Michigan Department of Health and Human Services
Skilled Nursing Facility COVID-19 Testing
Frequently Asked Questions

July 27, 2020

On March 10, 2020, Governor Gretchen Whitmer declared a state of emergency in response to the 2019 Novel Coronavirus Disease (COVID-19). Following this declaration, the Michigan Department of Health and Human Services (MDHHS) has been taking action to leverage available regulatory authorities to support Michigan's healthcare infrastructure and maintain the commitment to high quality services and safety to Medicaid beneficiaries.

Detection of COVID-19-positive persons living and working in nursing homes is essential to controlling the pandemic because it facilitates identification and enables isolation of COVID-19 positive persons to prevent the transmission of the virus to others. Robust testing of residents and staff is foundational to the reopening of nursing homes for resident visitation by family and friends. On June 15, 2020, DHHS issued an Emergency Order in concert with guidance to skilled nursing facilities, referred to as "nursing homes," for administration of COVID-19 diagnostic testing. This FAQ resource is intended to supplement these documents in implementation of the mandate to provide diagnostic testing as described therein.

Updated information is highlighted.

General

1. **If I have additional testing guidance questions who should I contact?**
   Send an email to MDHHS-MSA-COVID19@michigan.gov

2. **What is the protocol for resident/staff who refuse the COVID-19 test?**

   Residents

   - Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative specimen collection sources that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney.

   - If a resident has symptoms consistent with COVID-19, but declines testing, they should remain on Transmission-Based Precautions until they meet the symptom-based criteria for discontinuation (see CDC guidance for additional information).

   - If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or providing usual care should be based on whether the facility has evidence suggesting SARS-CoV-2 transmission (i.e., confirmed infection in HCP or nursing-home onset infection in a resident).

- Only residents who have a confirmed positive viral test should be moved to COVID-19-designated units or facilities.

Healthcare personnel:

- If HCP with symptoms consistent with COVID-19 decline testing, they should be presumed to have COVID-19 and excluded from work. Return to work decisions should be based on COVID-19 return to work guidance at the discretion of the facility's occupational health program.

- If asymptomatic HCP decline testing, the facility's occupational health program should determine work reassignment or work restriction so that the staff member will avoid contact with all nursing home residents. All staff should be trained in proper use of personal protective equipment, including universal facemask policies, hand hygiene, and other measures needed to stop transmission of SARS-CoV-2. Staff are expected to follow all safety precautions, including use of PPE, at all times.

Each facility's testing plan must include a procedure for addressing residents who decline testing or are unable to be tested, as well as a procedure for how employees who decline without medical justification and documentation will not be permitted to have direct contact with nursing home residents.

3. **What is the procedure when a person with power of attorney consents to the test, but the resident does not assent?**
   If a patient has impaired decision-making, based on an appropriate clinical assessment, a legally authorized decision-maker (e.g., DPOA, a guardian or parent) should be consulted and may consent on behalf of the patient. If a patient refuses, a medical professional should consult with the legally authorized decision maker of the risks and benefits of the test and indicate whether, based on the professional medical judgment, the test is still medically indicated and consider in that assessment how feasible it is to accurately conduct the test, and understanding that restraints solely for COVID-19 testing are not indicated.

4. **As the new Emergency Order specifies hospices residences licensed as nursing homes follow staff testing guidelines, there is an assumption that these facilities should also report COVID data, testing, and PPE. What is the appropriate environment/mechanism for this reporting?**
   Hospice residences licensed as nursing homes are currently exempt from the reporting requirements. MDHHS will communicate directly with these facilities if that requirement changes.

5. **It was understood that any testing and/or mass testing by the National Guard would meet the initial test requirement. Does the current order mandate that facilities test everyone again to satisfy the initial testing requirement?**

Facilities in which the National Guard conducted testing of all residents and staff may use that testing to meet their "initial testing" requirement, even if results have not yet been received. All other testing requirements must still be met. Facilities may choose to conduct another round of initial testing to provide more timely information, if desired.

6. **Does initial testing conducted prior to order issuance satisfy the "initial testing" requirement after effective date of epidemic order, i.e. June 15?**
   Yes, initial testing conducted prior to order issuance satisfies this requirement. Facilities that have already completed initial testing should note this, along with the date the testing was completed, in their Testing Plan that must be completed by 06/22.

7. **Our facility has worked out an arrangement for testing with our Local Health Department. Is that allowed?**
   MDHHS Emergency Orders have statewide applicability and set forth requirements that facilities must follow. MDHHS testing requirements for skilled nursing facilities closely follow guidance from CMS and CDC, which recommend ongoing testing. Facilities should work with their Local Health Departments to develop a plan that meets the requirements of the MDHHS Emergency Order.

   If facilities have an arrangement to conduct ongoing testing with Local Health Departments that are in accordance with the guidance set forth in the Emergency Order, that will be acceptable.

