



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

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GOVERNOR

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**MEMORANDUM**

Date: October 28, 2020

To: Skilled Nursing Facilities (SNFs), Homes for the Aged (HFAs), and Adult Foster Cares (AFCs)

From: Michigan Department of Health and Human Services (MDHHS)

Subject: Implementation of Required COVID-19 Testing

**Executive Summary**

- Given the significant risk of COVID-19 outbreaks in long-term care facilities and the higher likelihood of severe health outcomes from COVID-19 among the elderly, it is imperative that facilities provide routine testing to identify infections quickly and contain spread.
- Michigan has also been experiencing a rise in cases in recent weeks, increasing the risk of COVID-19 spread in long-term care facilities and increasing the need for testing.
- MDHHS has issued an epidemic order requiring COVID-19 diagnostic testing in skilled nursing facilities (SNFs), homes for the aged (HFAs), and adult foster cares (AFCs) licensed to care for 13 individuals or more as follows:
  - Initial testing of all residents and staff<sup>1</sup>;
  - Testing any resident or staff member with symptoms of COVID-19 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;
  - Weekly testing of all staff in counties of risk levels A through E on the [MI Safe Start Map](#);
  - Testing of all new or returning residents during intake unless tested in the 72 hours prior to intake;
  - Testing of all newly hired staff on their start date or in the 72 hours prior to start date.
- Asymptomatic individuals who have recovered from COVID-19 in the past 3 months are exempted from this testing.

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<sup>1</sup> Facilities may utilize baseline or initial testing that they have already conducted previously during the pandemic to fulfill this requirement.

- SNFs must begin this testing immediately, and HFAs must begin as soon as practicable and not later than November 18.
- AFCs serving 13 individuals or more must begin testing as soon as practicable and no later than November 24 for testing individuals with symptoms or exposure, weekly testing in facilities with positives, and testing of new residents or staff. AFCs must begin initial testing of all residents and staff, as well as weekly staff testing, by December 2.
  - However, AFCs must test any resident leaving the facility to spend the Thanksgiving holiday in a residential home or for an overnight stay in the community prior to that resident's departure and upon return to the facility.
- SNFs must comply with both these requirements and requirements from the federal Centers for Medicare and Medicaid Services (CMS). Interactions between these requirements are detailed in this memorandum.
- Facilities should note that an October 21 MDHHS Epidemic Order "Requirements in residential care facilities" also requires testing of visitors to residential care facilities that have an MDHHS-required resident and staff testing regimen; [see visitation order for specific requirements](#). Visitor testing is required in SNFs effective October 26, in HFAs effective November 18, and in AFCs licensed to serve 13 or more individuals effective November 24.
- To help implement these testing requirements, MDHHS will be directly shipping antigen testing supplies to SNFs, HFAs, and AFCs affected by this order.
  - MDHHS is also establishing a system for refilling antigen supplies and shipping a small set of supplies for confirmatory PCR tests to each facility, as described below.
  - Facilities have other options for conducting testing as well, such as conducting their own testing or contracting with a medical provider.
- MDHHS is offering to reimburse testing expenses not covered by insurance.

### **Testing Basics**

When used in this memorandum and in MDHHS testing guidance generally, "testing" refers to diagnostic testing, which identifies current COVID-19 infections. There are two primary types:

1. Molecular tests that detect the virus's genetic material (including tests referred to as "PCR tests," after the type of technology used, a polymerase chain reaction). These tests tend to have the highest sensitivity and specificity, meaning that they tend to be accurate and usually do not need to be repeated.
2. Antigen tests that detect proteins on the surface of the virus. Antigen tests offer rapid availability of results and often point of care testing but have lower sensitivity than molecular tests. As such, it is important to follow clinical protocols for using antigen tests and, where needed, confirming results.

MDHHS will be shipping antigen tests to all facilities affected by this order. [MDHHS guidance on antigen testing](#) provides details on protocols and requirements to use these tests. Facilities should review this guidance very carefully.

“Testing” does not include tests that are non-diagnostic, including serology, antibody, or other blood tests. These tests identify antibodies in the blood, which may tell if a person had a past infection of COVID-19.

### **Options for Conducting COVID-19 Testing**

SNFs, HFAs, and AFCs have several options for conducting required testing.

#### **1) State assistance: antigen testing**

To help implement these testing requirements, MDHHS will be directly shipping antigen testing supplies to SNFs, HFAs, and AFCs affected by this order.

The federal government has provided antigen testing supplies to some SNFs and HFAs already, based on which communities have substantial COVID-19 spread and which facilities have a CLIA waiver. These supplies can be used to complete required testing. MDHHS is able to provide or refill some types of antigen supplies, specifically Becton Dickinson (BD) and Abbott BinaxNOW.

For SNFs that received BD machines and test kits, MDHHS plans to ship additional BD testing supplies to the facility.

For all other SNFs, HFAs, and AFCs<sup>2</sup>, MDHHS plans to ship Abbott BinaxNOW testing supplies to the facility.

[MDHHS guidance on antigen testing](#) provides details on protocols and requirements to use these tests, including:

- Who can order the test
- Who can conduct the test
- Training for staff to conduct the test
- Protocols for using the test
- When a PCR confirmatory test is needed, and
- How to report results

**Facilities should review [MDHHS guidance on antigen testing](#) very carefully. It includes additional steps that a facility must take to use the testing supplies provided, including obtaining a CLIA waiver. Facilities may not use the antigen testing supplies provided before completing these steps.**

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<sup>2</sup> Including SNFs that received Quidel antigen tests, SNFs and HFAs that received Abbott BinaxNOW tests, and SNFs, HFAs, and AFCs that did not receive any antigen tests from the federal government.

