

# Risk Assessment and Testing Considerations for SARS-CoV-2 Transmission in Congregate Care Facilities

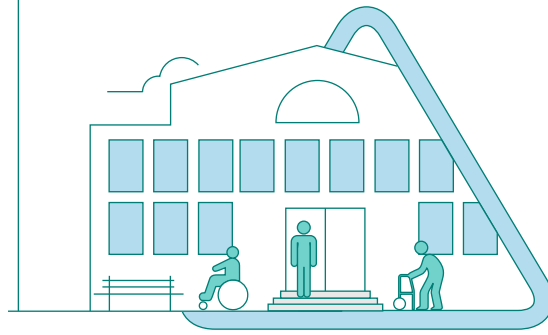
## Policy Needs

Over a million Americans reside in Congregate Care Facilities (CCF), which provide housing and some services for individuals who do not need skilled nursing care. CCFs include assisted living facilities, independent living facilities and memory care units. While healthier than nursing home residents, CCF residents face substantial risk of excess death and morbidity from COVID-19.

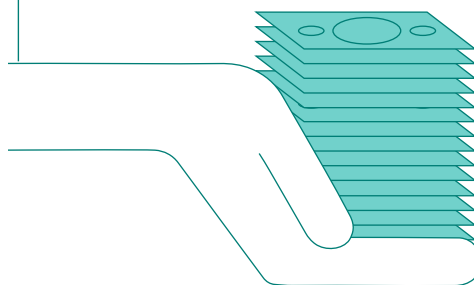
Many residents and staff in these facilities have been vaccinated for Covid-19, and studies on the vaccines have shown that severity of illness and likelihood of death are greatly reduced after vaccination. Some individuals will not be able to take the vaccine for medical reasons, and some staff have been hesitant to get the vaccine. In addition, it is not yet known if vaccinated individuals can transmit infection to others.

Consequently, for some time to come, screening and surveillance test protocols can help reduce the risk of infection and mortality in CCFs. Policy actions can facilitate access and effective use of testing to protect these vulnerable communities until widespread vaccination occurs.

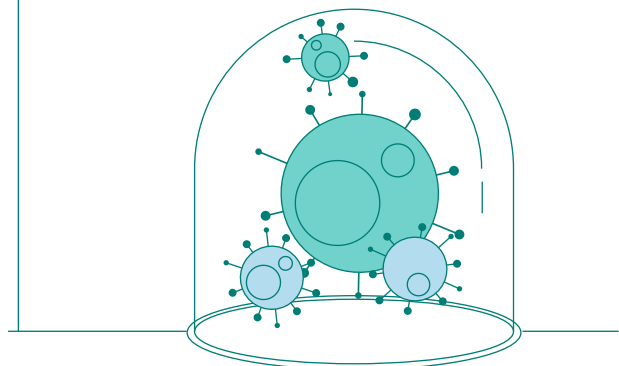
### PRIORITIZE CCF SETTINGS FOR FEDERAL AND STATE DISTRIBUTION OF RAPID TESTS



### SET A PATHWAY FOR PAYMENT



### ENSURE RAPID TURNAROUND AND CLEAR UNDERSTANDING OF HOW TO USE RESULTS



### SUPPORT STUDIES TO BETTER UNDERSTAND TRANSMISSION AMONG VACCINATED INDIVIDUALS



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## **Prioritize CCF settings for federal and state test distribution of rapid tests**

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Rapid testing kits are becoming more common with nearly 100 million tests available per month, and that number is expected to grow throughout 2021. However, there are many competing demands for testing and CCFs do not have a dedicated supply chain. One million CCF residents and 300,000 full time employees being tested twice weekly in a screening program would require 10.8 million tests per month. As manufacturing capacity for antigen and other point-of-care tests rises over the winter, Federal and state distributions should prioritize CCFs as highly at-risk communities. Because many of these facilities do not have high numbers of medical staff and often do not have the required regulatory permission to do point-of-care testing, over-the-counter tests that can be done anywhere and allow self-collection or only light training for administration are preferred. If such tests are not available, the required regulatory permits for testing should be expedited or otherwise facilitated and public health authorities should be encouraged to use standing orders for prescriptions.

## **Set a pathway for payment**

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CCFs seldom receive direct reimbursement from Medicare or Medicaid. While there is clarity from CMS that surge testing will be paid for by Medicare and Medicaid for nursing home residents in response to an active infection found within the facility, there is lack of clarity on payment for surge testing at CCFs. Regular screening tests are generally not covered by insurance. Many CCFs that are conducting testing at this time are relying on either reserves, loans or local philanthropy. These are unsustainable funding sources. A clear pathway for payment for this testing should be established, especially for testing required by federal or state authorities and for facilities that serve lower-income populations. The recent COVID-19 emergency relief legislation passed in December allocated \$22.4 billion to the States for “testing, contact tracing, surveillance, containment, and mitigation”. States should consider putting support for regular

testing in these communities high among their priorities, while Congress should consider if additional support may be required.

## **Ensure rapid turnaround and clear understanding of how to use results**

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Testing is most effective at reducing infections when turn-around time is rapid. Minimizing the time between when a test is administered and the results are received and acted upon is a critical step in reducing infection spread. While point-of-care tests are designed to return results in minutes to hours, laboratory-based tests will rapidly lose their value as reporting is delayed. Policy makers can encourage the adoption of antigen and other point-of-care tests by providing a straightforward regulatory path for testing and by providing training and technical assistance in administering point of care tests. This includes clear instructions on how to interpret and act on those results, including when confirmatory tests are required and actions to take while awaiting confirmation. However, confirmatory tests and screening methods like pooled testing will still require lab-based tests. Policy makers can encourage rapid return of lab-based results by adding a bonus payment for results returned within a day.

## **Support studies to better understand transmission among vaccinated individuals**

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Rapid studies need to be set up to develop evidence on transmission by vaccinated individuals (nursing homes and congregate care facilities could serve as excellent sites for these types of studies). If the evidence shows that vaccinated individuals are not likely to transmit, testing needs may decline substantially in CCFs, which would reduce costs and free up test capacity for other high-risk settings where vaccination may not yet be widely available.

To view the full considerations document, please visit: <https://www.rockefellerfoundation.org/report/risk-assessment-and-testing-considerations-for-sars-cov-2-transmission-in-congregate-care-facilities>