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GAVIN NEWSOM
GOVERNOR

June 7, 2021

PIN 21-28-ASC

(Supersedes PIN 20-38-ASC and PIN 20-23-ASC in part)

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL
LICENSEES

FROM: *Original signed by Kevin Gaines*
KEVIN GAINES
Deputy Director
Community Care Licensing Division

SUBJECT: **UPDATED FACILITY STAFF TESTING GUIDANCE FOR
CORONAVIRUS DISEASE 2019 (COVID-19)**

Provider Information Notice (PIN) Summary

PIN 21-28-ASC supersedes [PIN 20-38-ASC](#), dated October 6, 2020, regarding routine diagnostic screening testing guidance for facility staff in Adult and Senior Care (ASC) residential facilities, supersedes response testing guidance for residents and facility staff in [PIN 20-23-ASC](#), dated June 26, 2020, and reminds licensees about health insurance coverage for COVID-19 testing.

Please post/keep this PIN in the facility where residents can easily access it and distribute the PIN Summary for Residents (located at the end of this PIN) to residents and, if applicable, their representatives.

Residents and facility staff in Adult and Senior Care (ASC) facilities were among the first groups prioritized for COVID-19 vaccination because of their high risk of infection, severe illness, and death. Because ASC residential facilities have made progress in vaccinating residents and facility staff, while COVID-19 cases have declined dramatically and remain stably low, the California Department of Social Services (CDSS) in consultation with the California Department of Public Health (CDPH) is

updating its guidance for routine diagnostic screening testing. This PIN supersedes and updates testing guidance in PIN 20-38-ASC and PIN 20-23-ASC, as follows:

- Discontinue routine diagnostic screening testing of asymptomatic fully vaccinated facility staff who work in facilities where at least 70 percent of residents **and** facility staff are fully vaccinated;
- Continue diagnostic screening testing of all facility staff in facilities where less than 70 percent of residents **and** facility staff are fully vaccinated; and
- Continue response testing of residents and facility staff after a COVID-19 positive individual is identified in a facility.

Estimates of the effectiveness of COVID-19 vaccines currently authorized for use in the U.S. to prevent COVID-19 infection range between 86%-90%, regardless of whether the individual has symptoms or not. To sustain the current lowered number of COVID-19 cases, and to be able to detect and contain transmission promptly in the event of future surge(s), it remains necessary to continue measures to prevent COVID-19 exposures and transmission among unvaccinated staff and residents within ASC residential facilities. Testing is one layer in a multi-layered approach to COVID-19 prevention, in addition to other key measures such as vaccination, mask wearing, improved ventilation, physical distancing, and respiratory and hand hygiene.

Important! “[Fully vaccinated](#)” means two (2) weeks after receiving the second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or two (2) weeks after a single-dose vaccine, like Johnson & Johnson’s Janssen vaccine. If you do not meet these requirements, you are NOT fully vaccinated.

Licensees should continue to follow guidance in all applicable CDSS [PINs](#) in addition to guidance or instructions from:

- Health care providers;
- [Centers for Disease Control and Prevention \(CDC\)](#);
- [California Department of Public Health \(CDPH\)](#);
- [California Department of Developmental Services \(CDDS\)](#);
- [California Department of Industrial Relations \(DIR/ Cal/OSHA\)](#); and
- [Local health departments](#).

*If there are differing requirements between the most current CDC, CDPH, CDSS, CDDS, Cal/OSHA, and local health department guidance or health orders, **licensees should follow the strictest requirements**. However, there may be times where a licensee will need to contact their Regional Office for assistance in reconciling these differences, especially if the strictest requirements appear to be in conflict with the best interest of residents.*

TESTING IN RESIDENTIAL FACILITIES

Diagnostic Screening Testing in Facilities Without COVID-19

Diagnostic screening testing is recurrent testing of asymptomatic individuals in certain high-risk settings to detect COVID-19 early and stop transmission quickly. Facilities that do not have any diagnosed COVID-19 cases among residents or facility staff for at least 14 days may modify diagnostic screening testing as follows:

- In facilities where at least 70 percent of residents **and** facility staff are fully vaccinated, licensees may discontinue routine diagnostic screening testing of asymptomatic facility staff who are fully vaccinated. Licensees should test 25 percent of all asymptomatic facility staff who are not fully vaccinated at least every seven (7) days depending on the type of test used:
 - If facility staff test using a [molecular test](#) (e.g., polymerase chain reaction (PCR) or Nucleic Acid Amplification Test (NAAT)), the recommended screening frequency is at minimum one molecular test in the week the staff member is scheduled for testing. If the turnaround time is longer than two (2) days, screening testing using a molecular test is not as effective of a screening method. See *Types of Testing* section in [PIN 20-23-ASC](#) for additional information on PCR tests.
 - If facility staff test using an antigen test, the recommended screening frequency is at minimum two antigen tests in the week the staff member is scheduled for testing. Antigen tests can be used to screen asymptomatic individuals for COVID-19. See [PIN 21-16-ASC](#) for additional information on antigen tests.
- Facilities may consider continuing diagnostic screening testing and work exclusion for fully vaccinated facility staff with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by a COVID-19 vaccine.
- In facilities where less than 70 percent of residents **and** facility staff are fully vaccinated, licensees should continue to conduct diagnostic screening testing of 25 percent of all facility staff every seven (7) days consistent with guidance in [PIN 20-38-ASC](#).

