



- **Where can I read a copy of the Emergency Rule that was adopted?**  
A copy of the rules is located at: <https://publications.tnsosfiles.com/rules/1200/1200-08/1200-08.htm>
- **What type of test is acceptable to meet the baseline testing requirement? What type of test is acceptable to meet the weekly staff testing in nursing homes?**  
The baseline testing requirement should be a polymerase chain reaction (PCR) test. These are used to diagnose active infection for COVID-19, and usually involve a nasal or oral swab. Any staff member who has a positive U.S. Food and Drug Administration (FDA) approved COVID-19 antibody test is exempted from weekly testing. For ongoing weekly testing, the facility can use any approved a sample collection method (nasopharyngeal, oral, etc.) – a nasopharyngeal is not required to be used, but usually provides the most effective sample for testing.
- **When must the initial statewide testing be completed?**  
Facilities must have completed the “intent to test” survey by June 1 and completed their testing of residents and staff by June 30<sup>th</sup>.
- **Is the state requiring Assisted Care Living Facilities (ACLF) to participate in the National Healthcare Safety Network?**  
No. However, assisted living facilities have the option to participate, and the TN Department of Health’s Healthcare Associated Infections program is available to assist with the enrollment process at [hai.health@tn.gov](mailto:hai.health@tn.gov)
- **Which facilities are required to test beyond June 30<sup>th</sup>? How often? Who is required to be tested?**  
Skilled nursing facilities are required to test staff weekly (every seven days). Ongoing staff testing is not required for Assisted Care Living Facilities (ACLF) or Residential Home for the Aged (RHA) at this time. However, if ACLFs and RHAs have a desire to conduct regular staff testing, the Tennessee Department of Health (TDH) can assist as a resource for the necessary supplies and personal protective equipment.
- **What type of paperwork or documentation is required to verify testing is occurring?**  
The facility must document (either electronic or hard copy) receipt from the laboratory and the number of test samples sent. Facilities should keep testing documentation on file for the length of the emergency rule (180 days).
- **Regarding weekly staff testing, does the facility need to keep documentation that they have tested weekly or do they send the documentation to the state?**  
The facility needs to keep documentation on file for verification of compliance upon state survey or other state request for validation of compliance.



- **We understand we need to report any positive cases, but if all are negative, are there any reporting or documentation requirements?**

The facilities should keep testing documentation on file for compliance purposes, but there is not any additional reporting required for negative cases.

- **How should we handle “false positives”?**

If a facility believes it has “false positives,” the facility administrator or medical director should contact the laboratory that performed the testing to understand if contamination occurred to cause the false positives. If contamination did occur, the laboratory needs to report the corrected laboratory results to TDH.

- **Is the state of Tennessee paying for all testing, including the ongoing testing required of nursing homes?**

Yes. The Tennessee Department of Health is paying for or reimbursing facilities for all of the testing, testing supplies and PPE needed to do the initial testing of all facilities, as well as the weekly testing required of nursing homes beginning no later than June 30<sup>th</sup>.

- **What is the process to be reimbursed if the facility has paid for the lab testing? Does the facility or laboratory need to seek the reimbursement?**

The facility should follow the instructions below for reimbursement:

1. Facility administers COVID-19 tests as clinically indicated
2. Lab processes tests, reports results to facility, and separately invoices facility for the tests of its nursing home staff batched by facility, not corporate entity.
3. Facility submits an invoice “net due in 15 days” to the TN Department of Health (TDH) supported by the invoice from the lab, confirmation of the testing event date, and the confirmation of persons tested at that event. Facility sends electronically to: Valerie Oliver, TDH, at [valerie.oliver@tn.gov](mailto:valerie.oliver@tn.gov)
4. Maximum reimbursement rate is \$100 consistent with Medicare rates.
5. TDH processes the invoice for payment to facility within 15 days.
6. Facility then processes the original invoice from lab for payment with funds received from TDH.

