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To: All Adult Assisted Housing Providers

Re: Guidance for Staff Testing and Community Engagement

Applicability

This guidance applies to all adult Assisted Housing providers in Maine. Assisted Housing includes Assisted Living Facilities, Private Non-Medical Institutions (PNMIs) and Residential Care Facilities. It also includes group homes for adults with Intellectual/Developmental Disabilities (IDD) or Brain Injury that are currently licensed under any of the Assisted Housing categories, or that will be subject to licensing as of April 1, 2021.

This guidance does not apply to Nursing Facilities or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs). Guidance for these facilities may be found at: https://www.maine.gov/dhhs/dlc.

This guidance does not apply to children's facilities . Guidance on children's facilities may be found at: https://www.maine.gov/dhhs/ocfs/COVID-19-response.shtml.

Please read this guidance carefully. It defines two groups within Assisted Housing, with distinct guidance for each group.

Purpose

In response to the COVID-19 pandemic, Assisted Housing settings were closed to most members of the public, including family and friends, contracted service vendors, case managers, students, volunteers, etc. Now that COVID-19 conditions have stabilized in most counties and Assisted Housing settings have adopted best practices for preventing and containing spread of the virus, most Assisted Housing settings should begin the process of reengaging their communities. Doing so will decrease the isolation experienced by residents and allow for enrichment of services. The extent to which an Assisted Housing setting should engage with its community is influenced by the COVID-19 conditions within the setting and the rate of new COVID-19 cases in the county where it is located.

Overview

This guidance defines two groups within Assisted Housing settings based on a number of risk factors. Larger settings for individuals who require significant assistance with Activities of Daily Living (ADLs), whose conditions significantly limit their ability to leave the home, or who have Alzheimer's Disease or other dementia are deemed high risk and should implement surveillance testing of staff as part of their reopening plans. Any setting that is part of a multi-level facility with a nursing home is also deemed high risk. All remaining Assisted Housing

settings are not subject to surveillance testing but must meet both setting and county standards to proceed with reopening. Table 1 defines the two groups.

Table 1. Assisted Housing Settings

Group A: Staff Surveillance Testing Required	Group B: Surveillance Testing Not Required
• Facilities designated as Alzheimer's/ Dementia Care • PNMIs/Residential Care Facilities/Assisted Living Facilities that are part of Multi-Level Complexes with Nursing Facilities • PNMI Appendix C Facilities (for Adults with High Functional/Medical Needs)	• Adult PNMIs, Residential Care Facilities, and Assisted Living Facilities not included in Group A • Adult Family Care Homes • Adult Group Homes

Reopening Guidance for Group A

Group A must implement surveillance testing for all staff (including volunteers, contractors or vendors that are in the facility at least weekly and who have contact with residents/ staff, and students) as part of reopening. Staff testing options include:

1) Having facilities' clinical staff swab other staff members or having clinical staff supervise staff who self-swab. The swabs can then be sent to the State's Health and Environmental Testing Lab (HETL) in Augusta for testing.

   Under this model, a facility will procure swabs and viral transport media or request supplies through its County Emergency Management Agency and provide temperature-controlled transport of the samples to HETL. Facilities that choose this option must enroll in the Electronic Testing Order and Reporting (eTOR) portal. Prior to submitting samples, the facility must be approved by DHHS and DHHS will provide a set schedule that the facility must follow when submitting samples to HETL. The use of eTOR and advance scheduling will support HETL's goal of providing timely results.

   All facilities that are interested in utilizing HETL as part of their surveillance testing plans need to contact Maine DHHS at COVIDTesting.DHHS@maine.gov to enroll and make arrangements.

   Resource materials for facilities that choose self-swabbing are available at: https://www.maine.gov/dhhs/oads/covid-19-resources.

2) Using facility clinical staff or a contractor to collect samples from staff and sending samples to a private lab for testing.

3) Facilities with fewer than 75 staff may arrange for staff testing through one of the state-contracted Swab and Send sites, with the expectation that facilities will coordinate scheduling of this testing with the Swab and Send site in their area. Only facilities with fewer than 75 staff can utilize this option to ensure that the Swab and Send locations retain sufficient capacity to also remain available to the public. A list of the Swab and Send sites can be found at: https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing.

Following a baseline test with no COVID-19 positive staff, surveillance testing frequency must be at least as often as indicated in Table 2.

Table 2. Surveillance Testing Frequency (Applies to Group A)

County New Case Rate in the Last 28 Days (Updated Every 14 Days)	Minimum Testing Frequency
Low: Less than 8/10,000	Once a month
Moderate: 8/10,000 to less than 16/10,000	Once a month
High: 16/10,000 or higher	Twice a month

The 28-day new case rate by county was posted on the Maine CDC website on October 8 and will be updated every 14 days.
Go to: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml
Scroll to the bottom of the page, where you will see a list of additional data tables.
Choose "View Tables of Data for the Previous 14 and 28 Days"
Click on "Download Data for the Previous 14 and 28 Days (PDF)"
Use the 28-day table to locate your county's "Rate per 10,000"

Developing a Facility Testing Plan
All facilities in Group A must establish a testing plan. The plans should be in place with baseline staff testing in process or fully completed by October 31, 2020.

