



MassHealth Nursing Facility COVID-19 Accountability and Support Frequently Asked Questions (FAQ)

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Contents

- Accountability and Support Requirements 1
- Reporting for Nursing Facility Bulletin 145 1
- Testing Requirements under Nursing Facility Bulletin 146 2
- Infection Control Competencies and Audits..... 8
- Staffing..... 8
- Funding..... 9

Accountability and Support Requirements

1. Are the requirements outlined in Nursing Facility Bulletin 145 and forthcoming Nursing Facility Bulletin 146 voluntary or mandatory?

The requirements are **mandatory**; it is not an optional or voluntary program. The requirements outlined in Nursing Facility Bulletin 145 and Nursing Facility Bulletin 146 are requirements for all nursing facilities participating in the MassHealth program. These requirements are essential for monitoring infection control policies and staffing to protect against the spread of COVID-19.

Reporting for Nursing Facility Bulletin 145

2. How do I report to CHIA?

To submit the weekly census, staffing, and admissions data, you will complete a web-based survey on the CHIA Submissions portal, located at chiasubmissions.chia.state.ma.us. You do not need to register with CHIA to use the portal.

3. Who can we contact if we have questions on filling out the forms or reports?

If you have questions about the attestation forms, excel workbook, or weekly census reports, please contact Caitlin Sullivan at caitlin.sullivan2@state.ma.us.

4. If we have a rehab staff working as a CNA, do we count their hours and submit them in the reporting?

Yes, but you would only include the hours that they worked as a CNA in the report.

5. Does the nursing hours per resident day calculation include nursing management or administration hours?

No, but if the director of nurses or nursing supervisor also provided direct care nursing, the hours of direct care nursing should be included in the report. For example, if a nursing supervisor works for 3 hours as a direct care nurse and 4 hours as a supervisor overseeing staff, then the 3 direct care nursing hours would be counted in this report.

6. Should nursing facilities report staff absences if they were able to find a replacement for that staff?

Staff absences are instances when a staff member is scheduled to work, but does not report to work for their shift and does not provide notice or provided less than 24 hours' notice that they would be absent. These absences should be reported regardless of whether they are able to be replaced or not.

7. What is the calculation methodology for the reporting metric “Average Percentage of Staff Absent (clinical)”?

This metric is meant to capture the average number of clinical hours (CNAs, RNs, LPNs) that were absent from expected shifts (not including vacation, personal days, holidays, labor disputes, or maternity leave) during the data period. Facilities should report this metric as the percent of hours absent divided by the hours scheduled, even if the facility was able to fill the absent hours

Testing Requirements under Nursing Facility Bulletin 146

8. What are the testing requirements that nursing facilities must meet?

To satisfy the requirement of the Accountability and Support policy, a minimum of 90% of residents and 90% of staff must be tested. EOHHS will use the total number of residents in the facility and total number of staff who were employed as of May 7, 2020, as the base number for calculating the 90% testing threshold for residents and 90% testing threshold for staff.

- a. Staff is defined as all staff (clinical and non-clinical)
- b. Staff is defined as per diems and directly employed individuals, not contracted through temporary staffing agencies
- c. Per diems include anyone who has worked a shift in the week prior to May 7 or who is scheduled to work a shift in the week following May 7.
- d. Residents are defined to exclude residents who are on medical or non-medical leave as of May 7.

Full-facility (90% residents and staff) testing must occur between April 8, 2020 and May 25, 2020. The Department of Public Health (DPH) advises that facilities conduct baseline testing of all residents and staff on a single day. State-directed testing (i.e., testing deployed via the COVID Command Congregate Care Mobile Testing Call Center through MANG or a mobile-testing provider) will be deployed in accordance with this guidance. However, if a facility completed partial testing (e.g., tested symptomatic residents or all staff/residents in a wing) during this time period, those already completed tests may count towards the total (but testing for a particular resident or staff member may only be counted once). Note that only qualifying facility-organized testing occurring on or after April 27, 2020 will be eligible for the testing-related supplemental payments described below.

