

Residential Education

Testing Guidance Meeting #5
October 1, 2020



Overview

- Staff in congregate care and residential education must have baseline testing and then surveillance testing (based on factors) and make a report to the state to get reimbursement
- Timeline is important
- Documentation is important
- Implications are important



Deadlines are here!

Baseline Testing deadline has been extended

- Baseline testing should be completed by **September 30th**

Paperwork deadline has been extended

- Reporting of baseline testing should be completed by **October 2nd**

Consistent with the ongoing testing period, HHS expects completion of testing to be reported no later than the Friday following anyone testing period, including the baseline (online survey reporting).

Contract documents can be submitted any time between now and completion of the baseline testing. Reimbursements cannot be made until the contracting documents have been completed, submitted and signed.

Surveillance Testing

- For the purposes of this guidance, “surveillance testing” is defined as **the routine testing of asymptomatic individuals** for the purposes of identifying individuals with asymptomatic or mildly symptomatic COVID-19 infections, in order to prevent viral transmission from these individuals.

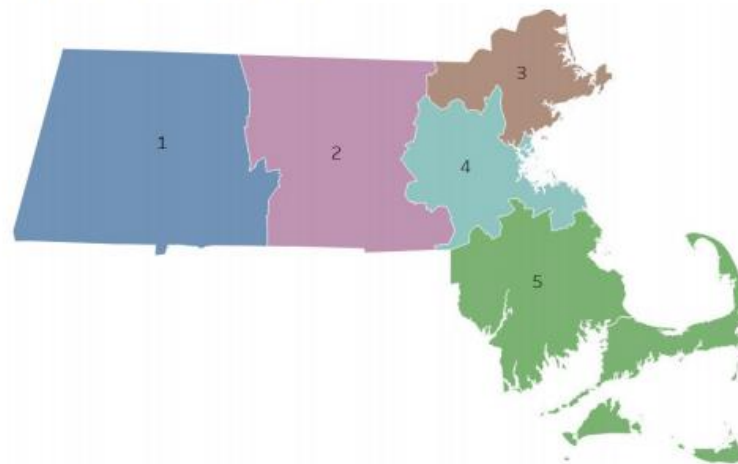
Identification of Transmission Region

- EOHHS has established a regional transmission threshold which is used to determine the surveillance testing regimen that should be followed:
- For the purposes of this guidance, “**High-Transmission Region**” is defined as an Emergency Medical Services (EMS) region with a regional transmission rate equal to or greater than 40 cases per 100,000 residents **as a 7 day rolling average**.
- For the purposes of this guidance, “**Low-Transmission Region**” is defined as an Emergency Medical Services (EMS) region with a regional transmission rate below 40 cases per 100,000 residents as a 7 day rolling average.

Rate (per 100,000) of New Confirmed COVID-19 Cases in Past 7 Days by Emergency Medical Services (EMS) Region

7 Day Total of New Cases Through September 21, 2020

EMS Region	New Cases Per 100,000
1	25
2	30
3	52
4	42
5	36



Notes

- (1) Massachusetts is divided into five geographical EMS regions. For more information, please see <https://www.mass.gov/service-details/ems-regions-in-massachusetts>.
- (2) Cases per 100,000 for each EMS region are calculated as the number of new cases within a region divided by that region's population multiplied by 100,000.
- (3) Data source: MAVEN and Umass Donahue Institute Population Estimates.

9-30-2020
Weekly Data

Surveillance Questions

The first window is 9/30-10/14 after the baseline.

If our number is high on 9/30 does that also mean you have to get during the 9/30-10/14 window or do you look at the next window?



If our number is high on 9/23, does that mean we need to do additional testing during the 9/30-10/14 window?

3. If our number is high on 10/7 do you have to quickly get everyone tested by 10/14, or do you have to test during the 10/14-10/28 window?

Q: *Regional data is published on Wednesdays at 6pm. If your region is 40/100,000 on a given Wednesday does that mean you need to test in the current window or next window?*



Providers should test based on the transmission rate only at the beginning of each testing period- i.e., use last night's Public Health report to determine the testing regimen for the next two weeks.



As of last night's report, EMS regions #3 and #4 were "high-transmission"

Q: *Timeframe for Surveillance:*
If doing surveillance testing for a single site, what is the time frame? All staff that worked there in the past two weeks and/or during the current surveillance period (9/30-10/14)? If the region was low incidence the first Wednesday of the surveillance period, but high the second week, do all staff have to be tested in that second week? Or, do we only apply the rates every other week?



HHS A:



The rates for the transmission period should only be applied every other week-at the start of the testing period.



The staff which would be included only have to include those staff members who will be working during the current testing period, although can be broader at the site's discretion.

