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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

EXECUTIVE DIRECTIVE NO. 21-006

**Expansion of Attendance at Programs of All-Inclusive Care for the Elderly (PACE)
licensed pursuant to N.J.A.C. 8:43A**

WHEREAS, on March 9, 2020, Governor Philip D. Murphy issued Executive Order No. 103, declaring the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App A:9-33 et seq., in the State of New Jersey for COVID-19; and

WHEREAS, the Public Health Emergency was extended multiple times by Governor Murphy pursuant to various Executive Orders; and

WHEREAS, on June 4, 2021, Governor Murphy signed Assembly Bill No. 5820 and Executive Order No. 244, which among other things, resulted in the termination of the Public Health Emergency declared in Executive Order No. 103 (2020) but maintained the State of Emergency declared in that same Order; and

WHEREAS, by its own terms, Assembly Bill No. 5820 does not diminish, limit, or impair the powers of any head of a State agency pursuant to the provisions of the Civilian Defense and Disaster Control Act; and

WHEREAS, Assembly Bill No. 5820 explicitly authorizes the Commissioner of Health to issue orders, directives, and waivers pursuant to the Emergency Health Powers Act related to (1) vaccination distribution, administration, and management, (2) COVID-19 testing, (3) health resource and personnel allocation, (4) data collection, retention, sharing, and access, (5) coordination of local health departments, and (6) implementation of any applicable recommendations of the Centers for Disease Control and Prevention to prevent or limit the transmission of COVID-19, including in specific settings; and

WHEREAS, pursuant to the legislation, Executive Orders issued by the Department of Health during the Public Health Emergency remain in effect until January 11, 2022, unless otherwise modified or rescinded; and

WHEREAS, by the end of March, 2020, the Department of Human Services issued guidance to the Programs of All-Inclusive Care for the Elderly (PACE) requiring the temporary suspension

of PACE Center attendance by participants except for essential clinic and therapy services that could not be rendered in the participants' homes; and

WHEREAS, all attendance at the PACE Center was halted and the PACE organizations have been required to submit attendance logs to the Department of Human Services to track which participants have been at the PACE Center; and

WHEREAS, throughout the pandemic PACE has continued to serve all participants through a PACE at-home and virtual model of services. PACE Organizations have been successful in achieving significant COVID-19 vaccination rates among participants and staff while continuing their vaccination programs with health system partners; and

WHEREAS, COVID-19 cases have been on the decline and as of May 15, 2021, the statewide COVID-19 Activity Level Index (CALI) score is two (2), meaning moderate or low COVID-19 activity in most of the state: <https://www.nj.gov/health/cd/statistics/covid/>; and

WHEREAS, hospitalizations and ventilator use have also been on the decline; and

WHEREAS, the State of New Jersey has been on a steady curve of easing restrictions during the last few months; and

WHEREAS, due to the decrease in COVID-19 transmissions and other key metrics, and because of the ongoing success of the State's vaccination efforts, it is appropriate at this time to reopen PACE Centers.

NOW, THEREFORE, I, JUDITH PERSICILLI, Commissioner of the Department of Health, in consult with the Department of Human Services, hereby order and direct the following:

This directive provides instructions for PACE Centers to enact prior to reopening the utilization of PACE Center programs. The progress made towards the vaccination of PACE participants and staff was considered when developing these instructions.

1. Building Infrastructure

1. To ensure that a PACE Center is prepared to provide clinical services, meals and recreational activities to participants, the following must occur prior to reopening or expanding attendance of a Center:

- Ensure appropriate flushing of all water systems that may have been turned off or deactivated.

<https://www.njlincs.net/PublicHealthAlertMessages/messageviewer.aspx?id=110400>

- Test and balance the air ventilation system. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible both in the facility as well as any vehicles used by the facility.
- Conduct an environment of care and life safety inspection on all systems.
- Perform facility testing and/or required maintenance of all systems and terminally clean the facility.

