

Long-term care testing plan

Answers to frequently asked questions

Overview: Nursing, assisted living, residential and memory care facilities are at high risk for severe COVID-19 outbreaks due to their congregate design. In addition, residents are susceptible to life-threatening health consequences if they contract the disease. Given the risk factors, the Oregon Department of Human Services and Oregon Health Authority committed in June to offer tests to all residents and staff of these facilities to better understand how COVID-19 spreads. Comprehensive, ongoing testing is an essential step toward allowing the state to safely and incrementally adjust visitation policies as it continues the reopening process.

The testing plan includes the more than 680 nursing, assisted living and residential and memory care facilities licensed by the Oregon Department of Human Services Office of Aging and People with Disabilities.

Here are answers to commonly asked questions about the testing plan:

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[Plan details](#)

When will testing begin?

Facilities may begin testing whenever they are ready to do so. Any resident or staff member who can be documented to have been tested on or after June 1, 2020, will count toward the goal of having all staff and residents tested at least once by Sept. 30, 2020. Once a facility completes an initial round of comprehensive testing, it will need to develop and implement a

plan for on-going monitoring and testing, including testing all staff at least once per month.

Why is statewide testing starting now in long-term care?

Widespread testing is possible because test availability in Oregon has expanded and a sufficient supply of testing materials now exists to do comprehensive testing. Oregon Health Authority estimates that the testing entities serving the state could collectively maintain a reliable rate of about 25,000-30,000 tests per week. That said, the state’s ability to quickly test all long-term care facility residents and staff will continue to depend on the federal government’s ability to supply necessary testing materials to Oregon.

How many tests are needed to complete initial testing under the plan?

There are about 31,000 residents statewide in the more than 680 facilities included in the plan, along with about 29,000 staff. While some residents and staff have already been tested, the initial round of comprehensive testing will require about 60,000 tests.

Who will pay for the testing and what will it cost?

The test cost will be primarily covered by an individual’s insurance, either Medicaid, Medicare or private coverage. In cases where costs are not covered by insurance, the state will either reimburse facilities for costs not covered by insurance or cover the costs directly. No costs will be incurred by residents or staff

Where can I get information about the schedule for facilities to be tested?

Facilities that can arrange their own testing can complete their testing at any time. They will need to report results to their local public health agency and the Oregon Department of Human Services Office of Aging and People with Disabilities.

Facilities that choose to have their facility tested by a state-contracted testing provider will be contacted by the Oregon Health Authority or the contractor to determine when testing will occur. The testing schedule that was included in the initial Testing Plan document is no longer relevant.

What will happen after the first round of tests is completed? Will testing continue?

After a facility has completed baseline testing, it will be required to conduct monthly testing of all staff for COVID-19 and this includes those contracted by the facility and residents to provide services in the building such as individual care providers. This ongoing monitoring is critical to avoid outbreaks and protect residents and staff. Each facility will be required by rule to establish a plan for testing of facility personnel to protect this vulnerable population. The plan should be developed in partnership with Oregon Health Authority, the Oregon Department of Human Services, and their local health department.

In addition, as part of ongoing monitoring, all residents with COVID symptoms or with recent contact with a COVID positive individual will be tested prior to admission or readmission to a long-term care facility. Even if a new resident's test is negative, the resident should be separated from other residents for 14 days and then retested. If the resident is negative at retest, separation will no longer be necessary.

Why will it take so long to complete statewide testing? Don't we need to know now who has been infected with COVID-19 to prevent its spread?

The goal is to conduct testing as quickly and efficiently as possible based on the test supplies available. While all communities in Oregon are impacted by COVID-19, not all communities are impacted the same way. Tests will be prioritized based on need.

Testing and residents' rights

What happens during a test?

Samples are taken from the nose and mouth. Collecting a sample may be uncomfortable because the swab must be taken from deep inside the nose.

Who will administer the tests?

This will vary from facility to facility. In most cases, the testing will be conducted by a private testing service contracted by the facility or the state. In some cases, however, facility staff may also assist in some aspects of testing, such as specimen collection from residents.

Are tests mandatory? Can a resident or staff member decline to participate?

Staff members are required to be tested. Any questions about this state policy may be sent to SOQ.LTCInfo@dhsosha.state.or.us.

