Revised May 28, 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,
- an assisted living residence,
- a comprehensive personal care home,
- a residential health care facility, or
- a dementia care home

licensed pursuant to P.L. 1971, c. 136 (C.26:2H-1 et seq.).

Facility types are defined here: https://www.state.nj.us/health/healthfacilities/about-us/facility-types/. For example, an "assisted living residence" is a facility licensed by the New Jersey Department of Health to provide apartment-style housing, dining and assisted living services when needed. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.

Facilities that are not included under the Executive Directive are other types of facilities, like medical daycare facilities and assisted living programs. An assisted living program provides meals and assisted living services, when needed, to residents of publicly subsidized housing which, because of regulations or local housing laws, cannot become licensed as an assisted living residence. An assisted living program may also provide staff resources and other services to a licensed assisted living residence or a licensed comprehensive personal care home.

The list of all types 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.

The patient/resident census will continue to be reported on a daily basis through the New Jersey Hospital Association (NJHA) portal and is inclusive of those who most recently tested positive, those who most recently tested negative, those who are awaiting their first results, and those never tested.

3. **Who is included as staff?**

As defined by ED 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.

The staff census will be reported through the NJHA portal and is inclusive of those who most recently tested positive, those who most recently tested negative, those who are awaiting their first results, and those never tested. Staff should include all staff who have been in the facility or will be in the facility during the month of May 2020.

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.

Vendors who enter the facility are not considered staff, including hospice aides, wound care professionals, consultants, and physicians who come intermittently and are not employees of the LTC facility. 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. Likewise, if an LTC is attached to a licensed acute general hospital, the LTC is not responsible for testing those who are not LTC staff. Instead, the LTC should treat non-LTC staff as vendors (separate testing requirements or guidance from DOH or CDC may apply to hospital staff, but not under this Executive Directive).

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.

Refer to the New Jersey Department of Health Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel at https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf for testing result guidance and crisis capacity strategies.

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. The date of specimen collection is considered the date of testing for purposes of ED No. 20-013.

Pursuant to ED No. 20-013, the baseline molecular testing must be completed by or before May 30, 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 30, 2020;
- Round 2: Retesting of individuals who test negative at baseline within 3-7 days after baseline testing when possible (see DOH COVID-19 Point Prevalence Testing Toolkit: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml); 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).

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 30.

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 30, 2020;
- Round 2: Retesting of individuals who test negative at baseline within 3-7 days after baseline testing when possible (see DOH COVID-19 Point Prevalence Testing Toolkit: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml); 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).

Testing Protocol

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

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.

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.

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.

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.

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. Retesting is not required under this Executive Directive for those who have already tested positive. The Executive Directive does not apply to those who tested positive for COVID-19.

Refer to the New Jersey Department of Health Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel at

https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf for testing result guidance and crisis capacity strategies.

However, any patient/resident or staff who is newly symptomatic consistent with COVID-19 should be retested at the onset of symptoms, regardless of the interval between the most recent test and symptom onset.

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 does not suggest testing more than once weekly after the baseline and retest. However, any patient/resident or staff who is newly symptomatic consistent with COVID-19 should be retested at the onset of symptoms, regardless of the interval between the most recent test and symptom onset.

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 when possible (see DOH COVID-19 Point Prevalence Testing Toolkit: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).

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 when possible (see DOH COVID-19 Point Prevalence Testing Toolkit: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).

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.

13. **Is a retest necessary for a LTC patient/resident who is discharged before the 3-7 day period after baseline testing is collected?**

No. Baseline and first retest should occur within 3-7 days when possible. If a patient/resident undergoes baseline testing, but is discharged from the LTC before the retest can be conducted after baseline, no retest is required for this Executive Directive.

Specimen Collection

14. **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.

15. **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.

Under DOH Supplemental Technical Bulletin 20.1.5: Testing for COVID-19 PUIs (https://nj.gov/health/phel/documents/Bulletins/Supplemental%20Bulletin%2020.1.5%20SARS-CoV-2%20Testing%20at%20PHEL%20V5.pdf):

- For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen. Nasopharyngeal specimen is the preferred choice for swab-based SARS-CoV-2 testing. When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:
    - An oropharyngeal (OP) specimen collected by a healthcare professional, or
    - A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
    - An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab). For NS, a single polyester swab with a plastic shaft should be used to sample both nares.'

Facilities are encouraged to verify with their laboratories which types of tests can be processed at their laboratory.

16. **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.*

https://nj.gov/health/legal/covid19/05-12-2020_ExecutiveDirectiveNo20-012_StandingOrderCOVID19testing.pdf

The Standing Order for COVID-19 Testing is available at https://nj.gov/health/legal/covid19/05-12-2020_StandingOrder_COVID19testing.pdf.

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.

17. **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, 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 began on Tuesday May 19, 2020. Contact information can be found at http://ready.nj.gov/about-us/county-coordinators.shtml. Please refer to kit descriptions in regards to cold chain.

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.

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/), 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. If a LTC establishes a partnership with an off-site facility to conduct all the testing, it should note this in reporting through the NJHA portal and can forgo the testing supplies questions.

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

Facilities may contract with a laboratory directly. 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/), 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.

Insurance Coverage and Billing

19. **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, such as reimbursement and coverage for recurrent testing.

At the state-level, the latest information about insurance coverage for testing is available here: https://nj.gov/governor/news/news/562020/approved/20200513b.shtml.

