



ASSISTED LIVING COVID-19 TESTING GUIDANCE

State of Wisconsin / Department of Health Services / Division of Quality Assurance

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This testing guidance is for community-based residential facilities, 3-4 bed adult family homes, and residential care apartment complexes. COVID-19 remains highly contagious and continues to spread across Wisconsin. The Department of Health Services (DHS) has identified resources to support and pay for testing during an outbreak. However, health insurance remains the primary source of payment for COVID-19 tests conducted outside of an outbreak. The most effective way to mitigate the harm of COVID-19 is prevention. Assisted living facilities are encouraged to regularly review DHS and Centers for Disease Control and Prevention (CDC) guidance at [COVID-19: Guidance for Health Care Professionals and Residential Care Facilities](#), [Coronavirus Disease: Assisted Living Facilities](#), and [Coronavirus Disease: What To Do If You Are Sick](#).

	INDIVIDUAL STAFF	INDIVIDUAL RESIDENTS	STAFF / RESIDENTS
WHEN TO TEST	<ul style="list-style-type: none"> When they have symptoms When they have had close contact with someone who tested positive 	<ul style="list-style-type: none"> When they have symptoms When they have had close contact with someone who tested positive 	<p>When there is an outbreak in the facility defined as one staff or one resident that tests positive</p> <p>Notify the local/tribal public health department of an outbreak.</p>
TESTING SUPPLIES AND COSTS	<p>Testing is available through the staff member's healthcare provider or community testing site.</p> <p>Testing is free to those covered by:</p> <ul style="list-style-type: none"> Fully insured or group health plans BadgerCare Plus Medicare and Medicare Advantage Church plans Individual & group health insurance offered through and outside of the federal Marketplace as well as grandfathered and transitional health plans <p>Facilities may obtain testing supplies and establish a relationship with a lab to process the tests at their own cost.</p>	<p>Testing is available through the resident's healthcare provider or community testing site.</p> <p>If a community site is used and the resident has a legal representative, the representative must consent to the testing and be authorized to receive results from the testing site.</p> <p>Bill as appropriate to:</p> <ul style="list-style-type: none"> Medicare Medicaid Commercial payers HRSA <p>Facilities may obtain testing supplies and establish a relationship with a lab to process the tests at their own cost.</p>	<p>When there is an outbreak, DHS and local/tribal public health will support outbreak testing of residents and staff at no cost.</p> <p>Facilities need to plan how they will conduct their own testing. Facilities may want to contact their local/tribal public health department for available resources to assist with sample collection.</p> <p>To obtain testing supplies at no cost for residents and staff during an outbreak:</p> <ol style="list-style-type: none"> Call your local/tribal public health department. The local/tribal public health department will determine the need for outbreak testing. If the local/tribal public health department determines outbreak testing is required at your facility, order testing supplies using the following link: https://covid19supplies.wi.gov/Testing