   Additional questions should be sent to MDHHS-MSA-COVID19@michigan.gov

8. **It has been reported that some labs, including the state lab, will not report staff test results to the facility, only to the individual employee. How should this be addressed to support facilities who are trying to manage risk?**
   There are legal requirements from CMS that prevent labs from returning results to anyone that is not the submitter of the sample or the appropriate public health authority. As such, the state lab reports test results back to the facility that submitted the patient sample and the Local Health Department.

   Employers may request that employees show documentation of a diagnostic test result, with date, as proof of a negative test. Additionally, employees who work at multiple facilities may provide one copy of their results to all facilities within a specified period of time to satisfy the testing requirement.

   If a facility does not have confirmation of a negative test of an employee, the employee should not be permitted to have direct contact with or provide care to residents.

9. **Where should completed plans be submitted?**
   Facilities are not required to proactively submit their plans; however, they must be available for review during regular infection control survey activities, MDHHS audits, and made available to the public upon request.

10. **Will the testing plan templates only be submitted to MDHHS if state staff request to review a specific plan, or are facilities that need assistance with testing required to submit them?**
    Testing plans need only be submitted to MDHHS upon request. Please see updated Skilled Nursing Facility Testing Plan Template noting addition of Column I with additional detail in Q17 below.

11. **Will the National Guard still be available to assist with testing, or will it fall to the LHDs to support the testing?**
    The National Guard or other state contractors will support testing to fulfill certain requirements as capacity allows. We anticipate maintaining National Guard support through July 27 and the state is working to secure a vendor to pick this work up after that date. We further anticipate the procurement process to be complete well in advance of the guard's departure to assure a smooth transition.

12. **What is the purpose of the LHD testing grid?**
    The LHD testing grid provides a uniform format for local jurisdictions to identify priority facilities and locations for COVID-19 testing every two weeks. This will help articulate local testing strategy, based on epidemiological trends and local knowledge, and inform statewide testing strategy. This will also help the state allocate testing resources (e.g., on-site testing at facilities, community-based testing, supplies) in a way that best meets local needs and priorities.

13. **Does the Epidemic Order (testing requirement) apply to all long-term care and congregate living facilities?**
    There is currently no required testing for facilities outside of nursing homes. We would certainly recommend testing residents who are in the same building as the nursing facility, and more broadly conducting resident testing to the extent practicable, but it is not a requirement at this time.

14. **What is the definition of "recovered" for the purposes of the Emergency Order?**
    Facilities are required to report the number of recovered residents to MDHHS daily. Recovered is defined as the number of persons with a confirmed COVID-19 diagnosis who are alive 30 days post-onset (or test date if onset is not available).

    This definition is used for data purposes but should not be used to determine whether someone should be released from isolation or quarantine.

15. **What should we do with staff/resident inconclusive test results?**
    Staff with an inconclusive test result should be retested.

16. **Is July 3 the last day to test or the last day to get results?**
    The order specifies that the last day to test to meet the requirement of testing of all staff in Regions 1 through 5 and 7 is July 3, 2020 and that staff testing completed anytime between June 15, 2020 and July 3, 2020 satisfies this requirement.

While MDHHS continues to urge facilities in Regions 1-5 and 7 to complete testing of their staff as soon as possible subsequent to June 15, MDHHS will not engage in enforcement actions with respect to testing requirements for nursing facilities that come into compliance by July 17, 2020.

17. **How will the inability to obtain testing supplies and timely test results impact compliance?**
    Please see MDHHS Skilled Nursing Facility Testing Guidance for options to complete testing, request supplies, or request state assistance if supplies are unavailable. The State has also provided a list of laboratories with COVID-19 testing capabilities and capacity to partner with new entities for specimen collection. If the availability of testing supplies impacts the facility's compliance with the testing order or a facility's test plan, facilities are directed to document these barriers in Column I of the Skilled Nursing Facility Testing Plan Template (updated July 10, 2020).

    Nursing facilities that require testing assistance may submit requests to MDHHS-LTCRequests@michigan.gov. Testing assistance includes provision of test kits to be completed by a facility and/or personnel assistance with collection of testing samples.

18. **Can the employer excuse an employee who is on vacation from weekly testing? Do they have to be tested on schedule if they are on scheduled vacation?**
    Yes, an employer may excuse an employee who is on vacation or otherwise not reporting to work from weekly testing.

19. **In order to schedule weekly testing, homes need to schedule this over 5 days. Does it have to be an exact 7 days between test or can this be + 2 days to allow for days off and sick days?**
    MDHHS interprets weekly testing to require one test per calendar week (Sunday to Saturday). Facilities do not need to schedule exactly every 7 days, given the operational difficulty of doing so.

