

KDADS Updates on Testing Strategies

**Presentation to
The Robert G. (Bob) Bethell Joint Committee on
Home and Community Based Services and
KanCare Oversight
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Updates on Testing Strategies

Laura Howard, Secretary

KDADS Updates on Testing Strategies

Chairman Landwehr, Vice Chair Suellentrop and members of the Committee:

Thank you for the opportunity to provide testimony on the Kansas Department for Aging and Disability Services (KDADS).

Testing Strategy

- Status of testing machines and testing kits for nursing homes and if each of those are provided by the federal government or State;
- Clarification on the additional testing to be expanded as reported in September, but contracts for the testing were not entered into until mid-November—any issues with delays in the signing of contracts for testing or the release of funds and when the funding was released;
- Clarification on lab use for COVID-19 testing for long-term care facilities being broken up into regions; and
- Anticipated impact of the additional testing on long-term care facilities.

Testing Machines to Nursing Facilities

Health and Human Services sent point of care testing machine (BD Veritor System and Quidel Sofia2) with associated tests to all nursing homes with a current CLIA Certificate of Waiver across the country.

There were three waves of delivery: July 20-August 14, August 17-September 30, and November 2-6

These instruments and tests were sent to nursing homes from HHS free of charge.

319 Kansas nursing facilities received a point of care testing machine as of November 19, 2020

Facilities received enough tests and kits to complete one round of tests. Facilities were directed to reorder test kits from the manufacturers to be able to continue using the testing machines to meet the CMS staff testing requirement. Facilities have reported a backlog from the manufacturers to obtain more testing kits.

Positive results identified by the testing machines must be confirmed with a PCR test that detects the genetic material from the virus. Antigen tests only detect proteins on the surface of the virus.

Federal Shipments of Additional Tests



The White House and HHS [announced](#) the purchase and production of 150 million rapid tests to be distributed across the country. Through Operation Warp Speed, Abbott Pharmaceutical is producing 50 million BinaxNOW test monthly.

HHS began shipping tests to nursing homes in red and yellow counties to support testing of staff the week of September 21, 2020. These tests are also free of charge and are prioritized to serve vulnerable populations including nursing homes, assisted living facilities, and home health agency workers.

HHS reported that Binax tests would be supplied to facilities for the next several months to address the shortage in supplies for the point of care testing machines in nursing facilities.

The Abbott Binax test uses a nasal swab and produces a rapid test result detecting COVID-19 antigens.

113,200 test cards have been distributed or are slated to be distributed to 106 Assisted Living Facilities and 528,120 test cards have been or are slated to be distributed to 264 Nursing Facilities.

Other Testing Considerations

Role of KDHE when there is a positive antigen test.

If a facility gets a positive result from their point of care testing machine, they report to KDHE and then confirm the results with a more definitive PCR test that detects the genetic material of the virus.

Working with local health departments and KDHE, facilities can use the state lab for the conformation test or access the SPARK funded regional labs.

Testing Frequency.

Facilities reported that the CMS positivity rate and KDHE's reported rates did not match. KDADS and KDHE asked CMS for clarification. We received confirmation that a facility can use the KDHE rates if they document that decision and use the source consistently.

COVID-19: Testing Cadence for Screening Testing

CMS Minimum Testing Frequency (Rev. 10/7/2020)

