



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

Updated October 8, 2020

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.

- For purposes of conducting baseline testing and implementing a surveillance testing program, "staff" includes all persons, regularly reporting whether part-time or full-time, paid or unpaid, working or volunteering at the physical facility/site who have the potential for exposure to patients/residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or 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 including those employed by temporary nurse staffing agencies, and persons not directly involved in resident care (such as clerical, dietary, housekeeping, laundry, security, maintenance or billing staff, chaplains, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from staff and residents.
- Staff does not include persons who work entirely remotely or off-site, employees on leave or otherwise not working for the entirety of the relevant testing period (such as those on paid family medical leave), or staffing provided at the Commonwealth's expense. Further, because the EOHHS Congregate Care Surveillance Testing Guidance does not recommend that staff or residents who have previously tested positive for COVID-19 get retested as part of baseline or surveillance testing, staff does not include persons who have previously tested positive for COVID-19.

For the purposes of this guidance, “Testing Period” is defined as a two-week time from Thursday at 7:00 a.m. through the second subsequent Thursday at 6:59 a.m., with the first bi-weekly Testing Period running from October 1, 2020 through October 14, 2020.

Section II: Baseline Staff Testing

To protect the health and safety of residential congregate care residents and staff against the spread of COVID-19, all residential congregate care programs (hereafter “Programs”) should have conducted new baseline testing of staff **prior to September 30, 2020** and adopt a surveillance testing program based on the relevant county positivity rate, as outlined below.

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.

Accordingly, for the purposes of the surveillance testing program, recovered or previously COVID-19 positive residents and staff do not need to be re-tested; however, it is clinically recommended for individuals previously diagnosed with COVID-19 to be retested under the following circumstance:

1. Individuals who were previously diagnosed with COVID-19, and who develop clinically compatible symptoms, may warrant being retested if they are more than 3 months past their release from isolation and an alternate etiology cannot be identified by a provider. If viral RNA is detected by PCR testing, the patient should be isolated and considered to be re-infected
2. Individuals who were previously diagnosed with COVID-19 and who are identified as a close contact of a confirmed case should be retested and subject to quarantine if they are more than 3 months from their release from isolation.

Section III: Surveillance Testing Regimen

Identification of County Positivity Rate

Consistent with the surveillance testing guidance issued for [Long Term Care facilities](#), EOHHS has updated congregate care surveillance testing guidance to a **county positivity rate threshold** which is used 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 below 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 at the link below: <https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-weekly-public-health-report->

Pasted below is an example table highlighting the format and location of the county positivity rate in the Weekly Public Health Report (*Example only: not to be used to determine testing regimen*)

Count and Rate of Confirmed COVID-19 Cases and Tests Performed in MA by County, January 1, 2020 – September 30, 2020

County	Total Case Count	Case Count (Last 14 Days)	Average Daily Incidence Rate per 100,000 (Last 14 days)	Relative Change in Case Counts ¹	Total Tests	Total Tests (Last 14 days)	Total Positive Tests (Last 14 days)	Percent Positivity (Last 14 days)	Change in Percent Positivity ²
Barnstable County	1786	80	2.6	Higher	79027	9892	91	0.92%	Higher
Berkshire County	716	27	1.5	Lower	64872	13076	30	0.23%	No Change
Bristol County	10114	494	6.2	Higher	251675	38564	656	1.70%	Higher
Dukes and Nantucket Counties	168	34	8.5	Lower	19661	2467	35	1.42%	Lower
Essex County	20033	1024	9.2	Higher	413163	64203	1275	1.99%	Higher
Franklin County	412	12	1.2	Higher	36959	8086	14	0.17%	No Change
Hampden County	8283	346	5.2	Higher	205122	31440	426	1.35%	Higher
Hampshire County	1251	39	1.7	Higher	135560	35665	48	0.13%	No Change
Middlesex County	27624	1162	5.1	Higher	974791	200269	1363	0.68%	No Change
Norfolk County	10337	425	4.3	Higher	359534	67257	489	0.73%	Lower
Plymouth County	9779	314	4.3	Higher	209454	29008	393	1.35%	Higher
Suffolk County	24481	1095	9.6	Higher	753212	191645	1347	0.70%	Lower
Worcester County	14475	495	4.2	Higher	449647	79611	599	0.75%	No Change
Unknown ³	294	22	*	*	97940	11137	22	*	*
State	129753	5569	5.7	Higher	4050617	782320	6788	0.87%	No Change

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.

Section IV: New Positive COVID-19 Cases in Residents or Staff

If a positive case of COVID-19 is identified at any point during either the Baseline testing or any of the Testing Periods, Programs must perform additional testing based on [DPH Guidance](#), which specifies that close contacts of COVID-19 positive cases should be tested. For the purposes of this guidance, the scope of testing required based on the emergence of a positive case may be determined by the following:

- For Program settings with **fewer than 20 residents**, and settings in which all residents share physical space or mutual staff (i.e., there are not separate staffing teams), programs must test all staff and residents who have not previously tested positive and who have not been tested in the past 7 days.
- For Program settings **with 20 residents or more**, where residents are separated into distinct “units” which do not share physical space or mutual staff, programs must test all staff and residents in the unit with the identified positive case who have not previously tested positive and who have not been tested in the past 7 days

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.

Section V: Reporting and Reimbursement

The following section only applies to Covered Programs as defined in [Appendix A](#). Covered Programs are required to report completion of the testing outlined in this document and are eligible to receive reimbursement for associated testing costs, as detailed below.

Note: Covered Programs **must submit** the Residential Congregate Care Program Surveillance Testing Contract, the Attachment A to the Residential Congregate Care Program Surveillance Testing Contract, and the Residential Congregate Care Program Surveillance Testing Cost Template to EOHHSTestingContracts@mass.gov in order to be eligible to receive reimbursement for the required testing.