Residents have a right to refuse a test, but if a resident begins to show symptoms, they may need to be separated from other residents. If residents have questions about their rights, they may contact the Oregon Long-Term Care Ombudsman at 800-522-2602, 503-378-6533 or ltdco.info@oregon.gov.

How will individuals be notified of results?

Labs will notify individuals' health care providers, who then will report the results to their patients and/or facility staff.

What will the state do to ensure the testing process is respectful of individuals' rights and preferences, and cultural identity?

Facilities and testing companies will be expected to ensure that tests are conducted, and results reported, in a culturally sensitive manner that respects individuals' rights. The plan calls for:

- Providing test administrators who are multilingual and multicultural.

- Ensuring individuals administering the tests undergo training about the inherent distrust and fear among marginalized communities about medical testing based on historical events.
- Communications to be in plain language, compliant with the Americans with Disabilities Act (ADA), and provided in languages other than English, including methods for signed language.
- Residents to be informed and will understand that they may decline a test.
- Non-discrimination policies to be in place for staff and residents, and both will be informed on how to report incidents in which they are pressured to participate or experience any form of harassment.
- The Oregon Department of Human Services prepared a video to train test administrators and facilities about the history of medical testing. The video is available [here](#).

Results

What will happen when a resident or staff member tests positive in a facility?

The answer is different for residents and staff.

- If a resident tests positive for COVID-19, the resident and any appointed decision-maker, their health care provider, and the facility health care staff will determine their care needs. To make sure others don't get sick, residents will be given information on how to prevent giving COVID-19 to someone else and that includes being separated from other residents until there is no risk they can share COVID-19.
- Care providers who are positive and have COVID-19 symptoms may not report for work until they've recovered, based on Oregon Health Authority's definition. Care providers who test positive for COVID-19, and do not have symptoms, may not return to work until at least 10 days have passed since the positive test result.

Additionally, confidential positive test results will be reported to the local health department and all residents and staff will be tested within 72 hours of an initial positive test result.

Will test results be made public?

The only information shared publicly will be test result totals, which will not include any identifying information; the personal health information of residents and staff will be protected. The number of positive test results at facilities that have three or more cases, or one or more deaths, will be shared with the public as part of the Oregon Health Authority COVID-19 Weekly Report. In addition, lists of facilities reporting current or suspected cases of COVID-19 will also continue to be available to the public on the Oregon Department of Human Services website. These lists are updated every Tuesday and Friday.

Resources

What resources are available to provide additional information about the plan?

The Oregon Department of Human Services adopted a new set of rules—OAR 411-060—that provide additional details on how the testing plan is being implemented. The rules are available at this [this link](#). Long-term care facilities with questions about the plan should send an email to SOQ.LTCInfo@dhsosha.state.or.us.

Who should residents and staff members speak with regarding complaints or concerns about the testing process, including civil rights violations?

Help is available through a variety of resources:

- Residents with questions and concerns may contact the Oregon Long-term Care Ombudsman at 800-522-2602, 503-378-6533 or ltco.info@oregon.gov.

- Facility staff members with questions may contact:
SOQ.LTCInfo@dhsoha.state.or.us.
- Complaints about violations individuals' rights should be directed to the Governor's Advocacy Office (503) 945-6904, 800-442-5238 or
dhs.info@state.or.us.
- If there is any suspected harm done to an older adult or an adult with disabilities during the testing process, or at any time, Oregonians should report it to Oregon's Safeline, which is operated by DHS Adult Protective Services. To reach the SAFELINE call 1-855-503-SAFE (7233).

For individuals with disabilities or individuals who speak a language other than English, Oregon Health Authority can provide documents in alternate formats such as other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or
OHA.ADAModifications@dhsoha.state.or.us

Answers to implementation questions

Reporting requirements for Oregon Administrative Rule 411-060 do NOT require that a facility report every time they pull a Covid-19 test, only for positive test results. But there is a lot of confusion surrounding when the ODHS Office of Aging and People with Disabilities should be notified and the definition of "suspected" case. Can you clarify?

For the purposes of an Executive Order that is placed on a facility when it has a suspected or confirmed case, and facility monitoring, the definition of a suspected case may differ from other agencies' definitions. A facility must report any confirmed or suspected case, as well as any changes in status from suspected to confirmed. Any time a facility is performing testing other than prophylactic (baseline or monthly full-facility testing), the Safety, Oversight and Quality unit within the Office of Aging and People with Disabilities must be notified. If a COVID-19 infection hasn't been ruled out by a medical provider, COVID-19 testing must be reported, whether a COVID-19 infection is truly suspected, or is being ruled out by testing.