Green: Once a month

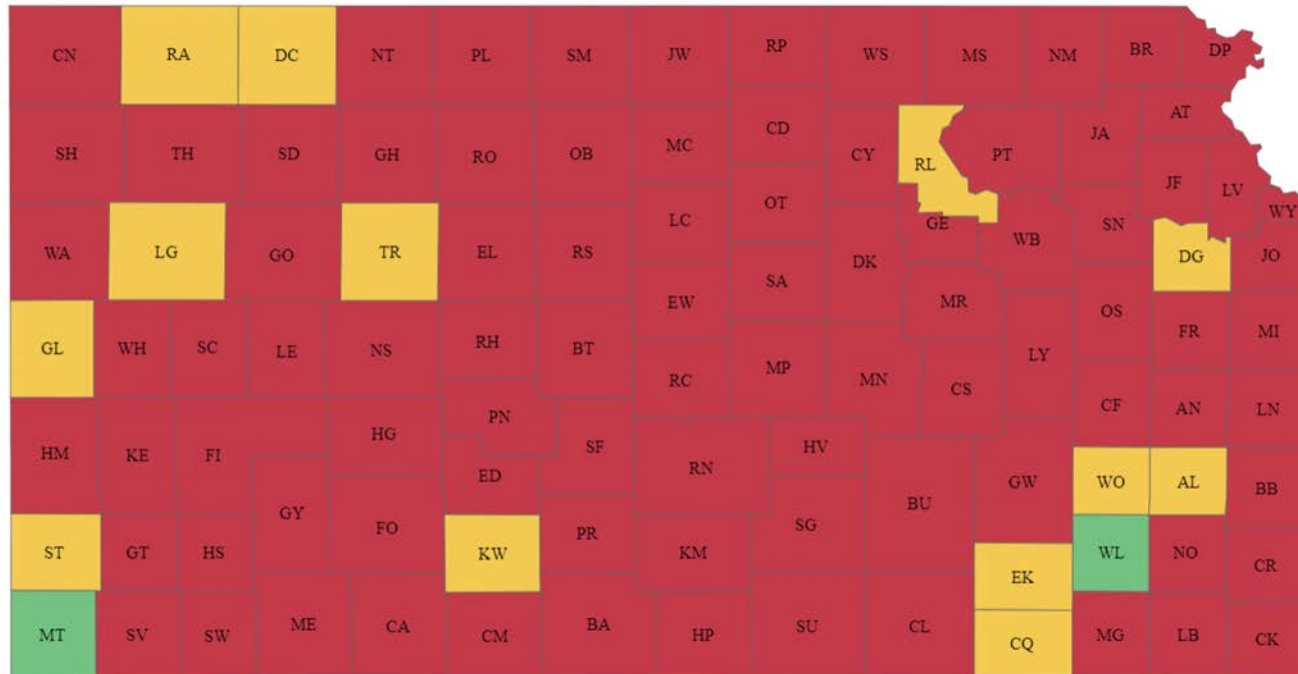
Yellow: Once a week

Red: Twice a week

Additional testing guidance available at <https://www.cms.gov/files/document/gso-20-38-nh.pdf>

Current Rolling Two Week Percent Positivity by County

Rolling 14-Day Period Starting 11/15/2020 and Ending 11/28/2020.



Available at:

<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>

Go to the Nursing Home Metrics tab

Governor's Unified Testing Strategy



A unified testing strategy provides an opportunity to expand on Kansas current statewide testing strategy which has - by necessity - focused on testing those with symptoms and cluster investigations.

An expanded testing strategy will allow for more broad routine screening to stop community spread of the virus, such as in schools and nursing homes, and will ensure coordination between public and private testing efforts.

Governor Laura Kelly, Sept 28, 2020

Principles of Unified Testing Strategy



- Accessible, equitable, cost-effective and timely COVID-19 testing across state
- Support Kansas schools and businesses as they continue to responsibly reopen
- Use all testing sites and platforms available statewide
- Coordinate public and private COVID-19 testing efforts
- Prioritize testing based on evidence-based public health criteria
- Identify state best practices for screening and surveillance testing
- Use shared goals and clear metrics, remaining flexible to integrate technologies/research as appropriate

Public Health – COVID-19 Testing – Application

What is the goal?

- Protect the health of Kansans by **minimizing disease transmission as we move towards a fully re-opened state**
- Provide funding to support a **unified testing strategy** (e.g., lab capacity, logistics, reporting) to meet the unique needs of population groups and regions/counties across Kansas

Why is it needed?

- As Kansas reopens, an increase in contact intensity and **disease transmission is highly likely**
- Broad testing program will be critical to **controlling disease transmission, keeping Kansans safe, and keeping the economy / businesses open**

Who is eligible?

