

LTHD Antigen Distribution Program and Step-by-Step Reporting Guide:

Resource for Completing Monthly Reports



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Resource Overview

Thank you for your participation in the Local and Tribal Health Department (LTHD) Antigen Distribution Program! Since May of 2022, you have helped to distribute nearly 200,000 test kits (and counting) to Wisconsin residents in communities across the state.

This resource has key reminders to assist you with monthly reporting. There is also a step-by-step guide with photos and notes at the end that you can use as a reference each month when entering your data.

Please reach out to DHSCOVIDTestingProgram@dhs.wisconsin.gov with any questions about this program or the reporting requirements.

Reminder 1: Reporting Kits vs. Tests

Whenever you are asked to provide supplies quantities, please report that number in **kits**, not tests.

There is a conversion chart below. The test to kit conversation information is also in the reporting tool.

For example: if you received 400 iHealth *tests*, that would equal 200 iHealth kits. You would enter 200 in the box to the right.

iHealth: 1 kit = 2 tests

On/Go: 1 kit = 20 tests

BinaxNOW: 1 kit = 40 tests

Enter supplies received from the **LTHD Antigen Distribution Program** (placed on the Wisconsin COVID-19 Collection Supplies Request webpage) for the previous month's orders.

Please list each order separately. List any additional orders by selecting the 'Add Additional Order' button.

8. Supplies Received: * (If no kits ordered, enter a zero.)

Supply Request Order Number (refer to the email confirmation):

*If no supplies were ordered during the reporting period, please enter a zero. *

Date Received: *

Number of iHealth Antigen Kits (1 iHealth Antigen kit = 2 tests): *

Number of On/Go Antigen Kits (1 On/Go kit = 20 tests): *

Number of BinaxNOW Antigen Kits (1 BinaxNOW kit = 40 tests): *

Add Additional Order

Reminder 2: Reporting Tests Conducted Under a CLIA

The reporting tool is broken down by what you, the Health Department, distribute directly and what you provide to organizations to distribute.

For the section of the report titled **LTHD Direct Use of Test Kits**, Health departments should only report tests that the health department administered, resulted, and reported under your CLIA.

LTHD Direct Use of Test Kits

This section captures LTHD use of test kits that were not distributed to community entities. Distribution to community entities will be covered on the next page.

10. Number of iHealth antigen kits distributed directly from the LTHD to individuals for self-test use: *

11. Number of antigen kits administered and resulted by LTHD under a CLIA Waiver: *
(If none, enter a zero.)

Number of iHealth Antigen Kits (1 iHealth Antigen kit = 2 tests):

Number of On/Go Antigen Kits (1 On/Go Antigen kit = 20 tests):

Number of BinaxNOW Antigen Kits (1 BinaxNOW kit = 40 tests):

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Reminder 3: Reporting Tests Distributed to Community Entities

LTHD Direct Use of Test Kits: This is for reporting test kits that were *distributed directly to individuals by the Health Department*.

- i.e.: an individual comes into the health department and requests a test, and **you give that individual a test** to take home
- i.e.: an individual comes into the health department, and **you administer a test under CLIA (swab)** and result that test for the individual

LTHD Antigen Kits Distribution to Community Entities: This is for reporting test kits that were *distributed to community entities by the Health Department*. These entities then distribute directly to individuals.

- i.e.: **you gave tests to a local library** and then they distributed those tests to individuals
- i.e.: **you gave tests to a local library** that administered (swabbed) individuals under a CLIA

LTHD Direct Use of Test Kits

This section captures LTHD use of test kits that were not distributed to community entities. Distribution to community entities will be covered on the next page.

10. Number of iHealth antigen kits distributed directly from the LTHD to individuals for self-test use: *

11. Number of antigen kits administered and resulted by LTHD under a CLIA Waiver: *
(If none, enter a zero.)

Number of iHealth Antigen Kits (1 iHealth Antigen kit = 2 tests):

Number of On/Go Antigen Kits (1 On/Go Antigen kit = 20 tests):

Number of BinaxNOW Antigen Kits (1 BinaxNOW kit = 40 tests):

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LTHD Antigen Kits Distribution to Community Entities

12. Did the LTHD distribute antigen tests to any community entities in the previous month? *

- Yes
- No

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Reminder 4: Selecting the Correct Community Entity Type

When categorizing community entities, be sure to scroll through the entire dropdown list and choose the type that *best represents* the entity receiving test kits. We attempted to create a very comprehensive list to minimize the number of community entities categorized as “other”.

These are the most used community entity types:

Adult Day Cares
Childcare and Preschool Center / Programs
Community Centers
Disability Services and Support Organizations
Faith Based Organizations
Food Pantries
Government (Non-LTHD)
Grocery Stores / Farmer’s Markets
Health Care – FQHCs / Free Clinics
Health Care – Other
Libraries
Long-Term Care – Other
Other
Social Services Organizations
Substance Abuse Treatment
Unhoused / Shelter Facilities

LTHD Antigen Kits Distribution to Community Entities

If more than one entity type received supplies during the month, please click on the 'Add Another Community report each entity type (Libraries, Adult Family Homes, etc.).