9. Do nursing facilities need to report all results by May 25, or just have completed testing?

Facilities are not required to have a complete set of results reported by May 25, but all collected specimens must have been received by the lab that is processing the tests by May 25. Facilities must submit the report required by MassHealth Nursing Facility Bulletin 146 providing all required information available as of May 25, noting how many results the facility are still waiting on, and then resubmit the report with all results within two days of receiving them.

10. What if residents refuse to be tested?

EOHHS is implementing these policies in order to incentivize the baseline testing of all nursing facility residents; however, a resident may refuse to be tested.

11. What if staff refuse to be tested?

EOHHS is implementing these baseline testing requirements in order to incentivize the baseline testing of all nursing facility staff. While EOHHS expects that facilities will offer testing to all staff, a facility must actually test a minimum of 90% of its staff. Facilities that fail to meet the 90% baseline testing threshold will not be eligible for funding pursuant to the forthcoming Accountability and Support Bulletin. In addition, EOHHS notes that under DPH regulations at 105 CMR 150.002(D)(7), “No individual shall be employed, or employee permitted to work, if infected with a contagious disease in a communicable form that might endanger the health of patients, residents or other employees.”

12. Do I need to re-test staff or residents that have previously tested positive?

Notwithstanding any language in MassHealth Nursing Facility Bulletin 146 to the contrary, if a nursing facility has staff or residents that have tested positive prior to April 8, 2020, EOHHS will exclude such staff or residents from both the total staff and resident count (i.e. the denominator) as well as the count of tests completed (i.e., the numerator), for purposes of determining whether a facility has met the 90% staff/resident testing requirement. Put differently, nursing facilities should not retest staff or residents that have previously tested positive for purposes of compliance with MassHealth Nursing Facility Bulletin 146. Nursing facilities with staff or residents that tested positive prior to April 8, 2020 (and who were not retested between April 8, 2020 and May 25, 2020), must add a line to the report detailing how many staff and residents met these criteria so that EOHHS can calculate compliance with the 90% thresholds correctly. See updated reporting requirements in Question 26.

Nursing facilities should follow CDC and DPH recommended return to work guidance that may be found at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Please note that at this time, there is NOT definitive evidence that having tested positive for COVID-19 in the past indicates immunity.

13. Where should I go to get my “baseline” testing of all residents and employees?

There are two main options to request baseline testing of your full facility:

- a. **Facility-organized testing** – facilities may coordinate with entities including but not limited to local hospitals, community health centers (CHC), ambulance/EMS providers, or another qualified testing provider (including but not limited to dedicated organizations such as Orig3n), to come on-site, conduct the collection of specimens sufficient for diagnostic testing,

process a COVID-19 diagnostic test using a qualified laboratory, and return results to all appropriate parties in accordance with Department of Public Health and Centers for Disease Control guidance.. Facilities with on-site licensed independent personnel may also attempt to obtain test kits (e.g., from a commercial lab such as Quest Diagnostics), conduct specimen collection with the test kits, and then submit the collected specimen to that commercial lab for processing. If you are unsure that the organization you are working with is a qualified provider or need help finding a provider, please reach out to MSCA for clarification or assistance.

EOHHS will pay eligible facilities \$200/test (via a baseline testing supplemental payment through a forthcoming baseline testing administrative bulletin) for qualifying facility-organized testing that occurs on or after April 27, 2020. Payment for processing the lab test may be separately payable by the primary insurer of the individual tested (including by MassHealth). The below is a non-exhaustive list of facility-organized testing options, though facilities are encouraged to make arrangements with other qualified entities as well. Please reach out to MSCA if you need help validating or identifying a provider:

- i. To contact Fallon EMS for on-site testing, schedule testing on their website at www.fallonambulance.com/covidtesting.
- ii. To contact Brewster Ambulance, please contact the Communications Supervisor at 617-983-1000.
- iii. To contact Orig3n to request on-site testing or test kits, please visit the following: <https://orig3n.com/covid19/nursinghomes/>.

Please note that for the EMS facility-organized testing options above, facilities must make their own payment arrangements with these entities. If a facility partners with these entities, the testing will not be eligible to the state's mobile testing bundled rate that is payable for state-directed testing.

