



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Nursing Facility Bulletin 148
July 2020

TO: Nursing Facilities Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: COVID-19 Baseline and Surveillance Testing Requirements for Nursing Facilities

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth is implementing measures to protect against the spread of COVID-19. Specifically, MassHealth is requiring that nursing facilities conduct baseline testing for COVID-19 by July 19, 2020, as well as on-going surveillance testing of Staff beginning July 23, 2020, and testing of symptomatic or COVID-19 exposed residents or exposed Staff, as recommended by the guidance issued on June 30, 2020 by the Department of Public Health (DPH), titled [Long Term Care Surveillance Testing](#) (the “DPH LTCTesting Guidance”).

The testing requirements established by this bulletin will initially apply through September 30, 2020, and may be extended as determined necessary by MassHealth. MassHealth will determine whether this policy must be continued in this or an amended form based on the most recent recommendations from the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and DPH.

To demonstrate compliance with this bulletin, a nursing facility must meet the reporting requirements described herein and must comply with any audits or requests for documentation with respect to the requirements of this bulletin. Failure to comply with the requirements of this bulletin or failure to cooperate with any audits or document requests with respect to this bulletin may result in sanctions under 130 CMR 450.238: Sanctions.

This bulletin applies to nursing facilities that are enrolled as MassHealth providers and is intended to align with the policies outlined in the DPH LTCTesting Guidance.

Staff Testing Requirements

MassHealth is requiring that all MassHealth nursing facility providers conduct baseline testing of their total Staff for COVID-19 by July 19, 2020, in accordance with the requirements of this bulletin. The results of such baseline testing, along with the level of regional transmission of COVID-19 cases will then determine the manner in which the facility will be required to conduct surveillance testing, as described herein.

For the purposes of this bulletin, the term “Staff” shall include all persons, paid or unpaid, working or volunteering at the nursing facility’s physical location, 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. Staff includes, but is not

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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, house-keeping, 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 (such as those provided by the Executive Office of Health and Human Service (EOHHS) through a clinical rapid response team or the Massachusetts National Guard). Further, because the DPH LTC 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 shall not include persons who have previously tested positive for COVID-19.

Nursing Facilities may not allow Staff who are not paid by, directly employed by or contracted to work for the facility, (such as volunteers, traveling or mobile health care providers, or unpaid students and trainees) to work or volunteer at the physical location of the nursing facility during any given Testing Period, unless they 1) agree to be tested through the Staff testing being facilitated by the nursing facility for the relevant Testing Period, or 2) obtain testing within the relevant Testing Period and provide documented evidence of the completed testing. However, nothing in this bulletin may be construed to prevent appropriate medical personnel from accessing the nursing facility to render emergency medical services.

For the purposes of this bulletin, the relevant "Testing Period" will differ based on whether the nursing facility is in the process of completing baseline testing or ongoing surveillance testing and based on the level of surveillance testing required of the nursing facility. The relevant Testing Period is identified for each scenario, below.

Staff members who test positive for COVID-19 must not work or volunteer, and nursing facilities may not permit staff members to work or volunteer, at the nursing facility's physical location while potentially infectious, as determined in accordance with the most recent infection control guidance issued by DPH. Any residents or other Staff members who were close contacts, as such term is defined in the DPH LTC Testing Guidance, with the positive Staff member must ALSO be tested, in addition to any baseline, bi-weekly, or weekly testing requirements the nursing facility is required to complete.

Baseline Testing

Nursing facility providers are required to conduct baseline testing for COVID-19 on a minimum of 90 percent of their Staff who worked, provided services, or volunteered at least once at the nursing

facility's physical location between July 1, 2020 and July 19, 2020. This time period shall also be the relevant Testing Period for baseline testing. To comply with this requirement, the baseline testing must be completed by July 19, 2020, and reported in accordance with this bulletin's requirements.

If the baseline testing results indicate that a nursing facility has no new positive COVID-19 Staff, the nursing facility will be required to follow the bi-weekly surveillance testing requirements, as further described in this bulletin.

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If the baseline testing results indicate that a nursing facility has one or more new positive COVID-19 Staff member(s), the nursing facility will be required to follow the weekly surveillance testing requirements, as described in this bulletin. Further, the nursing facility will be required to conduct a one-time baseline test of all residents who continue to be residents of the nursing facility and were physically present at the facility for any portion of the relevant Testing Period.

