Dear Members,

On October 9th, Mass-ALA sent out an updated guidance https://www.mass-ala.org/wp-content/uploads/2020/10/Testing-Guidance-Effective-October-15.pdf from EOEA and the DPH regarding changes to the Long Term Care Surveillance Testing Policy. As a follow-up to that email, we would like to call your attention to further policy changes outlined in an updated guidance. While compliance with this policy is mandated for long term care and rest homes, it is a recommendation as it relates to assisted living residences.

The new policy (below) requires weekly testing of all staff. (See guidance for definition of "staff.") Highlights of the policy changes, which are based upon results of the weekly testing, are as follows:

- If the surveillance testing indicates that there are positive COVID-19 staff member(s,) the ALR must conduct testing of all close contacts (see guidance for definition of "close contact") of the positive COVID-19 staff member and all residents on any unit, floor, or care area where the staff member worked as identified during the provider's outbreak investigation and to ensure there are not resident cases and to assist in proper cohorting of residents. Testing must take place as soon as possible and within 48 hours.
- Recovered or previously COVID-19-positive residents and staff do not need to be re-tested, unless the following circumstances exist:

1. Individuals who were previously diagnosed with COVID-19 and who develop clinically compatible symptoms, should be retested if they are more than 3 months past the date of original infection.

2. Individuals who were previously diagnosed with COVID-19 and who are identified as a close contact of a confirmed case should be retested and subject to quarantine if they are more than 6 months from their date of original infection.

Click here for the Memorandum on Reimbursement Instructions for Assisted Living Residences
https://www.mass-ala.org/wp-content/uploads/2020/10/Reimbursement-Policy-for-ALR-Testing_October-5-2020.pdf

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To: Skilled Nursing Facilities, Rest Homes, Assisted Living Residences

From: Kevin Cranston, MDiv, Director, BIDLS
Elizabeth Daake Kelley, MPH, MBA, BHCSQ

Date: November 23, 2020

RE: Updates to Long-Term Care Surveillance Testing

A. Overview

This memorandum applies to all long-term care settings including nursing homes, rest homes and assisted living residences (ALRs) and shall take effect on November 26, 2020. To align with the Centers for Medicare and Medicaid Services (CMS) surveillance testing recommendations and due to increased rates of community transmission, the Department of Public Health (DPH) is updating this surveillance testing memorandum to require long-term care facilities to conduct weekly testing of all staff. Compliance with the testing program is required in nursing homes and rest homes. Compliance with the testing program is recommended in ALRs.

To protect the health and safety of long-term care residents and staff against the spread of COVID-19, all long-term care settings must continue to implement the surveillance testing program that began with baseline staff testing completed no later than July 19, 2020, in accordance with this updated memorandum and, with respect to nursing homes participating in MassHealth, with accompanying MassHealth guidance. Any test conducted in accordance with this guidance must be able to detect SARS-CoV-2 virus, with a polymerase chain reaction (PCR) of greater than 95 percent sensitivity and greater than 90 percent specificity.

For the purposes of a provider's surveillance testing program, a "week" means from 7:00 AM Thursday morning through 6:59 AM the following Thursday morning.

This testing program may be updated as more is learned about the COVID-19 virus.

B. Surveillance Testing Program

Long-term care facilities must conduct weekly testing of all staff.

If the staff testing results indicate a positive COVID-19 staff member(s), then the provider must conduct testing of all close contacts of the positive COVID-19 staff member and all residents on any unit, floor or care area where the staff member worked as identified during the provider's outbreak investigation and to ensure there are no resident cases and to assist in proper cohorting of residents. Testing must take place as soon as possible and within 48 hours.

For purposes of this memorandum, CDC and CMS define a close contact as

while they were symptomatic or within the 48 hours before symptom onset or, if asymptomatic, the 48 hours before the test was completed to the 10 days after the test was completed. Symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

C. Previously Positive Individuals Cleared from Isolation:
Individuals previously diagnosed with COVID-19 infection confirmed by molecular diagnostic testing may continue to have PCR detection of viral RNA for many weeks. This does not correlate with the presence or transmissibility of live virus.

Accordingly, for the purposes of the surveillance testing program, recovered or previously COVID-19 positive residents and staff do not need to be re-tested and will not be included as part of total staff when determining if the facility met the required staff surveillance testing thresholds. However, it is clinically recommended for individuals previously diagnosed with COVID-19 to be retested under the following circumstances:

i. Individuals who were previously diagnosed with COVID-19, and who develop clinically compatible symptoms, should be retested if they are more than 3 months past the date of original infection. If viral RNA is detected by PCR testing, the patient must be isolated and considered to be possibly re-infected. Consult the DPH epidemiologist for guidance.

ii. Individuals who were previously diagnosed with COVID-19 and who are identified as a close contact of a confirmed case should be retested and subject to quarantine if they are more than 6 months from their date of original infection. It may be appropriate to allow these individuals to quarantine in place.

E. Staff Definition:
For purposes of conducting testing and implementing a surveillance testing program and, in accordance with CMS and CDC guidance, long-term care staff includes: employees, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions reporting to the facility during the relevant testing period. For the purposes of a long-term care provider's surveillance testing program, staff does not include: persons who work entirely remotely or off-site, employees on leave, such as paid family medical leave, or staffing provided at the Commonwealth's expense (such as those provided by EOHHS through a clinical rapid response team or the Massachusetts National Guard). Any testing completed by the provider must capture required Department of Public Health information about each staff person including but not limited to gender, age, race, ethnicity, primary city/town of residence, disability, primary language and occupation.

Long-term care providers in Massachusetts are encouraged to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

- CDC website: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus.

If you have any questions, please contact us at 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.*

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