



# Residential and Congregate Care Programs: 2019 Novel Coronavirus (COVID-19) Surveillance Testing Guidance

Updated December 24, 2020

Please note that this guidance document describes significant changes to the surveillance testing program beginning on January 1<sup>st</sup>, 2021. For details on how to access testing resources after the Surveillance Testing Contract expires, please go to [Section II](#).

## Section I: Overview

This memorandum applies to organizations that operate residential congregate care programs, which includes but is not limited to: group homes and residential treatment programs funded, operated, licensed, and / or regulated by the Department of Children and Families (DCF), the Department of Youth Services (DYS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Department of Developmental Services (DDS), the Department of Veterans' Services (DVS), the Massachusetts Commission for the Blind (MCB), and the Massachusetts Rehabilitation Commission (MRC). Additionally, this guidance applies to certain Veteran's Shelters and Approved Private Special Education Schools which offer residential services. See [Appendix A](#) for a detailed list of the residential congregate care programs subject to this guidance ("Covered Programs").

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.

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.

An expanded definition of "staff," as well as details on the reporting and reimbursement mechanism offer prior to January 1<sup>st</sup> may be found in [previous version of this guidance](#) updated on Nov. 2<sup>nd</sup>, 2020.

## Section II: Testing Access Options

In order to facilitate continued access to testing for Covered Programs, after December 31<sup>st</sup>, 2020, EOHHS will offer two testing options ("testing access options") to Covered Programs:

1. Enrolling to receive PCR tests from Color Genomics, Inc. ("Color"); or
2. Enrolling to receive Abbott BinaxNOW Rapid point-of-care tests ("BinaxNOW tests").

Details on each of these testing options are below. Please note that Covered Programs will only be able to access testing through **one of the two mechanisms outlined above for each Covered Program** (i.e., Covered Programs which received tests from Color Genomics will not be eligible to receive BinaxNOW tests, or vice versa). Once enrolled, organizations will **not be able to change the chosen testing access option** for at least 8 weeks after tests are received.

Organizations which operate **multiple Covered Programs which are funded by different EOHHS agencies** may choose different testing access options for the Covered Programs funded by each agency. For example, an organization which operates sites funded by DCF and group homes funded by DDS may request Color test kits for the DCF sites, and BinaxNOW test kits for the DDS sites.

- Organizations are not permitted to request more than one testing access option for the same Covered Program
- Additionally, organizations may not select different testing options for Covered Programs funded by the same EOHHS agency.

Large organizations which operate Covered Programs funded by more than one EOHHS agency, and which wish to use different testing access options between these Covered Programs, should email [EOHHSTestingContracts@mass.gov](mailto:EOHHSTestingContracts@mass.gov) with details on which testing access option they will select, with the subject line beginning with "TESTING OPTIONS:". Only organizations which meet the criteria above and are choosing different testing access options for their Covered Programs should email EOHHS. Questions or clarifications sent to this inbox will not be answered.

As programs transition to one of the two testing access options, EOHHS will allow for a **limited extension of the current reimbursement contracts** established in the [previous version of this guidance](#). Please see [Section IV: Reimbursement Extension](#) for details

#### Option #1: Color Genomics

EOHHS has entered into a contract with Color Genomics, Inc. ("Color") to provide access to convenient, self-administered, highly sensitive molecular test **at no cost to Covered Program**. Tests to be provided by Color are FDA (Emergency Use Authorization) approved for self-collection without the need for clinical supervision, are dry swabs which do not require refrigerated transport, and will be analyzed at a Massachusetts-based laboratory, reducing turnaround time for results.

The following is a brief description of the how tests will be provided, administered, and returned to the laboratory for processing.

1. EOHHS will determine the number of tests each organization can receive in the initial shipment
2. Organizations will enroll (once, at the organization level) online with Color
3. Organizations will provide site-level information, including site-level points of contact
4. Staff will be registered in the Color system individually on-site
5. Staff will self-administer the anterior nares swab, and link the test with their online profile
6. Tubes containing collected specimens will be packaged into a return-shipping box, which may be returned via FedEx overnight shipping or directly by site staff to Broad. A pre-authorized courier option also may be available.
7. Results will be returned in 24-48 hours after the specimen arrives at the lab; results will be sent directly to the test taker and be uploaded into the organization's dashboard

Organizations which wish to receive Color test kits will need to **enroll directly with Color** through the Color EOHHS enrollment form. Similar to the surveillance testing program prior to January 1<sup>st</sup>, 2021, each organization should establish a central point of contact to manage the exchange of information between the organization and Color, and each organization should only enroll once with Color.

For more information, and to enroll with Color, please click on the following links:

- [Color / EOHHS Information Website](#)
- [Color / EOHHS Enrollment Portal](#) *(Note: Please read the “Helpful Hints” tab prior to completing the site-level template. If your organization has already completed the enrollment template, please download a new template and copy + paste in the information into the latest version)*

Color and EOHHS will be hosting a webinar on Tuesday, December 29<sup>th</sup> with additional information about the Color testing option and additional reminders for enrolling correctly. This webinar will be recorded for future reference, and the link to the webinar will be shared through your agency and / or trade organization points of contact.