13. Testing Supplies Distributed *

Type of community entity: *

-- Please Select --

If type of community entity selected is Other, please specify:

How many community entities of this type were distributed to this month?

For example, a library is one type of community entity - if you distributed to 7 libraries, you would answer '7'.

Characters used: 0 out of 2.

Number of iHealth antigen kits the LTHD distributed to this **type of community entity** for distribution to in *(If none, enter a zero.)

(1 iHealth antigen kit = 2 tests)

For example, if you distributed 50 test kits across 7 libraries for self-test use, you would answer '50' for this

Number of iHealth antigen kits the LTHD distributed to this **type of community entity** for proctored use or Waiver:

*(If none, enter a zero.)

(1 iHealth antigen kit = 2 tests)

For example, if you distributed 50 iHealth antigen test kits across 7 libraries for proctored use, you would answer '50' for this

Number of On/Go antigen kits the LTHD distributed to this **type of community entity** for proctored use or Waiver:

Reminder 5: Submitting the Report Only Once Per Month

Please try to submit only one report per month. **If you accidentally submit more than one report or you feel you made an error, please email DHSCOVIDTestingProgram@dhs.wisconsin.gov before you resubmit any data** to troubleshoot the best way of submitting your data.

It may be helpful to only have one person completing the report each month to minimize errors and partial responses. If you have a partial report, please make sure to complete it fully or let us know so we can account for that in our monthly export.

If you can't start and finish a report in one sitting, that's OK. You can open the report link, start your entry, and complete it later. Your information will be saved.

Finally, DHS will send a notice each month when the report opens. You will be asked to report on the previous month's data.

Reminder 6: Keeping LTHD Antigen Supplies Separate from CTSP Supplies

The monthly report is only for reporting test kits ordered and distributed through the LTHD Antigen Distribution Program. Please do not report inventory for the Community Testing Support Program (CTSP) in this tool.

If you are a CTSP partner and plan to distribute at-home or OTC antigen tests to individuals at your CTSP site, please let us know. You can email us at: DHSCOVIDTestingProgram@dhs.wisconsin.gov

Step-by-Step Reporting Guide

The following photos and captions will provide a step-by-step tutorial to aid in completion of the updated LTHD Antigen Distribution Program report.

Page 1: This is the first page you will see when you open the LTHD COVID-19 Antigen Test Distribution Program Report link each month. This outlines the requirements for the program, including how tests may be used and any exclusions under the attestation.



LTHD COVID-19 Antigen Test Distribution Program, F-03069 (08/2022)

The **Wisconsin Department of Health Services (DHS)** is pleased to support our LTHD COVID-19 Antigen Test Distribution Program. This program is intended to provide testing resources to Local and Tribal Health Departments (LTHDs) to be able to meet the needs of their communities.

LTHDs are required to submit this report for supplies distributed during the month of August, and is due by the 10th of September.

LTHDs may use the antigen test supplies in the following ways:

- Conduct and result tests under a Clinical Laboratory Improvement Amendments Certificate of Waiver (CLIA)
- Distribute directly to individuals within their jurisdiction as self-tests
- Distribute to entities within their local jurisdiction to conduct tests under a CLIA
- Distribute to entities within their local jurisdiction to distribute directly to individuals as self-tests

It is strongly recommended that LTHDs prioritize individuals and entities who provide services for populations who are at an increased risk for pandemic vulnerability from COVID-19 or for populations who have experienced inequity or adversity.

The following are currently supported through DHS Testing Program offerings and are ineligible to receive supplies through this program:

K-12 schools, confinement facilities/jails, partners enrolled in the Community Testing Support Program

We anticipate this report should take no more than 30 minutes to complete each month. Thank you in advance for your responses.

For questions pertaining to this form, please contact dhscovidtestingprogram@dhs.wisconsin.gov

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Page 2: Enter the name, telephone number, and email address of **the person we can contact with questions**, as well as the LTHD CLIA Waiver information.



LTHD COVID-19 Antigen Test Distribution Program, F-03069 (08/2022)

Contact Information

1. Contact Name: *

Characters used: 0 out of 100.

2. Contact Phone Number: *

(Include 10 digits with no breaks: #####)

Characters used: 0 out of 11.

3. Contact's Email Address: *

4. Does the LTHD have a CLIA? *

Yes

No

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Page 3: Select your LTHD from the dropdown. The Previous Month Orders dropdown will appear below the Name of LTHD drop-down. Select the only available option, which will show DHS’ record of the supplies sent to your jurisdiction the previous month. Remember, **the previous month order data should match the month for which you are reporting.** If the dropdown record does not match your record of orders received, please use the textbox to explain the differences.

LTHD COVID-19 Antigen Test Distribution Program, F-03069 (08/2022)

LTHD Antigen Distribution Program Order Information

7. Please choose: *

Name of LTHD	<input type="text" value="Adams County Health & Human Services"/>
August Orders	<input type="text" value="-- Please Select --"/>

If the number of orders or the number of kits received for the month differs from what is listed above, please indicate here:

Page 3, cont'd: In the Supplies Received question (below), please enter the orders received from the LTHD Antigen Distribution Program. Orders from other programs, like the Community Testing Support Program, should not be reported here (or anywhere else in this form). First, please enter the Supply Request Order Number (from the order's email confirmation). Next, fill out the date, and then the number of KITS (not tests) received in that order. If there is more than one order to report, click 'Add Additional Order' and complete that information.

