May 18, 2020

FREQUENTLY ASKED QUESTIONS

Department of Health Executive Directive 20-013

COVID-19 TESTING AT LICENSED LONG-TERM CARE FACILITIES, ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, RESIDENTIAL HEALTH CARE FACILITIES, AND DEMENTIA CARE HOMES

Definitions

1. Which types of facilities are included under Department of Health Executive Directive 20-013?

As defined in N.J.S.A. 26:2H-12.87 and New Jersey Department of Health (DOH) Executive Directive No. 20-013 (ED No. 20-013), a “long-term care facility” (LTC) means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L. 1971, c. 136 (C.26:2H-1 et seq.).

The list of licensed healthcare facilities can be found here: https://www.state.nj.us/health/healthfacilities/.

2. Who is included as a patient/resident?

All patients/residents within the facility are considered. Among the patients/residents, the testing requirements under the Executive Directive do not apply to those who have already tested positive for COVID-19.

3. Who is included as staff?

As defined by EO No. 20-013, staff includes all direct care workers and non-direct care workers within the LTC including administrative, janitorial, and kitchen staff. This includes individuals who are full-time, part-time, or per diem, and other personnel.

Vendors who enter the facility are not considered staff. Please continue to follow DOH guidance, originally issued March 16, 2020, which includes guidelines for vendors, volunteers, visitors, and others: https://www.state.nj.us/health/legal/covid19/3-16-2020_MandatoryGuidelinesforVisitors_andFacilityStaff_%20Supersedes3-13-2020Guidelines.pdf.

For all persons, the testing requirements under ED No. 20-013 do not apply to those who tested positive for COVID-19. Testing requirements pursuant to section 3 of the Executive Directive apply to those who previously tested negative or who were never tested for COVID-19 as of May 1, 2020.

4. For both patients/residents and staff, who needs to be tested under ED No. 20-013?
For all persons, the testing requirements under ED No. 20-013 do not apply to those who tested positive for COVID-19. Testing requirements pursuant to section 3 of the Executive Directive apply to those who previously tested negative or who were never tested for COVID-19 as of May 1, 2020.


Timing

5. What is the start date for testing under this Executive Directive?

To establish the baseline under DOH ED No. 20-013, DOH will accept molecular testing that occurred on or after May 1, 2020. ED No. 20-013 applies to those who have ever tested negative as of May 1, 2020 or were never tested for COVID-19 as of May 1, 2020.

Pursuant to ED No. 20-013, the baseline molecular testing must be completed by or before May 26, 2020.

Facilities must develop and implement a COVID-19 testing plan (Plan) under ED No. 20-013. Pursuant to Section 3 of the ED, testing must include:

- **Round 1**: Baseline molecular testing of staff and residents/patients completed by or before May 26, 2020;
- **Round 2**: Retesting of individuals who test negative at baseline within 3-7 days after baseline testing; and

6. If testing on some or all residents or staff occurred prior to May 1, must they start over?

If a person has ever tested positive for COVID-19, whether before or after May 1, no retesting is required.

If an individual was tested prior to May 1 and has only received negative test results, the facility will need to establish a baseline for that individual by May 26.

If a person has tested negative or was never tested for COVID-19 as of May 1, 2020:

- To establish the baseline under Department of Health Executive Directive 20-013, the Department of Health will accept molecular testing that occurred on or after May 1, 2020.
- If multiple rounds of testing occurred for the same person after May 1, 2020, each of those rounds may count towards fulfillment of the Executive Directive. If a round occurred before May 1 and another round occurred on or after May 1, only the latter may count.

Facilities must develop and implement a Plan under the Executive Directive. Pursuant to Section 3 of the Executive Directive, testing must include:

- **Round 1**: Baseline molecular testing of staff and residents/patients completed by or before May 26, 2020;
- **Round 2**: Retesting of individuals who test negative at baseline within 3-7 days after baseline testing; and
• **Round 3+:** Further retesting in accordance with CDC guidance, as amended and supplemented ([https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html)).