Response Testing in Facilities With COVID-19

Response testing is repeat testing performed following an exposure that has occurred, in accordance with [CDC guidance](#). The goal of response testing is to identify asymptomatic infections in individuals in high risk settings and/or outbreaks to prevent further spread of COVID-19. Response testing should be initiated as soon as possible after a resident or staff member in an ASC residential facility has been identified to have COVID-19.

Facilities should continue to perform response testing of:

- Facility staff and residents with signs and symptoms consistent with COVID-19 regardless of their vaccination status.
- Asymptomatic facility staff and residents who are not fully vaccinated and had a close contact with a COVID-19 positive person (i.e., within six (6) feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period).

As soon as possible after one (or more) COVID-19 positive individuals (resident or facility staff) is identified in a facility, perform serial retesting at least weekly with molecular testing or a minimum of twice weekly with antigen testing of all residents (excluding independent Continuing Care Retirement Community residents, unless they have been in communal settings with other residents) and facility staff, regardless of vaccination status. Serial retesting should continue to be performed until no new cases are identified in sequential rounds of testing covering a 14-day period. The facility may then resume their regular screening testing schedule as outlined above.

See [PIN 21-23-ASC](#) for quarantine and isolation requirements for facility staff who are fully vaccinated, facility staff who were exposed to a person with COVID-19, and facility staff who test positive for COVID-19.

HEALTH INSURANCE COVERAGE REMINDERS

As provided by federal law, health plans and issuers must cover the cost of COVID-19 diagnostic tests without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. Further, health plans and issuers cannot require the presence of symptoms or a recent known or suspected exposure, or otherwise impose medical screening criteria on coverage of tests.

If you are having trouble accessing a COVID-19 test through your health plan or if you have any questions, please contact the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 or visit the [DMHC Help Center website \(www.HealthHelp.ca.gov\)](http://www.HealthHelp.ca.gov).

Note: For Frequently Asked Questions (FAQ) on Implementation of FFCRA and CARES Act, *Centers for Medicare and Medicaid Services*, February 26, 2021, please see [FAQ Part 44 Cover Page \(cms.gov\)](#).

ADDITIONAL RESOURCES

The following resources are available online:

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
- California Department of Social Services (CDSS)
 - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)
- California Department of Public Health (CDPH)
 - [All COVID-19 Guidance](#)
 - [Updated Testing Guidance](#)
- [Local health departments](#)

If you have any questions, please contact local [Adult and Senior Care Regional Office](#).

**Provider Information Notice (PIN) Summary for Residents
PIN 21- 28-ASC Updated Facility Staff Testing Guidance for Coronavirus Disease
2019 (COVID-19)**

The California Department of Social Services (CDSS) has prepared this **PIN Summary for Residents** as a companion to **PIN 21-28-ASC** to inform you of guidance we have provided to your care providers concerning your care.

Because Adult and Senior Care (ASC) residential facilities have made progress in vaccinating residents and facility staff, and COVID-19 cases have declined dramatically and remain stably low, CDSS is updating testing guidance for facility staff.

Important! “[Fully vaccinated](#)” means two (2) weeks after receiving the second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or two (2) weeks after a single-dose vaccine, like Johnson & Johnson’s Janssen vaccine. If you don’t meet these requirements, you are NOT fully vaccinated.

TESTING IN RESIDENTIAL FACILITIES

CDSS recommends:

- If at least 70 percent of residents **and** facility staff are fully vaccinated, the licensee of your facility no longer needs to test facility staff who are fully vaccinated and do not have symptoms of COVID-19.
 - The licensee of your facility should still test 25 percent of all facility staff who are not fully vaccinated and do not have symptoms of COVID-19 at least every seven (7) days.
- If less than 70 percent of residents **and** facility staff are fully vaccinated, the licensee of your facility should test 25 percent of all facility staff every seven (7) days.
- As soon as possible after a COVID-19 positive resident or staff member is identified in a facility, the licensee of your facility should test all residents and facility staff at least weekly, until no new cases are identified over a 14-day period. Independent Continuing Care Retirement Community (CCRC) residents do not need to be tested unless they have been in communal settings with other residents.
- The licensee of your facility should continue to test the following individuals:
 - Facility staff and residents with signs and symptoms consistent with COVID-19 regardless of their vaccination status
 - Facility staff and residents without symptoms of COVID-19 who are not fully vaccinated and had a close contact with a COVID-19 positive person (i.e., within six (6) feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period)

HEALTH INSURANCE COVERAGE REMINDERS

As provided by federal law, your health insurance plan must cover the cost of COVID-19 tests for you without requiring you to pay out-of-pocket costs or meet certain screening criteria, as long as you are getting COVID-19 testing for COVID-19 diagnosis or treatment.

If you are having trouble accessing a COVID-19 test through your health plan or if you have any questions, please contact the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 or visit the [DMHC Help Center website](http://www.HealthHelp.ca.gov) (www.HealthHelp.ca.gov).

Your care providers, the licensee of your facility, and your local Long-Term Care [Ombudsman](#) (call 1-800-510-2020) are available to answer your questions.