

Residential Education

Surveillance Testing Guidance

Meeting #6

October 16, 2020



Overview

- Staff in congregate care and residential education must have baseline testing and then surveillance testing and make a report to the state to get reimbursement
- **New Guidance released on October 9, 2020**

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. (no change)

Staff is broadly defined

- For the purposes of this guidance, “staff” includes all persons, paid or unpaid, working or volunteering at each of the Contractor’s residential social service program physical locations, who have the potential for exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.
- For purposes of conducting baseline testing and implementing a surveillance testing program, “staff” includes all persons, regularly reporting whether part-time or full-time, paid or unpaid, working or volunteering at the physical facility/site who have the potential for exposure to patients/residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or 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 including those employed by temporary nurse staffing agencies, and persons not directly involved in resident care (such as clerical, dietary, housekeeping, laundry, security, maintenance or billing staff, chaplains, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from staff and residents.
- Staff does not include persons who work entirely remotely or off-site, employees on leave or otherwise not working for the entirety of the relevant testing period (such as those on paid family medical leave), or staffing provided at the Commonwealth’s expense. Further, because the EOHHS Congregate Care Surveillance Testing Guidance does not recommend that staff or residents who have previously tested positive for COVID-19 get retested as part of baseline or surveillance testing, staff does not include persons who have previously tested positive for COVID-19.

Deadlines for Baseline Testing

Baseline Testing deadline

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

Paperwork deadline

- 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 Regimen

Identification of County Positivity Rate – **no longer EMS Region**

Low-Positivity Counties are those in which the percent positivity over the last 14 days has been below 5%, as reported by the Department of Public Health

High-Positivity Counties are those in which the percent positivity over the last 14 days has been above 5%, as reported by the Department of Public Health

County Positivity Rate

- For Programs which have multiple sites, each site should follow the testing regimen for the county in which is located.
- Positivity rates by county are included in the weekly report that may be found at the link below:
<https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-weekly-public-health-report->

Example table highlighting the format and location of the county positivity rate in the Weekly Public Health Report

Count and Rate of Confirmed COVID-19 Cases and Tests Performed in MA by County, January 1, 2020 – October 14, 2020

County	Total Case Count	Case Count (Last 14 Days)	Average Daily Incidence Rate per 100,000 (Last 14 days)	Relative Change in Case Counts ¹	Total Tests	Total Tests (Last 14 days)	Total Positive Tests (Last 14 days)	Percent Positivity (Last 14 days)	Change in Percent Positivity ²
Barnstable County	1877	98	3.2	Lower	90545	12067	106	0.88%	Lower
Berkshire County	733	19	1.1	Lower	79539	14826	23	0.16%	No Change
Bristol County	10777	673	8.4	Higher	293159	43364	804	1.85%	Higher
Dukes and Nantucket Counties	201	33	8.2	Lower	22130	2484	36	1.45%	Lower
Essex County	21516	1474	13.2	Higher	491121	80645	1858	2.30%	No Change
Franklin County	426	17	1.7	Lower	45704	8743	17	0.19%	No Change
Hampden County	8894	581	8.7	Higher	241606	35457	764	2.15%	Higher
Hampshire County	1374	126	5.5	No Change	174758	40167	132	0.33%	No Change
Middlesex County	29460	1874	8.2	Higher	1200272	229676	2175	0.95%	Higher
Norfolk County	10975	622	6.2	Higher	433685	74974	727	0.97%	Higher
Plymouth County	10424	674	9.2	Higher	244904	35678	783	2.19%	Higher
Suffolk County	25896	1446	12.7	Higher	933759	187077	1738	0.93%	Higher
Worcester County	15238	787	6.7	Higher	535195	88013	907	1.03%	Higher
Unknown ³	291	19	*	*	109822	11832	20	*	*
State	138083	8443	8.7	Higher	4896199	865003	10090	1.17%	Higher

Low Positivity Counties

Example Data from 10-14-20

- **Low-Positivity Counties** are those in which the percent positivity over the last 14 days has been below 5%, as reported by the Department of Public Health


Low-Positivity County Testing Regimen

- If the testing results indicate there are no positive COVID-19 staff and the county positivity rate in which the Program site is located is **below five percent (<5%)** as a 14-day rolling average (i.e., over the last 14 days), the Program site should conduct testing **every two weeks on 50% of its staff**. The staff to be included for testing should be a representative sample from all shifts and varying staff positions and should ensure that all staff are tested at least once a month.

