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Date: January 26, 2021

To: Nursing Facilities  
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)  
Adult Assisted Housing Providers

Re: Revised Guidance for Staff Testing and Community Engagement

### **Applicability and Effective Date**

This guidance applies to all Nursing Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and 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 children's facilities. Guidance on children's facilities may be found at: <https://www.maine.gov/dhhs/ocfs/COVID-19-response.shtml>.

This guidance replaces "Guidance for Staff Testing and Community Engagement" dated 10/9/20.

This guidance takes effect February 1, 2021.

### **Purpose of Revision**

In guidance issued on October 9, 2020, the Department adopted community transmission rate as the metric used to determine testing frequency and level of community engagement. At that time, the metrics proposed by the federal Centers for Medicare and Medicaid Services (CMS) based on positivity rates were not sensitive to differences across Maine counties, because Maine's positivity rates were very low. Since then, positivity rates have increased in Maine, and in some counties, Maine's alternative transmission metrics no longer meet the minimum testing standards that apply when using CMS' positivity rate standards. This revised guidance reverts to a positivity rate standard in Maine that meets or exceeds the minimum standard established by CMS.

### **Surveillance Testing**

All nursing facilities, all ICF/IIDs and a subset of adult Assisted Housing providers are subject to surveillance testing of staff. The adult Assisted Housing settings that are subject to surveillance testing has not changed from the October 9, 2020 guidance. Table 1 lists the types of facilities that are subject to staff surveillance testing (Group A).

**Table 1. Settings Subject to Surveillance Testing**

<b>Group A: Staff Surveillance Testing Required</b>	<b>Group B: Surveillance Testing Not Required</b>
<ul style="list-style-type: none"> <li>• Nursing Facilities</li> <li>• ICF/IIDs</li> <li>• Facilities designated as Alzheimer’s/ Dementia Care</li> <li>• PNMI/Residential Care Facilities/Assisted Living Facilities that are part of Multi-Level Complexes with Nursing Facilities</li> <li>• PNMI Appendix C Facilities (for Adults with High Functional/Medical Needs)</li> </ul>	<ul style="list-style-type: none"> <li>• Adult PNMI, Residential Care Facilities, and Assisted Living Facilities not included in Group A</li> <li>• Adult Family Care Homes</li> <li>• Adult Group Homes</li> </ul>

All facilities in Group A were required to complete baseline testing in October 2020. Ongoing surveillance testing frequency must be at least as often as indicated in Table 2. In some counties, testing frequency increases under these revised metrics. Increased testing, where applicable, should begin immediately.

**Table 2. Surveillance Testing Frequency (Applies to Group A in Table 1)**

<b>Community COVID-19 Activity</b>	<b>County Positivity Rate in the past 14 days, measured weekly by ME CDC</b>	<b>Minimum Testing Frequency</b>
<b>Low</b>	<b>&lt;5%</b>	<b>Twice a month</b>
<b>Medium</b>	<b>5% - 10%</b>	<b>Once a week</b>
<b>High</b>	<b>&gt;10%</b>	<b>Twice a week</b>

The 14-day positivity rate is updated weekly and posted to the Maine CDC website:

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 14-day table to locate your county’s “% positive.”

Facilities may choose to use PCR tests, antigen tests or a combination of PCR and antigen. If using antigen tests, two rounds must be completed for each required testing event. For example, if required to test weekly, two rounds of antigen testing (or one round of PCR) would be completed.

Testing options are different for Nursing Facilities than for other types of facilities in Group A.

### *Nursing Facility Options*

1. Nursing facilities are asked to continue using private reference labs for PCR surveillance testing.
2. Antigen testing may be used with the supply provided by the federal government, supplemented with additional kits as needed by the facility, subject to the reporting requirements included below in the information regarding BinaxNOW. (The reporting requirements apply to any brand of antigen test.)

Updated guidance on reimbursement to nursing homes for testing is being issued separately.

### *ICF/IIDs and Assisted Housing Provider Options*

1. The State laboratory (HETL) may be used for up to two rounds of PCR testing per month.
2. 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. Since Swab and Send locations use HETL, this option is limited to two rounds per month and may not be used in combination with option 1.** A list of the Swab and Send sites can be found at: <https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing>.
3. A private reference lab may be used.
4. Antigen testing may be used, provided that the requirements below are followed. Facilities may use supply received from the federal government, obtain their own supply, or request a supply of BinaxNOW from the Department.

All types of facilities may continue to use HETL for testing in the event of an outbreak.

### **Maine DHHS Requirements for Facilities to Use BinaxNOW:**

Maine DHHS has outlined four core requirements that facilities need to meet to receive and use state-supplied BinaxNOW COVID-19 Ag Cards:

1. The facility agrees to use the tests in accordance with this guidance, which may be updated based on evolving science.
2. The facility has either a valid CLIA (Clinical Laboratory Improvement Amendments) Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation. To obtain a CLIA Certificate of Waiver, organizations must complete an application ([CLIA Waiver Application Form](#)) and upon approval will be invoiced a \$180 fee. More information on applying for a CLIA Certificate is available on the [CMS CLIA website](#).

3. The facility must complete the BinaxNOW online training modules to ensure the test is used in a manner consistent with the manufacturer's instructions. That training is available at: [Abbott BinaxNOW Online Training](#)
4. The facility must immediately report all results to the Maine Center for Disease Control and Prevention (CDC) by enrolling in and using the Maine CDC Point-of-Care Test Reporting System: the REDCap electronic reporting portal. The facility must report all negative, positive, and inconclusive test results within 24 hours. (See [Reporting Requirements](#)) (Note that Federal DHHS has rescinded the requirement for Nursing Homes to report antigen test results solely to NHSN. These facilities may now use either NHSN or the Maine CDC REDCap reporting system for antigen test result reporting. The requirement for Nursing Homes to complete other weekly cumulative COVID-19 data reporting in NHSN still remains in effect.)

ICF/IIDs and Assisted Housing Facilities subject to surveillance testing may apply for BinaxNOW antigen test cards by completing the following: [Application for BinaxNOW Ag Test Cards](#)

### **Community Engagement for Residents**

Community engagement activities continue to be based on conditions in the facility and in the county. These activities are outlined in Table 3. Table 3 has been revised to reflect the change to positivity rate as the metric for community conditions. The activities in the table have not changed from the prior guidance.

Note that this guidance will be updated as information on the treatment of people who have been vaccinated becomes available from the U.S. CDC.