

LTC TESTING

UPDATED 9/23/20

DHMC, PUBLIC HEALTH LAB, NORDX

- Coordination through the Coordinating Office –
 - Sentential Surveillance team LTCFTesting@dhhs.nh.gov
 - Sentential Surveillance team ALFTesting@dhhs.nh.gov
- 603-271-7037 Monday- Friday 8:00am - 4:30pm.

TRANSITION TO FACILITY BASED TESTING

October 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Start 10/12

End 10/26

CRSSP GUIDANCE

- EACH Month
 - Surveillance testing with 100% of Staff using Anterior Nares PCR based Test
 - Remaining Weeks of Surveillance for 10% of Staff using Anterior Nares PCR based Test

CRSSP GUIDANCE

TESTING SCHEDULE

- Week 1 PCR @ 100% Staff
- Week 2 PCR @ 10% Staff
- Week 3 PCR @ 10% Staff
- Week 4 PCR @ 10% Staff

November 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

100%

10%

10%

10%



CRSSP GUIDANCE FLEXIBILITY

Facility can Choose WHEN and WHO to test

TESTING SCHEDULE

- Week 1 PCR @ 10% Staff
- Week 2 PCR @ 10% Staff
- Week 3 PCR @ 100% Staff
- Week 4 PCR @ 10% Staff

November 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

10%

10%

100%

10%

SET-UP PROCESS

- DHHS will send out an instruction email to the POC
 - Information on reference laboratory to set up account
 - Pre-Contract Information sheet
 - Updated CRSSP guidance

- 1) Name of facility:
- 2) Address of facility:

Street Address Town/City

Zip Code County
- 3) Facility point of contact:
- 4) POC phone number:
- 5) POC email address:
- 6) Name of authorized individual eligible to sign contract:
- 7) Authorized individual's phone number:
- 8) Authorized individual's email address:
- 9) Number of staff members at facility (100%):
- 10) Contracted reference lab:

FUNDING-

- Facilities will submit monthly invoices to DHHS for testing reimbursement
 - Facility will be reimbursed \$100.00 per PCR test performed each month
- Information packet will be sent to each facility with information on setting up invoicing and reimbursement process

FUNDING

200 STAFF

- Week 1 PCR @ 200 Staff
- Week 2 PCR @ 20 Staff
- Week 3 PCR @ 20 Staff
- Week 4 PCR @ 20 Staff

Total Monthly Invoice for Max of 260 Tests

November 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

100%
10%
10%
10%

