

# UPDATE CORONAVIRUS (COVID-19)



Stay informed. Take precautions. Stay safe.

Dear members,

On July 1<sup>st</sup>, Mass-ALA provided information about surveillance testing strategies in assisted living residences (read the update [here](#)), based upon information we had received from the Massachusetts Department of Public Health (DPH.)

The DPH has issued additional information in the form of an FAQ document, which we expect will provide clarification on issues related to surveillance testing. Compliance with the program would involve baseline testing of staff no later than July 19th, followed by the adoption of a surveillance testing program based on the results of the baseline staff testing. Guidance for adhering to the testing strategies can be found on the Mass.gov [COVID-19 website](#).

In response to questions regarding the compliance responsibilities of assisted living residences, Mass-ALA issued an update earlier today (read the update [here](#)).



## Long-Term Care Facility (Nursing Facility, Rest Home, and Assisted Living Residence) Surveillance Testing FAQ

July 11, 2020

### General Questions on Surveillance Testing Policy

#### 1. Is my facility or residence required to adhere to this policy?

Nursing facilities and rest homes are required to comply with the surveillance testing regimen, and may be subject to financial sanctions for noncompliance.

It is recommended that Assisted Living Residences (ALRs) follow the surveillance testing regimen. When reading this document, ALRs should understand all requirements as recommendations (e.g. replacing the word “must” with “should”).

#### 2. What are the options for support with testing? Is the National Guard available for testing again, or are there ways to receive testing kits through the state?

Long-term care facilities (which includes nursing facilities, rest homes, and Assisted Living Residences, referred to collectively as “facilities” in this document) are expected to independently coordinate their own testing of staff and residents through a qualified testing

provider. The state has provided a [directory](#) of testing options. National Guard testing is no longer available.

Facilities should engage a testing provider and ensure that the appropriate business relationships are in place between the facility and the provider before sending samples. Facilities that wish to do their own collection with on-site clinical staff should get test kits from their testing provider/lab.

Testing kits can be requested through the state, via the Health and Medical Coordinating Coalition; however, facilities are responsible for identifying a lab that will conduct the testing. The state encourages facilities to organize testing independently rather than requesting testing swabs and kits through the state's stockpile.

### **3. Does the facility need to pay for staff testing? Or will the staff member's insurance pick up the cost?**

Facilities are expected to organize and pay for staff testing under the surveillance testing regimen for which nursing facilities and rest homes will receive a \$100 per test payment from the state. EOHHS would only expect staff testing to be reimbursed by insurance, if a staff member were to choose to get tested outside of this regimen because they become symptomatic or are a close contact of a confirmed COVID-19 case.

Nursing facilities and rest homes must organize and pay for testing to be eligible for supplemental payments.

### **4. If I re-tested all staff prior to July 1, do they still need to be re-tested?**

Yes, these staff need to be retested, unless they previously tested positive. This baseline testing must occur between July 1-July 19 to be counted for nursing facilities and rest homes.

### **5. Do staff that previously tested positive for COVID-19 need to be re-tested?**

No, staff who previously tested positive do not need to be re-tested and will not be included in the number of total staff (i.e., they will not be included in the denominator) when determining if a nursing facility or rest home met its required testing threshold.

### **6. How are "staff" defined for the purposes of testing?**

"Staff" include all persons, paid or unpaid, working or volunteering at the facility's physical location during the relevant testing period who have the potential for exposure to residents or to infectious materials (including environmental surfaces and contaminated air). Staff includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, and persons not directly involved in resident care.

Staff does not include persons who work entirely remotely or off-site, employees on leave or otherwise not working for the entirety of the facility's relevant testing period (i.e. the baseline, bi-weekly, or weekly testing period), such as those on vacation or paid family medical leave. Staff also does not include staffing provided at the Commonwealth's expense, such as those provided by EOHHS through a clinical rapid response team or the Massachusetts National Guard, or those staff members who have previously tested positive for COVID-19. This includes all contractors and vendors who enter the building.

Note: the definition of "staff" for ALRs is further defined below.

### **7. Does this include agency staff?**

Yes, per diem and agency staff will need to be tested for baseline testing if they work a shift between July 1 and July 19 for the baseline testing period, and will be included as staff for surveillance testing requirements if they work a shift during a bi-weekly or weekly testing period.

### **8. Do staff working at multiple facilities need to be tested?**

Yes, all staff working at the physical location of the facility at which they are employed must adhere to the testing policy of that site. A facility may count staff testing conducted or facilitated elsewhere, including staff testing conducted by another facility, as long as it has documented evidence of the completed testing for such tests. However, the test will only be counted towards the supplemental payment for the facility that organized and paid for

the testing.

**9. Are facilities responsible for ensuring that EMS personnel are tested before entering a facility?**

In the case of an emergency, EMS personnel are not required to be tested before entering a facility, and facilities may not condition entrance on testing or prevent appropriate medical personnel from entering the facility to render emergency medical services.