- **State agencies; Application process** for additional testing elements (e.g., lab capacity, logistics) for qualified/ eligible providers (e.g., private labs, universities)

Costs, metrics, and benchmarks

Allocation for Round 3: \$52M+

Round 1 (County): \$10M¹

Round 2 (State): \$24M

Prioritization

- **Prioritize populations who are deemed higher risk and underserved communities / regions**
 - Ongoing re-prioritization of groups (e.g., nursing homes, prisons) and regions (e.g., rural areas) based on disease transmission
 - Means testing of uninsured and asymptomatic individuals in prioritized populations/ regions

Scalability

- **Scale capacity up based on disease transmission and ongoing analysis of need**
 - Run open, transparent procurement process for additional lab resources and ongoing logistics
 - Set up stable supply chains for testing supplies with option to expand volume & speed up test results

Process

Administrating agency:
Kansas Department of Health & Environment (KDHE)

Federal requirements:

- ✓ Not included in previous budgets
- ✓ Expenditures before Dec. 30th
- ✓ Aligned with US Treasury guidance on CRF eligible expenditures

Application process:

- State agencies to submit proposals for populations
- KDHE to create application process for (e.g.,) lab capacity, logistics; open to qualified providers (e.g., MAWD, WSU)

Technical assistance:

- KDHE and Governor's Office will give ongoing direction on state of disease in KS and the resultant priorities for labs, populations, and logistics

1. Due to classification differences, this figure may over or underestimate spending (e.g., some transfers to healthcare institutions may be classified as testing expense)

State Support for COVID-19 Testing



SPARK Round 2 Allocations

- \$20,743,000.00 to increase State Lab Capacity
- Total Funds Distributed (9/30/2020):
\$18,827,550.00
- This appropriation is used for the following purposes to increase capacity to 5,000 tests per day:
 - Equipment
 - Testing Materials
 - Initial Staff Cost

SPARK Round 3 Allocations

- \$52,000,000+ to implement a unified COVID-19 testing strategy for Kansas
- Our state unified strategy will aim to coordinate public and private testing efforts across the state and communicate testing goals and objectives

SPARK Round 3 Funding Process



Round 3 funding
required
competitive
bidding



Proposals over
\$10 million
reviewed by
SPARK Executive
Committee



Funds must be
spent by
Dec. 30, 2020



Two-week RFP
process required:
KDHE RFP
announcement made
Oct 7
Proposals were due
Oct 21



Proposals
reviewed Oct
22-28 by KDHE
review team -
following
guidance from
external
stakeholders



Award:
Select &
announce
vendors by Oct
28 as part of
unified testing
strategy

Three Sections of Round 3 Testing RFP



- Section One – Laboratory Testing Solutions (LTS)
 - Direct services associated with collection, transportation testing, and reporting of samples needed for COVID-19 testing.
- Section Two – High Risk Populations (HRS)
 - ‘End to end’ solutions to address testing challenges associated with each high-risk population
- Section Three – Innovative Strategic Solutions (ISS)
 - Additional services or solutions that support the unified COVID-19 testing strategy.

Section 1, Laboratory Testing Solutions



- Section One – Laboratory Testing Solutions (LTS) described the various direct services associated with collection, transportation testing, and reporting of samples needed for COVID-19 testing. Respondents included up to three options for each service they intended to provide. Costs for each option were listed on the Cost Page as Cost per Test.