Note that MDHHS has already shipped BinaxNOW test supplies to some SNFs that did not originally receive any antigen tests from the federal government, in order to facilitate compliance with visitation testing requirements. These facilities will not be receiving additional kits.

To receive a CLIA waiver, facilities should complete the [CLIA waiver application](#) and submit it to [LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov](mailto:LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov). No specific credentials are required to obtain a CLIA waiver. The site performing the testing must follow the guidelines specified under the waiver.

In some cases, antigen test results should be confirmed by a PCR test; MDHHS antigen testing guidance provides [flowcharts showing when test results should be confirmed](#) with PCR for patients [with symptoms](#) or [without symptoms](#). MDHHS will be shipping each facility affected by this order a small set of PCR testing supplies to keep on hand and use when antigen tests need to be confirmed. Directions and training on using these kits will be provided with them; these supplies can be used by non-medical staff who have completed training.

Facilities seeking refills of antigen supplies, PCR supplies, or other types of testing assistance should complete [the state's testing assistance request template](#).

When appropriate and feasible, facilities may consider utilizing [community-based test sites](#) as another resource for PCR confirmatory tests.

## **2) Creating a facility-managed testing program**

As an alternative to using state-provided antigen tests, facilities may choose to develop their own testing programs to fulfill testing requirements. This could entail using existing facility medical staff, or contracting with an external health care provider, to collect patient samples and contracting with a laboratory to process samples.

MDHHS maintains a [list of laboratories](#) with COVID-19 testing capabilities and the capacity to accept samples from new medical providers or congregate care facilities. Facilities can reach out to any of these laboratories using the contact information provided. Note that laboratories typically provide the supplies needed to collect and transport a patient sample back to the laboratory for processing, so contracting with a laboratory should cover both sample collection supplies and processing of the sample.

In this scenario, many testing costs can be billed to insurance. MDHHS provides reimbursement for testing costs not covered by insurance.

### **Reimbursement Basics**

Testing of patients with Medicaid and Medicare Part B is fully covered when in line with the state's public health recommendations. However, testing of patients with commercial insurance is often only covered for symptomatic individuals, close contacts of positive cases, or cases where a physician has deemed testing medically necessary.

In order to address this gap, MDHHS has developed a process to reimburse for costs not otherwise covered by insurance or the state. Reimbursement will be processed through SIGMA, the state's accounting system. Facilities must be registered in SIGMA to receive reimbursement and may [access SIGMA here](#) or [register a new account here](#).

For facilities using state-provided antigen kits, MDHHS will reimburse for the specimen collection done by the facility for staff and residents regardless of payor source at \$22.07 a test.

**SNFs:** Please see [MDHHS' Financial Guidance for SNFs](#) for reimbursement guidelines. To seek reimbursement, when applicable, SNFs should complete the [Long Term Care COVID-19 testing reimbursement form](#) and submit it to MDHHS at [MDHHS-SNF-Testing-Financial@michigan.gov](mailto:MDHHS-SNF-Testing-Financial@michigan.gov).

**HFAs and AFCs:** Please see [MDHHS' Financial Guidance for HFAs & AFCs](#) for reimbursement guidelines. To seek reimbursement, when applicable, HFAs and AFCs should complete the [Long Term Care COVID-19 testing reimbursement form](#) and submit it to MDHHS at [MDHHS-HFA-COVID-PAYMENT@michigan.gov](mailto:MDHHS-HFA-COVID-PAYMENT@michigan.gov).

### **Additional Testing Requirements for Skilled Nursing Facilities**

Federal CMS has also issued testing requirements for nursing homes. Nursing homes must comply with both state and federal requirements. In practice, this means that:

- SNFs in counties of risk levels A through E on the [MI Safe Start Map](#) must test all staff weekly under the MDHHS order, even if federal requirements would only require monthly testing in the county where the facility is located.
- SNFs in counties with percent positivity over 10 percent, as indicated in [CMS data](#), must test staff twice per week in order to meet federal requirements. These nursing homes will meet and surpass the minimum level of testing required by the state.
- SNFs in counties with the risk level of low on the [MI Safe Start Map](#) do not need to conduct weekly staff testing under the state order. SNFs in these counties should conduct staff testing in accordance with federal requirements only.

### **Refusals of Testing**

Facilities must receive patient consent, or consent from a resident's medical power of attorney, for all testing conducted and residents must have the option to refuse testing if they choose. Facilities should develop a procedure for addressing residents who decline or are unable to be tested, as well as a procedure for how staff who refuse a test without medical justification and documentation will not have contact with residents. If a resident's medical power of attorney consents to the testing, but the resident refuses to have a sample collected, facilities should treat this as a declination to be tested and follow the procedure developed.

[MDHHS guidance](#) provides additional information on testing refusals in SNFs. MDHHS has also issued guidance on "[COVID-19 Testing Guidelines for Individuals who may be Sensitive to Testing or have Decision-Making Challenges](#)."

### **Questions**

Please see the MDHHS [FAQ for SNFs](#) for responses to many questions. This FAQ contains information that may be helpful to HFAs and AFCs as well.

Remaining questions can be directed to [MDHHS-MSA-COVID19@michigan.gov](mailto:MDHHS-MSA-COVID19@michigan.gov).