Enter supplies received from the **LTHD Antigen Distribution Program** (placed on the Wisconsin COVID-19 Collection Supplies Request webpage) for the previous month's orders.

Please list each order separately. List any additional orders by selecting the 'Add Additional Order' button.

8. Supplies Received: *
(If no kits ordered, enter a zero.)

Supply Request Order Number (refer to the email confirmation):

*If no supplies were ordered during the reporting period, please enter a zero. *

Date Received: *

Number of iHealth Antigen Kits (**1 iHealth Antigen kit = 2 tests**): *

Number of On/Go Antigen Kits (**1 On/Go kit = 20 tests**): *

Number of BinaxNOW Antigen Kits (**1 BinaxNOW kit = 40 tests**): *

Add Additional Order

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Page 4: On this page, the first question asks for antigen kits distributed directly from the LTHD to individuals. For this question, only report kits used for self-test use – kits resulted under a CLIA Waiver and those distributed to entities should be reported in later questions. The second question asks for kits administered and resulted under a CLIA Waiver by the LTHD (not entities – those will be reported in later questions).

LTHD Direct Use of Test Kits

This section captures LTHD use of test kits that were not distributed to community entities. Distribution to community entities will be covered on the next page.

10. Number of iHealth antigen kits distributed directly from the LTHD to individuals for self-test use: *

11. Number of antigen kits administered and resulted by LTHD under a CLIA Waiver: *
(If none, enter a zero.)

Number of iHealth Antigen Kits **(1 iHealth Antigen kit = 2 tests):**

Number of On/Go Antigen Kits **(1 On/Go Antigen kit = 20 tests):**

Number of BinaxNOW Antigen Kits **(1 BinaxNOW kit = 40 tests):**

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Page 5: Select yes or no. If you select yes, Page 5 (next page) will appear to report distribution of those kits. If you select no, you will be directed to the inventory question.

LTHD Antigen Kits Distribution to Community Entities

12. Did the LTHD distribute antigen tests to any community entities in the previous month?

*

Yes

No

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A horizontal progress bar with a teal segment on the left and a grey segment on the right. The teal segment is labeled '14%'.

Page 5, cont'd: This page has changed significantly compared to previous months. Instead of reporting each entity, we are now asking for each entity **TYPE**. The idea is that this will further streamline the reporting process. As a result, **reporting of distributed kits will now be combined based on entity type** (i.e., Libraries, Food Pantries, Groceries, etc.) rather than listing each entity individually. To add an additional community entity TYPE, click the 'Add Another Community Entity Type' and repeat the process.

LTHD Antigen Kits Distribution to Community Entities

If more than one entity type received supplies during the month, please click on the 'Add Another Community Testing Type' button to separately report each entity type (Libraries, Adult Family Homes, etc.).

13. Testing Supplies Distributed *

Type of community entity: *

If type of community entity selected is Other, please specify:

How many community entities of this type were distributed to this month?

*For example, a library is one type of community entity - if you distributed to 7 libraries, you would answer '7' for this question. **

Characters used: 0 out of 2.

Number of iHealth antigen kits the LTHD distributed to this **type of community entity** for distribution to individuals for self-test use:
*(If none, enter a zero.)

(1 iHealth antigen kit = 2 tests)

*For example, if you distributed 50 test kits across 7 libraries for self-test use, you would answer '50' for this question. **

Number of iHealth antigen kits the LTHD distributed to this **type of community entity** for proctored use and resulting under a CLIA Waiver:

*(If none, enter a zero.)

(1 iHealth antigen kit = 2 tests)

*For example, if you distributed 50 iHealth antigen test kits across 7 libraries for proctored use, you would answer '50' for this question. **

For example, if you distributed 80 iHealth Antigen kits (160 tests) for self-test use to 7 different libraries, you would select 'Libraries' as the type of community entity, then answer '7' to indicate how many community entities of this type were distributed to this month. Next, you would type '80' to report the number of iHealth antigen kits the LTHD distributed to this type of community entity for distribution to individuals for self-test use. The remaining values would be 0, as in this example, only iHealth kits for self-test use were distributed.



If you distribute tests to a community entity for proctored use and resulting under a CLIA Waiver, please remember to record the requested information on the Quarterly Report Template (p-03337a).

Page 6: Please report all remaining inventory of antigen kits ordered from the LTHD Antigen Distribution Program. Do not include inventory from other programs (like the Community Testing Support Program, for example).

Remaining Inventory

14. Remaining inventory of antigen kits not distributed or used for the month reporting: *
(If none, enter a zero.)

Number of iHealth Antigen Kits (1 iHealth Antigen kit = 2 tests)

Number of On/Go Antigen Kits (1 On/Go kit = 20 tests)

Number of BinaxNOW Antigen Kits (1 BinaxNOW kit = 40 tests)

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Submit

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