**10. How frequent is a “testing period”?**

Under the surveillance testing regimen, a “testing period” will be weekly or biweekly depending on the results of a facility’s baseline testing. If there are no identified positive cases among staff during baseline testing, a facility will test staff according to the policy on a bi-weekly basis. If there are positive cases among staff identified through the baseline testing, a facility will test staff according to policy on a weekly basis.

**11. If a facility is conducting bi-weekly testing and located in a region that allows for testing of a 30% sample of staff, how should the facility determine what staff should fall within the 30% who require testing? Is the testing to be performed on the same individuals that had been originally tested in the previous bi-weekly testing period or should they be a different 30% of staff?**

The staff to be included for testing should be a representative sample from all shifts, units, and varying staff positions including those paid or unpaid, working or volunteering in the facility’s physical location.

To meet the 30% testing threshold, the staff tested in a period do not need to be the same individuals tested in the prior period.

**12. Can facilities use antibody tests or rapid molecular tests for this initiative?**

Facilities must use forms of COVID-19 diagnostic test methods approved by the FDA, which must be able to detect SARS-CoV-2 virus, with a polymerase chain reaction (PCR) of greater than 95% sensitivity and greater than 90% specificity, within 48 hours of conducting the test.

Antibody test results and rapid molecular testing do not satisfy the testing requirements and should not be used to diagnose an active SARS-CoV-2 infection.

**13. Where can a facility find the regional EMS map?**

EMS regions may be found on the [mass.gov website](https://www.mass.gov). The transmission rates for each EMS region will be included in the state’s [Weekly COVID-19 Public Health Report](#), which will be updated and posted every Wednesday.

### **Nursing Facility and Rest Home Testing FAQs**

**14. I have received quotes from testing vendors up to \$150. Can the MassHealth supplemental payment be adjusted based on actual cost?**

No. For eligible nursing facilities and rest homes, the supplemental payment or add-on rate will be calculated based on a rate of \$100 per qualifying staff test completed, regardless of the actual cost of testing.

**15. Is the supplemental payment only for baseline testing? Or is it also for surveillance (ongoing) testing?**

Nursing facilities and rest homes are eligible for supplemental payments or rate add-ons for qualifying baseline and surveillance staff testing as long as it is in accordance with Administrative Bulletins 20-69 and 20-73, and the Surveillance Testing Strategy guidelines.

**16. Will nursing facilities and rest homes be reimbursed for resident testing as part of this regimen?**

Residents should be tested when symptomatic or following close contact with someone diagnosed or presumed COVID-positive. If a facility is required to re-baseline test all residents following a positive staff case, this should be considered close contact for all residents, meaning tests are medically necessary and billable to the residents’ insurance.

**17. Is the testing vendor supposed to file directly with the state on the results or is the nursing facility/rest home to do that?**

The facility must report the test results through the online [survey tool](#) as required by Nursing Facility Bulletin 148 and DPH Rest Home Surveillance Testing Guidance. The lab will also submit the results to the state's MAVEN system.

**18. Will these new positive cases from staff testing be reported in the state's Weekly Public Health Report?**

Yes, positive and negative cases will be incorporated into the "COVID Cases and Facility-Reported Deaths in Long Term Care Facilities" section, updated each Wednesday in the [Weekly COVID-19 Public Health Report](#).

**19. How often do facilities need to report the testing results?**

Reporting for baseline testing is due on July 20, 2020; reporting for ongoing surveillance testing will be due on a weekly basis, even for facilities that are conducting testing on a bi-weekly basis. The first weekly report after the baseline testing filing is due on Friday, July 31, 2020. This weekly reporting requirement is meant to allow providers sufficient time to evaluate which testing strategy is required in the coming week.

**20. If my facility reports on a weekly basis, how will the total number of staff and tests be calculated across a bi-weekly testing period?**

Each week, the facility should report the unique number of staff members who worked in the facility as well as the number of tests completed. For facilities subject to a bi-weekly reporting requirement, EOHHS will use the greater number of staff reported as the denominator to calculate the facility's testing requirement.

*Example 1: Facility A's baseline testing results in no positive staff. On Wednesday, July 22<sup>nd</sup>, the case transmission rate in Facility A's EMS region is 38 per 100,000. As such, Facility A is required to test a representative sample of 30% of staff over the bi-weekly testing period of July 23<sup>rd</sup> to August 6<sup>th</sup>. During Week 1 (July 23<sup>rd</sup> through July 30<sup>th</sup>), 100 staff work at least one shift onsite at the facility. Facility A tests 10 staff during this period and reports on July 31<sup>st</sup> via the survey that 100 staff worked, 10 staff were tested, along with any available results. During Week 2, July 30<sup>th</sup> through August 6<sup>th</sup>, 110 staff work at least one shift onsite at the facility. To meet the 30% testing requirement, Facility A needs to test, at minimum, an additional 23 staff this week to have tested 33 staff over the two-week testing period. Facility A tests 23 staff in Week 2, and reports on Friday August 7<sup>th</sup> via the survey that 110 staff worked during that week, 23 staff were tested, and any available results. EOHHS uses 110 staff as the denominator (as it is the greater of 100 and 110 staff), and 33 (as it is the sum of 10 and 23 tests completed) as the numerator to calculate that Facility A tested 30% of staff during the bi-weekly testing period. All staff results were negative and the EMS case transmission remains below the 40 per 100,000 threshold, so Facility A begins the next testing period following the bi-weekly testing requirement.*