Laboratory Testing Solutions Deep Dive



Please provide different options of sourcing, testing, and intervention capabilities for your lab. Please only select processes that can have an end-to-end turnaround time of 36 hours or less

| | Sourcing | | Testing | | Intervention | | Cost per test | 48hr turnaround time? ¹ (Yes / No) |
|----------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------|---------------|--|
| | Source testing supplies | Sample populations | Transport tests to lab | Process the results | Share the results | Quarantine & contact trace | | |
| Example | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Eg, \$100 | Yes |
| Option 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Option 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Option 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Please specify your regional constraints (e.g., cannot guarantee turnaround time to western Kansas)

1. Total end to end time it takes for all services selected (e.g., if sourcing testing supplies and share test results selected, then total time from sourcing supplies to sharing results)

Section 2, High-Risk Populations



- Section Two – High-Risk Populations (HRS) described the targeted high-risk populations where COVID-19 testing was needed. Respondents were asked to provide ‘end to end’ solutions to address testing challenges associated with each population. Respondents were encouraged to describe how they intended to offer various testing or other support services to each population.
- Costs were provided on the Cost Page for each high-risk Population.

High-Risk Populations Deep Dive



In addition to bringing lab capacity online, the State of Kansas is looking for partners to provide end-to-end testing solutions for specific populations deemed high risk. The solutions should fulfill public health protocols as outlined by KDHE. Please review the below populations and testing protocols and include in your proposal the ability to provide and end to end solution in the attached template.

| High-Risk Populations | Problem Statement | State required testing protocols |
|---|-------------------|----------------------------------|
| Nursing homes & assisted living communities (residents & staff) | | |
| Schools (K – 12, staff and students) | | |
| Correctional Facilities (staff and inmates) | | |
| First responders & essential workers | | |

Full list of High-Risk Populations



- Nursing homes and assisted living communities
- Schools (K-12, staff, and students)
- Correctional facilities (staff and inmates)
- First responders & essential workers
- Meat and poultry processing facilities
- Manufacturing facilities
- Warehouse and distribution centers
- Construction sites
- Service providing establishments (e. hair salons and restaurants)

Strategy Template for High-Risk Populations



- Population size
 - By population type breakdown
 - Regional constraints
- Type of test
 - Swab or saliva
- Protocol for testing
 - Cadence and frequency of testing
- Sampling
 - How will sampling occur, outline subcontractors
- Price per test and duration

Section 3, Innovative Strategic Solutions



- Section Three – Innovative Strategic Solutions (ISS) described additional services or solutions that support the unified COVID-19 testing strategy. Respondents were asked to describe the services they intended to provide and identify how those services contribute to meeting Kansas’ testing goals
 - Examples of innovative solutions included standardized collection kits, software applications, and centralized reporting mechanisms
 - Costs for each solution provided on the Cost Page

Proposals Received



- 23 qualified bidders – from all over the US (10 from Kansas)
- 15 proposals offering end to end services (from sample collection to testing to reporting results)
- Most proposals included some information on high-risk populations; 4 proposals offered detailed information by population
- 11 proposals included other strategic solutions that support some aspect of the unified testing strategy