20. **Can a facility buy the machines and testing kits and run their own tests if using a CLIA-waiver approved test?**
    Yes. If a facility is able to purchase a machine and test kits for a CLIA-waived test, this is appropriate. Unfortunately, the state is not able to assist with these materials.

21. **When there is weekly testing required for positive case, what is the current guidance for re-testing residents or staff who have tested positive?**

    When a new case of SARS-CoV-2 infection is identified in a health care professional or a nursing home-onset case in a resident, viral testing should be performed for all residents and staff as soon as possible. Continue repeat viral testing of all *previously negative* residents and staff, generally between every 3 days to 7 days, until the testing identifies *no new cases* of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result.

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CDC has provided **updated guidance** and **FAQs** regarding re-testing residents or staff who have tested positive:

1) If resident or HCP was PCR + within the past 3 months and are now asymptomatic. do not retest as part of facility-wide testing.

2) If resident or HCP was PCR + more than 3 months ago and are asymptomatic, include in facility-wide testing.

3) If resident or HCP was PCR + within the past 3 months and they become symptomatic again after recovering from initial illness, evaluate current illness and retesting for SARS-CoV-2 may be warranted if alternative etiologies for the illness cannot be identified.

4) If resident or HCP was PCR + more than 3 months ago and they become symptomatic again after recovering from initial illness, retest and if positive should be considered potentially infectious and remain in isolation precautions until discontinuation criteria or excluded from work until return to work criteria can be met.

5) For persons who are severely immunocompromised, a test-based strategy to discontinue transmission-based precautions or return to work *could* be considered in consultation with infectious diseases experts. For all others, **a test-based strategy** to discontinue transmission-based precautions or return to work is **no longer recommended** except in rare instances to discontinue earlier than would occur under the symptom-based or time-based criteria.

22. **Can stringent risk mitigation efforts be considered in lieu of weekly testing? (Example: exposure protocol, mandate mask wearing in all areas, social distancing in common areas)**
No. Stringent risk mitigation efforts should be in place and could impact the duration of testing required; however, all nursing homes must follow the testing requirements outlined in the Emergency Order.

23. **How do we mitigate the risk of false positives?**
We recognize that there is a possibility of false positive results, and that no test is perfect. However, testing in a region with a medium or higher COVID-19 risk level, and in a higher risk setting such as a nursing home, makes false positive results less likely.

24. **If a facility accepts a COVID-positive individual being discharged from a hospital, does this trigger the requirement to conduct weekly testing of all residents and staff (concluding 14 days after the most recent positive result)?**
This testing requirement applies in response to an outbreak when either are detected: 1) A confirmed case among healthcare workers (regardless of whether exposure is thought to have occurred at home or at the nursing facility), or 2) A confirmed nursing-home-onset SARS-CoV02 case, which refers to SARS-CoV02 infections that originated in the nursing home. All current previously negative residents and staff should then be tested

weekly, until at least 14 days since the most recent positive result. The requirement does not apply to acceptance of an individual already known to test positive for COVID-19.

25. **If part of the facility was tested earlier, can the rest of the facility be tested now and consider it an initial test or do all residents need to be retested at the same time to meet the initial testing requirement?**
    For the initial one-time testing for all residents, any testing conducted prior to order issuance satisfies this requirement for those residents who were tested. Residents who were not tested or offered testing before should now be offered testing to meet requirements of this order.

26. **What is the guidance for dementia residents who resist and/or are combative with testing? Is it acceptable to mark them as refused or unsafe to test?**
    Residents can opt out of the testing and this would not be considered a violation of the order. Each facility's testing plan must include a procedure for addressing residents who decline testing or are unable to be tested, as well as a procedure for how employees who decline without medical justification and documentation will not be permitted to have direct contact with nursing home residents.

27. **What is the definition of "resident contact"?**
    Resident contact is defined as providing direct care for a resident which may include, but is not limited to, assisting with activities of daily living, physical assessments, taking vital signs, medication administration, indwelling device care, wound care, providing physical/occupational/speech therapy services, assistance with socializing and wellness activities. Resident contact is also defined as being within 6 feet of one or more residents for ≥15 minutes. Please see CDC guidelines for additional context: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html and https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html.

28. **What support is available to facilities in the event staff who test positive or refuse testing creates a critical staffing shortage? Will supports be available in all geographic locations?**
    MDHHS is actively working to create Rapid Response Staffing Resources to support facilities facing an acute staffing crisis. Resources will only be available in certain counties in West and Southwest Michigan. Facilities requesting staffing support will be required to meet criteria set out by MDHHS. Emergency staffing resources will be available for up to 72 hours. MDHHS will also be available to assist facilities in finding longer term staffing solutions when significant numbers of staff test positive for COVID-19.