*Example 2: Facility B's baseline testing results in no positive staff. On Wednesday, July 22<sup>nd</sup>, the case transmission rate in Facility B's EMS region is 38 per 100,000; as such, Facility B is required to test a representative sample of 30% of staff over the bi-weekly testing period of July 23<sup>rd</sup> to August 6<sup>th</sup>. During Week 1 (July 23<sup>rd</sup> through July 30<sup>th</sup>), 100 staff work at least one shift onsite at the facility. Facility B tests 10 staff during this period and on Friday, July 31<sup>st</sup>, receives positive results for two staff. Facility B is now required to test 90% of staff and any resident close contacts of the positive staff members. Because the facility identified positive cases, the facility must switch to weekly testing in the next weekly Testing Period, even though the facility had not yet completed its bi-weekly Testing Period. During the next week (July 30<sup>th</sup> – August 6<sup>th</sup>), 90 staff work at least one shift onsite at the facility, so Facility B needs to test, at minimum, 81 staff that week (i.e., 90% of 90). Facility B tests 81 staff and reports on Friday, August 7<sup>th</sup> via the survey that 90 staff worked, 81 staff were tested, along with any available results. EOHHS uses 90 staff as the denominator, and 81 as the numerator to calculate that Facility A tested 90% of staff during the weekly testing period. Facility B will continue to conduct weekly testing of 90% of staff until there are no positive cases for 14 days.*

**21. The baseline report is due on July 20<sup>th</sup>, but facilities have until July 19<sup>th</sup> to complete the testing. How do we submit the data by the 20<sup>th</sup> if tests are conducted on the 19<sup>th</sup>?**

Facilities should report tests conducted from July 1 to July 19 in the survey by July 20<sup>th</sup>. If results are not yet available for those tests, facilities should report those individuals tested in the "pending" category, and then update the results once they are received.

**22. Are nursing facilities and rest homes permitted to seek payment for the COVID-19 baseline and surveillance testing of contracted staff such as environmental services staff and dietary staff?**

Yes, supplemental payments and rate add-ons for staff testing will include all qualifying staff tests, including tests conducted for contract employees and any staff, as such term is defined in Nursing Facility Bulletin 148 and DPH Rest Home Surveillance Testing Guidance (and as described in Question 5, above).

**23. Are nursing facilities that do not accept MassHealth members required to adhere to this policy?**

MassHealth Nursing Facility Bulletin 148 only applies to nursing facilities enrolled in MassHealth. However, EOHHS expects all nursing facilities will comply with the surveillance testing regimen as outlined in [DPH guidance](#).

**24. For nursing facilities with residential care units or beds, how should staff be reported?**

All staff who work at a nursing facility, including nursing facilities with residential care units or beds, will be considered staff of the nursing facility and should be tested and reported in accordance with Nursing Facility Bulletin 148.

Facilities that have both skilled nursing facility beds and rest home beds on a single campus should submit a single report for the entire facility and report each staff member only once, even if they work on both nursing facility and rest home units.

**Assisted Living Residences (ALRs) FAQs**

**25. Are ALRs required to adhere to these testing policies?**

It is recommended that ALRs adhere to the testing guidance. Guidance can be found on the Mass.gov [COVID-19 website](#).

**26. Who is responsible for the process of administering and collecting testing specimens within an ALR?**

The state will not place requirements on the staff involved in the collection of specimens. ALRs should identify the most appropriate staff to assist testing staff and residents.

**27. Are third party staff and residents' private duty aides considered "staff" that need to be tested?**

Yes, ALRs should consider the definition of the term "staff" to include private duty aides and third-party non-health care personnel hired by a resident. Such private duty aides and third-party non-health care personnel should demonstrate proof to the ALR that they have been tested and received a negative result within seventy-two (72) hours of entering the residence.

"Health care personnel" includes, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, and pharmacists. Health care personnel are subject to the screening requirements established in ALR FAQ#2 issued March 24, 2020, and the Visitation Guidance issued July 2, 2020.

*If you have any questions, please contact us at [Mass-ALA@mass-ala.org](mailto:Mass-ALA@mass-ala.org)*

*\*The information provided in this COVID 19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource, but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*