County	Percent Positivity (Last 14 days)	
Barnstable County	0.88%	
Berkshire County	0.16%	
Bristol County	1.85%	
Dukes and Nantucket Counties	1.45%	
Essex County	2.30%	
Franklin County	0.19%	
Hampden County	2.15%	
Hampshire County	0.33%	
Middlesex County	0.95%	
Norfolk County	0.97%	
Plymouth County	2.19%	
Suffolk County	0.93%	
Worcester County	1.03%	
Unknown ³	*	
State	1.17%	

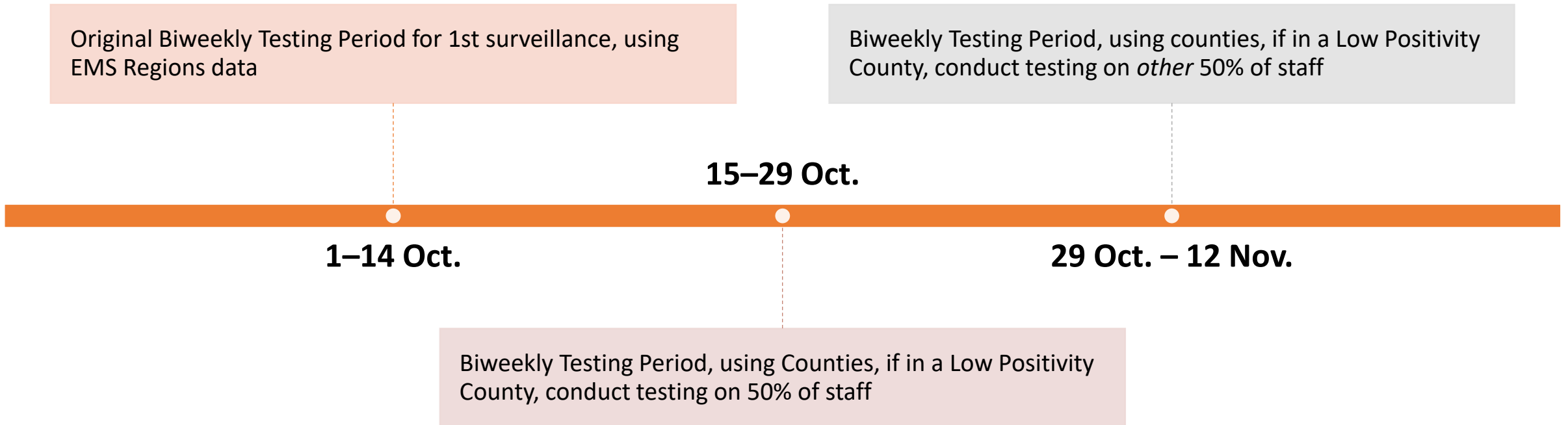
Testing Period

A 2-week time from Thursday at 7:00am through the second Thursday at 6:59am



Biweekly Testing Period running from October 1, 2020 through October 14, 2020

Example Timeline



High-Positivity County Testing Regimen

- If the results of baseline testing or the previous testing period indicate that there are no positive COVID-19 staff and the county positivity rate in which the provider is located is **at or above five percent ($\geq 5\%$)** as a 14-day rolling average (i.e., over the last 14 days), **the provider should conduct testing every two weeks on all of its staff.**
- If the ongoing surveillance testing indicates there are positive COVID-19 staff member(s), the provider should follow the surveillance testing program outlined below for “New Positive COVID-19 Cases in Residents or Staff” beginning the next testing period.

New Positive C-19 Cases in Residents or Staff

- If the ongoing surveillance testing indicates there are positive COVID-19 staff member(s), the provider should follow the surveillance testing program outlined below for “New Positive COVID-19 Cases in Residents or Staff” beginning Thursday of the next full week.
- If a positive case is identified, Programs must perform additional testing based on DPH Guidance - close contacts of C-19 positive cases should be tested.
- For Program settings with **fewer than 20 residents**, and settings in which all residents share physical space or mutual staff (i.e., there are not separate staffing teams), programs must test all staff and residents who have not previously tested positive and who have not been tested in the past 7 days.
- For Program settings **with 20 residents or more**, where residents are separated into distinct “units” which do not share physical space or mutual staff, programs must test all staff and residents in the unit with the identified positive case who have not previously tested positive and who have not been tested in the past 7 days

Reporting and Reimbursement

- Programs must submit:
 - Residential Congregate Care Program Surveillance Testing Contract
 - Attachment A
 - Residential Congregate Care Programs Surveillance Testing Cost Template
 - Executed attestation (Appendix B)
 - Report via Online Survey no later than 12:00pm on every second Friday, after the end of each testing period beginning on October 16, 2020
- Surveillance Reimbursements: \$120.81 per test facilitated and funded by program (NOTE: insurance is required to cover testing that is deemed medically necessary. That includes close contact of confirmed or clinically diagnosed C-19 cases)

Appendix

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

1. Board of Health - call or email (note: some are **asking for staff name, address, DOB even if not a town/city resident.**)
2. HHS – see paperwork required in the congregate care surveillance testing guidance

Maybe to:

3. DESE - **phone call to helpline** for each positive staff and student
4. DCF - Example, DCF wants to know about any positive staff or student for DCF
5. EEC
6. DMH

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

Raised the issue of Administrative Burden and used positive cases reporting as an example of growing admin burden - hope this gets streamlined on state side

DESE Commissioner's Weekly Update 9-21-2020

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”

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

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)

See maaps' template employee policy for testing by employment firm Hirsch, Roberts, Weinstein