Question: The “map” states (in very fine print – graphic below) “Congregate care testing surveillance guidance requires facilities to take different action if their regional transmission is above or below 40 new cases per 100,000 residents. The testing guidance reads “with a regional transmission rate equal to or greater than 40 cases per 100,000 residents **as a 7 day rolling average.**” Which should we follow? Rolling average or new cases? How do we know new cases?

HHS A:

- Providers should follow the numbers posted in the graph on the DPH Public Health Report- which I believe is the rolling average. For example, this week’s public health report shows (see chart):

EMS Region	New Cases Per 100,000
1	25
2	30
3	52
4	42
5	36

Q: More than one Region:

What if a larger school has site locations in more than one region? For example, one school tested all congregate care staff for the entire agency. However, we have 21 different sites, covering more than one region. Are we basing potential surveillance testing on the main location, Milford, or the individual site locations?

- **HHS A:**
- The testing guidance should be followed based on the **individual site's location**. For example, this week, a provider with sites in EMS region #2 and #3 would only be required to do testing of all staff for the sites in EMS region #3

Can staff who are tested for surveillance testing purposes continue working before their results are returned?

- Yes, asymptomatic staff who are tested only for surveillance purposes should continue working until their results are returned. Administering a test for surveillance purposes has no effect on whether a staff member should be quarantined or isolated.
- Staff who are symptomatic or close contacts of a confirmed or clinically diagnosed COVID-19 positive case should follow the [DPH Occupational Exposure & Return to Work Guidance](#).
- FAQ #8 Updated 9-2-2020

Are the regional transmission rates based on the location of the program site, or on the staff member's home address?

- The regional transmission rate which determines the testing requirements for a site is based on the location of the program site. Note that organizations are permitted to test staff more frequently than the requirements outlined in the guidance, up to two staff tests per month
- FAQ #23, Updated 9 -2-2020

**Q: Are staff
required to
be tested, or
can they
refuse
testing?**

- EOHHS requires that staff working at residential congregate care sites comply with the testing requirements for the congregate care site.
- FAQ #17 (Updated September 2, 2020)

Region 1 (95)		Region 2 (76)		Region 3 (49)	Region 4 (61)	Region 5 (71)	
Adams	Otis	Ashburnham	Sturbridge	Amesbury	Acton	Abington	Swansea
Agawam	Palmer	Ashby	Sutton	Andover	Arlington	Acushnet	Taunton
Alford	Pelham	Athol	Templeton	Beverly	Ashland	Aquinnah	Tisbury
Amherst	Peru	Auburn	Townsend	Billerica	Bedford	Attleborough	Truro
Ashfield	Pittsfield	Ayer	Upton	Boxford	Belmont	Avon	Wareham
Becket	Plainfield	Barre	Uxbridge	Chelmsford	Boston	Barnstable	Wellfleet
Belchertown	Richmond	Bellingham	Wales	Danvers	Boxborough	Berkley	West Bridgewater
Bernardston	Rowe	Berlin	Warren	Dracut	Braintree	Bourne	West Tisbury
Blandford	Russell	Blackstone	Warwick	Essex	Brookline	Brewster	Westport
Buckland	Sandisfield	Bolton	Webster	Everett	Burlington	Bridgewater	Whitman
Charlemont	Savoy	Boylston	West Boylston	Georgetown	Cambridge	Brockton	Yarmouth
Cheshire	Sheffield	Brimfield	West Brookfield	Gloucester	Canton	Carver	
Chester	Shelburne Falls	Brookfield	Westborough	Groveland	Carlisle	Chatham	
Chesterfield	Shutesbury	Charlton	Westminster	Hamilton	Chelsea	Chilmark	
Chicopee	South Hadley	Clinton	Winchendon	Haverhill	Cohasset	Cuttyhunk	
Clarksburg	Southampton	Devens	Worcester	Ipswich	Concord	Dartmouth	
Colrain	Southwick	Douglas		Lawrence	Dedham	Dennis	
Conway	Springfield	Dudley		Lowell	Dover	Dighton	
Cummington	Stockbridge	Dunstable		Lynn	Framingham	Duxbury	
Dalton	Sunderland	East Brookfield		Lynnfield	Hanover	East Bridgewater	
Deerfield	Tolland	Fitchburg		Malden	Hingham	Eastham	
East Longmeadow	Tyringham	Franklin		Manchester	Holliston	Easton	
Easthampton	Ware	Gardner		Marblehead	Hopkinton	Edgartown	
Egremont	Washington	Grafton		Medford	Hudson	Fairhaven	
Erving	Wendell	Groton		Melrose	Hull	Fall River	
Florida	West Springfield	Hardwick		Merrimac	Lexington	Falmouth	
Gill	West Stockbridge	Harvard		Methuen	Lincoln	Foxborough	
Goshen	Westfield	Holden		Middleton	Littleton	Freetown	
Granby	Westhampton	Holland		Nahant	Marlborough	Halifax	

