



# Residential and Congregate Care: COVID-19 Surveillance Testing FAQ

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## General Questions on Surveillance Testing Policy

**1. Is enrolling in one of the two testing access options mandatory? What happens if my organization does not enroll?**

Organizations which do not enroll in one of the two testing access options will not receive surveillance testing resources from EOHHS or reimbursement for testing costs once the original EOHHS Surveillance Testing Contract expires on December 31<sup>st</sup>, 2020.

Except for the limited contract extension through January 20<sup>th</sup>, 2021, which is available to organizations which enroll in one of the testing access options, EOHHS will not continue to offer reimbursement for COVID-19 surveillance testing costs in 2021.

**2. Can organizations enroll to receive both Color tests and BinaxNOW tests?**

No, any single site in this program cannot receive both Color and BinaxNOW tests from EOHHS. Organizations must choose one of the two options for receiving testing resources.

However, large organizations which operate sites with significantly different operational models and which are primarily funded by different EOHHS agencies (e.g., an organization which operates both DCF sites and DDS sites) may elect to receive Color tests at sites funded by one agency, and BinaxNOW tests at a site funded by a different agency. Organizations which wish to bifurcate the testing access options they access as described above must email [EOHHSTestingContract@mass.gov](mailto:EOHHSTestingContract@mass.gov) explaining which sites will receive each type of test.

**3. Will EOHHS provide more than 2 tests per staff member and 1 test per resident for every 4 week time period to programs which have positive cases?**

No, at this time EOHHS is only able to supply 2 tests per staff member and 1 test per resident for every 4 week time period (i.e., two testing periods). These tests should be used according to the [EOHHS Congregate Care Surveillance Testing Guidance](#).

If organizations require or desire to test staff and residents more frequently than the supply of tests from EOHHS allows, then organizations should seek testing options which are covered by insurance.

**4. Can my organization enroll to receive Color or BinaxNOW tests after the January 6<sup>th</sup> deadline?**

Organizations which fail to enroll in either the Color or BinaxNOW testing options by the end of the day on January 6<sup>th</sup>, 2021 risk facing a delay in their ability to access testing. In order to ensure organizations are correctly processed and enrolled in time to receive test kits for the period following January 20<sup>th</sup>, 2021, organizations must enroll by the January 6<sup>th</sup> deadline.

Organizations which elect to receive BinaxNOW test kits, but are prevented from enrolling due to delays in receiving a CLIA waiver may enroll after January 6<sup>th</sup>, provided the CLIA waiver application was submitted prior to that date.

**5. Does the testing guidance apply to foster care, shared living, or other independent / scattered site residential settings?**

No, the guidance only applies to congregate, or group, residential settings (typically two or more unrelated individuals living together with shift staff provision of care and service supports) that are specified in Appendix A of the [EOHHS Congregate Care Surveillance Testing Guidance](#).

Organizations providing residential services to individuals in settings which are not residential congregate care settings (e.g., care and support provided within a family household setting or by a designated paid caregiver such as a roommate who also lives in the household) are not part of this surveillance testing program.

Organizations which provide services in both qualifying residential congregate care settings and non-residential or non-congregate settings should only include staff and individuals in the residential congregate care settings when submitting contract materials and reporting testing.

**6. 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](#).

**7. 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 an organization is in compliance with the testing guidance.

However, as described in [DPH Guidance](#), there are circumstances which warrant the re-testing of previously positive individuals. If these circumstances arise, previously positive staff should consider treatment and testing options in consultation with their healthcare provider.

**8. Does the “staff” definition include individuals who have no contractual relationship with the congregate care organization such as VNAs or Home Health workers?**

Yes, these individuals are included in the definition of “staff” for the purposes of the surveillance testing guidance, and organizations should include all individuals who will be regularly reporting to a site during any given testing period.

In the event an organization is unable to organize testing on behalf of a VNA or Home Health worker before they visit the site, this individual should not be prevented from providing services

while the organization works to obtain testing on their behalf. Consistent with other staff protocols, these individuals should be screened prior to entry and wear appropriate PPE.

**9. Does this include agency or per diem staff?**

Yes, per diem and agency staff should be included as staff for surveillance testing purposes if they work a shift during a bi-weekly testing period.

**10. Should residents be tested under this guidance? If so, when should residents be tested?**

Under this guidance, and [DPH Guidance](#), residents should be tested when they have symptoms consistent with COVID-19, and when they are close contacts of a confirmed or clinically diagnosed case of COVID-19.

Due to the difficulty of social distancing in most congregate settings, residents in sites where there has been a confirmed positive case of COVID-19 are highly likely to be close contacts if the setting is small (i.e., fewer than ~20 residents) or if residents are sharing physical space or mutual staff on-site. Therefore, residents in these settings should be tested when there is a positive case on-site.

**11. Are organizations responsible for ensuring that EMS personnel are tested before entering a program site?**

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

**12. Are the county positivity rates based on the location of the program site, or on the staff member's home address?**

The county positivity 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

**13. Where can an organization or program site find the county positivity rate?**

County positivity rate can be found on the [mass.gov website](#). Please note, for all testing periods beginning October 15, 2020, the congregate care surveillance testing program will shift from the transmission rates for each EMS region to the positivity rate of each county. County positivity rates will be included on the state's [COVID-19 Response Reporting](#) webpage, under [County-Level COVID-19 Data Reporting](#) which will be updated and posted every Wednesday.

