Michigan Department of Health and Human Services
Long-Term Care: Required COVID-19 Testing
Frequently Asked Questions

November 23, 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 long-term care settings 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. On October 28, 2020, DHHS issued an Emergency Order in concert with guidance to nursing facilities, homes for the aged, and adult foster care facilities licensed to care for 13 or more individuals regarding the 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.

(Note: for brevity, this FAQ shortens the brand names of common antigen tests. The FAQ refers to the Abbott BinaxNOW™ antigen test as simply "Binax," the BD Veritor™ Plus System as "BD," and the Quidel Sofia SARS Antigen Fluorescent Immunoassay as "Quidel." The FAQ also refers to a CLIA Certificate of Waiver as a "CLIA Waiver" for brevity.)

General

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

2. **Which long-term care facilities are impacted by this Epidemic Order (testing requirement)?**
   This order and the testing requirements therein apply to licensed nursing facilities (SNFs), licensed homes for the aged (HFAs), and adult foster care facilities (AFCs) licensed to care for 13 or more individuals.

3. **What is MDHHS doing to support this testing requirement?**
   To help implement these testing requirements, MDHHS shipped antigen testing supplies to SNFs, HFAs, and AFCs affected by this order during the week of November 9th.These supplies can be used to complete required testing.

   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

Michigan Department of Health and Human Services
Long-Term Care: Required COVID-19 Testing
Frequently Asked Questions

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.

Logistics

4. **When do we get our tests?**
   Facilities should have received rapid COVID-19 test kits during the week of November 9 – 13 or sooner. MDHHS mailed rapid COVID-19 tests to all skilled nursing facilities, homes for the aged, and adult foster care facilities licensed for 13 or more beds.

5. **What if we did not receive test kits?**
   Please contact MDHHS-MSA-COVID19@michigan.gov. We will check on the status.

6. **When should we use the antigen tests (Binax, BD, or Quidel)?**
   Antigen tests are best used in settings where having access to rapid results is very important. This would include outbreaks of COVID-19 or point of care testing for visitors. Since the state has only a limited supply of antigen tests, facilities with access to PCR (molecular) tests should use PCR (molecular) tests for routine testing of residents and staff.

7. **How do we test now until we have the kits and are approved to use?**
   Facilities should prepare to start testing well in advance, including submitting an application for a CLIA Waiver, a permit that is needed to use the tests. If your facility has not received test kits or has not received an approved CLIA Waiver, please reach out to MDHHS-MSA-COVID19@michigan.gov.

   Facilities can also request MDHHS assistance to conduct PCR testing, if testing is needed before the facility has completed preparations for using antigen tests.

   For facilities that do not comply with testing requirements due to circumstances outside their control, MDHHS can make a determination that the facility is not in violation of the Epidemic Order that requires testing.

8. **What if we don't know how to test and/or have no staff to do test?**
   Many different types of staff, including direct care workers, personal care aides, and others, can perform the test after completing two online training videos (here and here). The Michigan National Guard is also offering on-site training to facilities as needed; facilities will receive a phone call from the National Guard or can reach out to MDHHS-MSA-COVID19@michigan.gov if they have not yet received a call and need training.

   If your facility prefers, instead of using the rapid test kits provided by the state, you can contract with a medical provider to come on-site and perform the testing. This testing can often be billed to insurance for residents and MDHHS will directly reimburse facilities for testing not covered by insurance. Additional information is available online:

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_100722---,00.html#TESTING_STRATEGY.

9. **When should facilities reorder supplies and how long will it take to receive refills?**
   Facilities should reorder supplies no less than two weeks in advance of a supply shortage to allow for processing time.

Application of Requirements for AFCs

10. **When will AFCs licensed for fewer than 13 people be required to participate in this testing process?**
    MDHHS is focused on implementing the current testing requirements and working with smaller and medium AFCs that are interested in conducting voluntary testing. Interested smaller and medium AFCs should contact their local health department to ask about rapid test availability.

11. **What if you are licensed for 13+ but you are serving less than 13 individuals? We have new homes that are 20 beds but serving 6 residents currently.**
    The testing requirement is based on license, not current census.

12. **If we care for more than 13 people total within the program, in multiple 6 bed, individually licensed AFC homes, are we under this regulation, or not at this time?**
    No, the testing requirement is based on the facility's license.

13. **What if you operate multiple facilities on one campus but each facility has a separate AFC license, each licensed for 12 persons or less but total licenses for much more than 13?**
    The testing requirement is based on individual facility licenses. Each facility is assessed individually.