EMS Regions
broken
down by
cities and
towns

HHS Confirmed COVID-19 Daily Case Tracker

- Sample Excel Tracker

EOHHS Confirmed COVID-19 Daily Case Tracker

INSTRUCTIONS:	1) Report only *confirmed* COVID-19 cases	2) List ONE case per row	3) Do NOT share any personally identifiable information	4) The agency lead should update tracker with any new cases and send to the identified funding agency point of contact by the funding agency's daily deadline.												
	*Client is defined as an individual in the agency's care, including but not limited to congregate care residents, residential treatment program residents, shelter guests, Assisted Living Residences, and nursing home residents															
Agency (select)	Department/ Unit/ Team - e.g., IT, Finance, etc. (write in)	Provider Name - if applicable (write in)	Facility Address (write in)	STATE (Y/N)	VENDOR employee? (Y/N)	CLIENT* / consumer /program participant /resident? (Y/N)	Date of Positive COVID-19 Test (MM/DD)	Last day at work (MM/DD)	Date of Death (if applicable) (MM/DD)	DPH Notified? (Y/N)	Potential exposure to employees/ clients (Y/N)	Have those potential exposures been informed? (Y/N)	Have applicable Quarantine / Isolation procedures been followed? (Y/N)	Has appropriate Facility Cleaning occurred? (Y/N)	Date Reported (MM/DD)	Reported By (Agency POC) e-mail address
DTA	Program Integrity	N/A	XXX Main Street, Town, MA	Yes	No	No	3/16/2020	3/10/2020		Yes	No	Unknown	Unknown	Unknown	3/23/2020	jane.doe@mass.gov

Sample COVID-19 Test Tracking Document

Last Name	First Name	Home Department Description	Kit bar code if applicable	Test Date	Result	Testing source
Smith	Joe	Instructor - Town	xx12345678	1/1/2020	negative	Facilitated and funded by program
					positive	Not facilitated and funded by program
					inconclusive	Not tested previous positive
					pending	Not tested not previously positive
					n/a LOA	
					n/a previous pos	

Who do I report a COVID-19 positive case to?

1. HHS – see paperwork required in the congregate care testing guidance
2. Board of Health - call or email (note: some are **asking for staff name, address, DOB even if not a town/city resident.**)
3. DESE - **phone call to helpline** for each positive staff and student
4. DCF, EEC, - in addition to the emailed tracker, **DCF is now requiring a Webex meeting and indicated it must be a minimum of 30 minutes for any positive staff or student and will ask the following question**
 - a) Testing date?
 - b) Families notified? DCF notified?
 - c) Circumstances of testing (e.g., surveillance vs. exposed vs. symptoms?)
 - d) Last date worked?
 - e) Symptoms at worked?
 - f) Any close contacts?
 - g) Quarantines/isolations?
 - h) Scheduled visits during this time?
 - i) Number of students in the house?
 - j) Deep cleaning completed?
 - k) Symptom monitoring for staff/students?
 - l) Testing for students (e.g., if exposed? Exhibiting symptoms?)
 - m) BOH contacted and are you following recommendations provided?
 - n) Enough PPE?
 - o) Concerns w/ staffing?
 - p) PCPs notified if positive or exposed student?

See the Denterlein webinar about how to talk to your greater community and staff about COVID-19

DESE Commissioner's Weekly Update 9-21-2020

The DESE reporting is primarily for their tracking

COVID-19 Reporting:

“To further support the health and safety of students and staff, the Department is requiring schools to inform DESE when they learn that a student or staff member has tested positive for COVID-19.

Districts and schools must call the **DESE Rapid Response Help Center at 781-338-3500** to report a positive case.

While DESE will not play a formal role in tracking or monitoring cases at a local or statewide level, since this is done by the Department of Public Health, this information will allow DESE to provide support to school leaders in real time, in consultation with local public health authorities, and to monitor statewide trends in schools.

- Information reported to DESE will not include personally identifiable information”

Changes are expected in next few weeks to the Res/Ed Congregate Care Surveillance Testing Guidance

We will watch for changes but be aware that the Guidance may change based on federal requirements – keep an eye out for new Guidance

