

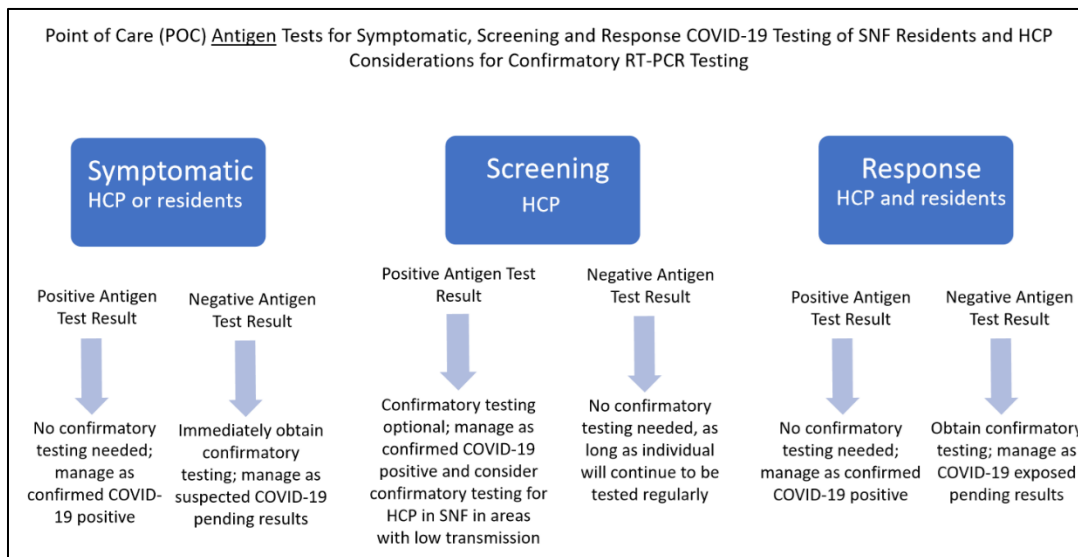
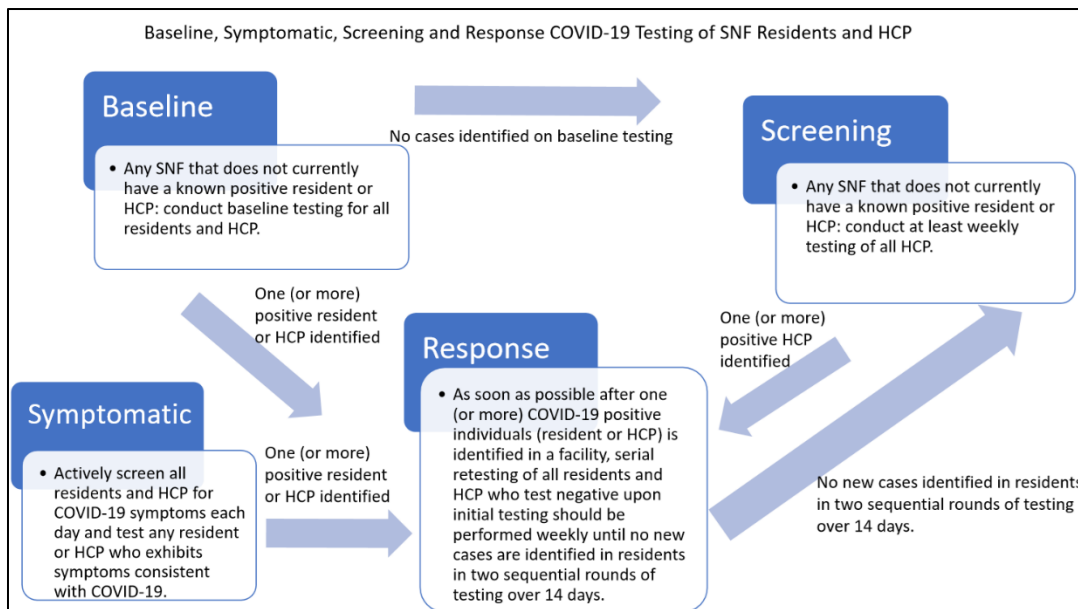


California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Calls
September 16 & 17, 2020

Review of September 12th AFL 20-53.3: COVID-19 Mitigation Plan Recommendations for Testing of HCP and Residents at SNFs <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>

The September 16th webinar recording and handouts can be found at the links below. Flow charts presented are below.

- <https://www.hsag.com/cdph-ip-webinars>
- [Access the recording](#) | [HSAG Slides](#) | [CDPH Slides: Testing](#)



Important Updates:

- **COVID-19 Data Reports:** Per [AFL 20-68](#), HSAG creates COVID-19 trend reports every Monday for all nursing homes in the state using data from NHSN. To access your report, please complete the [HSAG QIIP Administrator Form](#). To ensure your facility's data report is updated, confer rights to HSAG by following these [instructions](#).