II. Center's Facility Readiness

1. To ensure that a PACE Center is prepared to provide clinical services, meals and recreation to participants, the following must occur prior to expanding attendance at the Center:
 - Schedule, complete and monitor through maintenance of logs PACE Center cleaning and disinfection process in accordance with Center for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid (CMS) and New Jersey Department of Health (NJDOH) requirements and develop a plan for ongoing center cleaning and disinfection.
 - Provide evidence-based cleaning and disinfection education to PACE staff/vendors. Education must be timely in relation to the re-opening or expansion of participant attendance and must address the cleaning and disinfection of high-touch surfaces, clinic exam rooms and all equipment utilized in the delivery of participant care and staff safety. In addition, the education must meet CDC: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>, CMS: <https://www.cms.gov/files/document/covid-19-pace-memo-3-17-20.pdf> and <https://www.cms.gov/files/document/covid-pace-faqs.pdf>, and NJDOH infection prevention and control requirements: https://www.state.nj.us/health/cd/topics/covid2019_healthcare.shtml.
 - Ensure hand hygiene resources, (e.g., soap, paper towels and sanitizer dispensers) are maintained and available in working order, and wherever possible use touch-free dispensing.
 - Ensure that participant manipulatives and activity supplies are thoroughly cleaned and disinfected based on CDC, CMS, and NJDOH infection prevention and control guidance.

- Establish and maintain a process for PACE center staff to clean their personal workspaces based on CDC, CMS, and NJDOH infection prevention and control guidance.
- Establish a plan for safe meal preparation including delivery and service that includes physical distancing in accordance with CDC, CMS and NJDOH guidance.
- Include physical distancing and other infection prevention and control requirements to determine center capacity.
- Furnish and appoint all communal areas to ensure maintenance of required physical distancing (6-feet). Remove excess furniture if possible; if not possible, isolate or block excess furniture from utilization.

III. PACE Facility Entry Points

1. The following elements pertaining to facility entry and exit points must be addressed and implemented prior to expanding attendance or reopening to ensure the safety of PACE participants and staff:
 - Identify a drop-off area for participants and staff. Areas should be marked with visible, appropriate signage, especially if participants and staff utilize separate entrances.
 - Screening for all participants, staff, and vendors regardless of vaccination status must always occur upon entry. Entry logs must be maintained to reflect daily entry screening. Appropriate source control (a well-fitting form cloth mask, face mask or respirator) in accordance with FDA and NIOSH here: https://www.fda.gov/medical-devices/letters-health-care-providers/update-fda-recommends-transition-use-non-niosh-approved-and-decontaminated-disposable-respirators?utm_medium=email&utm_source=govdelivery or higher must be provided to and utilized as tolerated by all persons conducting screening procedures. Persons conducting screening procedures will distribute surgical masks to all PACE participants and staff/vendors daily in accordance with CDC and NJDOH requirements. Face shields must be provided to any participant unable to tolerate wearing a surgical mask due to medical and/or cognitive reasons: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#anchor_1604967124156.
 - Participant and staff screening at the beginning and end of each shift/program day must include:

- a. If not already completed, determination and documentation of whether the participant or staff member has had all the required doses of COVID-19 vaccine, and if not, if the participant or staff member is interested in obtaining the vaccine.
- b. If the participant or staff member is interested in receiving COVID-19 vaccination, the PACE organization will assist the participant or staff member with making an appointment to receive the vaccine, as needed.
 - 1) “Fully vaccinated” refers to a person who is more than or at 2 weeks following receipt of the second dose in a 2-dose series, or more than or at 2 weeks following receipt of 1-dose of a single-dose vaccine, per the CDC’s Public health Recommendations for Vaccinated Persons: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.
- c. Temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by facility. Wherever possible, use thermal no-touch thermometers to limit contact and need for Personal Protective Equipment (PPE).
- d. Completion of a questionnaire about symptoms and potential exposure which shall include at a minimum:
 - 1) Whether they have signs and symptoms of COVID-19.
 - 2) Whether in the last 14 days, the person has had prolonged close contact (within 6-feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection or have otherwise met criteria for quarantine.
 - 3) Whether the person has been diagnosed with COVID-19 and does not meet the criteria for the discontinuation of isolation per guidance issued by NJDOH and CDC.
 - 4) Entry should not be allowed for anyone answering yes to any of the questions above or if they have any symptoms.
- e. Whether the person requires quarantine due to the current travel guidance from the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)
- Observe anyone entering the Center for any signs or symptoms of COVID-19, including, but not limited to chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache,

new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea.

- Incorporate physical distancing signage at entry points.
- Limit use of conference rooms to the number of people who can be accommodated while adhering to physical distancing space of at least 6-feet between people.

