



State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 17, 2020

**ALL LOUISIANA NURSING FACILITIES
Via Electronic Transmission Only**

RE: COVID-19 PCR Testing Requirements in Nursing Facilities in Louisiana

Dear NF Administrator:

This letter addresses COVID-19 PCR testing requirements at all Nursing Facilities (NF) in Louisiana and outlines the policy requirements of the Louisiana Department of Health and the Louisiana Medicaid Program for nursing facilities, administrators and owners, regarding COVID-19 PCR testing of NF residents and NF staff/healthcare professionals (HCP) and COVID-19 testing plans.

Nursing Facilities (NF) are residences for a vulnerable population most at risk for the novel coronavirus. According to the Centers for Disease Control (CDC), NF residents now account for over 30 percent of the COVID-19 deaths nationwide.

This concerning statistic along with increased anecdotal reports of Louisiana Nursing Facilities with gaps in personal protective equipment (PPE), testing kit availability, and staffing in late April of 2020, warranted priority attention. By May 4, 2020, the Louisiana Department of Health (LDH) initiated a Nursing Home Task Force (NHTF) composed of multiple offices to include, but not limited to, critical stakeholders such as: LDH Leadership, LDH Health Standards, LDH Office of Public Health (OPH) State and Regional Leadership, OPH/Epidemiology, OPH/Lab, Louisiana National Guard (LNG), and the Louisiana Nursing Home Association (LNHA). Since early May, the NHTF has been meeting 3-5 times weekly to advance CDC and Centers for Medicare and Medicaid Services (CMS) guidance on testing in Nursing Home Facilities. The NHTF, through the Regional Office of Public Health (OPH) offices, conducts frequent outreach to NFs in Louisiana, to assess progress of testing of both residents and staff. As of mid-June, approximately 79% of all NF residents statewide have been tested and approximately 62% of all NF staff statewide have been tested. Facility-level status reports are shared with the LNHA which has also reached out directly to many NFs to encourage testing where some facilities are hesitant to follow federal guidelines or are hesitant to cooperate with the Office of Public Health.

Epidemiology Submissions

The daily reports submitted by NFs to OPH/Epidemiology Section have been used to schedule virtual and on-site Infection Control Assessment and Response (ICAR) surveys to assist NFs with preventing and mitigating outbreaks. The ICAR is a technical assistance tool to guide infection prevention practices and quality improvement activities related to infectious diseases. As of mid-June there have been 226 On-Site ICARs and 291 Virtual ICARs conducted statewide to assist facilities.

Information Outcome

The collated reports organized by Regional OPH have shown that two-thirds of all NFs statewide are testing in accordance with federal guidelines. The data also reflects that there are one-third of all NFs statewide that are not testing in accordance with federal guidelines. This letter will address testing requirements at NFs in Louisiana so that all NFs statewide clearly understand the requirements. Testing results and reporting will be used to shape further testing and visitation policies.

LDH and Medicaid Policy

This letter outlines the policy requirements of the Louisiana Department of Health and the Louisiana Medicaid Program for nursing facilities, administrators and owners, regarding COVID-19 PCR testing of NF residents and NF staff/healthcare professionals (HCP) and COVID-19 PCR testing plans. Please note that staff/HCP includes volunteers and vendors who are in the facility on a weekly basis. These policy requirements are based on both CDC and CMS guidance and recommendations.

CDC and CMS Guidance on COVID-19 PCR Testing

When one case of COVID-19 is detected in a nursing facility, there are often other residents and staff/HCP who are infected with COVID-19 and can continue to spread the infection, even if they are asymptomatic.

The CDC recommends the following testing scheme:

1. Baseline/initial testing of all NH residents and staff/HCP.
2. Weekly point prevalence testing for all prior negative and untested residents *and* staff.
3. When two negative rounds among residents *and* staff collected at least seven (7) days apart in a 14-day period are achieved, resident testing may cease.
4. Continue to test prior negative and untested staff weekly
5. If either a positive staff member or a symptomatic resident are identified, then re-initiate point prevalence testing starting at Step #2.

CMS recommends NF COVID-19 PCR testing plans based on contingencies informed by the CDC; CMS requires such testing plans to include baseline/initial testing of NF residents and staff, as well as continued weekly testing.

A link to both the CDC and CMS guidance is provided as reference material. LDH and Louisiana Medicaid are requiring that each NF follow the requirements in the Testing Requirements Section below.

