

Massachusetts Department of Public Health  
Bureau of Substance Addiction Services / Quality Assurance and Licensing

**COVID-19 POSITIVE CASES REPORTING FORM**

**Please fax the completed form (no cover sheet is necessary) to QAAL secure eFax: 617-887-8787**

The Bureau of Substance Addiction Services requires all Licensed or Approved Providers to notify the Department per 105 CMR 164.035(F)(1)(j) of positive cases of COVID-19 using the standard form below. Please see the *Required Reporting of COVID-19 Positive Cases* notice that was issued by the Massachusetts Department of Public Health (DPH), Bureau of Substance Addiction Services (BSAS) on January 5, 2021, for more details.

Reporter Name & Title:	Date of Report:
Reporter Email*:	License(s) #/Approval(s) #:
Reporter Phone:	Program Name:
Service Setting:	Program Address:

This form can be used to report multiple cases for patients, residents, or staff for each licensed program. Page 2 is encouraged to be used if reporting multiple individuals and dates. Please do not include patient identifying or staff personal information.	
COVID-19 Positive Individual(s)	Number of patients/residents: Number of staff and title:
Important Date(s)	Date of COVID-19 Test: Date COVID-19 results received:
Change in operational capacity and/or holding of admissions	Please indicate if admissions hold or change in capacity is occurring due to a COVID-19 outbreak- including the <u>current program census</u> . Please indicate staffing impact and coverage plan.

**Attestations:**

- The program has sufficient PPE and face coverings for both staff and patients/residents.  
*If the program requires additional PPE and/or face coverings, please contact COVID-19 Lead Therese Fleisher at [Therese.M.Fleisher@mass.gov](mailto:Therese.M.Fleisher@mass.gov) or contact the Massachusetts Emergency Management Agency via <https://www.mass.gov/orgs/massachusetts-emergency-management-agency>.*
- When deemed clinically appropriate, the program has been able to continue providing care and treatment including telehealth services to patients/residents.
- The program has a plan to isolate/quarantine the patient/resident(s).
- The program has taken appropriate measures to clean and disinfect high-touch surfaces and communal areas using appropriate products found on the [EPA's List N of COVID-19 Disinfectants](#).
- As appropriate for the service setting, the program has completed any contact tracing and communications with individuals in the program who may have been exposed to a person who tested positive for COVID-19.

For any additional COVID-19-related concerns, please contact your Regional Manager, Licensing Inspector, or COVID-19 Lead Therese Fleisher at [Therese.M.Fleisher@mass.gov](mailto:Therese.M.Fleisher@mass.gov).

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**DESCRIPTION OF INCIDENT AND PROGRAM RESPONSE:**