**Testing Protocol**

7. **Must all patients/residents and staff be tested at the same time?**

DOH recommends as a best practice that each LTC conduct a point prevalence survey (PPS). A PPS is an epidemiologic tool to assess the number of people in a group with a disease or condition at a specific point in time. When a PPS is pursued, and if testing capacity allows, a PPS should include all patients/residents and all staff of the facility or unit. A PPS for COVID-19 requires collection and testing of a surveillance specimen from all patients/residents and staff in a facility or unit. A PPS can provide useful information for healthcare facilities to guide infection prevention efforts and identify patients/residents who are at risk of spreading or developing COVID-19 infections. DOH’s COVID-19 Point Prevalence Testing Toolkit is available at [https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).

In contrast, DOH does not recommend staggering testing within a facility. The intent of this testing is to break the transmission cycle by identifying potential infectious individuals and removing or cohorting them from their environment. Limiting transmission is best achieved when testing is completed for all within a short period of time and prompt infection control and prevention actions are taken based on the results.

LTCs may also consider the following options:

- If a facility cohorts patients/residents by floor, a floor-by-floor testing approach can be used. Patients/resident and staff must remain cohorted to their designated floor. The maximum time elapsed between testing each floor should be days, not weeks.
- If a facility cohorts patients/residents by unit (e.g. dementia care unit), a unit-by-unit testing approach can be used. Patients/residents and staff must remain cohorted to their designated unit. The maximum time elapsed between testing each unit should be days, not weeks.

8. **If a staff member works at multiple LTCs, must the staff member be tested by each facility?**

No, so long as:

- Testing occurs within the timeframe and other parameters enumerated in EO No. 20-013 or in this document; and
- Results are made available, by the staff member, simultaneously to each long-term care facility where the individual works and no later than 72 hours after testing unless results remain pending. This may require an authorization of release of testing results to the long-term care facility.

Information about HIPAA and other health information privacy is available from the U.S. Department of Health & Human Services: [https://www.hhs.gov/hipaa/for-individuals/index.html](https://www.hhs.gov/hipaa/for-individuals/index.html).

9. **Will antibody testing satisfy the requirements? Can someone who tests positive for antibodies skip additional testing?**

No. At this time, serological/antibody testing does not meet the requirements under ED No. 20-013. According to the **Infectious Disease Society of America** (IDSA), antibody tests are not to be used for diagnosis, return-to-work decisions, or to reassure individuals who have antibodies that they are protected: an immune response is
not the same as immunity. Therefore, staff must still complete diagnostic/molecular baseline and, as required, retesting.

Repeat Testing

10. If a person has previously tested positive and then recovered and/or returned to work, must that person be retested?

No. The Executive Directive does not apply to those who tested positive for COVID-19.


11. If a person tests negative twice (baseline and first retest) in accordance with Department of Health Executive Directive 20-013 and remains asymptomatic, should the person be tested again?

Further retesting should be conducted in accordance with CDC guidance, as amended and supplemented (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html).

Current data suggests that re-testing patients/residents and staff soon after the initial test (e.g. 3-7 days) and then again at consistent intervals (e.g. weekly) may be beneficial to assess ongoing transmission. Facilities should consider establishing a routine interval of retesting (e.g., weekly, bi-weekly).

The Department of Health will not accept negative test results for molecular testing that occurred before May 1, 2020 nor first retests that did not occur within 3-7 days after baseline testing.

12. If a person has not received the baseline testing result by the 7th day after specimen collection, should the person be retested?

Yes – pursuant to ED No. 20-013, the baseline test and the first retest of individuals who tested negative at baseline must occur within 3-7 days.

LTCs are encouraged to coordinate with laboratories how long it will take to return testing and to set an appropriate retesting interval accordingly. The CDC recommends testing strategies that include shorter turnaround times for facility-wide testing programs to be most effective (24-48 hours). For example, if results will be returned five days after collection, the next retest should be scheduled for 7 days after collection.

Specimen Collection

13. Where can staff and residents/patients receive testing?

On-site testing is recommended to control for result timing, but testing may occur on-site or off-site so long as:

- Testing occurs within the timeframe and other parameters enumerated in the Executive Directive or in this document; and
• Results are made available to the long-term care facility where the individual works and no later than 72 hours after testing unless results remain pending. This may require an authorization of release of testing results to the long-term care facility.

Information about HIPAA and other health information privacy is available from the U.S. Department of Health & Human Services: https://www.hhs.gov/hipaa/for-individuals/index.html.