- b. **State-directed Testing through COVID Command Congregate Care Mobile Testing Call Center** – subject to availability, the COVID call center can arrange for personnel from the Massachusetts National Guard (MANG) or a state-contracted mobile testing provider to come to your facility to test all residents or staff. The state will cover the cost for this testing directly, and the facility will not be eligible for the baseline testing supplemental payments for the state-directed tests. The call center phone number is 617-366-2350 and is open Monday-Saturday, 8:00-4:00 PM. There is limited capacity for testing through the COVID call center.

The specimen collection/testing itself will be done by personnel from MANG or the state-contracted mobile testing provider, and the facility will be responsible for working with the call center in advance to fill out paperwork for each resident and staff member being tested. Your facility **MUST** have ONE ordering provider for everyone being tested, except that facilities may have a second ordering provider for staff, separate from the ordering provider for residents, if desired. If you have more than two ordering providers, please work with providers to reduce to two or use an alternative testing option.

The state-directed mobile testing program will only conduct facility-wide baseline testing once per facility, to test resident and staff, going forward from May 11, 2020. The mobile testing program will NOT provide multiple, staggered testing of residents and staff.

14. Are there any options to complete testing besides facility-organized and state-directed testing?

For facilities to complete baseline testing by the deadline, Massachusetts expects that facilities will use either facility-organized or state-directed testing to efficiently coordinate testing. Nevertheless, in certain cases, residents or staff may have been tested without the state's direction or the facility's coordination (such as at a hospital or through the individual's own PCP). EOHHS does not consider this testing either state-directed or facility-organized, but will still count such testing toward the 90% baseline testing requirement, provided that such testing was completed by a qualified lab and the facility has documentation of the results of the testing. Testing that is not facility-organized will not be eligible for the baseline testing supplemental payment described in a forthcoming administrative bulletin.

15. If I have a resident or staff member who was tested without the nursing facility's coordination at a hospital or via another healthcare provider between April 8 and May 25, can I count them toward the 90% threshold?

Yes, any resident or staff member tested between April 8, 2020 and May 25, 2020 counts toward the threshold, provided that such testing was completed by a qualified lab and the facility has documentation of the results of the testing. Testing that is not facility-organized will not be eligible for the baseline testing supplemental payment described in a forthcoming administrative bulletin.

16. Can antibody/serological tests be counted toward the 90% thresholds?

No, only diagnostic tests may be counted toward the 90% thresholds. Per current MA DPH testing [guidance](#), "At this time, antibody testing should not be used to guide release from isolation or for return to work purposes and are not indicated for diagnostic purposes."

17. How can I check if I have completed my baseline testing?

EOHHS will calculate compliance with the 90% thresholds based on the information reported by the facility under MassHealth Nursing Facility Bulletin 146. It is the responsibility of facilities to inventory the number of residents and staff who have been tested since April 8 and report such information completely and accurately to the state. Facilities must submit the attestation and report required under MassHealth Bulletin 146, regardless of how the testing was completed.

18. What is the last day I can request testing through state-directed methods?

If you would like to pursue testing through state-directed methods (COVID Command Center Congregate Care Mobile Testing Program call center), you must:

- a. Call the call center at 617-366-2350 to **request testing no later than Monday, May 18th, at 4:00 PM**
- b. Confirm with the call center no later than Wednesday, May 20, at 4:00 PM that your facility is ready, with paperwork completed, to be scheduled for testing. The call center will work with you to ensure the requisition requirements are met.

If you have not called to request testing by Monday, May 18th, at 4 PM, you will not be able to make use of the COVID Command Center Congregate Care Mobile Testing Program and will have to use an alternate testing channel to meet the baseline testing requirements before May 25.

19. Can the COVID Command Congregate Care Mobile Testing Call Center deploy MANG or a state-contracted mobile testing provider to a facility to test staff only if we have already tested all residents?

Yes, if all residents have been tested, the call center can send personnel out to test all staff of a facility.

