

NC Department of Health and Human Services

COVID-19 Updates to Nursing Homes: Testing, Reporting and Visitation

Office Hours, 10:00-11:00

October 1, 2020

Revised Office Hours Overview

- Goal is to establish resource for nursing homes to access nursing home-specific updates on DHHS COVID Activities.
- Today's Topics:
 - COVID-19 Testing: Nursing Home Reporting Portal: Tour of Financial Updates
 - Visitation
 - Antigen Testing Reporting

Updates and Reminders

Updates this Week

- Please see Q&A from last week. Have “re-copied” guidance on Community Activity Level in this Appendix.
- AHEC Long-Term Care Call Will be replaced by e-newsletter.
- NCHCFA holding a Testing and Visitation Webinar on October 7, 2020 from 10-12p. Visit: <https://www.nchcfa.org/events/calendar/> to register.
- Secretarial Order No. 6 now posted [here](#) and attached.

Reminders this Week

Monday, 9/28/2020	Reporting Period 4 (under SO No. 4) Begins Testing weeks: 9/28/2020-10/4/2020 and 10/5/2020-10/11/2020
Thursday, 10/1/2020	Office Hours (10:00-11:00)
Monday, 10/5/2020	Due Date: Reporting Period 3 Testing Activity Testing weeks 9/14-9/20 & 9/21-9/27

COVID-19 Testing under Secretarial Orders 2 and 4: Financial Updates

- Please see Q&A from last week's Office Hours
- Applicable Checkwrites
 - **Cycle 37 Payment: 9/22/20**
 - **Cycle 41 Payment: 10/20/20**
- **Next Week:** Overview of Staff Roster Template
 - First communicated in trainings in August
 - “piloting” this week

Reporting Periods, Testing Weeks and Payment Schedule

Testing Reporting Under Secretarial Order No. 2 and Secretarial Order No. 4		
Reporting Periods, Testing Weeks Covered and Payment Schedule		
Reporting Period	Testing Weeks Covered (Mon-Sun)	Payment Schedule [References NC TRACKS 2020 Checkwrite Schedule]
1. Due 9/8/20	8/17-8/23 8/24-8/30	Processed as part of Cycle 37
2. Due 9/21/20	8/31-9/6 9/7-9/13	
3. Due 10/5/2020	9/14-9/20 9/21-9/27	Reporting Period 2 and 3, processed as part of Cycle 41
4.		

Point of Care Testing: Special Bulletin 129 Excerpt

Payment Rates

Interim payments will be calculated based on a rate no greater than \$125.00 per laboratory-processed test or the costs of related point of care (POC) testing supplies, as outlined below.

With the expanded availability of POC testing devices and associated antigen diagnostic tests, NC DHHS anticipates facilities may elect to utilize these devices as part of its testing strategy.

For tests performed with a POC testing device, NC DHHS will reimburse only for test and supply costs directly related to using the POC device. Tests received as part of a nursing home's initial test supply, provided through the federal distribution process, should not be included in costs to be reimbursed. However, subsequent provider costs directly related to use of the POC device will be reimbursable.

Costs Not Allowable through Payments Related to Secretarial Order No. 2

- Costs related to testing residents.
 - Supplies/personal protective equipment (PPE) used when conducting testing activities.
 - Staff/HCP wages/salaries
 - Supplies/PPE used when caring for residents.
 - Tests received as part of a nursing home's initial test supply, provided through the federal distribution process or any other source where there was not an expense to the nursing home.
 - Tests compensated through other payment mechanisms including but not limited to an employee health plan, federal Provider Relief Funds or other third party payers.
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Where to Get Training on POC Device Use?

- Please see *Informal Resource Compendium to Support CLIA-Waived Point of Care Testing Device Use* attached.

Portal Tour

Visitation Update

Visitation for Long-term Care Facilities

Secretarial Order #6

- The continued use of outdoor visits and technology to keep families connected as much as possible is still highly encouraged. However, given the role of families in overall health and wellbeing of residents, this Order outlines requirements for visitation, including indoor visitation
- This Order applies to the following long-term care facilities: nursing homes or skilled nursing facilities and other large residential settings (7 or more beds) including adult care homes, behavioral/IDD, intermediate care facilities, and psychiatric residential treatment facilities. (Facilities with 6 or fewer beds should refer to “Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities”).