- **Where can my facility administrator or medical director locate a list of laboratories that offer testing and can be reimbursed by the state?**

The rules required the Tennessee Department of Health to post a list of approved laboratories. The list is posted at: <https://www.tn.gov/content/dam/tn/health/healthprofboards/COVID-19-Vendors-Registered.pdf>



- **What is the process for a laboratory being listed, if it not currently on the list?**  
The laboratory must be licensed in Tennessee and registered as a vendor with the State of Tennessee in Edison and be included on the FDA's list of laboratories with authorized tests under the current EUA (<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>). To inquire and receive information, please email [Eddie.J.Stewart@tn.gov](mailto:Eddie.J.Stewart@tn.gov).
- **Will personal protective equipment (PPE) be supplied for on ongoing testing in nursing homes?**  
A facility can request PPE for testing purposes via the Tennessee Emergency Management Agency's (TEMA) Survey123 at <https://arcg.is/1LiCCP>
- **On an integrated, shared services CCRC campus, who is to be tested – only direct care staff in our nursing home/healthcare center or all employees campus-wide like they did for the baseline testing?**  
Anyone meeting the definition of "staff" within the rule who will be inside a licensed facility should be included in testing, including ongoing weekly testing as required by the rule.
- **Will there be any requirements to test residents on a regular basis? The Centers for Medicare and Medicaid Services (CMS) mentions testing residents weekly if facilities have a resident test positive, will this be part of the state requirement?**  
For nursing homes, State rule 1200-08-06-.06 (5) informs the following: Once a nursing home has completed initial testing, each facility shall test all staff members for COVID-19 at least once every seven (7) days beginning the later of June 30, 2020 or the date the facility completes initial testing.  
  
Ongoing staff testing is not required for Assisted Care Living Facilities or Residential Home for the Aged at this time. A copy of the rules is located at:  
<https://publications.tnsosfiles.com/rules/1200/1200-08/1200-08.htm>
- **We understand that employees can refuse, but if so what is the consequence, if any, to both the employee and the employer?**  
Employees who are not tested pose a risk to the residents and other staff members. However, it is the facility's responsibility to ensure residents are safe and appropriate precautions are taken to prevent transmission of infections. Facility policy will dictate how residents will be protected from potential infection by staff and/or resident refusing to be tested. Matters regarding employee refusal and ongoing employment will be handled by human resources or the appropriate department for each facility.
- **What if staff member was on vacation when the facility had its initial testing? What if a staff member is absent from the facility during the time weekly testing is being done?**  
Prior to return to work, staff should be tested. If an employee missed a weekly testing date, they can be tested before returning to work, or tested in the scheduled testing for the next week's testing. Should there be refusal, there needs to be a signed attestation of refusal by the employee.



- **What are acceptable exceptions to testing?**  
There are no exceptions to the weekly testing requirement.
- **What happens if a high percentage of staff refuses the test?**  
Staff (and residents) has the right to refuse testing. Employees who do not receive weekly testing, are considered to be at-risk for transmitting COVID-19 to other staff and residents. Each facility shall document the staff or resident's refusal by having the individual sign documentation created by the facility indicating that they have refused testing. It is the facility's responsibility to ensure appropriate staffing levels are maintained.
- **The rules states "each facility shall document the staff or resident's refusal by having the individual sign documentation created by the facility indicating that they have refused testing". Is there any other language around this topic that has been developed?**  
Each facility should have policy and procedures (P&P) addressing refusal e.g. not being able to work in the community for a prescribed period of time. A facility's P&P should govern their process and should be vetted through their human resource and/or legal departments.
- **What occurs if a nursing home facility refuses to comply and not participate with the required weekly testing?**  
The facility would be cited for not being in compliance with the state emergency rule if they do not conduct staff testing weekly testing (every seven days).
- **What if the facility does not have results back prior to the next round of testing?**  
If the facility can provide proof that samples have been sent to a laboratory, but the results have yet to arrive, there would not be a compliance issue. We recommend that each facility, when deciding which laboratory to use, inquire about turnaround times for samples and ensure that results will be available within seven (7) days of specimen receipt. Even if test results are not received from a previous week, each facility should ensure that employees proceed with testing for the current week.
- **What if the nursing home cannot identify a testing vendor with sufficient capacity to do the testing, or they have problems with their vendor cancelling testing, etc.?**  
If a facility is cited for non-compliance and the reason for not testing was out of its control, the rule provides that it shall be a defense to any disciplinary action taken that a facility is unable to identify a COVID-19 testing laboratory, or that total statewide testing capacity is insufficient to accommodate the anticipated number of tests required by these rules.