

Coronavirus (COVID-19) Pandemic: Community-Based Testing Sites Transition

The Department of Health and Human Services and the FEMA worked with state and local partners to establish Community-Based Testing Sites (CBTS) in CDC-prioritized locations across the country. The CBTS model was developed for states, local public health agencies, healthcare systems, and commercial partners as they work together to stop the spread of coronavirus (COVID-19) in their communities, focusing initially on healthcare facility workers and first responders.

The CBTS model has been a profound success, screening over 84,800 individuals; testing over 77,000 individuals; and having a COVID positive rate of approximately 20% - meaning that the CBTS are testing the right individuals at the right time. Since the onset, we have also led technological advances, such as the validation of nasal self-swabbing, which has minimized the need for trained health professionals and personal protective equipment.

As a result of these advances, many states have indicated that they want to fully transition the CBTS to state control, allowing more flexibility in testing and reporting. Many states have already begun transitioning these programs, and other states have implemented testing sites based on the CBTS model.

Therefore, the federal CBTS Task Force is working with states to clarify whether sites want to continue as they are now, or transition to full state control. Under state control, CBTS sites would still receive technical assistance from the federal government and be able to request supplies through the normal FEMA systems.

The CBTS Task Force will continue to work closely with the states and FEMA Regions to ensure a successful transition and ensure that each state has the flexibility and autonomy to manage and operate testing sites within the needs of their specific community.

Transition Plan

The federal government will continue supporting each site through the transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.

Potential advantages of a fully state-managed site include:

- The opportunity for the states to better serve their own communities, while leveraging federal support to augment their state's success.
- The potential to expand patient throughput to >250 per day, use a credentialed provider of their choice, and route patient samples to a lab of their choice.
- The ability to use a locally run call center or the regular state notification processes for public health results.



FEMA

Responsibilities

The USPHS Commissioned Corps officers onsite (1-3 per location) will work with the site manager to plan for and complete the transition checklist and will verify that the site is ready for transition to the state. Once the sites are transitioned to the states, each state will be responsible for:

- Assuming responsibility for staffing their sites to ensure quality control, safety, biohazard waste management, and security;
- Assuming responsibility for the credentialed provider to order the labs;
- Procuring and managing their own cadre of supplies (e.g., personal protective equipment, test kits, etc.); requests for continued federal support should be made through the normal FEMA process
- Contracting for lab testing; and
- Managing patient notification process for results, while maintaining patient privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

After transition, states can choose to source testing kits and supplies through their standard ordering process or to request assistance from FEMA using the standard Resource Request Process through the appropriate FEMA Region.

Eligibility for Reimbursement under FEMA’s Public Assistance Program

States may also seek reimbursement for eligible expenses associated with running their sites through FEMA’s Public Assistance program. In general, activities local and state governments are conducting at CBTS are eligible for reimbursement under the Public Assistance program, subject to a cost share. Costs should be reasonable and necessary to address the public health needs of the event and all costs incurred should be documented. More information on what COVID-19 activities are eligible for reimbursement under the Public Assistance Program can be found in the [COVID-19 Pandemic: Eligible Emergency Protective Measures fact sheet](#) and the [COVID-19 Pandemic: Emergency Medical Care fact sheet](#). Information on how to apply is available in the [COVID-19 Pandemic: Public Assistance Simplified Application fact sheet](#). More information on contracting and procurement can be found in the [Procurement Under Grants: Under Exigent or Emergency Circumstances fact sheet](#).

Contact Us

If you have any questions, please contact Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
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