CLIA Waiver

14. **What exactly does the CLIA Waiver provide?**
    The CLIA Waiver is a permit required by federal law in order to perform the tests.

15. **Who is going to be reimbursing us for the $180 cost for the CLIA Waiver Application?**
    MDHHS is developing a process to reimburse the Waiver cost and will share more guidance soon. For easier tracking, ensure you submit your application to LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov.

16. **If we don't have a CLIA Waiver yet, how can we initiate the testing?**
    Facilities should prepare to start testing well in advance, which includes completing and submitting the CLIA Waiver application. If your facility has not received kits or has not received an approved CLIA Waiver, please reach out to MDHHS-MSA-COVID19@michigan.gov. **Do not begin testing without a CLIA Waiver.**

For facilities that do not comply with testing requirements due to circumstances outside their control, MDHHS can make a determination that the facility is not in violation of the Epidemic Order that requires testing.

17. **Will CLIA expedite the approval process for HFAs and AFCs?**
    Yes. LARA created a new email inbox for HFAs and AFCs to submit their applications to allow for expedited processing: LARA-BCHS-DHHS-COW-TESTING-APPLICATION@michigan.gov. This is separate from the standard CLIA application inbox.

18. **What if a licensed HFA is attached to a licensed SNF, do they still need their own CLIA Waiver?**
    It depends on the type of organization. Only some entities can apply for one Waiver to cover multiple sites in certain circumstances, including:
    1. If conducting mobile testing
    2. If the organization is a nonprofit or government entity
    3. If the organization is a hospital with contiguous buildings

19. **I own two AFC homes, under one Corporation, but with individual licenses. Do I need to do two CLIA Waivers?**
    If the organization is a for-profit corporation, then each individual location must have its own CLIA Certificate of Waiver. If you are a non-profit corporation, then refer to question #12 above.

20. **Is there a resource available to explain the CLIA Waiver process for AFC/HFAs? A guide or tutorial?**
    LARA's CLIA website includes background information:
    https://www.michigan.gov/lara/0,4601,7-154-89334_63294_72971_78688---,00.html

    MDHHS conducted a webinar on the testing requirements, including a description of the CLIA application process. The video is available here:
    https://mediaspace.msu.edu/media/LTC+COVID+Testing+Webinar+11.10.2020/1_7hlgho1l.

21. **In the CLIA Waiver Application Section III "Type of Laboratory", which box does an AFC check?**
    04: Assisted Living Facility

22. **Do we have to have the CLIA Waiver if testing is done by a medical facility and not the home?**
    No, but the medical facility or provider must have a CLIA Waiver for the type of testing performed, if conducting rapid on-site tests.

23. **We already have a CLIA Waiver. Do we need to update the CLIA Waiver to add the Binax or BD tests specifically?**
    Yes. To add on a test for a CLIA Waiver, written notifications is all that is needed. In the notification, please include the CLIA number, the name and address of the facility, the tests that you wish to add, and the effective date. We will put this information into the

system. No confirmation letter will be sent for this type of change. Keep a copy of the notification for your records.

Notification can be sent to BCHS-CLIA@Michigan.gov.

24. **How quickly are the CLIA Certificate of Waivers processed and how do we know when our application has been processed?**
The process can take 14 – 30 days. When the application is processed, LARA will send email notification to the provider with their CLIA number. The site may begin testing immediately upon receipt of the CLIA number.

Reporting of Antigen Tests

25. **If a facility completes the MDHHS Binax reporting form, does that meet the requirement for skilled nursing facilities to report to CMS?**
Binax testing information is detailed here. SNFs are required by the federal government to report results through the CDC's National Healthcare Safety Network (NHSN). Data reported here will be shared with state and local health departments. Because of this, SNFs do not need to separately report to MDHHS or local public health, only the NHSN.

    Homes for the aged and adult foster care facilities, in contrast, will not have the same opportunity to report through NHSN. They can report using the MDHHS Binax online reporting form (www.michigan.gov/covidbinaxreporting).

26. **If a facility completes the MDHHS Binax reporting form, is that information reported to both state and local public health? Does the facility need to also fax results to the local health department?**
Information reported through the Binax online reporting form is submitted to both state and local public health officials. HFAs and AFCs using this method of reporting do not need to separately report to local public health, only complete the form.

27. **How does a facility report if using a test other than Binax (e.g., BD or other antigen tests)?**
The MDHHS Binax online reporting form can only be used for reporting Binax results.

    SNFs may report results for other antigen tests through NHSN. HFAs and AFCs using other types of antigen tests can fax results to the local public health on this fillable pdf form.