- **Correcting Inaccurate NHSN Data:** If your nursing home's data is incorrect on the HSAG COVID-19 trend reports, you need to access NHSN to correct your data. If your facility no longer has a user that can access NHSN, please complete the [NHSN Facility Administrator Change Request Form](#) or contact nhsn@cdc.gov

- **CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management:** Access the scenario based trainings for your staff at the CMS Quality, Safety and Education Portal (QSEP): <https://qsep.cms.gov>. To get a certificate of completion, staff need to complete the pre- and post-test, training and the evaluation.
 - **Frontline Nursing Home Staff Modules**
 - Module 1: Hand Hygiene and PPE
 - Module 2: Screening and Surveillance
 - Module 3: Cleaning the Nursing Home
 - Module 4: Cohorting
 - Module 5: Caring for Residents with Dementia in a Pandemic
 - **Management Modules**
 - Module 1-5: Same subjects as frontline staff trainings
 - Module 6: Basic Infection Control
 - Module 7: Emergency Preparedness and Surge Capacity
 - Module 8: Addressing Emotional Health of Residents and Staff
 - Module 9: Telehealth for Nursing Homes
 - Module 10: Getting Your Vaccine Delivery System Ready

- **CMS Update:** On September 16, 2020, the Centers for Medicare & Medicaid Services (CMS) received the final report from the independent Coronavirus Commission for Safety and Quality in Nursing Homes:
 - [Coronavirus Commission on Safety and Quality in Nursing Homes Full Report](#)
 - [Administration Response to Commission Findings](#)
 - [COVID-19 Guidance and Updates for Nursing Homes during COVID-19](#)

Questions & Answers:

Q: How do I know what my county positivity rate is?

A: Visit <https://healthdata.gov/dataset/covid-19-nursing-home-data-test-positivity-rates> to identify the CMS test positivity rates for all counties in the nation. Other websites with county data include: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/> and <https://data.cms.gov/stories/s/q5r5-gjyu>. Data on county positivity will be release weekly by CMS. Counties are classified as either green, yellow or red based on their positivity rate. Facilities can use the CMS data to determine their test positivity rate or they can use data from the state or local health department if that data is more recent.

Q: Testing costs are getting expensive for facilities – sometimes even as high as \$12,000 a week. How are the costs of the weekly tests being covered? Residents are receiving messages from their insurance companies related to testing and being charged; thus they don't want to be tested to avoid those charges. What should they do?

A: Insurance companies should be covering this expense. We have regulations in California that mandate insurance companies cover these costs. We strongly encourage facilities experiencing coverage barriers for people with HMOs to reach out to the Department of Managed Care (DMC) that regulates HMOs. Point insurance companies to DMC website showing they are mandated to cover the costs. For residents and staff that have non-HMO coverage, it is recommended to reach out to the Department of Insurance.

Q: Based on the county's positivity rate, what are the testing expectations for ombudsman, surveyors, laboratories, diagnostic testing companies, EMS, psychologist, dentist, podiatrist, ophthalmologist, optometrist, and other outside consultants coming into the facility? Should NHs ask for proof of recent test results? Is verbal attestation of a negative test result sufficient? Is the NH responsible for testing them?

A: We currently do not have specific guidance on testing of individuals coming into the facility, aside from residents and staff. We are not expecting facilities to cover the costs of these tests in whole. We encourage facilities to determine the best practice for this considering their own unique circumstances.

Q: If a facility uses an antigen test for a contract worker who comes to the building and it comes back positive, do they need to report this and start outbreak testing if the contractor has never been in the building?

A: If the facility conducted the antigen test, then they would need to report that result. Regarding response testing, if the individual has not been in the building and just tested positive, this would not require response testing.

Q: Would you count a positive test from a patient that had tested positive previously over 90 days ago as a new positive or ongoing? Would this trigger response testing?

A: Because it is a new case for the facility, this would need to trigger response testing and be reported as a new case.

Q: Question related to point of care testing instruments. How can facilities get them if they haven't received them already?

A: The point of care antigen tests are being distributed by the federal government and not CDPH. Distribution of the tests have been scheduled for delivery in two waves:

- Wave 1: Devices scheduled for delivery between July 20th and August 14 (~2,400 nursing homes) to hot spot nursing homes.
- Wave 2: Devices scheduled for delivery between August 17 through September 30 (~11,800 nursing homes)

Nursing homes must have a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver to receive a testing device. Visit <https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/Nursing-Home-Data-Point-of-Care-Device-Allocation/jbvf-tb74> to identify which nursing homes have received or will be receiving the test kit.