29. **What is the guidance for staff who work limited days/week for whom results will not be available until they have worked their shifts?**
    All staff should be screened upon returning to work for fever and the presence of COVID-19 symptoms. Any HCP with signs or symptoms of COVID-19 should be tested and excluded from work until they meet the return to work criteria. Asymptomatic staff who are awaiting test results from the facility weekly testing may continue working while awaiting test results, unless work restrictions have been implemented by the facility

occupational health program because of an exposure warranting exclusion from work. MDHHS interprets weekly testing to require one test per calendar week (Sunday to Saturday).

30. **Upon returning from vacation, should staff be tested their first day back, or should they be tested with results procured prior to return?**
    All staff should be screened upon returning to work for fever and the presence of COVID-19 symptoms. Any HCP with signs or symptoms of COVID-19 should be tested and excluded from work until they meet the return to work criteria. Asymptomatic HCP should be tested as soon as practical upon returning to work. If HCP remain asymptomatic, they may continue working while awaiting test results, unless work restrictions have been implemented by the facility occupational health program because of an exposure warranting exclusion from work.

31. **Once a person is tested, are they good for 7 days following or does testing anytime Monday-Sunday meet the requirement?**
    MDHHS interprets weekly testing to require one test per calendar week (Sunday to Saturday). Facilities do not need to schedule exactly every 7 days, given the operational difficulty of doing so.

32. **Do facilities need to make an accommodation for employees who refuse a COVID-19 test for a medical, disability or religious reason?**
    Yes. An employer's ADA responsibilities to individuals continue during the COVID -19 pandemic, we encourage employers to review EEOC guidance here: https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act

33. **How is "initial testing" defined with respect to newly hired staff?**
    Newly hired staff must complete initial testing and receive a negative test result no more than one week prior to any work involving resident contact.

34. **May facilities share the results of the employee COVID-19 tests with the state in compliance with HIPAA?**
    The order requiring a COVID-19 test of employees at nursing facilities is necessary to prevent the spread of COVID-19. The Office of Civil Rights (OCR) has issued enforcement guidance on HIPAA indicating that a disclosure by a business associate of health information to a public health entity at the state level, for purpose of preventing or controlling the spread of COVID-19, consistent with 45 CFR 164.512b, is a good faith disclosure in which OCR will exercise its enforcement discretion and not issue penalties. More information can be found here: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

    Disclosure by a covered entity for this purpose was already permissible and remains so, as OCR indicated in the guidance above: "The HIPAA Privacy Rule already permits covered entities to provide this data, and today's announcement now permits business associates to also share this data without risk of a HPIAA penalty."

35. **Does the testing requirement of all new or returning residents during intake unless tested within the last 72 hours include dialysis and doctor visits?**
    No.

36. **If staff testing for antibodies reveal they have antibodies, are they still subject to weekly testing if asymptomatic?**
    Yes. Anti-body testing should not be used as a basis to diagnose active COVID-19 infection. This testing can only indicate whether an individual has *ever* had a COVID-19 infection or possibly from infection with a related coronavirus, such as one that causes the common cold, not whether they have an *active* infection. Significant questions remain around what, if any, immunity antibodies provide to COVID-19 and how long this protection might last, as well as around the sensitivity and specificity of many anti-body tests. Therefore, antibody tests should not be used to diagnose COVID-19 and should not be used to inform infection prevention actions.

37. **Can out of state labs be used? If so, is there any impact on reimbursement? Do only labs approved by MDHHS qualify for reimbursement?**
    Yes, out-of-state laboratories may be used. There should not be an impact on reimbursement, though in some instances testing should be billed to insurance to seek reimbursement, and not all laboratories have insurance billing capabilities.

    In general, facilities may partner with any laboratory that has validated COVID-19 testing, is able to conduct CLIA high-complexity tests, and uses a testing methodology with Emergency Use Authorization from the Food and Drug Administration. Facilities should consult with clinical staff and laboratory staff to ensure that appropriate testing methods are selected to fit the patient profile; for example, some tests may be less suitable for asymptomatic individuals. Note that the vast majority of COVID-19 utilizes a PCR methodology that requires a CLIA high-complexity laboratory; however, rapid point-of-care tests, which are less common, only require a CLIA waiver.

    Finally, please note that the list of laboratories published on the MDHHS website only reflects those that have indicated capacity to contract with new partners to conduct additional testing. It does not encompass all laboratories in the state that have verified COVID-19 testing, which is a large number of laboratories.

38. **Has there been discussion at the State level regarding reimbursement for hospice organizations as well regarding staff testing?**
    Hospice residences that are licensed as nursing homes may seek reimbursement from MDHHS for testing on the same terms as skilled nursing facilities. As noted later in this guidance, these facilities must only conduct mandatory testing for staff and may seek reimbursement for this testing.