Requirements for Visitation

- Nursing homes must adhere to the CMS guidance issued September 17, 2020 in its State Survey Agency Directors memo Ref: QSO-20-39-NH or any subsequent guidance issued by CMS.
 - This guidance provides information about ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents.
- Nursing homes and other large residential long-term care facilities of 7 beds or greater must adhere to DHHS Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings or any subsequent guidance issued by DHHS.
- In the event of a conflict between the DHHS guidance and the CMS guidance, nursing homes must adhere to the CMS guidance.

Required Assistance

- Voting assistance
 - Residents have a right to vote and may need assistance with their absentee ballots. Upon request by a resident, facilities should allow members of a County Board of Elections Multi-partisan assistance team (MAT), a near relative or a verifiable legal guardian to visit the resident to assist in completing an absentee ballot. These individuals are considered visitors under the requirements for visitation outlined above.
- Federal Disability Rights laws and Protection and Advocacy Programs
 - Facilities must comply with federal disability rights laws and access by the federally mandated protection and advocacy systems.
- Long-term care Ombudsman
 - In-person access may not be limited without reasonable cause. If in-person access is not advisable, facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

Some General Requirements

- There has been no new onset COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
 - Note: Facility must test any staff or resident with signs or symptoms of COVID-19 and continue to retest all negative staff and residents following the CDC recommended testing schedule until testing identifies no new cases for a period of at least 14 days since the most recent positive result.
- Facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.
- Residents who are showing signs of respiratory illness or on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.

Some Visitor Requirements

- Visitors must be screened for fever or and other symptoms associated with COVID-19 prior to resident being transported to the designated space.
- Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note/local health department release) that they no longer meet CDC criteria for transmission-based precautions.

More Visitor Requirements

- Any individuals with symptoms of COVID-19 infection must not be permitted to visit with a resident.
- Facility must inform visitors that if they develop signs and symptoms, such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste within 2 days of visiting a resident or have a diagnosis of COVID-19, the visitor must immediately notify the facility of the date they were visiting and the resident's name. Facilities must immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.

Additional Visitor Requirements

- Visitors must bring and wear a proper face covering or mask covering both the mouth and nose for the entire visit or wear a facility-provided surgical mask covering both the mouth and nose, if available.
- Visitors, residents and staff must use alcohol-based hand rub before and after visitation and limit surfaces touched.
- Visitors must limit interactions with others and remain at least 6 feet from other residents and staff at all times.
- Visitors who are unable to adhere to requirements above should not be permitted to visit or should be asked to leave.

POC Antigen Testing

Upcoming Memo:

Your facility has been identified as having received or is likely to receive a point-of-care antigen test device for detection of SARS-CoV-2, the virus that causes COVID-19. This message serves to remind you that providers are required by [State Health Director Order](#) to report all results, positive and negative, of diagnostic testing for SARS-CoV-2. This includes antigen test results.

Reporting Testing Results

For long-term care facilities who will not be reporting electronically, either via Electronic Lab Reporting (ELR) or in accordance with the laboratory data automation process outlined in the [guidance for reporting results](#), please follow this reporting guidance:

- Long-term care facilities should complete the Excel spreadsheet located here (also attached). This spreadsheet MUST be submitted securely via email according to the following instructions:
 - Password protect the spreadsheet using the password provided by the Division of Public Health.
 - Please email LabTeam@dhhs.nc.gov to obtain your password. This same password will be used for each spreadsheet that is submitted.
 - Label the Subject line: “Confidential Test information”.
 - Encrypt the email to which the spreadsheet is attached.
 - Please email your password protected Excel spreadsheet via encrypted email to LabTeam@dhhs.nc.gov .

For Additional Information about Reporting Results

- The full [guidance for reporting results](#) is available on the [healthcare guidance section](#) of the NC DHHS COVID-19 website. Additional guidance regarding [appropriate use of antigen testing](#) is also available on our website. Providers needing consultation can call the NC Division of Public Health epidemiologist on call at 919-733-3419.

Review of Testing Excel Template

Next Session

- Staff Testing under Secretarial Order No. 4: Review of Staff Roster Template
- Additional Testing and Visitation Updates

Questions and Answers

Appendix

Accessing Your Facility's Community COVID-19 Activity Level

Routine Testing of Staff

Routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020 (see section titled, "COVID-19 Testing"): <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

The Community COVID-19 Activity Level Testing Requirement was first communicated on pages 4 and 5 (and in Table 2) in CMS's [QSO-20-38-NH memo, dated 8/26/2020](#).