The testing plan must include:

1. The facility's choice among the three testing options presented above;

2. The facility's process for conducting baseline testing of all staff (including volunteers, contractors/vendors, and students) and for conducting ongoing surveillance testing at least as frequently as indicated in Table 2. Facilities may choose to test more frequently. Required frequency is subject to change as the COVID-19 situation or recommended practice evolves;

3. The process for conducting testing of residents (following consultation with Maine CDC) should any resident or staff test positive;

4. The screening protocols to be used for all staff on all shifts, as well as essential non-employees entering the facility (contractors/vendors, EMS, essential visitors, etc.); and

5. The plan for publicly posting COVID-19 test results that do not identify the personal information of the individuals tested.

Assisted Housing Setting and County Conditions

In addition to establishing surveillance testing, Group A must meet setting- and county-specific conditions to exercise categories of community engagement. These conditions and categories are outlined in Table 3.

Reopening Guidance for Group B

Settings in Table 1, Group B are not required to implement surveillance testing. (In the event of a positive case among staff or residents, testing will continue to be required in any congregate setting, in consultation with Maine CDC.) Community engagement activities for Group B are the same as for Group A, determined by the home- and county-specific metrics in Table 3.

Table 3. Maine CDC Guidance for Community Engagement of Congregate Settings (10/9/2020)				
Category	***Facility Status***	***New Cases Per 10,000 in the County in the last 28 days (updated every 14 days beginning 10/8/2020) Find transmission rates at:*** https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml		
	COVID-19 case in the last 14 days and/or Currently in Outbreak Status	**High New Cases ≥ 16/10,000**	**Moderate New Cases 8/10,000 to <16/10,000**	**Low New Cases < 8/10,000**
Outdoor Visitation	No	Yes	Yes	Yes
Indoor Visitation	Compassionate Care	Compassionate Care	Yes Following CMS guidance, limit the number of visitors and movement within facility.	
Pet Visitation	No	No	No	Single Resident Only
Staff	Essential	Essential	Limited Non-Essential	Non-Essential allowed, as long as not subject to work exclusion due to an exposure or showing signs & symptoms of COVID-19 after being screened.
Students (medical, nursing, social work, etc.)	Yes, as long as not subject to work exclusion due to an exposure or showing signs & symptoms of COVID-19 after being screened.			
Volunteers	No	No	No	Yes, as long as not subject to work exclusion due to an exposure or showing signs & symptoms of COVID-19 after being screened.
Communal Dining	No	Yes. Facilities should consider additional limitations based on status of COVID-19 infections in the facility.	Yes, with social distancing (limited # people at each table with at least 6 feet between each person) **Note:** ***Applies only to residents not in isolation or observation and not having suspected/confirmed COVID-19 status***	

Essential Medical Visits Outside the Facility – Escorted by Facility or Other Known Provider	Yes If in an outbreak and/or sending a suspect or confirmed COVID-19 resident, receiving facility must be notified in advance.			
Essential Medical Visits Outside the Facility – NOT Escorted by Facility or Other Known Provider	No	No	Yes. Resident should be managed as a "COVID-19 status unknown" individual.	
Group Activities- Escorted by Facility or Other Known Provider	No	No	Yes, <u>for ≤10 persons</u> who have fully recovered from COVID-19 and for those not in isolation or observation or with suspected/confirmed COVID-19 status. **Physical distancing among residents, appropriate hand hygiene, and use of face coverings (source control) apply.**	Yes, for residents who have fully recovered from COVID-19 and for those not in isolation or observation or with suspected/confirmed COVID-19 status. **Physical distancing among residents, appropriate hand hygiene, and use of face coverings (source control) apply.**
Group Activities– NOT Escorted by Facility or Other Known Provider	No	No	Yes. Resident should be managed as a "COVID-19 status unknown" individual.	
Day Activities (Community Support, Employment Support, BH Social Club, etc.)	No	No	Yes. Community Support provider must be in compliance with applicable guidance.	
Screening – Visitors, Staff, Students, Volunteers, Residents	Yes, screening applies in all instances for anyone entering the home.			
[1]Source Control	Yes, face coverings for Staff & Residents Addition of eye protection for Staff within 6 feet of resident while providing care/services			Yes, face coverings for Staff & Residents

[1]Source Control: refers to the use of face coverings to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are talking, sneezing, or coughing. For <u>healthcare workers (a.k.a staff)</u> who are working in areas of moderate to high community transmission of COVID-19 the addition of eye protection is recommended if within ≤6 feet of a resident when providing care or services. Noted, eye protection and other appropriate PPE should be donned at any time there is reasonable expectation of exposure to respiratory droplets or other bodily fluids, per Standard Precautions.