### [Option #2: Abbott BinaxNOW Rapid Testing](#)

The U.S. Department of Health and Human Services (HHS) and the U.S. Department of Defense (DOD) recently announced an initiative to deliver 150 million Abbott BinaxNOW COVID-19 Ag Card Point of Care (POC) SARS-CoV-2 rapid diagnostic tests (“BinaxNOW tests”) to strategic environments across the United States. Massachusetts has been advised that it will receive approximately 2 million tests for use in priority settings.

BinaxNOW tests are rapid antigen tests which produce results in 15 minutes, and which can be administered by any trained staff member. More details can be found on the [Abbott BinaxNOW webpage](#) and in the [product documentation](#).

EOHHS has determined that BinaxNOW tests may be made available for use in Covered Programs for surveillance testing. Organizations should note antigen tests for SARS-CoV-2 are generally less sensitive than viral tests that detect nucleic acid using reverse transcription polymerase chain reaction (RT-PCR)<sup>1</sup> or reverse transcription loop-mediated isothermal amplification (RT-LAMP) (“molecular tests”), and organizations should carefully consider the risks and benefits of using this test for surveillance testing when compared to a molecular test, such as those offered by Color. DPH has published data on the performance of these tests in symptomatic and asymptomatic populations ([link](#)). The FDA has indicated that, in certain situations, these tests may be appropriate for surveillance testing.<sup>1</sup>

Organizations which elect to receive BinaxNOW tests for surveillance testing will receive the supply of BinaxNOW tests centrally, at one location, and will be responsible for distributing kits to the Covered Programs they operate. The number of tests delivered will be based on the organization’s total number of staff and residents, with ratios to be determined by EOHHS. Note that this program is subject to the availability of BinaxNOW tests for the state of Massachusetts. Any supply limitations which would jeopardize the availability of BinaxNOW tests for congregate care will be communicated promptly.

In order to receive BinaxNOW tests for surveillance testing, organizations must complete all five of the following requirements and receive approval from EOHHS for distribution of Abbott BinaxNOW test kits:

1. Obtain an approved CLIA certificate of waiver
2. Secure a signed physician order for testing

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<sup>1</sup> <https://www.hhs.gov/sites/default/files/abbott-binaxnow-fact-sheet.pdf>

3. Confirm ability to maintain an adequate supply of PPE
4. Ensure all testing staff meet training requirements
5. Certify that the organization will comply with all DPH reporting requirements

For detailed information, and for information on how to enroll to receive BinaxNOW tests, organizations should review the document [Abbott BinaxNOW Rapid Point Care COVID-19 Testing for Congregate Care](#). Linked in this document is an **online attestation form** which must be submitted to EOHHS in order to receive approval for requesting BinaxNOW tests.

### Section III: Reimbursement Extension

In order to ensure continuity in the ability of Covered Programs to perform surveillance testing of staff, EOHHS will allow for a limited, conditional extension through January 20<sup>th</sup>, 2021 of the reimbursement contracts established in previous guidance.

In order to be eligible for the limited extension of the reimbursement contracts organizations **must enroll in one of the two testing access options described in Section III by January 6<sup>th</sup>, 2021**. Organizations which do not enroll in either option will not be eligible for contract extensions.

Contracts will be eligible for extension until **January 20<sup>th</sup>, 2021 or until the provider has received Color or BinaxNOW test kits**. No reimbursement under the previous contract will be provided for testing conducted by an organization for tests administered after January 20<sup>th</sup>, 2021.

Organizations which enroll in one of the two access options should continue reporting testing results via the [ONLINE SURVEY](#) for tests conducted until January 20<sup>th</sup>, 2021. Reporting via the online survey is no longer required after the reimbursement period has ended.

Organizations submitting the survey for tests administered after December 31<sup>st</sup>, 2020 must complete the **contract amendment**, which consists of the following two documents (these documents will also be posted on the Public Health Guidance and Directives page:

- EOHHS Surveillance Testing Contract Amendment:



Amendment #1 to  
EOHHS Congregate C



- Amended Standard Contract Form



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al Congregate Care P



## Section IV: Surveillance Testing Protocol

### Identification of County Positivity Rate

EOHHS's congregate care surveillance testing guidance recommends using a **county positivity rate threshold** to determine the surveillance testing regimen that should be followed:

- **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

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 under [County-Level COVID-19 Data Reporting](https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-weekly-public-health-report-) at this link: <https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-weekly-public-health-report->

### 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.

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.

### 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 (≥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 COVID-19 Cases in Residents or 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 to ensure there are no resident cases and to assist in proper cohorting of residents.

Testing should take place as soon as possible (e.g., within 48 hours). For purposes of this memorandum, CDC and CMS define a close contact as contact with an individual 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.

For additional guidance on staff and residents who had close contact and require testing, please consult the DPH Epidemiology line at 617-983-6800.

Note that insurance is required to cover testing that is deemed medically necessary, as defined in [DOI guidance](#). This includes close contacts of confirmed or clinically diagnosed COVID-19 cases.

