



Secretarial Order #2: Mandatory Testing for Staff in Nursing Homes Skilled Nursing Facility Testing
NC DHHS Guidance for Reporting
Publication Date: Aug. 10, 2020

[Secretarial Order #2](#) went into effect on Aug. 7, 2020. This order requires that after nursing homes complete their initial testing of all residents and staff, they shall continue to test all staff who have the potential for direct or indirect exposure to patients or infectious materials at least every other week. Facilities do not need to retest asymptomatic staff that have tested positive in the 3 months prior to the most recent round of testing.

The nursing homes must report their results to DHHS every two weeks in compliance with the DHHS reporting requirements.

If new positive COVID-19 cases are identified, facilities must immediately report cases to their local health department and follow guidance for additional testing and reporting when one or more cases are detected. Impacted facilities must then report weekly testing activities through the process outlined in the “Reporting” section below.

DHHS will be distributing CARES Act (P.L. 116-136) funding to nursing homes to pay for the required staff testing. Nursing homes that fail to substantially comply with these testing and reporting requirements will not be eligible for the payment and will be required to refund payments if testing is not performed in accordance with this Secretarial Order.

Facilities adhering to the testing and reporting requirements will be reimbursed based on the :

1. Number of FTEs;
2. Frequency of FTEs tested;
3. Testing invoices submitted.

Information about the reimbursement methodology will be published in an upcoming NC Medicaid COVID-19 Special Bulletin and provided during the training series outlined below.

REPORTING

To monitor compliance with this Order, NC DHHS will establish and publish a web-based reporting tool which nursing homes must complete based on current testing requirements.

Reporting will be summary level (no individual information will be submitted), submitted biweekly, and reflect all testing activities occurring within the reporting period, including biweekly staff testing or weekly testing of residents and staff upon identification of a positive case or other testing.

The first reporting deadline will be Sept. 8, 2020 with reporting reflecting testing activity on or after Aug. 17, 2020.

The report template will require facilities to provide:

- Nursing home information.
- Nursing home resident and staff census information.
- Dates testing performed, number of individuals tested, and number of positive results if known.
- Additional information deemed necessary.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAINING OPPORTUNITIES

The Department will host a two-part webinar series to provide additional information about the Secretarial Order, reporting requirements, and related reimbursement opportunities.

Providers are strongly encouraged to attend both sessions.

Monday, August 17, 2020

and

Friday, August 21, 2020

3:30-4:30 pm

To register for both webinars, please visit: <https://attendee.gotowebinar.com/register/5650286210326487820>

QUESTIONS & ANSWERS

Where do I submit follow up questions about the content of this Guidance?

- If you have questions, please submit them to Medicaid.ProviderReimbursement@dhhs.nc.gov

Do staff who previously tested positive need to be retested?¹

- The answer to this question depends on: 1) how much time has passed since the initial illness onset; and 2) whether the individual has developed symptoms after an initial period of recovery.
- Staff who had their initial positive viral test in the past 3 months and who are now asymptomatic do not need to be retested as part of facility-wide testing. Until more is known, testing should be considered again (e.g., in response to an exposure) 3 months after the date of onset of the prior infection.
- Staff who had a positive COVID-19 test at any time and become symptomatic after recovering from the initial illness should be evaluated and may need to be retested if an alternate illness etiology cannot be identified.
- This guidance may be updated as we learn more information on how long SARS-CoV-2 (COVID-19) may persist and risks for reinfection.

Do I need to do all staff on one date?

Facilities may determine how best to test staff biweekly. This could mean that all staff are tested on one date every two weeks, or, for example, half of the staff are tested every week.

¹ Answer extracted from CDC Guidance available [here](#).

Which facility personnel are considered “staff” for the purposes of this Secretarial Order?²

Staff deemed Healthcare personnel (HCP) are covered under applicable testing recommendations, Secretarial Order #2 and reporting requirements outlined here.

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.

What happens if facility staff and/or residents refuse to participate?³

If a resident refuses testing, continue other screening methods including temperature checks and symptom assessment and reassess testing if indications change. Use clinical judgement to determine if patient could be infected with COVID-19 and should be placed in isolation or if the patient had exposure to COVID-19 and should be placed in quarantine.

If staff 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 staff decline testing, work restriction, if any, should be determined by the facility. 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 (COVID-19).

What labs can I use?

Facilities may choose to offer testing through their occupational program, contract with a third party to offer testing or accept documentation of testing at another site, or work with other community providers.

² Answer extracted from CDC Guidance available [here](#).

³ Answer extracted from DHHS Guidance available [here](#).