If the COVID Command Congregate Care Mobile Testing Call Center has already deployed MANG or a state-contracted mobile testing provider to the facility between April 8 and May 11 and did not reach the 90% threshold for testing staff, you may request a second deployment to your facility one final time to ensure that enough staff can be available for testing to satisfy the threshold.

Beginning May 11, 2020, the COVID Command Congregate Care Mobile Testing Call Center will only deploy MANG or mobile testing personnel to the facility once to test all residents and staff – they will not visit multiple times for staged testing after May 11.

20. Am I eligible to receive supplemental payments for facility-organized testing that occurred on or before April 26th? Does using state-directed testing for some testing make me ineligible for these supplemental payments?

If you tested residents or staff between April 8 and April 26 using a facility-organized method, you are not eligible to receive the baseline testing supplemental payment (at \$200/test) for tests that occurred during that time.

If you tested residents or staff between April 27 and May 10 using a facility-directed method, you are eligible to receive the baseline testing supplemental payment, even if you received state-directed testing to test additional residents or staff during that time.

As a reminder, facilities will not receive baseline testing supplemental payments for any state-directed testing.

21. How can I get retesting of symptomatic residents?

This initiative is currently focused on baseline testing. If staff or residents develop new symptoms, we recommend that the facility work with their ordering provider to find a solution for fast re-testing. Options may include working with a local CHC, hospital, ambulance/EMS provider, or dedicated organization like Orig3n. Note that the baseline testing supplemental payments are only available for baseline testing, not repeat testing.

Similarly, the COVID Command Congregate Care Mobile Testing Call Center's priority is one-time baseline testing of all facilities. The Call Center will take requests for re-testing of symptomatic residents ONLY; however, priority will be given to facilities requesting baseline testing.

22. What if a person's testing result is inconclusive – does a facility need to re-test them by the May 25 deadline?

If a person's test comes back as inconclusive, EOHHS will still count them toward the 90% thresholds for the May 25 deadline. However, it is still highly recommended that the person gets re-tested as soon as possible. If a facility's results show a large number of inconclusive results, the facility may be subject to audit to ensure testing was done properly.

23. Where do I go if I want to re-test a whole unit in my building (symptomatic and asymptomatic) due to suspicions of another outbreak, after I've already done baseline testing?

At this time, the COVID Command Congregate Care Mobile Testing Call Center cannot support retesting of entire facilities/units.

Options for full-facility or full-unit re-testing include all facility-organized testing options described above. Note, however, that the baseline testing supplemental payments are only available for qualifying facility-organized baseline testing that occurs between April 27, 2020 and May 25, 2020, and not any repeat testing.

24. If a facility has staff who are on leave or who work remotely -- will they count towards the staff that need to be tested?

No, EOHHS did not intend for facilities to test staff that are on paid or unpaid extended leave and non-direct care staff that are working from home 100% of the time, even if they were employed by the facility as of May 7, 2020. As such, facilities should not include such staff in the count of total staff when completing the report required by MassHealth Bulletin 146.

25. Where can we find testing sites that will perform ongoing asymptomatic surveillance testing?

For ongoing public health surveillance purposes, it is recommended that staff and residents get tested contemporaneously. Ongoing testing of residents and staff can be conducted through any of the facility-organized options listed above. Note, however, that the baseline testing supplemental payments will only be available for qualifying facility-organized baseline testing that occurs between April 27, 2020 and May 25, 2020, and not will not be available for ongoing asymptomatic surveillance testing.

26. Where do I need to report my testing results, and what information do I need to report for compliance?

As currently is the recommended guidance, Local Board of Health (LBOH) offices should be notified of positive results, only.