Reimbursement for testing will be calculated according to the terms set forth in the Residential Congregate Care Program Surveillance Testing Contract and as described in this document:

- The first distribution of reimbursement will be paid at the Covered Program’s reported cost per test; EOHHHS, however, reserves the right to reduce payments for reported costs that significantly exceed \$144.27 per test.
- Remaining reimbursements will be paid at \$120.81 per test facilitated and funded by the Covered Program.

Covered Programs, at the discretion of their Medical Directors, licensed independent providers, or other infection control experts, may wish to test residents or staff more frequently than established in this guidance. To accommodate reasonable adjustments to this guidance, after the baseline testing period, programs will be eligible to receive reimbursement for **up to two (2) tests per staff member and one (1) test per resident per month**.

A directory of providers who offer testing services may be found at [Testing Options for Entities](#).

Additionally, in order to receive reimbursement, an administrator or other appropriate representative from each Covered Program must submit a signed and scanned copy of the executed attestation, attached to this guidance as [Appendix B](#), as well as a report, including all of the information described below, using the prescribed reporting form, via [ONLINE SURVEY](#), by no later than 12:00 p.m. on Friday,

October 2, 2020, after the baseline Testing Period. Covered Programs must also submit bi-weekly reporting using the same online survey by 12:00 p.m. every second Friday, after the end of each testing period beginning October 16, 2020. Covered Programs must submit such bi-weekly reporting, even if they are in a Low-Transmission Region. A login is not required to access the online survey. **Covered Programs will not be able to receive reimbursement for reported testing costs until they have completed and submitted the required contract forms.**

Specifically, each Covered Program must report:

1. The total number of residential congregate care sites operated by the Program, and the total number of staff and residents across all sites
2. The total number of sites operated by the Covered Program with a positive case of COVID-19 identified in either a staff member or resident during the previous Testing Period, and:
 - a. The number of sites with a positive case with fewer than 20 residents, in which all residents share physical space or mutual staff
 - b. The number of sites with a positive case with 20 residents or more, where residents are separated into distinct “units” which do not share physical space or mutual staff
 - c. The number of staff and residents at sites with positive cases
3. The number of total staff (across all sites) who worked during the Baseline Testing Period or the previous Testing Period, and the number of such staff who:
 - a. were tested through a method that was facilitated and funded by the Covered Program; and
 - b. were tested through a method that was not facilitated and funded by the Covered Program (e.g., testing covered by insurance).
 - c. were not tested, and have previously tested positive for COVID-19
 - d. were not tested, and have not previously tested positive for COVID-19
4. The total number of residents (across all sites) who:
 - a. were tested through a method that was facilitated and funded by the Covered Program; and
 - b. were tested through a method that was not facilitated and funded by the Covered Program (e.g., testing covered by insurance)
 - c. were not tested, and have previously tested positive for COVID-19
 - d. were not tested, and have not previously tested positive for COVID-19
5. The number of total staff who were tested for COVID-19 in the previous Testing Period who:
 - a. tested positive for COVID-19;
 - b. tested negative for COVID-19;

- c. had inconclusive results; and
 - d. have results which remain pending as of the reporting date
- 6. The number of total residents who were tested for COVID-19 in the previous Testing Period, who:
 - a. tested positive for COVID-19;
 - b. tested negative for COVID-19;
 - c. had inconclusive results; and
 - d. have results which remain pending as of the reporting date
- 7. [For the baseline testing period] Of the tests facilitated and funded by the Covered Program, all partner or provider entities involved in any of the completed testing secured, and the blended average cost per test incurred by the Covered Program in partnership with each partner or provider entity
- 8. An affirmation that each Covered Program's site provided notice to all staff that, at a minimum, informed them that they may be required to receive COVID-19 testing and that the Covered Program may not encourage, request, require, or pressure staff to obtain testing at their own cost or on their own time.
- 9. Such other information as required and requested by EOHHS through the online survey submission tool.

Covered Programs that have not received complete test results by the relevant reporting deadline must still submit the report by the reporting deadline, report as pending any test results that they are still waiting to receive, and resubmit the report with the required testing results through the online survey within two business days of receipt of the completed results.

All information included in the reports is subject to verification by EOHHS. Compliance with testing requirements outlined in this guidance may be reported publicly by EOHHS. Failure to submit reports or attestations in accordance with this guidance or failure to comply with document requests with respect to the requirements under this guidance may result in the Covered Program being deemed ineligible for testing cost reimbursement by EOHHS, per the terms of the Residential Congregate Care Program Surveillance Testing Contract.

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 to inquire about your eligibility status.

Appendix B

Organization Attestation to COVID-19 Baseline Testing Policies

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____, located at _____, (hereinafter “organization”) and that the information provided in this attestation is a true and accurate representation of the COVID-19 testing procedure implemented and COVID-19 testing results at such organization.

Specifically, I represent and warrant that:

The organization completed the required testing for COVID-19 for the organization’s staff that worked during the relevant Testing Period beginning, _____, in accordance with all applicable requirements of EOHHS’s Guidance for Congregate Care Surveillance Testing.

The report accompanying this attestation and submitted to EOHHS via the online submissions portal to demonstrate compliance with the requirements of EOHHS Guidance for Congregate Care Surveillance Testing are complete and accurate.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Please submit a scanned copy of the executed attestation via the [ONLINE SURVEY](#), as well as the accompanying report, by the baseline testing and bi-weekly reporting deadlines established in EOHHS’s Guidance for Congregate Care Surveillance Testing.

The organization should maintain the original executed copy of each submitted attestation, along with the accompanying documentation, receipts, invoices, and report, in its files.