IV. Participants or Staff members who develop symptoms or test Positive for COVID-19 while at the facility

- If a participant or staff member tests positive or develops symptoms of COVID-19 while at the facility (e.g., fever of 100.4 F or higher, cough, shortness of breath), immediately separate the person from the well individuals until the ill person can leave the facility. If the participant has symptoms of COVID-19 (e.g., fever, cough, shortness of breath), the waiting staff with the participant should maintain physical distancing, as appropriate, and have on all appropriate PPE.
- If symptoms persist or worsen, they should call a health care provider for further guidance. Advise the employee or participant's caregiver to inform the facility immediately if the person is diagnosed with COVID-19.
- Plan to have an isolation room or area (preferably with access to a dedicated restroom) that can be used to isolate a sick participant. Ensure that isolated participants are wearing well-fitting source control, are at a distance of 6-feet or greater from others and remain under supervision. Staff members who test positive for COVID-19 should leave the facility immediately.
- Prepare a list of all individuals who have been in close contact with sick participant(s) or staff member(s).
- Notify an emergency contact regarding the sick person's symptoms and arrange safe and accessible transportation home. Arrange emergency transport to a healthcare facility for participants or staff with severe symptoms.
- Close off areas used by a sick person or a person who tests positive and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable. Wait as long as possible (at least several hours) before cleaning and disinfecting. Clean and disinfect all areas used by the infected person, such as offices, bathrooms, and common areas. All rooms and equipment used by the infected person, and persons potentially exposed to that person, should be cleaned and disinfected in accordance with CDC guidance noted above.

- Open outside doors and windows to increase air circulation, increase ventilation and wear well-fitting source control (in addition to other protection needed for safe use of cleaning and disinfection products) while cleaning and disinfecting.

V. *Staffing Plan*

1. To ensure and maintain the safety of PACE participants and staff, the following must be completed with respect to staffing the PACE Center before expanding attendance:
 - Plan for sufficient staff needed to address the participants' needs in addition to the required screening procedures.
 - Follow return-to-work protocols for staff in compliance with CDC, CMS and NJDOH requirements. Refer to the NJDOH Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel at: https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID_19_Diagnosed_andor_Exposed_HCP.pdf.
 - Staff must wear, at minimum, well-fitting source control at all times. Use of other PPE is required in accordance with CMS, CDC and NJDOH mandates.
 - Review the Occupational and Health Safety Agency (OSHA) guidance on preparing workplaces for COVID-19: (<https://www.osha.gov/sites/default/files/publications/OSHA3990.pdf>), including steps employers can take to reduce worker's risk of exposure.
 - Conduct competency-based training for all staff on how to don and doff PPE, hand hygiene, and basic infection prevention and control principles upon reopening, return from furlough (when applicable), and on a regular schedule as determined by PACE organization policy. A process to provide just-in-time training when breaches in donning/doffing PPE, hand hygiene and basic infection prevention and control principles occur, must be established and operationalized as needed.

VI. *Interdisciplinary Team & PACE Participant Needs*

1. To prepare for expanding Center attendance, the PACE interdisciplinary team must:

- Prioritize participant attendance based upon a risk assessment of participant needs and PACE Center capacity.
- Review and revise participant care plans based on updated needs and revised attendance at the PACE Center.
- Continue to provide routine check-in calls to participants based on the risk assessment to determine the frequency of calls needed by the participants.
- Continue to provide alternative recreation therapy through virtual methods to ensure ongoing engagement of center participants who are at home.
- Schedule required face-to-face assessments either at the Center or in the participant's home.
- Make every effort to address participant and caregiver requests for Center attendance and propose alternative resolutions when the initial request cannot be fulfilled due to prioritization of participant needs as limited by Center capacity.

VII. Transportation

1. To ensure the safety of PACE participants and staff during transport, the PACE organization must:
 - Ensure that all individuals in the vehicle wear well-fitting source control and seat passengers at least 6-feet apart whenever possible, per CDC guidance here: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/adult-day-service-centers.html>.
 - When feasible, revise transportation routes and schedules based on new participant schedule of attendance at the PACE Center.
 - Determine the number of vehicles needed to transport participants to and from the PACE Center based on the revised routes, schedules and physical distancing requirements.
 - Determine the number of vehicles needed to transport participants for scheduled medical and other essential appointments outside the PACE Center based on the revised routes, schedules and physical distancing requirements.