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Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

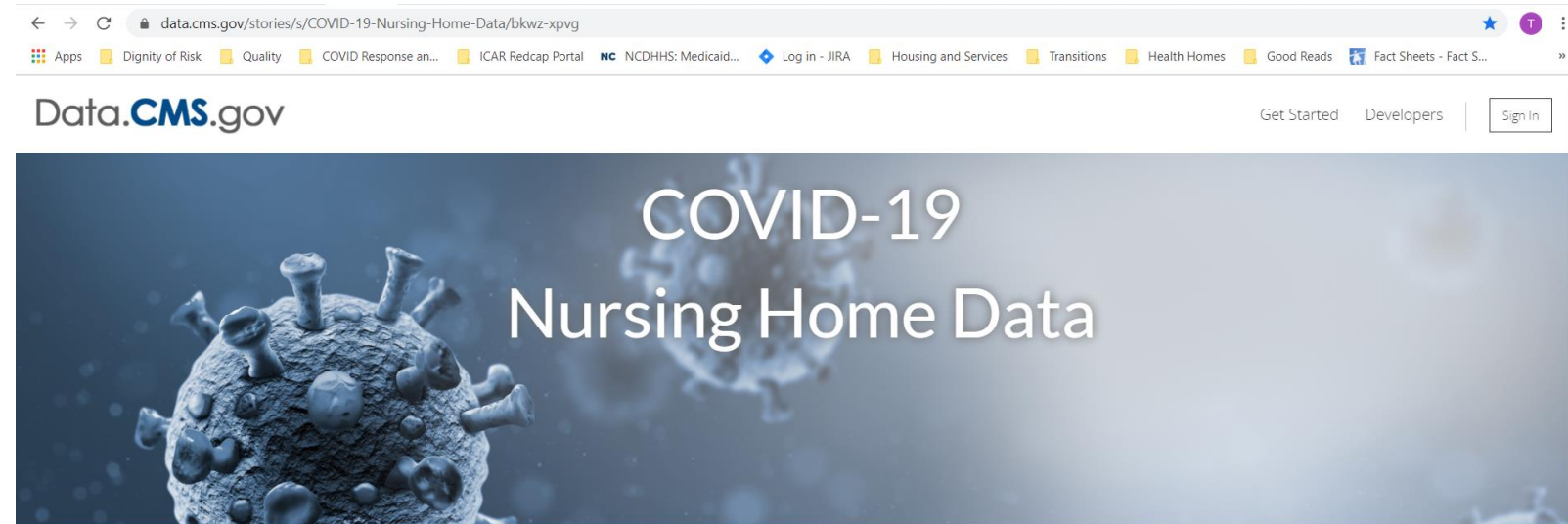
If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments.

The facility should begin testing all staff at the frequency prescribed in the Routine Testing table based on the county positivity rate reported in the past week. Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.

Accessing Your Facility's Community COVID-19 Activity Level

QSO reference a link on page 4 where Community Activity Level is housed, on COVID-19 Nursing Home Data website, under COVID-19 Testing header

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>



COVID-19 Testing

As part of CMS' commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. More information about these requirements and guidelines can be found [here](#). These guidelines include testing staff on a certain frequency based on the COVID-19 positivity rate for the county the nursing home resides in. Rates of county positivity are posted [here](#). (Archive is [here](#).) Facilities should monitor these rates every other week and adjust staff testing accordingly.

Accessing Your Facility's Community COVID-19 Activity Level

COVID-19 Testing

As part of CMS' commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. More information about these requirements and guidelines can be found [here](#). These guidelines include testing staff on a certain frequency based on the COVID-19 positivity rate for the county the nursing home resides in. Rates of county positivity are posted [here](#). (Archive is [here](#).) Facilities should monitor these rates every other week and adjust staff testing accordingly.

Clicking the circled "here" will download the most current Community Activity Levels by County.