Please provide more detail on staff who must be tested including who is included in the definition of associated facility staff who must be tested:

- **If we complete testing and then hire new staff before September 30, do we need to test them as well?**
No, but they must be tested during ongoing monthly testing.
- **Will independent living staff who don't work in the licensed portion of the facility, but occasionally pass through the licensed portion of a campus (say, to access an elevator) need to be tested?**
No, but these individuals must maintain a minimum distance of 6 feet from others and must always utilize personalized protective equipment as required in a licensed facility.
- **Does associated staff include people not employed by or contracted with the facility?**
The definition of associated staff includes individuals providing direct resident care, environmental services and food services via a contractual relationship with the facility.
- **Does associated staff include contracted dialysis service providers for skilled nursing facilities, along with contracted transportation services that take residents to and from dialysis?**
Yes, if these agencies are contracted directly with the facility for the provision of care.
- **Are building maintenance contractors, case managers and social workers considered associated staff?**
Associated staff includes individuals providing direct resident care, environmental services and food services via a contractual relationship with the facility. State employees such as case managers and surveyors are not included as associated staff but must be screened and granted entry as essential visitors.
- **Will students/interns need to be tested?**

Yes.

- **What about on-call staff who can go for weeks without coming into a facility?**

These staff members should be tested prior to returning to the building.

- **Do the testing requirements include state workers, surveyors, and the ombudsmen?**

No, at this time the requirements do not include these individuals.

Clarify what a legitimate medical reason could be for staff members to refuse testing?

A staff member's medical provider would provide verification of medical reason for refusal.

Will there be a blanket statewide order for testing? If not, what are the options for getting the tests ordered?

There will not be a blanket statewide order of tests. It is possible that a county health officer could give a blanket order for the county, but facilities will have to work with their local public health authority to determine if this is an appropriate option. If not, facilities will need to identify local options for ordering tests. Facilities using the state contracted testing services will not need to arrange for testing orders — the contractor will take care of this.

How will a facility be certified as having completed the initial testing so that they know that they no longer need to do surveillance testing of new staff before September 30?

The Office of Aging and People with Disabilities' Safety, Oversight and Quality unit has designed a short survey-style reporting form that all facilities are required to complete by the end of each month. This report will be used to verify completion of initial testing. Once a facility has completed the 100 percent initial testing, they will complete the Final Attestation Survey, which is found here: <https://www.surveymonkey.com/r/Y82YWZQ>

For newly admitted residents who have already been tested for Covid-19 prior to admission, may those tests be considered in baseline testing for the facility or does the facility need to do another test of that individual once they are admitted to qualify for baseline testing?

Newly admitted residents must pass screening and undergo 14-day quarantine prior to admission. If the facility has already completed initial testing at the time of admission, newly admitted residents will not require testing for the facility to meet the baseline testing requirement.

If a facility gets a positive result from mass testing for the monthly staff testing requirement or baseline testing, will a facility be required to re-test everyone within 72 hours? Or, does the 72-hour rule only apply if there's a random case of positive COVID-19 not from the mass testing?

A facility would not need to re-test if a positive test result is returned from initial testing. However, if a staff member tests positive during ongoing testing, 100 percent of residents will need to be tested.

Do testing vendors need to be approved before a facility uses them?

No. There are minimum standards for allowable testing procedures and if a vendor meets these standards they may be used. The lab must be able to offer a testing process to detect SARS-CoV-2 RNA by a laboratory certified by the US Clinical Laboratory Improvement Amendments program (CLIA) and that meets the Oregon Health Authority and Oregon Department of Human Services testing criteria.

Will state contracted testing vendors come onsite for sample collection, or will we have to make our own arrangements for that?

Yes, the goal is to be onsite, but until contracts are signed that is an unknown.

How does a facility notify the state of its desire to use its testing or its own testing?

Requests for state assistance with testing should be submitted to this email address: ORES8AOCTesting@dhsosha.state.or.us

Any discussion of allowing rapid antigen testing as polymerase chain reaction (PCR) testing has delays up to 14 days?

Antigen testing is being reviewed at the State level. Lab capacity has also been increased to lower the turnaround time on PCR to five to seven days.