**14. If the county positivity rate changes in the middle of a testing period, how does that affect the testing regimen my site should complete?**

Changes in the positivity rate of a county in the middle of a testing period do not affect the testing regimen that a site should complete. Testing regimens, for sites in both low and high positivity counties, are established at the beginning of the testing period. For example, for the testing period beginning 10/1, testing regimens were established using the county positivity rate from 9/30. The testing regimen the site should complete does not need to be reevaluated until the start of the subsequent testing period.

## **FAQs for Contracting & Reimbursement Extension**

**15. Will my organization receive reimbursement for costs of testing which is conducted after December 31<sup>st</sup>, 2020?**

Organizations are eligible to receive reimbursement for tests conducted between January 1<sup>st</sup> and January 20<sup>th</sup>, 2020, or the date in which they receive Color or BinaxNOW tests, only if:

1. The organization previously submitted the required contracting forms specified in the previous version of this guidance, including the Surveillance Testing Contract, the Cost Template, and the Standard Contract form.
2. The organization also submits the Surveillance Testing Contract Amendment and Revised Standard Contract Form to [EOHHSTestingContracts@mass.gov](mailto:EOHHSTestingContracts@mass.gov)

While the contract amendment is being completed and processed, organizations should continue to submit testing cost on the online [survey tool](#), as they did previously.

**16. Do the Surveillance Testing Contract, the Cost Template, and the Standard Contract Form need to be submitted again?**

No, the original contracting documents only need to be submitted once to EOHHS. The only new submission by organizations will be Amendment #1 to the Surveillance Testing Contract and the Amended Standard Contract Form.

After the contracts have been correctly submitted to EOHHS, organizations are only required to report completion of testing using the online [survey tool](#), no later than the Friday following each testing period.

**17. What maximum obligation should be put in the Amended Standard Contract form?**

Organizations should input the maximum obligation used in the previous Surveillance Testing Contract, which was calculated with the Cost Template. This original maximum obligation, if completed correctly, should be sufficient to cover reimbursement through January 20<sup>th</sup>, 2021.

**18. I do not know my Vendor Number, or know if my organization has a Vendor Number; how do I find this information?**

Your Vendor Number is a 12 character alpha-numeric code, beginning with the letters “VC”. If you do not know this number, contact the [department your organization does business with](#). Note: the [online survey](#) has the Vendor Number for most organizations contained in the drop-down list on question #1.

If you do not do business with any of the state departments listed, and yet you believe you are a “Covered Program,” as defined by Appendix A of the EOHHS Congregate Care Surveillance Testing Guidance, please reach out to your primary funding agency point of contact for assistance with determining your organization’s eligibility.

**19. My organization has submitted the contract documents, and completed the online survey. What other steps should be taken to receive reimbursement for testing?**

If the original contract was completed correctly, an organization submits documents necessary to amend this original contract to [EOHHSTestingContracts@mass.gov](mailto:EOHHSTestingContracts@mass.gov), and the [online survey](#) has been completed, no additional steps need to be taken to receive reimbursement.

## FAQs for Abbott BinaxNOW tests

*Please review the [Abbott BinaxNOW in Residential Congregate Care Programs](#) document if you have not done so already*

**20. How will results from the BinaxNOW test kits be reported to DPH?**

EOHHS has entered into a contract with Project Beacon to provide a software platform for registering individuals to be tested, and for recording and reporting results to the Department of Public Health.

Additional information on how to access and use this software will be provided in a forthcoming document.

**21. Are staff permitted to self-administer the BinaxNOW kits?**

Staff are permitted to self-administer the nasal swab for the Abbott BinaxNOW test kits under observation from a trained professional.

A trained professional is defined as someone who “has been trained to observe sample collection and provide instructions and result interpretation assistance to patients using” the BinaxNOW test. For the purposes of this program, a trained professional is not required to be a healthcare provider.

**22. Are BinaxNOW tests as sensitive as polymerase chain reaction (PCR) tests? Are the results of the BinaxNOW tests reliable?**

BinaxNOW tests are not as sensitive as PCR tests and are more likely to not detect COVID-19 in individuals with very low viral loads. However, for many programs, the benefits of rapid (15 minute) results vs. a 1 - 3 day turnaround time for PCR testing may outweigh the risks of reduced sensitivity.

In a validation study conducted by the Commonwealth, the BinaxNOW was found to have a very high sensitivity in adults with high viral loads, especially those who were newly symptomatic, and a very high specificity overall. Overall, 98.6% sensitivity was observed in those with high viral levels (Ct < 30) and 99%+ specificity was observed across all groups.

For more details on the performance of the Abbott BinaxNOW test, please review Appendix B of the [Abbott BinaxNOW in Residential Congregate Care Programs](#) document.

**23. Do the results of BinaxNOW tests need to be confirmed by PCR testing?**

For the purposes of this program, BinaxNOW tests which are administered for the purposes of surveillance testing (routine testing of asymptomatic individuals) do not need to be confirmed by a PCR tests. However, individuals with a strong clinical suspicion of COVID-19 who test negative on the Abbott BinaxNOW tests should be encouraged to consider a confirmatory PCR test to rule out COVID-19. Full details are available in the [Abbott BinaxNOW document](#)

## **FAQs for Color Genomics tests**

Color Genomics has created a dedicated webpage for the partnership with EOHHS. This page includes detailed information on enrollment, testing & shipping, and FAQs. This page will be updated on a continuous basis.

Please reference the following webpage for additional information: <https://www.color.com/ma-eohhs-color-testing>