Residential and Congregate Care:
COVID-19 Surveillance Testing FAQ

August 24, 2020

General Questions on Surveillance Testing Policy

1. **Is my organization required to adhere to this policy?**
   Organizations which are described in Appendix A of the EOHHS Congregate Care Testing Guidance are required to adhere to this policy. Organizations which do not report testing completion on the online survey tool and do not submit the testing contract will not be eligible to receive reimbursement for eligible tests completed.

2. **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 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.

3. **What are the options for support with testing? Is EMS mobile testing option still available, or are there ways to receive testing kits through the state?**
   Residential congregate care programs (including those providers described in Appendix A of the Guidance) 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. Additionally, the testing sites on the interactive testing site map have been notified that congregate care organizations may reach out to request staff testing. Note that these sources are not exhaustive; other options may be available for obtaining testing that are not listed in either of these resources.

   Mobile and pop-up EMS testing is no longer available for request from EOHHS or agencies by organizations. However, in the event staff are tested through an option that is facilitated and funded by the state, such Stop the Spread, organizations should be sure to report that these tests were not facilitated or funded by the organization.

   Organizations should engage a testing provider and ensure that the appropriate business relationships are in place between the organization and the provider before sending samples. Organizations 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, and the state encourages facilities to organize testing with testing providers rather that requesting testing swabs and kits through the state's stockpile.

4. **Can organizations use the free Stop the Spread sites for staff testing?**
   Yes, the Stop the Spread sites offer free testing to all individuals and are not restricted to residents of the city or town. Along with all other individuals, staff members are eligible for testing at these sites, regardless of symptoms, at no cost. (Note that organizations are not permitted to require or encourage staff members to be tested on their own time, or at their own cost. Staff time spent testing should be considered working hours.)

   Organizations are not able to request mobile testing from the Stop the Spread providers. Stop the Spread sites are selected by the COVID-19 Command Center

5. **Which testing providers are delivering results quickly? How does an organization ensure that they will receive results in a timely manner?**
   Currently, testing providers that are using large national laboratories may be experiencing significant delays in returning results. Testing sites that are using local laboratories (laboratories in Massachusetts) are often returning results significantly faster in comparison.

   As the surveillance testing should be pre-arranged by organizations, we would encourage programs to ask testing providers which laboratories are being used and their average turnaround time. As possible, organizations should strive to use testing providers who can guarantee a turnaround time of no more than 72 hours.

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. **Does the organization need to pay for staff testing? Or will the staff member's insurance pick up the cost?**
   Organizations are expected to organize and pay for staff testing under the surveillance testing regimen, for which they will receive a per test payment from the state (at-cost for baseline testing, and at $120.81 for ongoing testing). 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.

   Organizations must facilitate and pay for testing to be eligible for reimbursement.

8. **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.

9. **How are "staff" defined for the purposes of testing?**
   "Staff" include all persons, paid or unpaid, working or volunteering at the organization'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. This includes all contractors and vendors who enter the building.

   Staff does not include persons who work entirely remotely or off-site, employees on leave or otherwise not working for the entirety of the organization'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 those staff members who have previously tested positive for COVID-19.

10. **Does this include agency or per diam staff?**
    Yes, per diem and agency staff will need to be tested for baseline testing if they work a shift between August 1 and September 15 for the baseline testing period, and will be included as staff for surveillance testing requirements if they work a shift during a bi-weekly testing period.

11. **Should staff who begin working after September 15th be included in the testing regimen?**
    Yes, staff who begin working after September 15th should be integrated into the organization's ongoing surveillance testing regimen. These staff should be tested in the testing period in which they begin to work on-site.

12. **Are organizations permitted to seek reimbursement for the COVID-19 baseline and surveillance testing of contracted staff such as environmental services staff and dietary staff?**
    Yes, reimbursement for staff testing will include all qualifying staff tests, including tests conducted for contract employees and any staff, as such term is defined in the EOHHS Congregate Care Surveillance Testing Guidance (and as described in Question 6, above).