### Previously Positive Staff and Residents

Individuals previously diagnosed with COVID-19 infection confirmed by molecular diagnostic testing may continue to have PCR detection of viral RNA for several weeks. This does not correlate with the presence or transmissibility of live virus and those who have been cleared from isolation by either the symptom-based or test-based strategy, are not recommended for re-testing within 90 days of their original positive test. These individuals are also not subject to quarantine during this period.

Until further data are available, individuals who were previously diagnosed with COVID-19, are more than 6 weeks past their release from isolation, and who develop clinically compatible symptoms, should be retested. If viral RNA is detected by PCR testing, the patient should be isolated and considered to be re-infected. Additionally, individuals who were previously diagnosed with COVID-19 and are more than 90 days from their initial positive test who are identified as a close contact of a confirmed case, are subject to quarantine.

## Appendix A

### Definition of Covered Programs

For the purposes of this guidance, “Covered Programs” include programs that meet the criteria established in one or more of the following three (3) categories:

1. Social service programs, as defined under MGL Chapter 118E Section 8A, that provide residential services at rates established under one or more of the following regulations:
  - **101 CMR 346:00:** Rates for Certain Substance-Related and Addictive Disorders Programs
    - Inpatient Services, Residential Services and Triage, Engagement and Assessment Services only
  - **101 CMR 411:00:** Rates for Certain Placement, Support, and Shared Living Services
  - **101 CMR 412:00:** Rates for Family Transitional Support Services
  - **101 CMR 413:00:** Payments for Youth Intermediate-Term Stabilization Services
    - Staff Secure Residential Detention Programs, Staff Secure Residential Treatment Programs, Staff Secure Residential Revocation Programs, and Independent Living Residential Programs with clinical services
    - Caring Together Residential Placement Services, Child Specific Residential Placement Contracts, and Alternative to Lockup Residential Placement Services
  - **101 CMR 414:00:** Rates for Family Stabilization Services
    - Site-based Respite only
  - **101 CMR 418:00:** Payments for Youth Short-Term Stabilization and Emergency Placement Services
  - **101 CMR 420:00:** Rates for Adult Long-Term Residential Services
  - **101 CMR 421:00:** Rates for Adult Housing and Community Support Services
    - Safe Haven and Dual Diagnosis Shelter rates only
  - **101 CMR 426:00:** Rates for Certain Adult Community Mental Health Services
    - Supervised Group Living Environments, Supported Independent Environments and Intensive Group Living Environment Services only
  - **101 CMR 430:00:** Rates for Program of Assertive Community Treatment Services
    - Forensic GLE rate only
  - **101 CMR 431:00:** Rates for Certain Respite Services
2. The following Veteran’s shelters (parentheses list the provider’s associate vendor code):
  - Soldier On (VC6000180388)
  - Veterans Homestead Inc (VC6000179167)
  - Vets Inc (VC6000175956)
  - Vietnam Veterans Workshop (VC6000173601)
  - Montachusets Veterans Outreach Center (VC6000169663)

- Habitat Plus, Inc (VC6000227615)
- Veterans Northeast Outreach Center, Inc (VC6000170820)
- Southeastern Mass Veterans Housing Program (VC6000210291)
- Cape & Islands Veterans Outreach Center (VC6000227372)
- Pine Street Inn (VC6000162415 )
- Bilingual Veterans Outreach Center (VC6000227405)

3. MA Approved Private Special Education Schools that provide residential services to students and are approved by the Department of Elementary and Secondary Education (DESE) under 603 CMR 28.09. Eligible organizations that operate one or more of these programs are listed below.

- Amego
- Archway, Inc.
- Boston Higashi School
- Brandon Residential Treatment Center
- Cardinal Cushing School & Training Ctr.
- Cotting School, Inc.
- Crystal Springs, Inc.
- Devereux Foundation of Mass., Inc.
- Dr. Franklin Perkins School, Inc.
- Evergreen Center, Inc. - Milford
- F. L. Chamberlain School, Inc.
- Fall River Deaconess, Inc.
- Hillcrest Educational Centers, Inc. - Pittsfield
- Home for Little Wanderers
- Italian Home for Children, Inc.
- Judge Rotenberg Educational Center
- Justice Resource Institute
- Landmark Foundation
- Latham Centers, Inc.
- League School of Boston
- Learning Ctr. for the Deaf - Framingham
- MAB Community Services
- May Institute
- McAuley Nazareth Home for Boys
- Melmark Home, Inc.
- New England Center for Children - Southborough
- Perkins School for the Blind



- Protestant Guild for Human Services/DBA The Guild for Human Services
- Riverview School
- Saint Ann's Home, Inc.
- Seven Hills Foundation, Inc.
- Stevens Children's Home
- Walker, Inc.
- Wayside Youth and Family Support Network
- Whitney Academy, Inc

If you believe you are an eligible MA Approved Private Special Education School that provides residential services approved by DESE that is not on the list above, contact [Jannelle.L.Roberts@mass.gov](mailto:Jannelle.L.Roberts@mass.gov) to inquire about your eligibility status.