

# LTC TESTING

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UPDATED 9/30/20

# DHMC, PUBLIC HEALTH LAB, NORDX

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

# TRANSITION TO FACILITY BASED TESTING

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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

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- 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

# REPORTING

- Symptomatic
  - Antigen Point of Care testing
    - Positives
      - Report via <https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf>
      - Fax to 603-271-0545

**Symptoms and Clinical Information**

Symptomatic?  Yes  No  Unknown If yes, onset: \_\_\_/\_\_\_/\_\_\_  Fever  Cough  Shortness of breath  
 Sore throat  Headache  Body aches  Change in taste/smell  Sinus congestion  Runny nose  Chest tightness  
 Other: \_\_\_\_\_

Test Results:  Positive/detected  Negative  Indeterminate/Inconclusive/Invalid  Not Tested  Pending  
Test Type:  NAAT/PCR  Antibody Specimen Source:  NP  Nasal  OP  Saliva  Blood  
 Antigen:  Sofia Quidel  BD Veritor  BinaxNOW  LumiraDx  Other: \_\_\_\_\_  
Specimen Source:  NP  Nasal  OP  Saliva  Blood

Collection Date: \_\_\_/\_\_\_/\_\_\_ Laboratory: \_\_\_\_\_  
Location where specimen collected: \_\_\_\_\_ Was appropriate PPE used:  Yes  No  Unk

# REPORTING

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- Symptomatic
  - Antigen Point of Care testing
    - Negatives
      - <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>
      - Identifies required elements that will need to be reported.

# 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

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- 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
- Send updated form to
  - [Aaron.McIntire@DHHS.NH.GOV](mailto:Aaron.McIntire@DHHS.NH.GOV)

- 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-

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- 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%