A list of community-based and local testing sites can be found here: https://covid19.nj.gov/faqs/nj-information/general-public/where-and-how-do-i-get-tested-for-covid-19-in-new-jersey-who-should-get-testing. Additionally, the Department encourages facilities to work with healthcare providers in their communities, such as federally-qualified health centers (https://www.nj.gov/health/fhs/primarycare/fqhc/), and local hospitals (https://healthapps.state.nj.us/facilities/acSearch.aspx) that may have capacity and availability to assist in fulfilling the Executive Directive requirements.

14. What types of specimen collection methods are permitted?

Any specimen collection method (e.g. swab or saliva) is acceptable. The test performed by the laboratory must be molecular based and be either approved by the U.S. Food and Drug Administration (FDA), authorized by the FDA through an Emergency Use Authorization, or approved by the New Jersey Clinical Laboratory Improvement Services as permitted by the FDA.

15. Who can administer the specimen collection?

Pursuant to New Jersey Department of Health Executive Directive No. 20-012:

Any licensed healthcare provider, licensed pharmacist (to the extent authorized by the Department of Law and Public Safety, Division of Consumer Affairs), or trained personnel at a healthcare facility or medically-supervised COVID-19 testing site in the State is authorized to collect and submit for laboratory analysis a SARS-COV-2 molecular test approved by the U.S. Food and Drug Administration (FDA), authorized by the FDA through an Emergency Use Authorization or approved by the New Jersey Clinical Laboratory Improvement Services as permitted by the FDA under the Standing Order.


Additionally, pursuant to New Jersey Department of Law and Public Safety, Division of Consumer Affairs Administrative Order No. 2020-06 and DCA Waiver No. W-2020-10, licensed pharmacists are authorized to participate in testing, including ordering, collection, performing tests, interpretation and analysis of results, and patient data collection, analysis, and monitoring.

To connect with eligible and trained personnel, the Department encourages facilities to work with healthcare providers in their communities, such as federally-qualified health centers (https://www.nj.gov/health/fhs/primarycare/fqhc/), and local hospitals (https://healthapps.state.nj.us/facilities/acSearch.aspx) that may have capacity and availability to assist in fulfilling the Executive Directive requirements.
16. **If our facility lacks testing supplies, how should we proceed?**

Pursuant to Executive Order No. 111 (2020), LTCs are among the health care facilities that must report data daily concerning capacity and supplies.

LTCs in need of PPE or other testing supplies should complete the form on New Jersey’s COVID-19 website: [https://report.covid19.nj.gov](https://report.covid19.nj.gov), in accordance with Executive Order No. 111 (2020) and ED 20-013. DOH is currently prioritizing long-term care facilities in the distribution of testing supplies and is working with partners and private industries to source testing supplies.

**LTCs should also maintain communication with their county Office of Emergency Management, which may receive allocations of testing supplies (e.g. swabs) for distribution to LTCs in their county. Deliveries to county Office of Emergency Management are expected to begin on Tuesday May 19, 2020. Contact information can be found at [http://ready.nj.gov/about-us/county-coordinators.shtml](http://ready.nj.gov/about-us/county-coordinators.shtml).**

LTCs are encouraged to work through their usual procurement channels to source testing supplies and to review CDC’s Strategies to Optimize the Supply of PPE and Equipment at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).

Additionally, DOH encourages LTCs to work with healthcare providers in their communities, such as Federally-Qualified Health Centers ([https://www.nj.gov/health/fhs/primarycare/fqhc/](https://www.nj.gov/health/fhs/primarycare/fqhc/)), and local hospitals ([https://healthapps.state.nj.us/facilities/acSearch.aspx](https://healthapps.state.nj.us/facilities/acSearch.aspx)) that may have capacity and availability to assist in fulfilling the Executive Directive requirements.

17. **If our facility lacks a laboratory connection to conduct and process testing, how should we proceed?**

To connect with a laboratory for processing COVID-19 testing, DOH encourages facilities to work with healthcare providers in their communities, such as federally-qualified health centers ([https://www.nj.gov/health/fhs/primarycare/fqhc/](https://www.nj.gov/health/fhs/primarycare/fqhc/)), and local hospitals ([https://healthapps.state.nj.us/facilities/acSearch.aspx](https://healthapps.state.nj.us/facilities/acSearch.aspx)) that may have capacity and availability to assist in fulfilling the Executive Directive requirements.