    Hospice residences licensed as nursing homes may choose to test residents who consent (or when consent is received from an individual authorized to make medical care decisions for the resident), and should bill Medicaid or Medicare for this testing but may seek reimbursement for costs not covered by those sources.

39. **Are all organizations required to provide free tests for both symptomatic and asymptomatic staff members? Where can I find a list of no-cost test sites for symptomatic and asymptomatic staff members?**
MDHHS regularly updates the list of "no cost" test sites, based on the best available information at the time, and has removed sites that charge asymptomatic individuals.

40. **Do nursing home employees require a physician order for testing?**
Testing must be ordered by an authorized clinician. Several types of clinicians may issue an order for the test, in addition to physicians. Per Executive Order 2020-104, physician's assistants, advanced practice registered nurse, licensed practical nurse, or registered professional nurse, and pharmacists "must be considered to be persons authorized to order a laboratory test that has been classified by the Food and Drug Administration as moderate or high complexity." COVID-19 testing is classified as moderate or high complexity, depending on the precise type of testing used.

41. **Do we need to test funeral home staff who come into facility? They do not come in every week, but they do come regularly.**
MDHHS recommends testing for these staff but it is not required, given the frequency of their visits.

42. **Of the requirements in the MDHHS Emergency Order, which apply to hospice facilities licensed as nursing homes?**
Hospice residences licensed as nursing homes are currently exempt from the reporting requirements. They are required to comply with all staff testing requirements outlined in the order, including

    - Initial testing of all staff;
    - Testing any staff member with symptoms or suspected exposure;
    - Weekly testing of all staff in facilities with any positive cases among residents or staff, until 14 days after the last new positive;
    - Testing of all staff in Regions 1 through 5 and 7, at least once between the date of the order (June 15, 2020) and July 3, 2020[1]; and
    - Weekly testing of all staff in regions of medium or higher risk on the MI Safe Start Map[1].

    Testing of hospice patients should only be done with the consent of the individual or other person legally authorized to make medical care decisions for the individual.

43. **How do facilities request testing assistance from the state?**
Facilities requesting assistance with testing should download the Testing Support Request Template and send completed request via email to

[1] While MDHHS continues to urge facilities in Regions 1-5 and 7 to complete testing of their staff as soon as possible subsequent to June 15, MDHHS will not engage in enforcement actions with respect to testing requirements for nursing facilities that come into compliance by July 17, 2020.

MDHHS-LTCRequests@michigan.gov. Testing assistance includes provision of test kits to be completed by a facility, or personnel assistance with collection of testing samples

Will the state supply the testing kits if we did not do the voluntary testing?
Yes: facilities that opted not to pursue the first offer of National Guard assistance with testing can still request state assistance if needed to meet the testing requirements under the emergency order. Skilled nursing facilities that require testing assistance may submit requests to MDHHS-LTCRequests@michigan.gov.

44. **Now that Regions 6 and 8 are designated as medium risk on the MI Safe Start map, must facilities in those regions begin weekly staff testing? Are hospice residences excluded from the testing order if they are only licensed as a hospice residence and not as skilled nursing?**
The emergency order specifically states: "Hospice facilities licensed by the state as a nursing home must test all staff at the same intervals of nursing home staff, and may test a hospice patient with consent of the individual or other person legally authorized to make medical care decisions for the individual." Hospice facilities licensed or certified as a hospice (and not a nursing home) are not referred in and/or subject to the order.

45. **Some of our staff or contractors work in multiple facilities. Do they need to be tested weekly at each facility?**
Staff who work in multiple facilities may use negative test results from one test (each week) to fulfill the testing requirement at all facilities subject to the weekly testing required under the MDHHS Emergency Order.

46. **If licensed health care providers refuse to take the test, could this individual face licensing implications?**
In general, unless the medical screening is mandatory under a provider's own communicable disease policy and procedures, no action would be taken by MDHHS or LARA. If medical screening is mandatory under a facility's policy/procedures, the facility could be at risk for not enforcing their policy and procedures.

47. **If a staff member refused to participate in the weekly testing and there are no other jobs available for the person that does not include resident contact would they be eligible for Unemployment (UI) benefits?**
If an employee is terminated as a result of refusing to participate in the weekly testing, his/her eligibility for UI benefits would be reviewed on a case by case basis to determine whether the individual was discharged as a result of misconduct – defined as conduct that is a willful or wanton disregard of the employer's best interest, or conduct beneath the standard that the employer has a right to expect, or repeated violations of policy. Whether the individual is disqualified from receiving benefits will depend on whether the refusal to consent to COVID-19 testing was in disregard of the employer's best interest, and/or whether the refusal was beneath the standard of conduct that the employer has a right to expect.

48. **We are allowing 1 visitor/day for end of life. Do they need to be tested under this executive order?**

No, the testing requirements do not apply to visitors. MDHHS has issued a separate Order outlining visitation requirements and protocols for residential care facilities, including nursing homes.

