

**Intent:** This document seeks to respond or provide clarification to questions posed on a recent GHCA webinar or via members or other stakeholders as they have reached out for guidance. If the question was posed during the webinar, it is represented as asked via chat. Please recognize guidance continues to be dynamic and is subject to change from what is reflected in this document. GHCA provides ongoing updates as new information or guidance becomes available through our daily updates and/or webinar offerings. You can also find information at <https://www.ghca.info/infection-control-resources>. Please note the RESOURCE section at the bottom of this document for additional information on various topics.

**Legend:** SNF- Skilled Nursing Facility; AL- Assisted Living; PCH- Personal Care Home; CMS- Centers for Medicare and Medicaid Services; DCH- Department of Community Health; DPH- Department of Public Health; HFRD- Healthcare Facility Regulation Division (State Survey Agency)

**Q: This was in the GHCA info yesterday. "As you may know, on August 27, 2020, the Trump Administration announced the purchase of 150 million rapid COVID-19 tests to be distributed to assisted living communities across the country and to some skilled nursing centers in areas with high positivity rates." We thought ALL SNFs were getting test kits? Is this incorrect?**

A: All **Skilled Nursing Facilities** with a CLIA waiver certificate are expected to receive a point of care test device along with test supplies by the end of September. **Some** skilled nursing facilities and assisted living center/personal care homes that are in areas of high community transmission may receive Abbott Binax tests to assist with testing. Please see reference documents below in Resource section.

**Q: The Baseline testing by 9/28 requirement. does it matter when that testing was completed? Say June 2020?**

A: 111-8-16-.05(4)

On or before September 28, 2020, ensure that each resident and direct care staff person has received an initial baseline molecular SARS CoV-2 test as outlined by the CDC.

HB 987 specifies that COVID testing conducted prior to effective date of legislation may be counted as baseline test for compliance with requirement to

conduct an initial test of all direct care staff and residents by September 28, 2020 in the long term care setting (defined as Skilled Nursing Facility, Personal Care Homes and Assisted Living Centers with 25 beds or more).

**Q: Is there any chance that 25+ bed PCHs will get the testing device?**

A: Personal Care Homes with 25 or more beds may receive the Abbott Binax testing supplies.

**Q: Did she say personal care home would have to test by 9/28/20 also?**

A: All Personal Care Homes with 25 or more beds and Assisted Living Centers must comply with the testing requirements stipulated in HB 987.

**Q: I want to make sure I understand...does the routine testing apply to assisted living? I was under the impression that was LTCF/SNF.**

A: The new CMS requirement to conduct outbreak, symptomatic and routine testing of staff applies to Skilled Nursing Facilities only. The requirement to conduct initial baseline tests of all direct care staff and residents applies to SNFs, PCHs with 25 or more beds and ALs with 25

**Q: What if you run out of supplies...we have no choice but to change sources. Supplies for the BD Veritor are impossible to get.**

A: The requirement for testing does not stipulate that the test be conducted through any specific vendor or per the use of any specific device. If you experience difficulty in obtaining timely testing per requirements, you should document your efforts to procure test supplies; secure an agreement with a commercial lab vendor to conduct testing; and, notification of local and state DPH of need for test support. CMS indicates if you are able to support through documentation that you have made a good faith effort to comply with requirements, you should not be cited for non-compliance.

**Q: Is there a 2 week lag time with state data? Do we have to follow the 2 week lag time in testing?**

A: CMS has confirmed that centers may use CMS or State data and even specified on a recent call the data could be for a seven-day window if more current data. The provider must be consistent with their reference source and the source must be official and dated. The same source must be used to guide test frequency and visitation. Essentially, these are the data sources that should be used:

The DPH COVID-19 Status Report web site (<https://dph.georgia.gov/covid-19-dailystatus-report>) includes the County Indicator Report with the 14-day PCR positivity rates by county under the Laboratory Tests tab ([https://countyindicatorreport.s3.amazonaws.com/county\\_indicator\\_report+9-21-2020.html](https://countyindicatorreport.s3.amazonaws.com/county_indicator_report+9-21-2020.html)); this report is updated every Monday. See also CMS county report: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>.