**Insurance Coverage and Billing**

18. **How do we bill for testing?**

COVID-19 testing may be billed like any other form of diagnostic testing. Individual insurance providers should be consulted for specific coverage and billing matters.


Federal resources may be available as set forth below:


17a. **What about LTC staff who lack coverage for testing?**

Coverage or funding may be available regardless of insurance status. See below for more information:

**Staff without health insurance can access testing, without a prescription and in most cases for free, at many community-based and local testing sites. Locations can be found here:** https://covid19.nj.gov/faqs/nj-information/general-public/where-and-how-do-i-get-tested-for-covid-19-in-new-jersey-who-should-get-testing.

The State of New Jersey is focused on ensuring that all people are protected from the outbreak and receive appropriate testing and treatment.

• Information on insurance enrollment: https://nj.gov/governor/getcoverednj/.
• Information for the uninsured or undocumented residents: https://nj.gov/health/cd/documents/topics/NCOV/COVID-19_Resources_forUndocumented_and_UninsuredFactsheet.pdf.

**Cohorting**

19. **What is the protocol for positive cases?**

The latest DOH guidance for patients/residents and for staff can be found at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

For staff who test positive for COVID-19 or Person Under Investigation, LTCs should actively identify patients/residents who were cared for by the staff. Exposures should be traced back 48 hours prior to symptom onset or positive test for asymptomatic positive staff, as the exposed patient/resident may later develop symptoms of COVID-19 or test positive. Patients/residents who were cared for by these staff should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of the HCP COVID-19 testing are known. If the staff is diagnosed with COVID-19, those patients/residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.

20. **What is the protocol for persons under investigation (PUI)?**

The latest DOH guidance for patients/residents and for staff can be found at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

For staff who are found to be positive for COVID-19 or PUI, facilities should actively identify patients/residents who were cared for by the staff. Exposures should be traced back 48 hours prior to symptom onset or positive test for asymptomatic positive staff, as the exposed patient/resident may later develop symptoms of COVID-19 or test positive. Patients/residents who were cared for by these staff should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of the HCP COVID-19 testing are known. If the staff is diagnosed with COVID-19, patients/residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.
21. If a patient/resident refuses testing, what should a LTC do?

If a resident/patient refuses to undergo COVID-19 testing, then the LTC shall treat the individual as a PUI, make a notation in the resident’s chart, notify any authorized family members or legal representatives of this decision, and continue to check temperature on the resident at least twice per day. Onset of temperature or other symptoms consistent with COVID-19 require immediate cohorting in accordance with the Plan. At any time, the resident may rescind their decision not to be tested.

22. If a staff person refuses testing, what should a LTC do?

The LTC Plan required under ED No. 20-013 must address work exclusion of staff who test positive for COVID-19 infection, refuse to participate in COVID-19 testing, and/or refuse to authorize release of their testing results to the LTC.


23. If there is a new staff member or new admission after testing has occurred, what should a LTC do?

This should be factored into the LTC’s Plan, in accordance with DOH guidance and directives. Facilities must adhere to policies on symptom and temperature monitoring, cohorting, and other source control methods.

Testing of the new person may occur on-site or off-site so long as:

• Testing occurs within the timeframe enumerated in ED No. 20-013 or in this document; and
• Results are made available to the long-term care facility where the individual works and no later than 72 hours after testing unless results remain pending. This may require an authorization of release of testing results to the long-term care facility.

Ideally, the testing should be conducted immediately and the facility should eventually have all staff and residents/patients on the same testing schedule for ease of specimen collection, interpretation of results, and infection control response.

Information about HIPAA and other health information privacy is available from the U.S. Department of Health & Human Services: https://www.hhs.gov/hipaa/for-individuals/index.html.

24. Staffing is scarce due to exposures and positivity, what should a facility do?

Pursuant to ED No. 20-013, Plans must include contingency for staff illness and exposure.