49. **How far back can universal testing of residents be applied to meet initial testing requirement for residents.**
    Testing of staff and residents dating back to the start of the pandemic meet the initial requirement.

50. **If an employee divides time between two or more facilities, who is responsible for testing and/or reporting (via EMResource) any positive results?**
    The facility where the employee spends the greater portion of their FTE is responsible for testing and reporting. If time is allocated equally, then the facilities should come to a mutual understanding and/or compromise regarding responsibility.

51. **When a patient/resident is discharged from the hospital, who is responsible for running the tests (hospital or LTC). If LTC, would they be able to submit for reimbursement?**
    Facilities are required to test any new or returning resident who has not been tested in last 72 hours. If the hospital performs the test before discharge, the facility does not need to complete testing unless the hospital-administered test falls outside of this 72-hour window. Any testing completed by the nursing home would be eligible for reimbursement from Medicare, Medicaid, or MDHHS (depending on the resident's health coverage).

52. **When does the weekly testing begin?**
    Facilities must begin implementing their testing plans the week of June 29th, including for weekly testing in facilities with any positive cases. The only exception concerns weekly staff testing, for which the following deadlines apply:
    - Regions 1-5 and 7: Weekly staff testing must begin by July 17, 2020
    - Regions 6 and 8: Weekly staff testing must begin the week of July 27, 2020

53. **Can an employee be terminated for refusing to be tested?**
    A nursing home employee who refuses to test without medical justification must not be permitted to have any direct care duties and responsibilities for, or have direct contact with, any of the nursing home's residents. Facilities that have employees refusing to test are responsible to ensure such direct contact is avoided, and the facility as an employer would be responsible for making any and all employment decisions are in concert with their own collective bargaining agreements(if applicable), policies and handbooks, as well as any applicable state and federal laws.

54. **If we do not have test results back in one week, should we notify the state within 24 hours and hold off on the "weekly" testing until the results are in?**
    Facilities should continue to conduct weekly testing while awaiting results from previously conducted testing.

The State recognizes the importance of timely test results, is continually improving our own testing processes and contracts to improve timeliness and encourages facilities to prioritize timeliness of results in their testing planning.

55. **Where can a facility access back-up staff to replace COVID-positive employees?**
To assist with staffing shortages at long-term care facilities due to COVID-19, MDHHS is offering Rapid Response Staffing Resources in 11 counties. Staffing resources will be available in Kent, Ottawa, Allegan, Muskegon, Newago, Montcalm, Wayne, Oakland, Macomb, Livingston, and Washtenaw Counties. MDHHS will provide short term, 72 hours or less, of consecutive staffing assistance through 22nd Century Technologies, Inc. Facilities requiring staffing assistance will need to meet specific criteria and demonstrate they have exhausted all other options. Staffing resources will include registered nurses, certified nursing assistants, personal care aides or resident care assistants. More information on how to access Rapid Response Staffing, the criteria to qualify, and frequently asked questions can be found here: https://www.michigan.gov/documents/coronavirus/Rapid_Response_Staffing_Guidance_for_LTC_Facilities_Final_695568_7.pdf

56. **The guidance states that the staff testing requirement applies to "any individual providing services at the facility on a weekly basis, including all staff and contractors with routine access to facility." Can MDHHS provide more detail about to whom this applies?**
Yes. Staff who are not directly involved in patient care (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel) must be included in the facility's routine/required testing, as they could be exposed to infectious agents that can be transmitted in the healthcare setting.

57. **Which of the expanded list of symptoms warrant testing for COVID-19 under the "suspected" category?**
Clinicians should use their judgment to determine if a resident has signs or symptoms compatible with COVID-19 and whether the resident should be tested. Most symptomatic residents with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough) but some infected residents may present with other symptoms such as: shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

58. **If someone presents with fever and sore throat and test negative for COVID-19, but positive for strep, do they then need to follow the COVID-19 return-to-work criteria once an alternative (non-Covid-19) diagnosis has been determined?**
For symptomatic healthcare personnel who have had COVID-19 ruled out and have an alternative diagnosis (e.g., tested positive for Group A streptococcus or influenza), criteria for return to work should be based on that diagnosis.

59. **An administrative staff member tested positive for COVID-19. He/she is asymptomatic, and does not interact with residents directly, but was working within his/her office in the building. Would this positive case require weekly testing of staff and residents for the 14-day time period if this is the only positive case identified?**
    Yes. A positive case among any staff member, regardless of whether they have contact with residents, triggers the requirement for weekly testing of all residents and staff, until the testing identifies no new cases for a period of at least 14 days since the most recent positive result.