		<p>4. The Testing Customer Outreach Team will contact you regarding your order and partner you with a lab that will process your tests. Please do not call the lab until instructed to do so.</p> <p>If you have questions about ordering testing supplies, email WICOVIDTest@WI.gov.</p>
<p>GUIDANCE</p> <p>Questions about testing in assisted living can be directed to the local/tribal public health department.</p>	<p style="text-align: center;">Facilities may choose to conduct asymptomatic testing of staff and/or residents at their own cost. Prior to asymptomatic testing, facilities are encouraged to consider the following guidance to ensure adequate planning and readiness for testing.</p> <p>Has your facility developed a communication plan, including communication and collaboration with the local/tribal health department (LTHD)?</p> <p>Facilities should work with their local/tribal public health department prior to asymptomatic testing of residents and staff. LTHDs serve as a valuable resource to facilities to prepare and respond to testing and can offer support and expertise throughout the process. Report any positive test results to the LTHD (pursuant to Wis. Admin. Code ch. DHS 145). Communication with residents, families, legal representatives, managed care organizations, and staff is essential. Provide education about the purpose and goals of asymptomatic testing and communicate the facility's plan to respond to positive test results. (See nursing home example at Information for Facility Staff About COVID-19 Testing.) Inform residents and staff that testing is completely voluntary. Obtain staff and resident consent forms from all those who agree to be tested.</p> <p>Does your facility have appropriately trained and/or licensed staff to administer the tests, or has your facility coordinated with another agency to administer the tests?</p> <p>Testing may be implemented differently in each facility, depending on the facility's capacity, access to nursing staff, and the type of test being administered. Facilities must have trained or licensed staff (e.g., registered nurse) appropriate to the type of test they will administer. Alternatively, facilities may establish a local partnership with trained or licensed staff who are able to administer the tests. Examples include clinics, hospitals, physicians, pharmacists, nursing homes, emergency medical services, home health agencies, and hospices. In addition, licensed individuals such as registered nurses may volunteer to assist in their community. In some areas the LTHD may also have the capacity to implement a testing program using public health nurses or other staff.</p> <p>Does your facility have a dedicated space to care for residents if they test positive?</p> <p>Facilities should plan to dedicate space to care for residents who test positive for COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19 and would have dedicated staff to deliver care within this space. At a minimum, residents that test positive for COVID-19 should be isolated in a single room. Smaller assisted living settings should consider having residents with known or suspected COVID-19 stay in one room, away from other people, as much as possible. Have the sick person use a separate bathroom. If a separate bathroom is not available, staff should clean and disinfect the bathroom after each use by the sick person. The facility may want to establish temporary expansion units as outlined in DQA Memo 20-009 (<i>Licensure/Certification Application for Temporary Assisted Living Facility Expansion Units and Transfer Options During the Covid-19 Public Health Emergency State</i>).</p>	

Does your facility have sufficient availability of personal protective equipment (PPE) and other supplies?

Recommended PPE for residents suspected or positive for COVID-19 includes use of an N95 or higher-level respirator (or facemask, if a respirator is not available), eye protection (e.g., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Eyeglasses are not considered PPE and should not be used when a face shield or goggles are indicated. Cloth face coverings are not considered PPE and should not be worn by staff when PPE is indicated. Major distributors in the United States have reported shortages of PPE. Shortages of alcohol-based hand sanitizers and refills and certain disinfectants have also been reported. Facilities should assess their current supplies of PPE and other critical materials as soon as possible and begin implementing strategies to [optimize their current supply of PPE](#). If a facility anticipates or has a shortage, they should engage their LTHD and [healthcare coalition](#) for assistance. Ensure adequate [cleaning and disinfection](#) supplies are available. For additional information regarding PPE, see the DHS webpage: [COVID-19 Personal Protective Equipment](#)

Does your facility have a plan to address staff shortages?

If staff test positive they must be restricted from work per [DHS Return to Work Guidance](#). Facilities should anticipate staffing shortages based on testing results. Facilities must have plans and processes in place to [mitigate staff shortages](#). Before testing, facilities should assess staffing needs and the minimum number of staff needed to provide a safe work environment and resident care. Facilities should develop a contingency plan that will ensure minimum staffing is maintained and that resident needs are met. Consider contracting with staffing agencies, local hospitals, and clinics. Facilities can also cross-train staff so that they are able to work in multiple roles, adjust staff schedules, and address barriers and social factors that might prevent well staff from working (e.g., transportation). If options listed above are exhausted, explore assistance from the [Wisconsin Emergency Assistance Volunteer Registry \(WEAVR\)](#). WEAVR is a web-based online registration system for Wisconsin's health professional volunteers willing to serve in an emergency.

Has your facility considered a plan for retesting?

Testing only provides information for a given point in time. Residents and staff with negative test results can become infected in the future. Following initial asymptomatic testing, facilities should implement a plan for repeat and continuous retesting as a way to continue to identify infections early and limit infection spread.