**Q: Any thoughts on if a Federal survey team would apply the same guidance for data choice as GA HFRD? The regulation refers to CMS's data worksheet.**

A: As stated above, CMS has confirmed providers may use state data.

**Q: Do you use the current rate or the 7-day running average from DPH to test?**

A: It is recommended you use the specific websites contained in DPH's Administrative Order if you are using state data.

**Q: What's the best way for us to find out if we are on a list to get a test kit?**

A: If you are referencing the point of care test devices that are being provided by CMS, a CLIA certificate is the only requirement for SNFs to receive a device. If you do not have a CLIA certificate, you will not receive a device from CMS as the CLIA certificate is required to perform tests using the device. The Abbott Binax tests are being sent to certain ALs/PCHs and SNFs in areas of high community transmission.

**Q: So if you have an asymptomatic and they test positive on antigen and then do the PCR and it's negative - do you have to count that in the DPH/nhsn #'s and go through plan /outbreak testing etc??**

A: CMS has confirmed that if you receive a positive result on a point of care antigen test that is discordant with prior test results or clinical presentation (asymptomatic/no known exposure), it is not necessary to initiate outbreak testing or deem that outcome as a confirmed positive until confirmatory testing is completed. However, it would be prudent to isolate the individual until confirmatory testing is complete. **It is not recommended that you move a resident to a COVID+ unit until confirmatory testing is complete. Rather, initiate transmission based precautions and you place in single room (if possible) until test results are confirmed.**

**Q: Is one PCR negative test after a rapid test positive enough?**

A: Yes, one PCR negative test is adequate unless clinical presentation is discordant with test outcome. Please consult with the Medical Director and/or DPH staff to evaluate next steps as needed.

**Q: For the COVID result testing, is that Monday - Friday or seven days a week?**

A: CMS has confirmed that centers may use CMS or State data and even specified on a recent call the data could be for a seven-day window if more current data. The provider must be consistent with their reference source and the source must be official and dated. The same source must be used to guide test frequency and visitation. Essentially, these are the data sources that should be used:

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**Q: So do we follow the 14 days without a positive or 28 days?**

A: DPH released an updated Administrative Order on 9/21/20 that aligns with CMS's recommendation of 14 days without a newly confirmed COVID-19 case to evaluate potential progression to next phase of easing restrictions related to COVID-19 containment.

**Q: Is there documentation of what should be included in a test plan?**

A: DPH made the following recommendations related to a test plan in the Administrative Order issued on 9/21/20:

***A testing plan***

At minimum, the plan should consider the following components:

- i. Testing of all symptomatic residents and staff, outbreak response testing, and testing of asymptomatic staff;
- ii. Arrangements with commercial laboratories to test residents using tests able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)). Antibody test results should not be used to diagnose active SARS-CoV-2 infection; and
- iii. A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).

**Q: How are we supposed to document what phase we are in - does anyone have a template for this?**

A: The DPH Administrative Order of 9/21/20 specifies the following:

***Written plans to support reopening:***

In accordance with Code section 31-7-12.5, the long term care facility will maintain and publish for its residents and their representatives or legal surrogates policies and procedures pertaining to infection control and mitigation within their facilities and update such policies and procedures annually; and as part of the facility's disaster preparedness plan required pursuant to subsection (c) of Code Section 31-7-3 and Department of Community Health rules and regulations, include an epidemic and pandemic plan for influenza and other infectious diseases which conforms to department and federal CDC standards that contains the following minimum elements:

- i. Protocols for surveillance and detection of epidemic and pandemic diseases in residents and staff;
- ii. A communication plan for sharing information with public health authorities, residents, residents' representatives or their legal surrogates, and staff;
- iii. An education and training plan for residents and staff regarding infection control protocols;
- iv. An infection control plan that addresses visitation, cohorting measures, sick leave and return-to-work policies, and testing and immunization policies; and
- v. A surge capacity plan that addresses protocols for contingency staffing and supply shortages

You may consider including a table in your response plan that reflects the following that is perpetually updated as test frequency is evaluated: Data Source, Date, Positivity Rate, Date of last positive COVID-19 test, Date Outbreak testing initiated (if applicable)

**Q: Regarding the county positivity rate - our official county DPH data differs from CMS. Which do we follow?**

A: CMS has confirmed that centers may use CMS or State data and even specified on a recent call the data could be for a seven-day window if more current data. The provider must be consistent with their reference source and the source must be official and dated. The same source must be used to guide test frequency and visitation. Essentially, these are the data sources that should be used:

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**Q: Please restate when the next shipment of POC devices.**

A: While we do not have exact dates, we do understand that all devices should be shipped by the end of September.

**Q: Is a staffing shortage a reason to not allow visitation regardless of positivity rates?**

A: On September 21, CMS stated on a stakeholder call that "...nursing centers must facilitate in person visits unless there is a clinical rationale for not doing so." However, it is also important to note that DPH's Administrative Order states: Because staffing levels and access to supplies and testing may vary by facility and because the pandemic is affecting facilities and communities in different ways, decisions about relaxing restrictions in a facility should include the following considerations, as recommended by the CMS in QSO-20-39-NH:

1. Case status in the community
2. Cases status in the facility
3. Written plans for re-opening
4. Adequate staffing (not under contingency staffing plan or receiving state staffing resources)
5. Test plan
6. Adequate PPE
7. Local hospital capacity

**Q: Does a center have to test EMS personnel per CMS's routine testing requirements?**

A: No. EMS personnel are typically in the facility on an emergent basis and are not required to be tested as this may interfere with necessary and timely care and treatment of a resident. However, the facility should request the local EMS service's testing protocols and advise of facility's test plan.

**Q: Does the facility need to test Non-emergency transport staff?**

A: Because the presence of non-emergency transport personnel may be more predictable, the facility should advise the transport agency of their test plan and specifically advise of test requirements related to any personnel entering the facility and interacting with staff and/or residents. It is acceptable to accept test results from another source so long as the test date falls within the range the facility is currently evaluating.

**Q: Can a facility require a visitor to have a test prior to visitation?**

A: CMS encourages visitor testing but has stated it cannot be a condition of visitation if other criteria are met.

**Q: Where should I report my positive and negative test results from on-site POC Antigen testing?**

A: Under the new requirements, reporting of point of care antigen COVID-19 test results to the Georgia Department of Public Health (DPH) is required. DPH is developing a web-based reporting mechanism for this purpose. Until this mechanism is finalized, nursing centers are asked to report point of care COVID-19 test results using the Department's [spreadsheet template](#) and [accompanying instructions](#). Reporting via this spreadsheet is an **INTERIM** process to provide a means of reporting until the web-based mechanism is ready to field.

**Q: My facility has reached the need for emergency staffing. How do I request staffing assistance from GEMA?**

A: Answer the following to the best of your abilities and submit a request to your county [EMA](#) to place in WebEOC.

- Facility Name:
- Address:
- **Direct 24-Hour Point of Contact:**
- Facility's Current Census:
- Number of Active COVID Positive Residents:
- Number of Pending Positive Residents:
- Number of Active COVID Positive Staff:
- Number of Pending Positive Staff Members:
- Do you have any furloughed staff at your facility?
- Number of RNs short per shift:
- Number of LPNs short per shift:
- Number on CNAs short per shift:
- Shift Times:
- Duration of Time Assistance is needed:
- Does your facility have resources to source staff directly and/or has your facility attempted to source staff directly through a staffing agency? Please explain.
- Additional Information:



**Q: Key stakeholders do not have an accurate representation of COVID in our facility from the daily report. What daily report are they referring to and how do I update my information?**

A: Facilities should update their numbers Monday through Friday by 2:00 PM on the HFRD Database using the instructions [here](#). Effective July 6, 2020 surveyors no longer call and email facilities for data. \*\* The number of total tested staff should be a cumulative number reflecting the increase over time

**Q: On the latest CMS data report, I noted that my county positivity rate was 12% but my test frequency color code is yellow suggesting I should test weekly. Isn't this wrong?**

A: CMS updated their testing criteria to consider both positivity rates and total number of tests conducted in a specific county and time period. The criteria now reflect the following:

**Counties with test percent positivity <5.0% or with <20 tests in past 14 days: Green; test percent positivity 5.0%-10.0% or with <500 tests and <2000 tests/100k and >10% positivity over 14 days: Yellow; and, >10.0% and not meeting the criteria for "Green" or "Yellow": Red.**

Test positivity is rounded to the nearest tenth of a percent before classifying.

## **RESOURCES**

[CMS Nursing Home Data Website](#)

[Nursing Home Testing Algorithm](#)

[CMS Reopening Guidance Memo QSO-20-39:](#)

[DPH County Level Data](#)

[DPH LTC Re-opening Guidance Administrative Order](#) - Any questions should be directed to [hai@dph.ga.gov](mailto:hai@dph.ga.gov)

[QSO 20-38-NH](#)

**Reporting Requirement Guidance Table**

<b>Report Recipient</b>	<b>Requirement</b>	<b>Reporting Frequency</b>	<b>Source/Link</b>	<b>Audience to Report</b>
CDC NHSN Database	Required by CMS per Memo QSO-20-29-NH	Minimum of Every 7 Days	<a href="https://www.cdc.gov/nhsn/ltc/covid19/index.html">https://www.cdc.gov/nhsn/ltc/covid19/index.html</a>	Skilled Nursing Facilities (Required) and PCH 25 Beds or More (Optional)
DPH/DCH Long-Term Care Database	Required for Facilities with GEMA Contract, Recommended as Available for Public and Key Stakeholders	Monday - Friday by 2:00 PM	<a href="https://www.ghca.info/Files/COVID-19%20Database%20Instructions%20for%20Facilities%20FINAL.pdf">https://www.ghca.info/Files/COVID-19%20Database%20Instructions%20for%20Facilities%20FINAL.pdf</a>	Skilled Nursing Facilities and PCH 25 Beds or More
DPH SSENDS - Per Results of On-Site POC Antigen Device Test	Required by CMS per Memo QSO-20-37-CLIA, NH	Occurrence of Any Positive and Negative On-Site Antigen Test Results	<a href="https://www.ghca.info/Files/Instructions%20for%20Reporting%20POC%20Antigen%20Tests%20Interim%20Spreadsheet%20TCFs%2009022020.pdf">https://www.ghca.info/Files/Instructions%20for%20Reporting%20POC%20Antigen%20Tests%20Interim%20Spreadsheet%20TCFs%2009022020.pdf</a>	Skilled Nursing Facilities and PCH 25 Beds or More with CLIA Waiver
Notifiable Disease Report: District Health Department Representative	Required by O.C.G.A. 31-12-2	Positive Test Result Among Resident or Staff	<a href="https://dph.georgia.gov/about-dph/contact-dph/public-health-districts">https://dph.georgia.gov/about-dph/contact-dph/public-health-districts</a>	Skilled Nursing Facilities and PCH 25 Beds or More
Resident and Representative/ Legal Surrogate(s)	Required by O.C.G.A. 31-7-12.5 (HB 987)	By 5:00 PM of Next Calendar Day Per Positive Result and/or within 72 Hours of the onset of 3 or More Staff or Residents Test Positive		Skilled Nursing Facilities and PCH 25 Beds or More