60. **If a staff member is out of a facility for an extended period (e.g., medical leave) and has recently tested positive, but has had no resident or staff contact, must facility begin weekly testing of all residents and staff?**
    If the staff member did not work in the 48 hours prior to the first start of symptoms and has had no contact with residents or other staff since start of symptoms, then the facility would not need to do weekly testing. This staff member should be excluded from work until return-to-work criteria can be met.

61. **Will any consideration be given to counties with low COVID incidence that are grouped in medium or higher risk regions?**
    The current order reflects risk based on regions as identified by the Michigan Economic Recovery Council. As the epidemic continues, consideration may be given to suing a county level approach.

Questions 62 – 67 added July 27, 2020

62. **If a facility is willing, would it be acceptable to offer testing to those living in the same household as a staff person who tests positive? If this is permitted, would the facility be able to submit for reimbursement for these tests**?
    While MDHHS recognizes the importance of early detection and mitigating spread of the virus, the nursing facility would not be eligible for MDHHS reimbursement for testing individuals living with a staff member who tests positive. Many no-cost testing sites are available across the state to support household members in such a situation. Michigan residents can find nearby COVID-19 testing sites that meet their needs at www.michigan.gov/coronavirustest.

63. **What is the process for reimbursement of testing for hospice staff providing services in nursing facilities?**
    Staff contracted with nursing homes to provide hospice services can be included in the nursing facility's routine/weekly testing and the state will reimburse the nursing facility for any costs incurred to test these staff. A hospice agency cannot request payment directly and would need to be included as part of the nursing home testing and submitted with the facility's reimbursement request.

64. The following questions relate to EO 3.b.iii & iv; "Testing any resident or staff member with symptoms or suspected exposure; Weekly testing of all residents and staff in facilities with any positive cases among residents or staff, until 14 days after the last new positive;" respectively.

a. When after exposure do facilities have to test?
When exposure has been identified, facilities should test all other residents and staff as soon as possible. Depending on the timing, the next scheduled weekly round of testing may be the most practical.

b. If staff were tested as part of weekly testing, do they have to be tested again prior to the next round of weekly testing, if exposure is identified?
Testing as soon as possible is critical to mitigating spread. Depending on when the exposure occurs, it may be that the next round of weekly testing is the most practical.

If the exposed staff member(s) remain asymptomatic, they may continue working while awaiting test results, unless work restrictions have been implemented by the facility occupational health program because of an exposure warranting exclusion from work.

If a newly identified case in residents or staff is identified, then they should test all previously negative residents and staff. Continue repeat testing (per EO weekly, per CDC every 3 to 7 days) until 14 days since last positive case identified (i.e. need 2 negative rounds of point prevalence surveys).

65. To meet the requirement to conduct weekly testing of residents until 14 days have passed since the last positive test, would the 14 days be from testing administration date, or the date that positive results were received from the lab?
Weekly testing must continue until 14 days from the date the last positive test was conducted.

66. What criteria should facilities use to determine who should be included in the staff testing requirements?
Pending further guidance, the staff testing requirements apply to all nursing facility staff employees by the facility and any contractors who are routinely in the building for more than 8 hours per week and have direct resident contact during this time. While not required, MDHHS encourages testing of **all** contractors who are in the nursing facility on a routine and regular basis and have direct resident contact, even if these individuals are in the building for less than 8 hours per week. MDHHS will reimburse facilities for conducting any such testing in accordance with the financial guidance released by MDHHS.

67. Is the state allowing the rapid tests to be used instead of the NP, nasal, oral or sputum methods?
The MDHHS guidance for nursing home testing specifics that the following type of diagnostic testing is allowable:

- polymerase chain reaction (PCR);
- nucleic acid; or
- antigen tests

Rapid tests meeting this criterion are allowable.

Reimbursement

1. **Will the state provide reimbursement for resident testing costs if a nursing facility contracts with a laboratory that won't bill Medicaid?**
   No. Facilities should ensure the ability to bill Medicaid for laboratory services provided to Medicaid-covered residents, whether by contracting with a laboratory with billing capability or by developing an alternative process permitting the laboratory services to be billed.

2. **If testing is being reimbursed by the state, do all samples need to go through Bureau of Labs (BOL)? Would requests for supplies need to go through BOL?**
   No, samples do not need to go through BOL, and the State recommends that facilities develop partners besides BOL to assist with this testing. The State has provided list of laboratories with COVID-19 testing capabilities and capacity to partner with new entities for specimen collection.

   If/when appropriate alternatives do not exist, facilities may still send samples and/or request supplies to BOL. The State will fulfill supply requests as capacity and incoming supplies allow.

3. **Some facilities have requested that the state assist by dropping off test kits for facility administration. If a facility conducts the test using state provided test kits, is the facility eligible for the $22.07 specimen collection reimbursement?**
   Yes, facilities may claim reimbursement for the specimen collection fee when the National Guard drops off testing kits and the facility collects the specimens.