County	FIPS	State	FEMA Region	Population	NCHS Urban Rural Classification	Tests in prior 14 days	14-day test rate per 100,000 population	Percent Positivity in prior 14 days	Test Positivity Classification - 14 day
Autauga County, AL	1001	AL	4	55,869	Medium metro	1652	2957	15.9%	Red
Baldwin County, AL	1003	AL	4	223,234	Small metro	5365	2403	11.0%	Red
Barbour County, AL	1005	AL	4	24,686	Non-core	382	1547	6.3%	Yellow
Bibb County, AL	1007	AL	4	22,394	Large fringe metro	496	2215	16.5%	Red
Blount County, AL	1009	AL	4	57,826	Large fringe metro	1064	1840	21.1%	Red
Bullock County, AL	1011	AL	4	10,101	Non-core	295	2921	5.4%	Yellow
Butler County, AL	1013	AL	4	19,448	Non-core	757	3892	10.3%	Red
Calhoun County, AL	1015	AL	4	113,605	Small metro	3017	2656	18.7%	Red
Chambers County, AL	1017	AL	4	33,254	Micropolitan	356	1071	7.6%	Yellow
Cherokee County, AL	1019	AL	4	26,196	Non-core	407	1554	10.8%	Yellow
Chilton County, AL	1021	AL	4	44,428	Large fringe metro	1116	2512	23.0%	Red
Choctaw County, AL	1023	AL	4	12,589	Non-core	242	1922	4.5%	Green
Clarke County, AL	1025	AL	4	23,622	Non-core	779	3298	6.7%	Yellow
Clay County, AL	1027	AL	4	13,235	Non-core	773	5841	10.7%	Red
Cleburne County, AL	1029	AL	4	14,910	Non-core	255	1710	29.0%	Yellow
Coffee County, AL	1031	AL	4	52,342	Micropolitan	1355	2589	8.3%	Yellow
Colbert County, AL	1033	AL	4	55,241	Small metro	1349	2442	10.1%	Red
Conecuh County, AL	1035	AL	4	12,067	Non-core	298	2470	6.7%	Yellow
Coosa County, AL	1037	AL	4	10,663	Micropolitan	168	1576	16.1%	Yellow

Accessing Your Facility's Community COVID-19 Activity Level

If you Sort by "State" for NC, you will see all NC's Counties.

The screenshot shows an Excel spreadsheet titled "COVID-19 Viral (RT-PCR) Laboratory 14-Day Test Positivity Rates, by US County". The spreadsheet includes a header row (row 8) with columns: County, FIPS, State, FEMA Region, Population, NCHS Urban Rural Classification, Tests in prior 14 days, 14-day test rate per 100,000 population, Percent Positivity in prior 14 days, and Test Positivity Classification - 14 day. The data rows (rows 9-24) list various North Carolina counties, such as Alamance County, Alexander County, Alleghany County, Anson County, Ashe County, Avery County, Beaufort County, Bertie County, Bladen County, Brunswick County, Buncombe County, Burke County, Cabarrus County, Caldwell County, Camden County, Carteret County, Caswell County, and Catawba County. The 'State' column for all these counties is 'NC'. A red circle highlights the 'State' column header and the 'NC' entries in the data rows.

County	FIPS	State	FEMA Region	Population	NCHS Urban Rural Classification	Tests in prior 14 days	14-day test rate per 100,000 population	Percent Positivity in prior 14 days	Test Positivity Classification - 14 day
1899 Alamance County, NC	37001	NC	4	169,509	Small metro	6991	4124	6.5%	Yellow
1900 Alexander County, NC	37003	NC	4	37,497	Medium metro	748	1995	9.5%	Yellow
1901 Alleghany County, NC	37005	NC	4	11,137	Non-core	222	1993	3.6%	Green
1902 Anson County, NC	37007	NC	4	24,446	Non-core	1457	5960	5.6%	Yellow
1903 Ashe County, NC	37009	NC	4	27,203	Non-core	760	2794	5.1%	Yellow
1904 Avery County, NC	37011	NC	4	17,557	Non-core	719	4095	12.7%	Red
1905 Beaufort County, NC	37013	NC	4	46,994	Micropolitan	2605	5543	7.8%	Yellow
1906 Bertie County, NC	37015	NC	4	18,947	Non-core	736	3885	15.9%	Red
1907 Bladen County, NC	37017	NC	4	32,722	Non-core	851	2601	10.8%	Red
1908 Brunswick County, NC	37019	NC	4	142,820	Medium metro	2739	1918	3.3%	Green
1909 Buncombe County, NC	37021	NC	4	261,191	Medium metro	7346	2813	3.3%	Green
1910 Burke County, NC	37023	NC	4	90,485	Medium metro	3216	3554	4.5%	Green
1911 Cabarrus County, NC	37025	NC	4	216,453	Large fringe metro	7060	3262	6.8%	Yellow
1912 Caldwell County, NC	37027	NC	4	82,178	Medium metro	2299	2798	4.3%	Green
1913 Camden County, NC	37029	NC	4	10,867	Micropolitan	112	1031	8.9%	Yellow
1914 Carteret County, NC	37031	NC	4	69,473	Micropolitan	1864	2683	5.4%	Yellow
1915 Caswell County, NC	37033	NC	4	22,604	Non-core	557	2464	4.7%	Green
1916 Catawba County, NC	37035	NC	4	159,551	Medium metro	3610	2263	5.3%	Yellow