19

10/2/2020

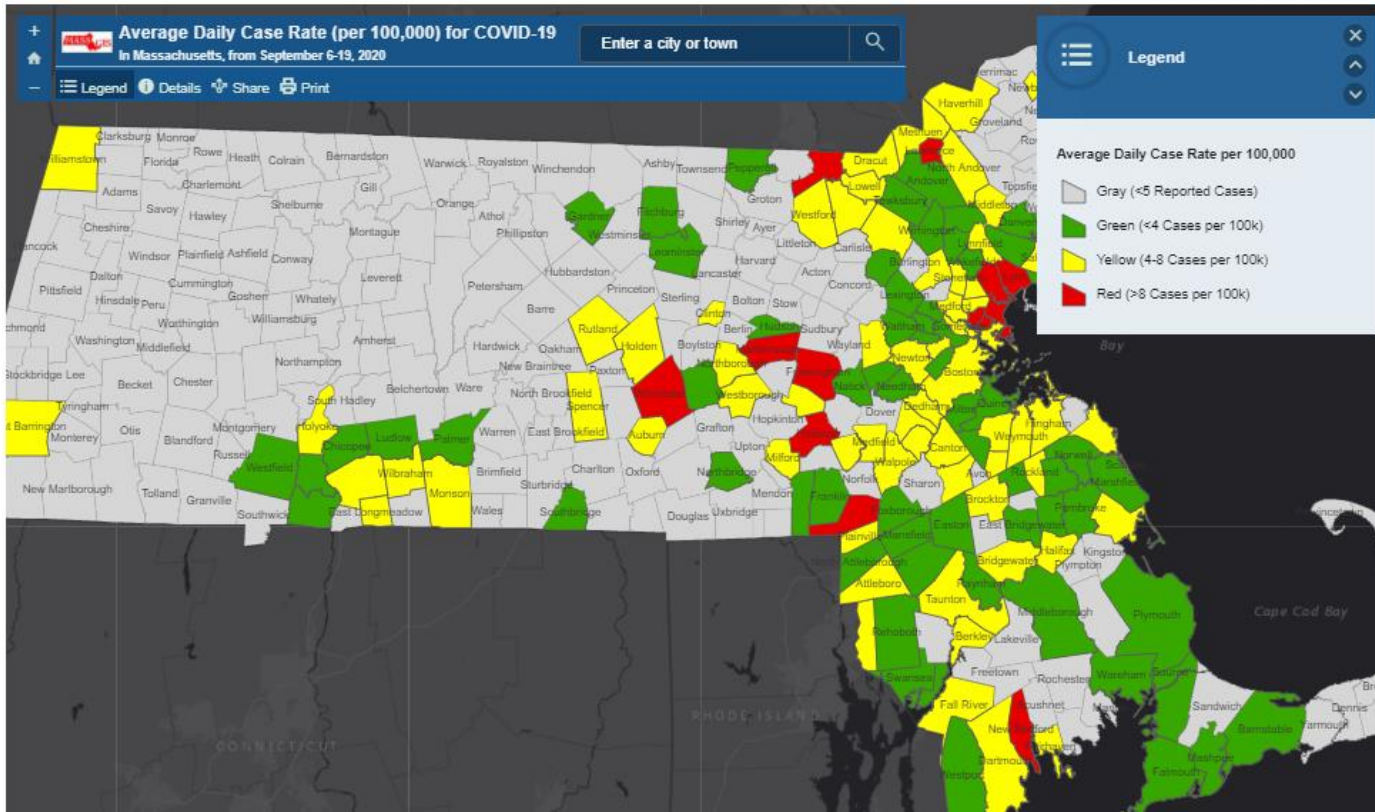
10/2/2020

**Challenge: are there times
Approved Schools can be
remote?**

9-21-2020 DESE FAQ

Frequently Asked Questions

- **How do we know if we need to suspend in-person learning for our school or district?**
There is no one threshold or metric that indicates a school or district should suspend in-person learning. District and school leaders can work closely with DESE's COVID Reporting Unit (781-338-3500) when there is a positive case in their district to determine the appropriate next steps. These next steps can include implementing existing DESE protocols to notify close contacts for testing and isolation, conferring with local public health and/or the Massachusetts Department of Public Health to determine if transmission is occurring in the class or school, or seeking advice on whether to suspend in-person learning for that class, grade, or school. It is important to note that these decisions need to be made based on local context, occur in collaboration with DESE and the local board of health, and may be based on the following factors:
 - If there is a need for an extensive cleaning of the building or other facility mitigation
 - If the mobile testing unit results, or other test results, suggest widespread transmission is occurring
 - If there are widespread absences among students and staff due to illness
 - If the school is in a district reported as "red" on the DPH health metric for the past three weeks, and risk of transmission to students and/or staff is increased
 - The school department and the local board of health may have other local factors that are important to consider when making this decision.



- COVID-19 Community Level Data Map provides community level COVID-19 Data Reporting
- This allows districts to learn about key COVID-19 metrics in their community so they can make decisions about health and safety
- The only schools that this metric does not apply to are the Approved Special Education Schools
- Approved Special Education Schools are taking on more risk and therefore the need for support is great

Challenges: DESE/DPH Color Coded Metric Does not Apply to the Approved Special Education Schools