4. **Will the state compensate facilities for any additional staff time needed to conduct the required testing?**
   Facilities may seek reimbursement from MDHHS for specimen collection, conducted by the facility, through the MDHHS reimbursement process. This would include specimen collection for staff, private pay residents, Medicare residents and Medicaid residents.

5. **An employer cannot force an employee to pay for a medical exam when the medical exam/test is necessary to prevent a direct threat to the health and safety of others. Whose responsibility is it to pay for the cost of the COVID-19 test for nursing facility employees?**
   The state of Michigan will provide financial resources to the nursing facilities to cover the cost of employee tests. Please see the financial guidance released by MDHHS for further details.

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6. **Are labs to bill for patients with Advantage plans or supplementals? Or only for straight Medicare or Medicaid?**
   Labs should bill Medicare Advantage plans as well as standard Medicare or Medicaid. Recent guidance from the Centers for Medicare and Medicaid indicates that Medicare Advantage plans must cover COVID-19 testing in skilled nursing facilities according to recommendations form the Centers for Disease Control and Prevention (which align with MDHHS testing requirements).

   Exception: Facilities should seek MDHHS reimbursement for testing of residents under a Medicare Part A stay, rather than billing Medicare.

7. **How often can the reimbursement form be submitted? Should we submit each week or combine many weeks of testing on one form?**
   MDHHS recommends that facilities submit the reimbursement form on either a monthly or bi-weekly basis.

8. **Should the facilities expect lab invoices for staff or residents insured by Medicaid or Medicare?**
   No, the facility should not expect lab invoices for staff or residents insured by Medicaid or Medicare.

9. **Does the state expect the labs that facilities are partnering with to bill commercial insurance?**
   No. At this time, the state is not expecting either the lab or the facilities to pursue testing-related reimbursement from commercial insurers. The facility would be eligible for testing reimbursement from MDHHS for these tests, and the facility should receive invoices from the lab to support this reimbursement request.

10. **Is the facility required to pay the lab invoices before submitting a request for state reimbursement?**
    Yes. The facility must gather and pay the lab invoices before requesting reimbursement from MDHHS. The invoices must be retained with the providers' records, and is subject to audit, but do not need to be submitted to MDHHS with the reimbursement request form.

11. **If Medicare rejects a claim for testing reimbursement (example: VA contract prohibits Medicare billing), can the facility seek reimbursement from the state?**
    If the VA and Medicare will not cover the cost of the test, then the facility may request reimbursement for that test from MDHHS.

12. **Does the facility need to submit individual level information/details along with the reimbursement form when requesting MDHHS reimbursement?**
    The facility must retain insurance information in their files for each employee and resident for audit purposes. The facility **MUST NOT** submit insurance cards or any other protected health information with their reimbursement request. If a facility is audited, then MDHHS will request the documentation at that point through a secure method.

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13. **Will the state be providing reimbursement for testing completed by hospice facilities licensed as nursing homes?**
    Yes. The State of Michigan will provide financial resources to hospice facilities licensed as nursing homes and subject to the testing requirements in the MDHHS Emergency Order to cover the cost of employee tests. Please see the financial guidance released by MDHHS for further details.

14. **Will MDHHS reimburse for testing that occurs during a resident's Medicare Part A stay?**
    Yes, MDHHS has updated the financial guidance to reflect that MDHHS will reimburse the full lab cost of the test for private pay residents, residents under a Medicare Part A stay and staff tests.

    MDHHS will not reimburse testing for Medicaid residents and Medicare residents not under a Part A stay as that should be covered and billed by the laboratory. For testing of staff with Medicaid as insurance, Medicaid should be billed.

Testing Reimbursement Process

☐ Complete Testing Reimbursement Form

Notes:

1. MDHHS will pay the full lab cost for lab-incurred specimen collection, except in instances for residents/staff where Medicare Part B may be billed for specimen collection.

2. Reimbursement rate for specimen collection by facility is $22.07

☐ Submit all testing reimbursement forms to:

MDHHS-SNF-Testing-Financial@michigan.gov

Do **NOT** send any confidential information or beneficiary specific data via email.

☐ Requests for reimbursement may be submitted on a monthly or bi-weekly basis

☐ Anticipated payment disbursement via EFT upon receipt of properly submitted reimbursement form: 5 business days (disbursement may be delayed in the event request submission requires correction or resubmission.)

Additional LTCF COVID-19 Information and Resources

Stay up-to-date on the Nursing Home COVID-19 Plan

- Emergency Order: Testing 06.15.20
- Director Robert Gordon memo 06.25.20

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- Testing Guidance 06.15.20
- SNF COVID-19 Testing Financial Guidance 07.27.20
- Testing Reimbursement Form 07.09.20
- Testing Support Request Template 07.10.20
- Skilled Nursing Facility Testing Plan Template 07.10.20