



Long Term Care Facility Testing Plan FAQ *(Updated 6-15-2020)*

Overview

Nursing, residential care, and assisted living facilities are at high risk for severe COVID-19 outbreaks due to their congregate design. Residents of these facilities also have the potential for severe health consequences from contracting the virus and to date have represented about half of all COVID-19 deaths in the state.

Given the risk factors, the 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 the virus spreads. Testing is a critical component of the state's strategy to reopen without increasing the risks for more vulnerable populations, and comprehensive test results will help in developing a plan to safely ease visitation restrictions.

There are more than 680 long-term care facilities with more than five residents that are licensed by the Oregon Department of Human Services Office of Aging and People with Disabilities.

Q1: When will testing begin?

A1: Tests will be offered starting June 24, 2020. The plan is for comprehensive testing to be complete by Sept. 30, 2020. Once a facility completes an initial round of comprehensive testing, they will need to develop and implement a plan for on-going monitoring and testing, including testing all staff at least once per month.

Q2: The pandemic has been going on for several months. Why start testing now?

A2: Widespread testing is possible now because the tests are available. OHA estimates that the testing entities currently serving the state could collectively maintain a reliable rate of 17,000 tests per week. The state's ability to quickly test all long-term care facility residents and staff is partially dependent on the federal government's supply of necessary testing materials to Oregon.

Q3: How many tests are needed to complete initial testing under the plan?

A3: There are about 31,000 residents statewide in the more than 680 facilities included in the plan along with about 29,000 staff members. While some of these people have already been tested, the initial round of comprehensive testing will require about 60,000 tests.

Q4: Are tests mandatory? Can a resident or staff member decline to participate?

A4: Licensed nursing, residential care and assisted living facilities are required to offer the tests to residents and staff. Staff members are required to be tested; residents may decline, but if they have symptoms, they must be isolated.

Q5: Who will pay for the testing and what will it cost?

A5: 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, facilities will be asked to cover these costs, but will be able to apply for reimbursement from DHS in certain circumstances. Each test costs about \$100; the estimate to conduct testing statewide is about \$6 million.

Q6: Who will administer the tests?

A6: Each facility will be responsible for arranging the testing for their staff and residents. These arrangements can take many forms, including contracting with private testing companies, contracting with local hospitals and clinics, partnering with their local public health authority to collect and submit samples to a testing entity, or having qualified facility staff collect samples and send to a testing entity. Oregon Health Authority will coordinate testing in facilities, as necessary.

Q7: 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?

A7: The goal is to conduct testing as quickly as possible, but any effort to complete this testing strategy in a shorter time period will result in fewer tests being available for Oregon's other testing priorities, including outbreaks-related testing and increased testing for other populations being disproportionately impacted by the pandemic. These populations include all of Oregon's Hispanic and non-white communities, as well as people with disabilities and frontline service workers including those who work in farming and food processing.

Q8: What will happen if there are residents and staff who test positive in a facility?

A8: The answer is different for residents and staff, especially staff who provide care for residents.

- Residents who test positive and are symptomatic will be isolated from others until health care professional determine the individual is no longer at risk of spreading the virus. Care providers who are positive and symptomatic may not report for work until at least 3 days have passed since they've recovered based on OHA's definition. Care providers who are positive and asymptomatic may not return to work until at least 10 days have passed since the positive test result.
- Care providers who are positive and asymptomatic may not return to work until at least 10 days have passed since the positive test result.

Q9: Will test results be made public?

A9: The only information shared publicly will be aggregate totals to protect the personal health information of residents and staff. The number of positive test results at facilities with three or more cases or one or more deaths will be shared with the public as part of the OHA COVID-19 Weekly Report, which is updated every Wednesday. In addition, lists of facilities reporting current or suspected cases of COVID-19 will also continue to be available to the public on the DHS website. These lists are updated every Tuesday and Friday.

Q10: How will individuals be notified of results?

A10: Labs will notify individuals' health care providers, who then will report the results to their patients and/or facility staff.

Q11: What will the state do to ensure the testing process is respectful of individuals' rights and preferences, along with being culturally sensitive?

- It's important that tests are conducted and reported in a culturally sensitive, trauma-informed manner due to inherent distrust and fear among marginalized communities who have unwillingly and unknowingly found themselves the subjects of medical experiments.
- Residents may decline a test, but will need to be isolated from other residents if they are experiencing any symptoms.
- Individuals administering the tests will undergo training on the history of medical testing on marginalized communities.
- All communications will be in plain language, compliant with the Americans with Disabilities Act (ADA), and provided in languages other than English, including methods for signed language.
- There will be non-discrimination policies in place for staff and residents, and a hotline will be available for individuals to seek help if they feel pressured to participate.

Q12: Where can I get information about the schedule for facilities to be tested?

A12: 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 DHS Office of Aging and People with Disabilities.

DHS and OHA will be prioritizing testing based on facility type and location, starting with nursing facilities in Multnomah, Washington, Clackamas, Yamhill, Marion and Polk counties, followed by assisted living and residential care facilities with memory care units. As testing commences in other parts of the state, it will follow that sequence. More detail is available in the plan.

**Q13: What will happen after the first round of tests is completed?
Will testing continue?**

A13: After baseline testing is complete by Sept. 30, facilities will be required to conduct ongoing monitoring for COVID-19 starting Oct. 1, 2020. Ongoing monitoring is critical to avoid outbreaks and protect residents. Each facility will be required by rule to establish a plan for COVID-19 testing of residents and health care personnel necessary to protect this vulnerable population. The plan should be developed in partnership with OHA, DHS and their local health department.

Ongoing monitoring will include testing 25 percent of staff weekly so that 100 percent of a facility's staff is tested each month.

In addition, as part of ongoing monitoring, all new residents 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 isolated for 14 days and then retested. If negative at retest, isolation will no longer be necessary.

Q14: What resources are available to provide additional information about the plan?

A14: The full plan is available at [this link](#).

Nursing facilities with questions about the plan should call the DHS nursing facility licensing team at 1-877-280-4555; assisted living and residential care facilities with questions should reach the DHS licensing team at 1-844-503-4773 or licensing.complaint@state.or.us.

More information about residents' rights is available through the Oregon Long-term Care Ombudsman's residential facilities office at 844-674-4567, 503-378-6852 or rfo.info@oregon.gov.

For individuals with disabilities or individuals who speak a language other than English, OHA 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@dhsaha.state.or.us.