Bi-weekly Surveillance Testing

Nursing facilities whose baseline testing, conducted in accordance with this bulletin, indicates no new positive COVID-19 Staff must complete bi-weekly surveillance testing, beginning July 23, 2020. Each bi-weekly Testing Period will last for two weeks, 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 July 23, 2020, through August 6, 2020. The number of Staff that must be tested in each bi-weekly Testing Period depends on the regional transmittal level of COVID-19 for the [Emergency Medical Services \(EMS\) Region](#) in which the nursing facility is located, as such regions have been determined by DPH in accordance with 105 CMR 170.101: *Regional Boundaries*.

For nursing facilities in an EMS Region with a regional transmittal level below 40 cases per 100,000 residents, the nursing facility must conduct bi-weekly surveillance testing of at least 30 percent of Staff who worked or volunteered at the nursing facility's physical location one or more times during the relevant bi-weekly Testing Period. The sample of Staff tested in each bi-weekly Testing Period must be representative of the Staff at the facility, spanning different shifts, days, units, varying staff positions (such as LPNs, CNAs, maintenance workers, office staff, etc.), and employment statuses (such as per diem, full-time, part-time, volunteer, contract worker, etc.).

For nursing facilities in an EMS Region with a regional transmittal level at or above 40 cases per 100,000 residents, the nursing facility must conduct bi-weekly surveillance testing of at least 90 percent of Staff who worked or volunteered at the nursing facility's physical location one or more times during the relevant bi-weekly Testing Period.

Regional transmittal levels are updated in the COVID-19 Weekly Public Health Report, issued by DPH, which can be found here: <https://www.mass.gov/info-details/covid-19-response-reporting# covid-19-weekly-public-health-report>. Nursing facilities must complete bi-weekly testing in accordance with the regional transmittal level at which their EMS Region was listed as of the first day of that bi-weekly Testing Period, even if the regional transmittal level crosses above or below the 40 cases per 100,000 residents threshold during the bi-weekly Testing Period. Nursing facilities may use the reference document "[EMS Regions for Long Term Care Facilities](#)" to help identify their EMS Region.

If a nursing facility identifies any COVID-19 positive Staff or residents during a bi-weekly Testing Period, the facility must switch to weekly surveillance testing, as described in this bulletin, beginning the first Thursday following the positive test. In other words, a nursing facility must switch to weekly testing beginning in the next weekly Testing Period, even if the nursing facility's bi-weekly Testing Period would have otherwise continued through the following week.

Weekly Surveillance Testing

Nursing facilities whose baseline testing, conducted in accordance with this bulletin, indicates new positive COVID-19 Staff members or who fail to complete the baseline testing required by this bulletin must complete weekly surveillance testing, beginning July 23, 2020. Such nursing facilities must conduct weekly surveillance testing of at least 90 percent of Staff who worked or volunteered one or more times at the nursing facility's physical location during the relevant weekly Testing Period. Each weekly Testing Period will last for one week, from Thursday at 7:00 a.m. through the following Thursday at 6:59 a.m., with the first weekly Testing Period running from July 23, 2020, through July 30, 2020.

Nursing facilities required to complete weekly surveillance testing under this bulletin should continue conducting such weekly testing of all Staff working in any given weekly Testing Period until there are no new positive COVID-19 Staff for two consecutive weekly Testing Periods at the nursing facility, at which point the nursing facility may switch to bi-weekly surveillance testing, as described in this bulletin.

Requirement for Nursing Facilities to Facilitate Tests

A nursing facility must secure or facilitate all COVID-19 testing of Staff required by this bulletin, and must ensure that the testing is conducted at no cost to the Staff members who must be tested. Nursing facilities may not require or encourage Staff members to obtain testing on their own time or at their own cost. However, Staff members may choose to facilitate and obtain their own testing under certain circumstances (such as through their own primary care practitioner or a rapid testing site due to possible COVID-19 exposure or symptoms). In such circumstances, the nursing facility may count those Staff members who were tested elsewhere toward the number of total Staff tested in any given Testing Period in which they also worked at the nursing facility, provided that the nursing facility has documented evidence of the completed testing for such Staff members, and provided that each individual Staff member is counted only once in any given week.