However, facilities must also provide a report to EOHHS per the instructions and forms listed in Nursing Facility Bulletin 146. The report is required, regardless of whether your facility used facility-organized testing or state-directed testing through the COVID Command Congregate Care Mobile Testing Call Center. Please review Nursing Facility Bulletin 146, which can be found on the [MassHealth Provider Bulletin webpage](#), for more information on the requirements. Regarding result reporting requirements, please plan to aggregate the following information to include in your report:

1. The number of total residents and staff as of May 7, 2020;
2. The number of residents and staff the facility tested using a facility-organized testing method between April 27, 2020, and May 10, 2020, if any;
3. The number of residents and staff the facility tested using a state-directed testing method between April 27, 2020, and May 10, 2020, if any;
4. The number of residents and staff the facility tested using a facility-organized testing method between May 11, 2020, and May 25, 2020, if any;
5. The number of residents and staff the facility tested using a state-directed testing method between May 11, 2020, and May 25, 2020, if any;
6. The number of total residents:
 - a. who were tested for COVID-19 by any method between April 8, 2020, and May 25, 2020;

- b. who tested positive for COVID-19;
 - c. who tested negative for COVID-19;
 - d. who had inconclusive testing results;
 - e. who tested positive for COVID-19 prior to April 8, 2020 and were not retested;
7. The number of total staff:
- a. who were tested for COVID-19 by any method between April 8, 2020, and May 25, 2020;
 - b. who tested positive for COVID-19;
 - c. who tested negative for COVID-19;
 - d. who had inconclusive testing results;
 - e. who tested positive for COVID-19 prior to April 8, 2020 and were not retested; and
8. All partner providers or entities involved in any of the completed testing described above.

Infection Control Competencies and Audits

27. Will infection control auditing occur on weekends or off hours?

Audits could occur at any time, including evenings and weekends.

28. Will the infection control auditors be DPH surveyors who are simply focused on auditing infection control standards? Or will the audit team consist of other clinical personnel?

The audit teams will consist of:

- DPH nurse surveyors;
- MassHealth nurses assigned to the Office of Long-Term Services and Supports clinical team who are responsible for, among other things, conducting site visits and inspections of nursing homes and other LTSS providers; and
- Optum nurses who are contracted with the MassHealth Office of Long-Term Services and Supports and who conduct MMQ and/or program integrity audits of nursing homes and other LTSS providers.

29. Who should I contact if my facility was audited but has not received the Notice of Nursing Facility Infection Control Audit Results letter with details of my facility’s audit?

Facilities should receive their “Notice of Nursing Facility Infection Control Audit Results” letter approximately 3 business days after their audit date. If a facility does not receive their letter, they should do the following:

- Draft an email with the subject “Missing Infection Control Audit Result for [YOUR FACILITY NAME]”
- In the email, be sure to include the following information:
 - Nursing Facility Name:
 - Provider ID:
 - Date of audit:
 - Email address(es) where EOHHS should send future results:
- Send the email to OLTSSReports@MassMail.State.MA.US.

Staffing

30. If EOHHS sends staff to a nursing facility, who pays for that staff?

In general, we expect facilities to pay their staff, including temporary staffing agencies, and we encourage facilities to use the LTC portal <<https://covid19ltc.umassmed.edu/>> to request staffing

31. What positions can I hire for on the long-term care portal? Are there specific rates for staff hired through the portal?

For more information about the LTC portal and how you can utilize it to hire short-term staff, visit the portal's [Frequently Asked Questions webpage](#).

32. Can staff that test positive and are asymptomatic still work with proper PPE?

Current guidance from the CDC and DPH states that staff with a lab-confirmed diagnosis of COVID-19 who have not had any symptoms must be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test. Staff with a lab-confirmed diagnosis of COVID-19 who have had symptoms must be excluded from work for at least 10 days since the date of their first positive COVID-19 diagnostic test and 3 days (72 hours) without using any fever-reducing medications after they experienced any COVID-19 symptoms.

Funding

33. How is the \$130M being distributed?

Up to \$130M will be distributed among eligible nursing facilities as supplemental payments based on four supplemental payment calculation dates, May 15, 2020, May 31, 2020, June 15, 2020, and June 30, 2020. The payments will be disbursed within two weeks after each calculation date. Nursing facilities will not receive these payments automatically. To be eligible for these payments, nursing facilities must meet certain requirements on staff competencies regarding infection control, testing of staff and residents for COVID-19, and reporting to EOHHS, as described in Administrative Bulletin 20-53.