Federal resources may be available as set forth below:

- Information from the Centers for Medicare & Medicaid Services (CMS): https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid.
- Information from the Federal Emergency Management Agency (FEMA): https://www.fema.gov/public-assistance-local-state-tribal-and-non-profit.
- Information from the Health Resources & Services Administration (HRSA): https://www.hrsa.gov/CovidUninsuredClaim.

19a. **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

20. **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.

21. **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.

22. **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.

23. **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.

In developing those plan components, facilities should consult U.S. Centers for Disease Control and Prevention and New Jersey Department of Health guidance. For example, New Jersey Department of Health Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel: https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf.

24. **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.

25. **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

26. **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 are listed in the New Jersey Hospital Association (NJHA) portal.

27. **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/.

On May 19, 2020, the New Jersey Hospital Association hosted a webinar outlining how to navigate the LTC reporting portal. The webinar recording can be viewed here: https://njha.webex.com/recordingservice/sites/njha/recording/cf707fd0f1f04ca49ef60f2aa115b92b.

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

LTCs must start inputting data in the NJHA portal under this Executive Directive no later than May 20, 2020.

LTCs are reminded that baseline molecular testing of staff and residents/patients must be completed on or before May 30, 2020.

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

Long-term care facilities must report on a daily basis beginning May 20, 2020.

30. **How should a facility respond to Test Results questions in the NJHA reporting portal?**

Daily reporting:
Unless otherwise noted (i.e., unless cumulative or total information is specifically requested), all data should be reported as counts since the last daily report.

For example, counts of results received since the last daily report should be reported each day, including:

- Number of baseline positive test results for patients/residents
- Number of baseline negative test results for patients/residents
- Number of patients/residents awaiting baseline testing results (specimen collected, result pending)

The same variables are requested for staff at baseline test, for patients/staff at first retest, and for staff at first retest.

One-time cumulative reporting:
However, to establish the baseline for the first submission from your facility through the reporting portal, please report the cumulative counts as of the date of that first daily report.

For example, if the first daily report is completed on May 20, the values input on May 20 should include for patients/residents and for staff:

- Total number of positive tests conducted and results received between May 1 and May 20.
- Total number of negative tests conducted and results received since May 1 and May 20.
- Total number of positive tests conducted and results received prior to May 1 (e.g. March 9, 2020 to April 30, 2020).

31. **How should a facility respond to the Testing supplies questions in the NJHA reporting portal?**

The "Testing" tab of the NJHA portal includes questions where LTCs should indicate:

- Number of swabs, media, and/or full kits available to complete testing.
- Number of swabs, media, and/or full test kits needed to complete testing.

Responses logged in the NJHA portal should be based on these considerations:

- Supply needs should be based on the supplies necessary for the LTC to complete testing as outlined in the Executive Directive for patients/residents and staff as defined in FAQ #2 and FAQ #3.
- The number of available supplies should include (1) inventory on-hand, (2) orders pending scheduled delivery from the LTC's laboratory or supplier, (3) any supplies that LTC has been informed by its county OEM that it will receive from the State of New Jersey in May 2020.
- The testing supplies needed should represent unmet need. It is the difference between the number of tests needed (as dictated by the terms of **Executive Directive 20-013** and guidance) and the supplies currently or expected to be available to the facility.
- For COVID-19 samples to be collected, transported, and processed, many current diagnostic COVID-19 tests require:
    - one swab for specimen collection,
    - one sterile test tube, and
    - transport media.

  A test kit includes all supplies necessary for the test to be conducted. Facilities are encouraged to verify with their laboratories which types of tests can be processed at their laboratory.
- Under DOH Supplemental Technical Bulletin 20.1.5: Testing for COVID-19 PUIs (https://nj.gov/health/phel/documents/Bulletins/Supplemental%20Bulletin%2020.1.5%20SARS-CoV-2%20Testing%20at%20PHEL%20V5.pdf): For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen. Nasopharyngeal specimen is the preferred choice for swab-based SARS-CoV-2 testing. When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:
    - An oropharyngeal (OP) specimen collected by a healthcare professional, or
    - A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
    - An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab). For NS, a single polyester swab with a plastic shaft should be used to sample both nares.

Reporting Requirements – Attestations

32. **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 30, 2020, an attestation stating that the LTC has implemented their COVID-19 testing Plan.

33. **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 the 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."*

34. **What should be included in the attestation for Plan implementation that is due by May 30, 2020?**

To ensure that your attestation is captured, please use the following format:

- Subject Line: "[Facility License Number]_Attestation for Plan implementation for [Facility Name]"
    - The email subject must include the facility name and the facility license number.
    - For example, if the facility is named "Jane Doe" and the license number is 01234 the email title for the attestation submission should include "01234_Attestation for Plan implementation for Jane Doe"

- The attestation must be written on official letterhead and the text of the attestation document must include:
    a. Facility name
    b. Facility license number
    c. Authorized representative's name
    d. Authorized representative's telephone number

- The attestation should include:
  "*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 the 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."*

35. **Who can submit attestations?**

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

36. **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

37. **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?**

No. 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.

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.

Contact Information

38. **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

U.S. Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

U.S. Centers for Medicare and Medicaid Services: https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf

U.S. Occupational Health and Safety Administration: https://www.osha.gov/news/newsreleases/national/05142020-1