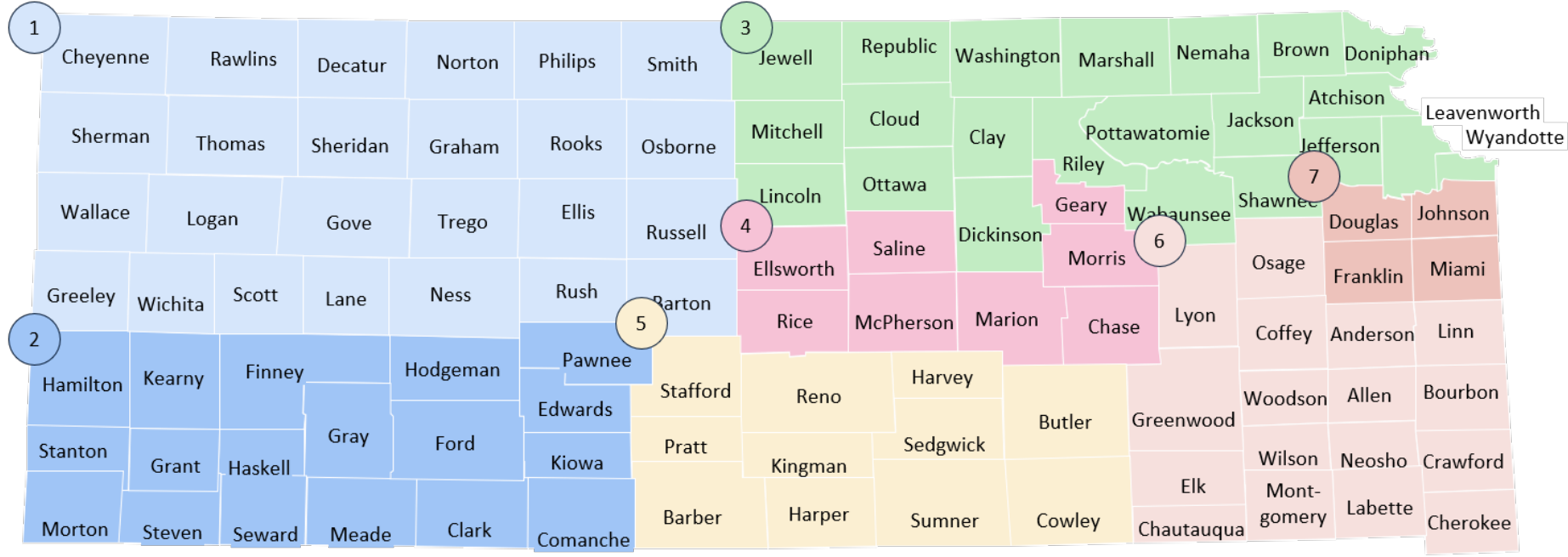
Contracts Awarded



- 9 labs contracted out for statewide COVID-19 testing
 - 4M
 - Wichita State University
 - Clinical Reference Lab
 - MAWD
 - Wellhealth
 - NicUSA
 - Sinochips
 - Quest
 - Kansas University

Geographic coverage of vendors (Long-Term Care & Assisted Living facilities)

If you are not working with Long-Term care & Assisted Living Facilities, please disregard this coverage map



Legend

- ✓ Vendor provides
- ✗ Vendor does not provide

| Region | Vendor | PCR options | In-lab antigen | Sampling | Transportation | Processing |
|--------|------------|---|----------------|----------|----------------|------------|
| 1 | NicUSA | PCR RT (Saliva or Nasal) | ✓ | ✓ | ✓ | ✓ |
| 2 | Wellhealth | PCR RT (Saliva, Nasal, Oral, or Pooled) | ✓ | ✓ | ✓ | ✓ |
| 3 | 4M | PCR (Nasal) | ✗ | ✓ | ✓ | ✓ |
| 4 | KU | PCR (Nasal) | ✗ | ✓ | ✓ | ✓ |
| 5 | WSU | PCR RT (Saliva or Nasal) | ✗ | ✗ | ✗ | ✓ |
| 6 | Quest | PCR (Nasal) | ✗ | ✗ | ✓ | ✓ |
| 7 | MAWD | PCR RT (Saliva, Nasal, NP) | ✗ | ✗ | ✓ | ✓ |

COVID-19: Laboratory Contact Information

| Lab | Contact Name | Contact Email | Contact Number |
|---------------------------|---------------------------------|--|------------------------------------|
| NicUSA | Nate Hogan | nate.hogan@egov.com | 816-726-2983 |
| Wellhealth | Amir Kuzbari Teyseer Elashyi | amir@wellhealth.studio teyseer@wellhealth.studio | 469-363-3593 214-289-3127 |
| 4M | Mandy O’Rear | mandy@4mhealthlabs.com | 913-222-5600 |
| University of Kansas (KU) | Lisa Muha | lmuha@kumc.edu | 913-945-7936 |
| WSU | Debra Franklin | Debra.Franklin@wichita.edu | O: 316-978-5209 C: 316-213-4238 |
| Quest | Matt Hamlin | matthew.j.Hamlin@questdiagnostics.com | 913-888-1770 |
| MAWD | Cory Morgan | cmorgan@mawdpathology.com | 913.339.8575 |