- Establish and maintain a vehicle cleaning and disinfecting schedule and plan in accordance with CDC, CMS and NJDOH infection prevention and control guidance.
- Screen participants via telephone for onset of new symptoms before scheduling the pick-up and conduct temperature screen of participants prior to boarding the vehicle. The PACE organization will make every effort to prevent bringing participants with any signs/symptoms of COVID-19 to the PACE Center.
- Require all passengers and drivers to wear at minimum well-fitting surgical masks while in transit.
- Ensure that each vehicle is equipped with cleaning and disinfecting supplies that are stored in a safe manner, readily accessible to only the driver and PACE staff, and used during and between trips in accordance with CDC, CMS and NJDOH guidance.
- Provide evidence-based education on cleaning and disinfection as well as proper use and allocation of PPE to the transportation team. Document completion of training and competency validation. Maintain vehicle cleaning and disinfection logs assigning responsibility for completion, oversight and storage of logs to designated PACE Center staff or transportation staff.
- Post signs in vehicles for donning/doffing of masks, appropriate covering of sneezes and coughs, and proper hand hygiene.

VIII. Testing

1. To prevent the spread of COVID-19 among participants and staff, the PACE organization must:
 - Establish a relationship with a laboratory for the purpose of processing COVID-19 laboratory specimens when required. PACE organizations may use point of care (POC) viral tests for SARS-CoV-2 infection to conduct staff and participant testing.
 - Establish a process to collect laboratory specimens for PACE participants or staff who have symptoms of COVID-19 or who have been exposed to COVID-19 based on contact tracing or other reports of exposure.

- Ensure staff have the resources and training necessary (PPE, testing kits) to collect specimens.
- If viral antigen testing is used, please refer to CDS: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19_Antigen_Testing_in_LTCF.pdf and CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html> guidance for testing interpretation.
- Only antigen tests that have received an Emergency Use Authorization or approval from the United States Food and Drug Administration (FDA) may be used to fulfill the requirements of this directive.
- All PACE organizations that perform COVID-19 point of care tests (such as antigen tests) must possess a federal Clinical Laboratory Improvement Amendment (CLIA) Certificate. Additional information and application instructions for a CLIA Certificate can be found at https://www.nj.gov/health/phel/clinical-lab-imp-services/federal_clia.shtml.
- Facilities that become aware of a COVID-19 positive case in their facility shall contact their local health department: <https://www.state.nj.us/health/lh/community/> for guidance. Health officials will provide direction on whether a facility should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual.
- Facilities should also notify staff, participants and their caregivers, and others in the facility of cases of COVID-19 in their facility while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).
- Notify anyone who had close contact (less than 6-feet for a cumulative total of 15 minutes or more over a period of 24 hours, or direct physical contact) within the facility or in the Center's vehicles with a person diagnosed with COVID-19.

IX. PPE

1. To ensure the safety of PACE participants and staff, the PACE organization must:
 - Maintain adequate supplies of PPE for daily use, including but not limited to gloves, gowns, N95 respirators or higher, surgical masks and eye protection (e.g., goggles, face shields). The supply should be based upon a par level established by the PACE organization that is commensurate with the population of participants enrolled and services provided.

- Establish a 30-day emergency PPE stockpile that includes gloves, gowns, N95 respirators or higher, surgical masks and eye protection based on the PACE organization’s “burn rate” during the COVID-19 peak.
- Assign PPE oversight responsibility to the PACE Clinical Director and one alternate member of the PACE leadership team.
- Conduct competency-based training for donning/doffing PPE and document the results in the human resources file of each PACE team member as appropriate to role.

X. *Primary Care Clinic*

1. To ensure the safety of PACE participants and staff, the PACE organization must:
 - In the case of a participant with new onset of signs/symptoms of COVID-19 while at the Center, the participant will don well-fitting source control(if possible and not already being worn) and staff will transport the participant immediately to the Clinic and provide care using full COVID-19 PPE (transmission based precautions).
 - Implement a scheduling plan for clinic appointments so that waiting time is minimized and little to no overlap of appointments occurs.
 - Post signage concerning infection prevention and control measures including well-fitting source control, respiratory etiquette, hand hygiene, and proper PPE donning/doffing.
 - Clean and disinfect examination rooms in between participant use (e.g., high touch areas, shared equipment). Maintain a cleaning and disinfection plan for examination rooms in accordance with CDC, CMS and NJDOH infection prevention and control requirements. Assign responsibility for executing and oversight of the process/procedure.