Testing Requirements

The goals of viral testing are to detect COVID-19 cases quickly, stop transmission, and to inform additional infection prevention and control (IPC) actions necessary to keep COVID-19 out of facilities. In addition to a facility's ability to provide testing to their residents and staff, the Office of Public Health has offered and provides to NF: ICAR teams, PPE, testing kits, testing teams, and access to staffing resources through [Louisiana Health Work Connect](#). The intent of these government resources is to offer contingency assistance and supplies that are needed by NFs to mitigate the spread of COVID-19. The OPH acknowledges the compassionate care aspect of longitudinal COVID-19 PCR testing and has therefore prioritized nasal swabs distributions for NFs.

This letter establishes the policy requirements of LDH and the Louisiana Medicaid Program for COVID-19 Testing Requirements for all NFs in Louisiana, as follows:

1. All current NF residents and staff/HCP shall receive a single baseline/initial COVID-19 PCR test. Baseline/initial testing is required for 100% of all residents and staff/HCP. Baseline/initial COVID-19 PCR testing shall be completed by June 30, 2020.
 - a. It should be noted that residents can refuse to test. Should a resident refuse to test, then the resident should be treated as a PUI and isolated until no new cases have been identified over a 14-day period.
 - b. Should staff/HCP refuse to do a test; the staff/HCP puts both the NF residents and the employer at risk if they continue to work at the facility.
2. Additionally, all prior negative and untested NF residents and staff/HCP shall be tested WEEKLY until there are no new cases over a 14-day period. Once there are no new cases over a 14-day period, all prior negative and untested NF staff/HCP shall be tested WEEKLY until further notice by OPH/Epi.

3. Ongoing Testing: Additionally, all prior negative and untested NF residents and staff/HCP in the facility shall be tested upon the identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Testing all NF residents and NF staff/HCP (who are not known to have been previously diagnosed with COVID-19) as soon as there is a new confirmed case in the facility will identify infected individuals quickly to allow rapid implementation of IPC interventions (e.g., isolation, cohorting, and use of PPE).
4. Note: LDH may require more frequent testing in settings where community incidence is high. Further, LDH specifically reserve the right to update and/or modify these testing requirements should updated federal guidance on testing be issued.
5. If feasible, the turnaround time for test result should be less than 72 hours in order for testing to be effective for IPC actions.

Testing Plan

This letter establishes the policy requirement of LDH and the Louisiana Medicaid Program that each NF shall be required to develop and implement a Testing Plan, including the rapid turnaround of results, based on the above requirements.

Responsiveness and Reporting

This letter establishes the policy requirement of LDH and the Louisiana Medicaid Program that each NF shall be responsive to Office of Public Health (OPH) when such office reaches out via phone call or email to obtain information on the status of the NF's progress of testing residents and staff. This information provides context for situational reports, identifies progress of testing, identifies gaps, influences resources, and shapes policy and recommendations.

Required Implementation Deadlines

NFs are directed to follow the requirements as stated in this memo. Each NF shall conduct the baseline/initial testing of all NH residents and staff/HCP by June 30, 2020. Further, each NF shall conduct the first weekly testing of all prior negative and untested NF residents and staff/HCP no later than July 14, 2020; such weekly testing shall continue until there are no new cases over a 14-day period. Thereafter, each NF shall implement weekly testing of all prior negative and untested NF staff/HCP. Additionally, each NF shall implement ongoing testing as noted in the "Testing Requirements" Section of this memo.

Sanctions

Nursing Facilities that do not conduct baseline/initial testing of NF residents and staff/HCP by June 30, 2020, or fail to comply with any other requirement of this policy memo, are subject to sanction by LDH and/or the Louisiana Medicaid Program. Sanctions may include, but are not limited to, civil monetary penalties, denials of new admissions, and/or the withholding of Medicaid reimbursement/payment.

Coordination and Cooperation

The Department appreciates and applauds the progress that NFs have made on COVID-19 PCR testing of NF residents and NF staff/HCP. However, there is more work to be done with COVID-19 PCR testing. The Department looks forward to coordination of efforts among NFs during these challenging times of COVID-19. A link to the Nursing Home Toolkit below provides Regional OPH Contact information should you require supportive assistance with ICARs, PPE, and Testing.

Questions or concerns regarding these requirements should be directed to your Regional OPH staff.

Sincerely,

Jimmy Guidry, M.D.



Jimmy Guidry, MD
State Health Officer and Medical Director

Ruth Johnson
Medicaid Director

Reference Material Links:

CDC Recommendations for NF: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

CMS Memo: <https://www.cms.gov/files/document/qso-20-30-nh.pdf>

Additional Resources: *Public Health Response to COVID-19 in Nursing Homes and Strategies to Mitigate Healthcare Personnel Staffing Shortages* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

Nursing Home Toolkit: http://ldh.la.gov/assets/oph/Coronavirus/NursingHomes/LDH_NursingHomesToolkit.pdf