Each nursing facility must provide written notice to all Staff that 1) they will be required to participate in baseline and surveillance COVID-19 testing, as required under this bulletin; 2) they will be required to be tested for COVID-19 if they were a close contact, as such term is described in the DPH LTC Testing Guidance, of any Staff member or resident who tests positive at any point for the duration of the testing policy established by this bulletin; and 3) the facility is prohibited from encouraging, requesting, requiring, or pressuring the Staff to obtain such testing on their own time or at their own cost. A high rate of Staff tests obtained elsewhere may trigger an audit or sanctions.

Nursing facilities may secure or facilitate testing for its Staff using any available method that includes the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a FDA approved method, and the furnishing of results to all appropriate parties in accordance with DPH and CDC guidance. The test used must be able to detect SARS-CoV-2 virus, with a polymerase chain reaction (PCR) of greater than 95 percent sensitivity and greater than 90 percent specificity, within 48 hours of conducting the test. Antibody test results do not satisfy this bulletin's testing requirements and should not be used to diagnose an active SARS-CoV-2 infection. Nursing facilities may partner or contract with entities including but not limited to hospitals, community health centers, ambulance/emergency medical services providers, clinical laboratories, or other entities able to provide COVID-19 testing services. Nursing facilities may, but are not required to, partner with other MassHealth-enrolled providers.

Resident Testing

Beginning July 1, 2020, EOHHS is requiring that, at a minimum, all residents who are exposed to or who show symptoms consistent with COVID-19, except those who have previously tested positive for COVID-19, must be tested for COVID-19.

If any Staff test positive during the baseline Testing Period, all residents will be considered exposed and at least 90 percent must be tested as a baseline by July 30, 2020. Further, any resident who was a close contact, as such term is described in the DPH LTCT Testing Guidance, of a Staff member or another resident who tested positive for COVID-19, will be considered exposed and must be tested. Nursing facilities are not responsible for testing residents who are on medical or non-medical leave from the nursing facility, but should test residents upon their return to the nursing facility if they may have been exposed outside of the nursing facility or are showing symptoms, and if the setting from which the resident is returning did not conduct testing themselves.

If a resident who has been exposed or is showing symptoms consistent with COVID-19 refuses to be tested, the resident must be quarantined until they are no longer a potential vector for the virus, in accordance the most recent infection control guidance issued by DPH.

COVID-19 testing of residents must occur as soon as practicable after symptoms begin to show, after exposure, or after the nursing facility reasonably becomes aware of such symptoms or exposure, and should be reported with the nursing facility's next report, as required by this provider bulletin.

For the purposes of this bulletin, if a facility admits an individual, including from a hospital, with a known COVID-19 positive or unknown COVID-19 status, this individual shall be considered to be a resident exposed or that showed COVID-19 symptoms prior to admission, and such individual's COVID-19 status, by itself, will not trigger additional testing requirements for the nursing facility.

Reporting Requirements and Attestation Requirements

Nursing facilities must complete the attestation and reporting requirements of this provider bulletin, as further described below.

An administrator or other appropriate representative from each nursing facility must submit a signed and scanned copy of the executed attestation, attached to this nursing facility bulletin as Appendix A, as well as a report, including all of the information described below, using the prescribed reporting form, via [online survey](#), by 12:00 p.m. on Monday, July 20, 2020, after the baseline Testing Period. Facilities must also submit weekly reporting using the same online survey by 12:00 p.m. each Friday, beginning July 31, 2020. Nursing facilities must submit such weekly reporting, even if they are in a bi-weekly Testing Period. **A login is not required to access the online survey.** With reasonable notice to all nursing facilities, EOHHS may change the format and manner in which nursing facilities are required to submit reporting.

Facilities should report no more than one test result per person. If a person was tested multiple times in the prior week, the facility should report the most recent test result.