Consent for Testing

28. **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.

Staff:

- 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, the staff member must avoid contact with all 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 residents.

29. **What is the procedure when a person with power of attorney consents to the test, but the resident does not assent?**
If a resident 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 resident. 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.

30. **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 residents.

31. **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

Initial Testing

32. **How is "initial testing" defined with respect to newly hired staff?**
    Newly hired staff must complete initial testing and receive a negative test prior to any work involving resident contact.

Intake Testing

33. **Does the testing requirement of all new or returning residents during intake unless tested within the last 72 hours include dialysis, doctor visits, or ER visits that do not result in hospital admission?**
    No.

34. **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, **unless the resident was PCR + within the last 3 months**. 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.

Testing Individuals with Symptoms or Suspected Exposure

35. **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.

36. **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.

Routine Staff Testing

37. **What criteria should facilities use to determine who should be included in the staff testing requirements?**
    "Staff" is defined in the order as including employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facilities listed above, as well as students in the facility's training programs or from affiliated academic institutions.

38. **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.

39. **Do staff 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, including physician's assistants, advanced practice registered nurses, licensed practical nurses, or registered professional nurses. Facilities that do not have a licensed healthcare practitioner on site should contact their local health department's medical director for assistance.

40. **What is the process for testing for hospice staff or other contractors providing services in facilities?**
    Staff contracted with facilities to provide hospice or other services can be tested using the MDHHS-supplied antigen tests. MDHHS will reimburse the facility for the specimen collection-related costs incurred to test these staff.

41. **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.

42. **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.

43. **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.

44. **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.

45. **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.

46. **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).

47. **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.

48. **Can an employee be terminated for refusing to be tested?**
    An 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 facility'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.

49. **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?**
    To assist with staffing shortages at long-term care facilities due to COVID-19, MDHHS is offering Rapid Response Staffing Resources statewide. 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.

Weekly Testing in Facilities with Positive Cases

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

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

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

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

    3) If resident or staff 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 staff 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.

51. **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.

52. **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)?**
    No. This testing requirement applies in response to a facility-acquired case (staff or resident). The requirement does not apply to acceptance of an individual already known to test positive for COVID-19.

53. **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.

Unclear Test Results

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

55. **How do we mitigate the risk of false positives?**
    Results from antigen tests should always be interpreted in the context of the exposure history and clinical presentation. Asymptomatic individuals may have a higher likelihood of a false positive or false negative result. This group has not yet been studied and therefore clinical discretion from medical professionals is invaluable in decision making for the asymptomatic group.

    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.

Michigan Department of Health and Human Services
Long-Term Care: Required COVID-19 Testing
Frequently Asked Questions

Reimbursement FAQ

See MDHHS financial guidance for more information—for SNFs and for HFAs/AFCs

General

1. **Where can a facility find the testing reimbursement form?**
   The forms can be found at www.michigan.gov/COVIDNursingHomePlan under the testing section. Alternatively, this can be accessed by clicking here.

2. **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.

3. **How quickly will payment be made after the reimbursement form is submitted?**
   MDHHS anticipates making payments via EFT within 5 business days of receiving a complete reimbursement form. Payment may be delayed in the event request submission requires correction or resubmission.

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, Medicaid residents, and visitors.

5. **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.

6. **Can facilities submit for reimbursement of testing that occurred prior to issuance of the EO on June 15th?**
   Facilities may submit for reimbursement of initial testing costs that occurred as early as Governor Whitmer's declaration of state of emergency (March 10, 2020). Documentation in the facility's Testing Plan must substantiate the initial testing time period requested for reimbursement.

Antigen testing

7. **If a facility purchased antigen tests prior to the MDHHS distribution, can they be reimbursed for these supplies?**

MDHHS will reimburse facilities with a CLIA Certificate of Waiver for point of care (POC) antigen tests only for staff, private pay residents and residents on a Medicare Part A stay at the full lab cost. Nursing homes must bill Medicare Part B or Medicaid for POC antigen tests of Medicaid residents and Medicare residents not on a Part A stay.

For facilities using the MDHHS distributed antigen tests, MDHHS will reimburse for the specimen collection done by the nursing home for POC antigen tests of staff and residents regardless of payor source at $22.07 a test.

PCR testing through Facility Managed Testing Programs

8. **Will the state provide reimbursement for resident testing costs if a 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.

9. **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.

10. **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.

11. **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 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.

12. **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.

13. **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.

14. **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.

15. **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.

16. **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.

Michigan Department of Health and Human Services
Long-Term Care: Required COVID-19 Testing
Frequently Asked Questions

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.