34. Are there any restrictions as to how nursing facilities can use the supplemental payments?

Nursing facilities will be required to spend the supplemental payments on staffing (e.g. wage increases, staff incentives/bonuses, and access to temporary staffing agencies); infection control, including housekeeping and enhancements to environmental controls; PPE; and communicative technologies to enable residents to communicate with family and friends, as detailed in Administrative Bulletin 20-53, Section 6.

35. Is there a requirement to spend the supplemental payments by a certain date and are there any additional requirements accompanying these supplemental payments?

The first supplemental payment, which facilities will receive no later than May 31, 2020, must be spent prior to June 6, 2020. All additional supplemental payments must be used to cover permissible expenses, as described above and detailed further in Administrative Bulletin 20-53, by August 31, 2020.

Facilities will be required to submit an initial financial plan by May 21, 2020 listing the permissible uses on which it intends to spend the supplemental payment. In addition, facilities will be required to submit an interim financial report by June 30, 2020 and a final financial report by September 30, 2020 to document the way in which supplemental payments were spent.

36. If a facility does not spend the full amounts of the supplemental payments by the established deadline, are the payments subject to recoupment?

If after reviewing the interim or final financial report, EOHHS determines a facility either did not spend all of the supplemental payment or spent a portion of the payment impermissibly, EOHHS will pursue that portion of the funding as an overpayment, in accordance with 130 CMR 450.235.

If a facility fails to submit an interim or final financial report, EOHHS may pursue the entire supplemental payment as an overpayment, in accordance with 130 CMR 450.235. EOHHS may also conduct financial or clinical audits and pursue additional sanctions, as appropriate.

37. If a facility has previously turned down support through the National Guard or other EOHHS-directed supports, is that facility eligible for additional funding?

If after May 15, a facility rejects an offer of support from the National Guard or other EOHHS-directed clinical rapid response team or fails to meaningfully cooperate with such assistance, the facility is ineligible for additional supplemental payments under the bulletin.

38. Are the audits described in Section 11 of Administrative Bulletin 20-53 separate from or in addition to the infection control audits?

Yes, EOHHS may conduct full financial or clinical audits as a condition of receipt of payments under Administrative Bulletin 20-53. EOHHS has audit, record request, and examination authority of MassHealth providers under existing regulations. EOHHS will perform such financial or clinical audits as appropriate to ensure the nursing facility is complying with the requirements of Nursing Facility Bulletins 145 and 146, Administrative Bulletin 20-53, and all relevant statutory and regulatory requirements. Nursing facilities that are found to be out of compliance with such requirements may be subject to sanctions under 130 CMR 450.238, up to and including provider restrictions or termination in the MassHealth program. If EOHHS determines that the health, well-being or safety of residents is at risk or that the nursing facility is compromising the integrity of the MassHealth program, EOHHS may implement these sanctions immediately upon sending notice to the facility. If a facility refuses to comply or cooperate with such audits, the facility will be ineligible for additional supplemental payments and will be subject to recoupment of any payments already received.

EOHHS will refer facilities to the Department of Public Health or Attorney General's Office, as appropriate.

39. If a facility was determined to be not in adherence on its infection control checklist, can the facility continue to operate an isolation space?

Facilities that operate an isolation space must meet certain substantive infection control practices, including continued compliance with state regulatory requirements for infection control practices. If a facility is determined to be "Not in Adherence" on its Infection Control Audit, the facility has ceased to operate an isolation space in accordance with [Nursing Facility Bulletin 144](#) ("Isolated Spaces for Nursing Facility Residents with a Positive Coronavirus Disease 2019 (COVID-19) Diagnosis") as of the date of the Infection Control Audit. The facility will no longer be listed in EOHHS's public notice of nursing facilities with an isolation space. The facility's isolation space supplemental payments, as calculated under [Administrative Bulletin 20-37](#), will be reflective of this

determination. If the facility later receives a determination of “In Adherence” on its Infection Control Audit, then the facility may submit a new attestation to establish an isolation space. Upon notification from EOHHS that the new attestation has been accepted, the provider will be eligible for the supplemental payment under Administrative Bulletin 20-37 as of the date of submission of the new attestation to MassHealth.