LTCs should consider the following options:

• Handle staffing internally (i.e., extra shifts, extra pay, contact staffing agencies, et cetera).
• Reach out to sister LTCs if owner has more than one long term care facility.
• Reach out to county or local OEM for Medical Reserve Corps or other possible resources.
Under current U.S. Centers for Disease Control and Prevention and DOH guidance, LTCs should employ crisis staffing and staff cohorting as necessary. See: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

Pursuant to N.J.A.C. 8:43E-10.11(c)4, LTCs must notify DOH of any “labor stoppage or staffing shortage sufficient to require the temporary closure of a service.” Notification must be made by calling the 24/7 hotline: 1-800-792-9770.

In addition, ED No. 20-013 requires LTCs to report certain data through the portal designated by the New Jersey Office of Emergency Management under Executive Order No. 111 (2020). That portal is maintained by the New Jersey Hospital Association and is accessible here: www.ppe.njha.com.

**Reporting Requirements – Testing Data**

25. **What data is required to be reported under Department of Health Executive Directive 20-013?**

ED No. 20-013 requires reporting of the following information:
- Testing dates.
- Numbers of staff and residents/patients that have been tested.
- Aggregate testing results for the staff and resident/patient populations.
- Any other information requested by DOH.

The specific data elements will be listed in the New Jersey Hospital Association (NJHA) portal before May 20, 2020.

26. **How does a LTC report data that is required under Department of Health Executive Directive 20-013?**

Reporting will be conducted through the NJHA portal. This information can be accessed at www.ppe.njha.com.

If your facility does not have a current login, please sign-up at https://report.covid19.nj.gov/register/.

27. **When should a LTC begin reporting data required under Department of Health Executive Directive 20-013?**


LTCs are reminded that baseline molecular testing of staff and residents/patients must be completed on or before May 26, 2020.

28. **How frequently should a LTC update data reports required under Department of Health Executive Directive 20-013?**


**Reporting Requirements – Attestations**

29. **What attestations are required under Department of Health Executive Directive 20-013?**
Two attestations are required:

- By May 19, 2020 an attestation stating that the LTC has amended its outbreak response plan to address COVID-19 testing in compliance with ED No. 20-013.
- By May 26, 2020, an attestation stating that the LTC has implemented their COVID-19 testing Plan.

30. **What should be included in the attestation for Plan development that is due May 19, 2020?**

“I, [NAME], of full age, hereby certify that I am employed with the Facility in the capacity of [INSERT TITLE]; that I am duly authorized to make the representations contained within this attestation on behalf of the Facility and to bind the Facility thereto; and I attest that the facility has amended its outbreak response plan to address COVID-19 testing in compliance with Executive Directive 20-013. I am aware that if this statement is willfully false, I and/or the Facility may be subject to penalties in accordance with applicable laws and/or licensure enforcement activity.”

31. **What should be included in the attestation for Plan implementation that is due by May 26, 2020?**

“I, [NAME], of full age, hereby certify that I am employed with the Facility in the capacity of [INSERT TITLE]; that I am duly authorized to make the representations contained within this attestation on behalf of the Facility and to bind the Facility thereto; and I attest that the facility has implemented COVID-19 testing as included in its outbreak response plan in compliance with Executive Directive 20-013. I am aware that if this statement is willfully false, I and/or the Facility may be subject to penalties in accordance with applicable laws and/or licensure enforcement activity.”

32. **Who can submit attestations?**

The authorized representative must be the owner or the administrator of the long-term care facility.

33. **How are attestations submitted?**

An authorized representative of the long-term care facility must submit each attestation by email to LTC.DiseaseOutbreakPlan@doh.nj.gov.

**Miscellaneous**

34. **If an admission or re-admission from a hospital tests negative at baseline and at repeat testing, may a facility discontinue the 14-day isolation that is currently required for all new admissions/readmissions?**

DOH Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities at https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Cohorting_PAC.pdf remains in effect. It includes cohorting and outbreak crisis strategies. Due to that guidance and out of an abundance of caution, the 14-day isolation should not be discontinued early, regardless of patient testing results.

**Contact Information**

35. **How may a LTC ask questions about the requirements under the Executive Directive?**
Please submit any questions by email to LTC.DiseaseOutbreakPlan@doh.nj.gov.

General Information

New Jersey Department of Health: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

