employees regardless of job title, contractors, consultants, and volunteers.)

Facilities can meet the testing requirement using a rapid point of care test or with an off-site laboratory, preferably a lab that can return results within 48 hours.

The frequency of the routine testing depends on the prevalence of COVID-19 in the county measured by the positivity rate of testing.

- Low (<5%) = once a month
- Medium (5%-10%) = once a week
- High (>10%) = twice a week

Facilities must be prepared to test all residents if there are positive cases identified in the facility through the routine screening.

Facilities must report individual test results to KDHE and weekly to the National Health Safety Network.

# Nursing Facility COVID-19 Testing

Facilities should also monitor their county's positivity rate every other week and document when a change in the KDHE reported county positivity rate would require an adjustment in minimum testing requirements due to an increase or decrease in the positivity rate.

The CMS memo requires the following changes in testing frequency based on changes in the testing positivity rate:

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

# Other Testing Considerations

## **Role of KDHE when there is a positive antigen test.**

If a facility gets a positive result from their point of care testing machine, they report to KDHE and then confirm the results with a more definitive PCR test that detects the genetic material of the virus.

Working with local health departments and KDHE, facilities can use the state lab for the conformation test.

## **Documenting Best Effort.**

Facilities can document they are making their best effort to meet the testing requirement (e.g., timely contacting state officials, multiple attempts to identify a laboratory that can provide testing results within 48 hours)

# Other Testing Considerations

## Testing Frequency.

Nursing Facilities should use the two-week county positivity rate published by the Kansas Department of Health and Environment (KDHE). This information can be found at: (<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>)

## CMS Resurvey Requirements.

CMS sends KDADS a list of facilities to resurvey each week based on criteria outlined in QSO 20-31. KDADS must perform on-site surveys within three to five days of any nursing home with 3 or more new COVID-19 suspected and confirmed cases in the since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free. State Survey Agencies are encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.