XI. *Rehabilitation/Therapy*

1. To ensure the safety of PACE participants and staff, the PACE organization must:
 - Establish the maximum capacity of the rehabilitation gym in accordance with physical distancing requirements.

- Post clearly visible signage which addresses infection prevention and control measures including well-fitting source control, respiratory etiquette, hand hygiene, proper PPE donning/doffing.
- Clean and disinfect therapy areas and shared equipment in between client use. Maintain cleaning and disinfection protocols for all rehabilitation and medical equipment and assign responsibility for carrying it out and oversight.

XII. Dining and Recreation

1. To ensure the safety of PACE participants and staff, the PACE organizations must:
 - Remove all shared condiments or utensils in dining areas.
 - Clean and disinfect recreation and dining equipment and supplies between sessions or activities utilizing the manufacturers' recommended contact times and in accordance with CDC, CMS and/or NJDOH infection prevention and control guidance. Implementation of an assignment process which delineates responsibility and oversight for cleaning and disinfection processes must be established.
 - Establish participant group sizes to allow for physical distancing during activities. Whenever possible, groups shall include the same participants each day no matter the activity or location (i.e. within the facility or in the community) and the same staff shall be assigned to care for each group, each day, to the extent possible.
 - To assist with potential contact tracing efforts, each day a record shall be maintained that documents which participants were in a group and the staff who worked with them.
 - **Fully Vaccinated participants:** May participate in communal dining without use of source control or physical distancing if all participants and staff in the area are considered fully vaccinated.
 - **Unvaccinated participants:** In conditions where unvaccinated participants and staff are present in a communal dining area (e.g., dining room) **all** participants **MUST** use source control when not eating and unvaccinated participants should continue to remain at least 6-feet from others who are in the designated communal dining area.
 - Participants and staff with **SARS-CoV-2 infection or in isolation** because of suspected COVID-19, regardless of vaccination status, should **NOT**

participate in on-site center programs or any communal activities, communal dining or off-site excursions until they have met the criteria to discontinue Transmission-Based Precautions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

- Participants and staff in **quarantine** due to suspected or confirmed COVID-19 exposure, regardless of vaccination status, should **NOT** participate in on-site center programs or any communal activities, communal dining or off-site excursions until they have met criteria for release from quarantine, per the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.
- Determine vaccination status of participants following all privacy requirements and in compliance with HIPAA protections, (e.g., do not ask the status in front of other participants or staff). For example, when planning for group activities, communal dining or off-site excursions, facilities might consider having participants sign-up in advance so their vaccination status can be confirmed, and seating assignments which incorporate vaccination status can be created.
- If **ALL** participants and staff present during the group activity **are fully vaccinated**, participants may choose to have close contact with others participating in the activity and/or without wearing source control during the activity.
- Unvaccinated Participants: **If unvaccinated participants or staff are** present during the activity, then **ALL** participants in the group activity **MUST** wear well-fitting source control and unvaccinated residents should physically distance (at least 6-feet) from others participating in the group activity. Staff must continue to wear well-fitting source control at all times whenever inside the facility per CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/adult-day-care-service-centers.html> and this directive.
- **If vaccination status cannot be determined for all participants and staff, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing well-fitting source control. In general, all healthcare personnel, including those who are fully vaccinated, should continue to wear a mask while at work.**

XIII. Communication Plan

1. To ensure that PACE participants and their caregivers, families, and representatives are aware of the PACE organization's plans, the PACE organization must:
 - Send a letter to participants, caregivers, vendors, contractors, and other stakeholders about the parameters of the PACE Center expansion of attendance.
 - Establish an email address and call-in number for questions about Center attendance. The email box and phone must be monitored during normal business hours.
 - Update participants, caregivers, vendors, contractors, and other stakeholders about changes to the PACE Center's operations as circumstances change.
 - Update participants about their individual attendance at the PACE Center and their care at home schedule as required.

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect until January 11, 2022, unless otherwise modified, supplemented and/or rescinded.

Dated: June 15, 2021



Judith Persichilli, RN, BSN, MA
Commissioner