Specifically, the nursing facility must report:

1. The number of total Staff who worked during the baseline Testing Period or during the previous week, as applicable, and the number of such Staff who:
 - a. tested positive for COVID-19;
 - b. tested negative for COVID-19;
 - c. had inconclusive results;
 - d. have previously tested positive for COVID-19;
 - e. were not tested and haven't previously tested positive for COVID-19;
 - f. were tested through a method that was secured, facilitated, or funded by the nursing facility; and
 - g. were tested through a method that was not secured, facilitated, or funded by the nursing facility.
2. The number of total residents who were exposed to COVID-19 or that showed COVID-19 symptoms during the baseline Testing Period or the previous week, as applicable, and the number of such residents who:
 - a. tested positive for COVID-19;
 - b. tested negative for COVID-19; and
 - c. had inconclusive results.
3. The number of total new residents who were admitted during the baseline Testing Period or the previous week, as applicable, and the number of such residents who:
 - a. are confirmed positive for COVID-19;
 - b. are confirmed negative for COVID-19; and
 - c. are of unknown status.
4. All partner providers or entities involved in any of the completed testing secured, facilitated, or funded by the nursing facility.
5. An affirmation that the nursing facility provided notice to all Staff that provided, at a minimum, informed them that they may be required to receive COVID-19 testing and that the facility may not encourage, request, require, or pressure Staff to obtain testing at their own cost or on their own time.
6. An affirmation that, if the nursing facility was testing a sampling of its Staff under the bi-weekly regional testing system, the Staff tested were chosen from a representative sample of the Staff, as required by this bulletin.
7. Such other information as required and requested by EOHHS through the online survey submission tool.

Nursing facilities 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.

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All information included in the reports is subject to verification and audit by MassHealth. Failure to submit reports or attestations in accordance with this bulletin or comply with audits or document requests with respect to the requirements under this bulletin may result in sanctions under 130 CMR 450.238: *Sanctions*.

Applicable Sanctions and Calculation of Administrative Fine

MassHealth may issue sanctions in accordance with 130 CMR 450.238: *Sanctions*, for violations of this bulletin, including, but not limited to, administrative fines in the manner described below.

Administrative fines, under 130 CMR 450.239: *Sanctions*, may be applied in instances when facilities test fewer than the required percent of its Staff working in any given Testing Period or the percent of residents required to be tested, if the nursing facility is required to conduct baseline testing for residents. In such instances, each untested Staff member or resident will constitute a separate violation, as will every day of the relevant Testing Period that such Staff member or resident went untested. Each separate violation will be subject to an administrative fine under 130 CMR 450.239: *Sanctions* of \$30 per violation per day.

Other violations that may result in sanctions in accordance with 130 CMR 450.238: *Sanctions* include but are not limited to:

1. Failing to submit the reporting or attestation requirements in accordance with this bulletin;
2. Failing to comply with any MassHealth audit or document requests with respect to any requirements under this bulletin;
3. Requiring, pressuring, encouraging, or requesting Staff to obtain COVID-19 testing on their own time or at their own cost;
4. Failing to written provide notice to Staff, in accordance with this bulletin, that their employing nursing facility may not encourage, request, require, or pressure them to obtain COVID-19 testing on their own time or at their own cost;
5. Failing to obtain COVID-19 testing for residents in a timely manner after COVID-19 exposure or after showing symptoms, unless such resident has refused testing; and
6. False statements in reporting or attestations submitted to MassHealth under this bulletin.

As appropriate, MassHealth will refer a nursing facility to DPH or the Attorney General's Office.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have questions about the information in this bulletin, please email your inquiry to CHIANursingFacilityData@massmail.state.ma.us.

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Appendix A

**Nursing Facility Provider 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 “nursing facility”) 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 nursing facility.

Specifically, I represent and warrant that:

The nursing facility completed the required testing for COVID-19 for the nursing facility’s Staff that worked during the relevant Testing Period beginning, _____, in accordance with all applicable requirements of MassHealth Nursing Facility Bulletin 148.

The report accompanying this attestation and submitted to MassHealth via the Center for Health Information and Analysis (CHIA) submissions portal to demonstrate compliance with the requirements of MassHealth Nursing Facility Bulletin 148 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 CHIA [online survey tool](https://chiasubmissions.chia.state.ma.us/SSO/Account/Login?ReturnUrl=%2fssso) <https://chiasubmissions.chia.state.ma.us/SSO/Account/Login?ReturnUrl=%2fssso>, as well as the accompanying report, by the baseline testing and weekly reporting deadlines established in Nursing Facility Bulletin 148.

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