



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

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GOVERNOR

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**MEMORANDUM**

Date: October 12, 2021

To: Skilled Nursing Facilities (SNFs), Homes for the Aged (HFAs), and Adult Foster Care homes (AFCs) licensed to care for 13 or more individuals

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

Subject: Updated: 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.
- COVID-19 diagnostic testing is required in skilled nursing facilities (SNFs), homes for the aged (HFAs), and adult foster cares (AFCs) licensed to care for 13 or more individuals as follows:
  - Facilities should follow, at a minimum, standard and guidance set forth from the Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention
    - <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>
    - [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor\\_1631031062858](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031062858)
  - Testing any resident or staff member with symptoms of COVID-19 or suspected exposure;
  - Conduct contact tracing to determine residents and staff that should be tested following identification of a positive case within the facility
    - For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to start 2 days before symptom onset
    - For individuals with confirmed SARS-CoV-2 infection who never develop symptoms, determining the start of the infectious period for contact tracing can be challenging.
      - individuals with SARS-CoV-2 infection without symptoms should be considered potentially infectious beginning 2 days after their exposure (if known)
      - if the date of the case's exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point

of 2 days prior to the positive test of the asymptomatic case for the start of contact tracing

- If the facility does not have the ability to perform contact tracing, a broad testing approach should be taken at a facility or group level (e.g. unit, floor, or other specific area(s) of the facility)
  - In either approach, perform testing for all residents and staff exposed, regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later.
  - If additional cases are identified, testing should continue on via contact tracing or a broad-based approach every 3-7 days until there are no new cases for 14 days.
- Routine testing of all unvaccinated staff in accordance at a cadence based on CDC county levels of transmission: [https://covid.cdc.gov/covid-data-tracker/#county-view|Michigan|Risk|community\\_transmission\\_level](https://covid.cdc.gov/covid-data-tracker/#county-view|Michigan|Risk|community_transmission_level)
  - Facilities may consider testing in other scenarios, particularly for unvaccinated residents, staff, or visitors. These decisions can be made by the facility on a case-by-case basis. Some examples include:
    - 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;
    - Facilities may consider testing asymptomatic residents who leave the facility frequently;
    - While not required, facilities may test residents' visitors to help facilitate visitation while also preventing the spread of COVID-19;
    - Testing of all visitors over the age of 13 prior to entry for indoor visitation (with the exception of visits at the end of life); [see visitation order for specific requirements](#).
- Asymptomatic individuals who have recovered from COVID-19 in the past 3 months are exempted from this testing.
  - To help implement these testing requirements, MDHHS will continue to ship antigen testing supplies to SNFs, HFAs, and AFCs affected by this order.
  - MDHHS will continue to provide reimbursement for [confirmatory molecular testing](#)<sup>1</sup> that is performed in accordance with this testing protocol if such tests are not covered by insurance.

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<sup>1</sup> For the purposes of this guidance “confirmatory molecular testing” is defined as testing that is required to verify the results of an antigen test, as specified in protocols.

## **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. 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. Antigen testing should be the primary testing type utilized in SNFs, HFAs, and AFCs affected by this order.
2. 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. Molecular tests should only be used as a confirmatory test when needed after conducting antigen testing in SNFs, HFAs, and AFCs 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 protocol**

To help implement these testing requirements, MDHHS will continue to directly ship antigen testing supplies to SNFs, HFAs, and AFCs affected by this order. Under this option for testing, SNFs, HFAs, and AFCs affected by this order should conduct antigen testing as the primary type of testing, and molecular tests should only be used as a confirmatory test when needed after conducting antigen 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

**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.**

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 molecular test; MDHHS antigen testing guidance provides [flowcharts showing when test results should be confirmed](#) with molecular testing for patients [with symptoms](#) or [without symptoms](#).

Confirmatory PCR tests can be sent to the State of Michigan Bureau of Laboratories at no cost to the facility. [Instructions for how to send confirmatory PCR tests to the Bureau of Labs can be found here](#).

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

## **2) Facility-managed testing program**

As an alternative to using state-provided antigen tests, facilities may continue to manage their own testing programs to fulfill staff and resident testing requirements—using existing facility medical staff or contracting with an external health care provider to collect patient samples and contracting with a laboratory to process these samples.

Effective March 22, 2021, MDHHS will not provide reimbursement for facility-managed testing programs and molecular tests that are used outside of confirmatory purposes such as to fulfill the facility's weekly testing requirement. MDHHS reimbursement will be limited to [necessary confirmatory molecular testing](#) that is not covered by insurance.

Facilities wishing to transition to the state assistance antigen testing protocol should do so as soon as possible, but no later than March 22, 2021.

## **Reimbursement Basics**

MDHHS has developed a process to facilitate state assistance for antigen testing and will 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.

Reimbursement will also be provided for necessary confirmatory molecular testing that is not covered by insurance. Alternatively, confirmatory molecular tests can be sent to the State of Michigan Bureau of Laboratories at no cost to the facility.

To seek reimbursement, when applicable, facilities 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) for Nursing Homes; or
- [MDHHS-HFA-COVID-PAYMENT@michigan.gov](mailto:MDHHS-HFA-COVID-PAYMENT@michigan.gov) for HFAs and AFCs licensed to care for 13 or more individuals.

Please see MDHHS’ Financial Guidance for additional information about reimbursement.

**Additional Testing Requirements for Skilled Nursing Facilities**

**Routine Testing of Unvaccinated Staff**

Routine testing of unvaccinated staff should be based on the extent of the virus in the community. Fully vaccinated staff do not have to be routinely tested. Facilities should use their community transmission level as the trigger for staff testing frequency. Reports of COVID-19 level of community transmission are available on the CDC COVID-19 County View site: [https://covid.cdc.gov/covid-data-tracker/#county-view|Michigan|Risk|community\\_transmission\\_level](https://covid.cdc.gov/covid-data-tracker/#county-view|Michigan|Risk|community_transmission_level)

Routine Testing Intervals by County COVID-19 Level of Community Transmission

<b>Level of COVID-19 Community Transmission</b>	<b>Minimum Testing Frequency of Unvaccinated Staff+</b>
Low (blue)	Not recommended
Moderate (yellow)	Once per week*
Substantial (orange)	Twice per week*
High (red)	Twice per week*

+ Vaccinated staff do not need to be routinely tested.

\* This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours

- Facilities should monitor the community levels of transmission to determine testing frequency of unvaccinated staff
- Should the community levels of transmission jump to a higher level, facilities should immediately begin testing at a higher frequency
- Should the community levels of transmission fall to a lower level, facilities should continue to maintain their higher level of testing frequency until the community level transmission remains at a lower level for at least two weeks at which point the frequency of testing can be lowered

**Refusals of Testing**

Facilities must receive patient consent, or consent from a resident’s medical power of attorney, for all testing conducted. 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 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 [www.michigan.gov/LTCcovidplan](http://www.michigan.gov/LTCcovidplan) for additional information and relevant FAQs.

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