



Secretarial Order No. 2: Definitions

Nursing Homes Covered by Secretarial Order No. 2

- Nursing homes regulated by NC Division of Health Services Regulations' Nursing Home Licensure and Certification section.
- This includes:
 - Facilities that do not participate in Medicaid and/or Medicare programs.
 - Combination facilities that have HAL/ACH licensed beds within the same building as nursing home licensed beds.
 - Hospital-affiliated nursing homes and rehabilitation centers.
 - State neuro-medical centers under Division of State Operated Healthcare Facilities (DSOHF).

Staff/Health Care Personnel (HCP) Defined

- NC DHHS follows the CDC's health care personnel (HCP) to establish scope of "staff" covered under Secretarial Order No. 2.
 - *HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.*
- "Staff" and "HCP" are used interchangeably, and the term applies to those eligible HCPs who are under the direct authority of the facility either as a paid staff member, a contractor or a volunteer.
- While each facility will interpret the definition based on the facility's circumstance, facilities are strongly encouraged to interpret broadly, erring on the side of covering more staff/HCPs than fewer.
- Facilities should have screening procedures in effect for all visitors, but for the purposes of Secretarial Order No. 2, the following HCPs are not considered to be "under the direct authority of the facility" and are *not* required to be part of facility's testing census.
 - External provider staff/HCP who work with the facility resident, such as hospice nurses or paramedics.
 - Caregiving staff employed by the resident's family.

Establishing Staff/HCP Census Number for Testing Reporting

- NC DHHS recognizes that "staff census" is not a fixed number: staff resign, new staff are hired, etc.
- NC DHHS will accept an estimated/approximate Staff/HCP census number for the testing week/reporting period and does not anticipate census count to change materially, if at all, between reporting periods. The goal is to use the same approximate baseline number each testing cycle.

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- To establish a baseline census, NC DHHS encourages facilities to either:
 - Use a “point in time” count based on the first day of the first reporting period (August 17, 2020) and report this count as staff/HCP census number in subsequent reporting periods; **or**
 - Continue its current census count logic, so long as logic is consistent with NC DHHS staff/ HCP definition and remains consistent through the duration of Secretarial Order No. 2.

Staff/HCP Testing Count for Testing Reporting:

A nursing home should include all staff/HCPs tested in reported count.

Guidance on Specific Scenarios:

- Staff/HCPs who work at multiple facilities (within the provider’s own facility network):
 - If staff/HCPs work at multiple facilities and documentation of recent testing is available, the staff/HCP does not need to be tested by reporting facility but *may* be included in the count if otherwise reflected in the census and supporting documentation is available.
- Staff/HCPs who get tested by an outside source (like community site):
 - If staff/HCPs work at multiple facilities and documentation of recent testing is available, the HCP does not need to be tested by reporting facility but *may* be included in the count if otherwise reflected in the census and supporting documentation is available
- Facilities may adopt a more rigorous strategy for testing PRN (as needed) staff/HCP and staff/HCP who otherwise miss the testing cycle, but minimally:
 - PRN staff/HCPs should be included in any testing activity occurring in the week they work but do not otherwise need to be included in testing activity.
 - Staff/HCPs on leave during the scheduled testing cycle should be reintegrated into the next testing cycle upon their return.
- Staff/HCPs (or residents) who previously tested positive within the past three months (regardless of whether they were asymptomatic or symptomatic), and are now asymptomatic, *do not* need to be retested as part of PPS testing. Residents and staff/HCPs who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be evaluated by their medical provider.
 - NOTE: If the positive test result is over three months old, the staff member/HCP should be reintegrated into the biweekly staff/HCP testing.
- Staff/HCPs working on a larger campus (i.e. CCRC) but not within the nursing home are not within the scope of the testing and should be excluded from both census and testing counts.
- Staff/HCPs who work in a combination facility but do not work in the nursing home section of the facility should be excluded.

Interim Payment

An interim payment is a payment made to the nursing home for projected or actual allowable testing costs in order to comply with staff/HCP testing requirements under Secretarial Order No. 2. Interim payments are administered by NC Medicaid on behalf of NC DHHS, utilizing designated federal CARES Act funding. Interim payments will be distributed according to the specifications outlined in guidance provided through NC Medicaid Special Bulletin and related trainings. Interim payments are subject to funding availability.

COVID-19 Testing: Nursing Home Reporting Portal

The COVID-19 Testing: Nursing Home Reporting Portal is the designated, web-based platform for reporting under Secretarial Order No. 2. Registration is required. Please see additional information and training resources on [Secretarial Order No. 2: Reporting and Payment Resources](#).