



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

August 17, 2020

AL TSA: ICF/IID #2020-032
POINT PREVALENCE COVID-19 TESTING

Dear ICF/IID Superintendent:

This notice is to communicate the plan to move forward and support the completion of a point prevalence Covid-19 testing to identify any persons with asymptomatic COVID-19 infections working or living in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Like long-term care facilities, ICF/IID are at risk for large-scale outbreaks of COVID-19. Gaining an understanding of baseline rates of asymptomatic infection will help inform prevention and control efforts to limit transmission. The information will also be helpful in directing recommendations for ongoing surveillance testing of staff and help facilities develop the ability to perform testing in the event an outbreak among staff or clients were to occur in the future.

We want to stress that this is not an order for testing, but rather a recommendation that facilities take advantage of this opportunity. It is extremely important that staff supporting individuals in this setting become familiar with getting clients and themselves tested to limit the spread of COVID-19 should someone become infected. We recognize that testing may be challenging for some facilities and clients. Because of this, we encourage participation, but do not require it at this time. We are asking every facility encompassed by the recommendations to make their best efforts to complete testing by September 15, 2020. Any facility that has tested staff and clients on or after July 1 as part of an outbreak response or as a surveillance activity does not need to do repeat testing at this time. Facilities that have tested all staff or clients, but not both, should plan to retest both staff and clients. As this work is completed, the Department of Health (DOH) will monitor the results to evaluate the number of tests processed for staff and residents at each facility. If compliance with these recommendations should lag, we will return to the use of an order to direct the actions outlined below.

Therefore, DOH and the Department of Social and Health Services (DSHS) recommends that by September 15, 2020, facilities should:

- Offer COVID-19 tests to all clients and administer tests to all consenting clients or with legal representative or guardian approval;
- Offer COVID-19 tests to all staff, inform them there will be no cost to them or their insurance, encourage compliance, and administer tests to all willing staff;
- Obtain a provider order to test all staff and clients. Facilities may approach their local health officer to see if they are willing to serve in this role;
- Expect to provide all results, both positive and negative, to clients and staff unless the facility makes arrangements with a licensing professional willing to order and provide results of the tests;
- Comply with all applicable state and federal laws when offering tests to, requiring tests of, administering tests to clients and staff including, but not limited to, any laws governing client health care decision making such as 42 CFR 483.420.
- Ensure timely, proper specimen submission to an authorized laboratory, along with all information the lab requires to perform the tests, report test results, and obtain payment for clients covered by Medicare or Medicaid;

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- Immediately report positive test results for clients and staff to DSHS using:
 - The 24/7 Complaint Resolution Unit (CRU) hotline, 1-800-562-6078; or
 - Online reporting: <https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting>; or
 - Email CRU@dshs.wa.gov or fax 360-725-2644.
- Consider a “staff member” any employee, contractor, volunteer, or person who provides health care, personal care, administrative, clerical, dietary, environmental, or any other kind of services in the facility;
- Contracted staff not scheduled to work on the testing day do not need to be called in or tested because this is a point in time survey.

The DOH Community Based Testing Services (CBTS) support team will call each facility to determine the number of tests and PPE needed for your clients and staff. The CBTS support team will email you your assigned laboratory and instructions for sending specimens following your call. This includes how to register online and complete the requisition forms, and how to properly prepare and package specimens with the material in your kits. Specimens not properly labeled, sealed, and packaged cannot be processed.

If the facility chooses to utilize a laboratory that is not CBTS support team assigned, facilities would need to contact CBTS on the day of testing to determine whether the lab can accept their specimens. If a laboratory of choice is used that is not contracted with DOH, there may be a fee.

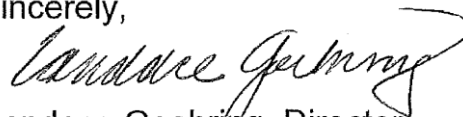
Your PPE and test kits will arrive in separate shipments: PPE from DSHS, and testing supplies from DOH. They will be sent to the facilities. The supplies and specimen shipping costs, in the form of a pre-printed and prepaid shipping labels, will be covered by DOH.

Insurance information should be collected and submitted for client tests covered by Medicare or Medicaid. These payers will reimburse for specimen collection and for lab processing. Insurance information is not needed for staff or clients covered by any other insurance. The State of Washington will cover the laboratory fees for all staff and for clients who are uninsured or not covered by Medicaid or Medicare.

If a facility does not receive enough test kits or PPE to provide tests to all clients and staff, it must use every test it can and promptly email doh-cbts@doh.wa.gov about ordering more supplies.

A future communication will include a link to a Frequently Asked Questions web page and information for an upcoming webinar that will explain the process in more detail.

Sincerely,



Candace Goehring, Director
Residential Care Services

DSHS: “Transforming Lives”