13. **Do staff working at multiple locations need to be tested?**
    Yes, all staff working at a residential congregate care location in which they are employed must adhere to the testing policy of that site. An organization may count staff testing conducted or facilitated elsewhere, including staff testing conducted by another organization, as long as it has evidence of the completed testing for such tests. However, the test will only be counted towards the reimbursement for the organization that facilitated and paid for the testing.

14. **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.

15. **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.

16. **Will organizations be reimbursed for resident testing as part of this regimen?**
Residents should be tested when anyone who shares physical space or mutual staff with that resident have tested positive for COVID-19 (i.e., when they are close contacts), as well as when they are symptomatic or following any other close contact with someone diagnosed or presumed COVID-positive. Under this guidance, resident tests are medically necessary and billable to the resident's insurance in almost all cases.

However, in order to facilitate the urgent testing of residents in cases where it is difficult to locate a viable testing option through which insurance can be billed (e.g., when the resident requires mobile testing), this guidance permits organizations to be reimbursed for up to one (1) test per resident of a residential congregate care setting, per month.

17. **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.

18. **Can organizations use antibody tests or rapid molecular tests for this initiative?**
Organizations 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. PCR tests are currently administered in a variety of ways, including anterior nasal swabs, nasopharyngeal swabs, and saliva tests.

At this time, 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. For more information, please review the DPH Guidance.

19. **Where can an organization or program site find the regional EMS map?**
EMS regions can be found on the mass.gov website. 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.

Contract Submission and Completion FAQs

20. **My organization is already contracted with an EOHHS agency; do I still need to submit the Surveillance Testing Contract, the Cost Template, and the Standard Contract Form?**
    Yes, all organizations participating in the EOHHS Congregate Care Surveillance Testing program need to complete each of the three documents, regardless of whether they currently contract with an EOHHS agency.

    EOHHS will not be able to reimburse testing costs until each of the three documents are completed and sent to EOHHSTestingContracts@mass.gov.

21. **The total number of staff and residents in my organization's residential congregate care settings varies week-to-week; how do I fill out the Cost Template if I expect this number to change over time?**
    The purpose of the Cost Template is to calculate a total contract value (Maximum Obligation) for the Surveillance Testing Contract and the Standard Contract Form.

    The number reported in the Cost Template should be the best representation of the total number of staff and residents you expect your organization to serve during any one bi-weekly testing period. Please include all individuals who meet the definition of staff outlined in this document, including individuals contracted to provide on-site services, such as sanitation services.

    For the purposes of this Cost Template, an estimate number of staff and residents is sufficient; however, organizations, by submitting the Cost Template, are attesting to the relative accuracy of their reported numbers.

22. **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.

Baseline Testing FAQs

23. **If I re-tested all staff prior to August 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 August 1-September 15.

    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 (see Question 5)

24. **Are tests conducted between August 1st and August 14th eligible for reimbursement?**

Tests conducted between August 1st and August 14th are eligible for reimbursement only if those tests were facilitated and funded by the organization.

At any time, if tests are funded by insurance or directly by the state (e.g., at a Stop the Spread site or through EMS mobile testing), those tests can be reported for the purposes of compliance with the testing recommendations, but should be designated as tests that were not facilitated or funded by the organization. The online survey tool has questions which clearly note this distinction

25. **At what rate will testing costs be reimbursed for the baseline period?**
Baseline testing costs will be reimbursed at-cost, or at a rate equal to what the testing vendor charged your organization. Organizations will report their baseline testing costs on the online survey tool.

As noted in the guidance, per-tests costs that significantly exceed $144.27 will warrant further examination by EOHHS, which may result in tests being reimbursed for a rate lower than was paid by the organization.

