

## **Kansas Department for Aging and Disability Services COVID-19 Guidance**

**DATE:** October 27, 2020

**TO:** State and Local Officials, Nursing Facility Operators/Owners/Administrators, Stakeholders, Industry Associations, General Public

**FROM:** Secretary Laura Howard

**SUBJECT:** County COVID-19 Testing Positivity Rates for Compliance with QSO-20-38-NH

**EFFECTIVE:** Immediately

This KDADS guidance provides **requirements** for Kansas nursing facilities regarding the interim final rule CMS-3410-IFC entitled “Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments of 1988 (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency.” That rule requires nursing homes to test residents and staff for COVID-19 testing based on criteria established in the interim final rule. Specifically, nursing facilities must conduct routine COVID-19 testing of staff at a frequency based on the county-level testing positivity rate in the prior week. This guidance document specifies the data source Kansas nursing facilities should use to establish the testing frequency for staff to meet the CMS requirement.

### **DATA SOURCE FOR COUNTY-LEVEL COVID-19 TESTING POSITIVITY RATE:**

Nursing Facilities should use the two-week county positivity rate published by the Kansas Department of Health and Environment (KDHE). This information can be found at: <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>. The testing positivity rate by county is found under the Nursing Home Metrics link.

Facilities should begin using this data immediately instead of the KDHE School Gating Metrics as instructed in previous guidance issued by KDADS on 09/23/2020. They should incorporate the use of this data into their schedule for monitoring county positivity every other week and should switch to this data no later than the next two-week observation period for their facility

The CMS memo (QSO-20-38-NH) directs facilities to document the data source used for county-level COVID-19 positivity when recording their compliance or attempt to comply with the memo. Facilities must document when they switch from the CMS reported county positivity rates to the KDHE reported rate.

Facilities should also monitor their county's positivity rate every other week and document when a change in the KDHE reported county positivity rate would require an adjustment in minimum testing requirements due to an increase or decrease in the positivity rate. The CMS memo requires the following changes in testing frequency based on changes in the testing positivity rate:

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

If nursing facilities have specific questions about the use of testing positivity rates or documentation, questions can be sent to [KDADS\\_reopening@ks.gov](mailto:KDADS_reopening@ks.gov). The Frequently Asked Questions document about testing requirements is posted to the KDADS website.