26. **What can be included in the testing costs reported for the baseline period? Can transportation costs or other costs related to specimen collection be included in the average per-test cost?**
All costs directly associated with obtaining the testing may be included in the reported per-test, including the cost of specimen collection and transportation of specimens to the lab. Costs that are only indirectly related to testing, such as the staff salaries that would still be paid if testing were not occurring, should not be included.

Organizations will be responsible for reporting one blended-average cost per test, which should include all of the costs directly related to testing. The produce of the reported per-test cost, and the reported number of tests facilitated and funded by the organization, should equal the total amount spent on obtaining baseline testing.

For example, and organization operates 20 group homes across the state. The organization decides to conduct testing in partnership with a local lab, who will provide test kits and process collected specimens for $75 / test. The organization will be responsible for administering the tests and transporting the collected specimens to the lab.

After completion of the testing, the organization finds that it completed 100 staff tests, for which it must pay the lab $75 each ($7500 total). Additionally, the organization had to pay a team of two clinical staff $25 / hour for administering the tests, and a courier $20 / hour to transport the specimens. Specimen collection took the clinical team 20 hours to collect (20 hours x $25 x 2 people = $1000) and the courier spent 10 hours transporting specimens (10 hours x $20 = $200). Therefore, the total testing cost for the organization was $7500 + $1000 + $200, or $8700.

The organization would report a blended-average per-test cost of $87 for each of the 100 tests completed and receive $8700 in reimbursement from EOHHS for the baseline test.

27. **When should my organization report completion of the baseline testing? Should we wait until after September 15th to report tests?**
Completion of the baseline testing may be reported at any time, and the online survey tool to report results is active now. However, organizations should strive to only submit one report per

testing period. Multiple submissions per testing period may delay the time needed to verify information and process reimbursement.

Survey respondents will be provided with a link, after completion of the survey, to edit their responses if necessary.

Surveillance (Ongoing) Testing FAQs

28. **Is the reimbursement only for baseline testing? Or is it also for surveillance (ongoing) testing?**
    Organizations are eligible for reimbursement for qualifying baseline and surveillance (ongoing) staff testing as long as it is in accordance with the EOHHS Congregate Care Surveillance Testing guidelines, and the tests were facilitated and funded by the organization.

29. **For the surveillance (ongoing) testing, at what rate will tests be reimbursed? Can the reimbursement rate for surveillance (ongoing) testing be adjusted based on actual cost?**
    After the baseline testing period, for eligible organizations, the reimbursement rate will be calculated based on a rate of $120.81 per qualifying test completed, regardless of the actual cost of testing.

30. **How frequent is a "testing period"?**
    Under the surveillance testing regimen, a "testing period" will be biweekly (once every two weeks), with the first biweekly testing period beginning on September 16th, after completion of the baseline test. If there are no identified positive cases among staff during baseline testing, a program site will test staff according to the policy on a bi-weekly basis.

    If there are positive cases among staff identified through the baseline testing, an organization will immediately test all staff and residents who may have been close contacts according to policy.

31. **Is the testing vendor supposed to file directly with the state on the results or is the organization responsible for that?**
    The organization should report all known test results through the online survey tool as required by the EOHHS Congregate Care Surveillance Testing Guidance. The lab will also submit the results to the state's MAVEN system.

    If organizations do not receive test results for their staff (e.g., due to privacy constraints), then organizations may report that the testing results are "Unknown."

    Organizations should continue to report new positive cases in residents or staff through the process established by their funding agency.

32. **How often do organizations need to report ongoing testing completion and results?**
    Organization should report completion of the testing no later than 2 days after the end of the any testing period (by the Friday following the end of any testing period). For example, baseline testing completion should be reported no later than Friday, September 18th.

    If the results of testing conducted during the baseline testing period or ongoing testing periods are not available when testing completion is reported, organizations should mark those staff results as "Unknown," and use the editing link which will be emailed after completion of the survey to update testing results, as they are available.

Providers should not submit a wholly new survey response in order to update testing results, and only one survey response should be submitted per testing period.