

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Acting Commissioner



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Governor  
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Lt. Governor

### HEALTHCARE QUALITY AND SAFETY BRANCH

## BLAST FAX 2020-77

TO: Nursing Homes and Assisted Living Services Agencies

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DATE: July 22, 2020

SUBJECT: A Collaborative Approach to Staff Testing

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The attached document is for your attention.



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## A Collaborative Approach to Staff Testing

### Implementing the Staff Testing Executive Order

On June 1, 2020, Governor Lamont issued Executive Order 7UU which, in part, mandates the weekly COVID-19 testing for all Nursing Home *staff*, Assisted Living Services Agency (ALSA) *staff* and Managed Residential Community (MRC) *staff*. A subsequent order, [Executive Order 7AAA](#), executed on June 17, 2020, directed that weekly testing shall continue for the duration of the public health and civil preparedness emergency or until testing identifies no new cases of COVID-19 among residents or staff over at least 14 days since the most recent positive result, whichever occurs first. (We shall refer to the three entities, Nursing Homes, Assisted Living Service Agencies, and Managed Residential Communities, as the "*facilities*.")

#### Who needs to be tested?

The definition of "*staff*" contained in Executive Order 7AAA is very broad and reads as follows: *For purposes of this order, staff shall be defined as all personnel working in a private or municipal nursing home facility, managed residential community or assisted living services agency, including, but not limited to, administrators, medical staff, employees, per diem staff, contractors with a regular presence in the facility, private duty patient or resident-contracted individuals, dietary, laundry and housekeeping personnel, and volunteers.*

#### State resources to pay for testing

To assist with the implementation of these Executive Orders, the State has committed financial support for staff testing through August 31, 2020. This state funding, while only available to the facilities, can be used to support weekly testing related to any staff person as defined in Executive Order 7AAA. And since the facilities have the obligation to test and the State is paying for the cost of staff testing, the State is expecting facilities to open up their scheduled testing opportunities to all those defined as "*staff*" – not just employees, but medical staff, contractors, private duty aides and volunteers. There also should not be a need to bill any "*staff*" insurance other than Medicare as directed by the State.

#### Helpful guidelines to facilitate the testing process

While all are supportive of the testing of staff, the implementation of the Executive Order has not been simple. Recognizing this, the Associations have come together to develop guidelines to facilitate both the process of staff testing and the coverage of the cost that testing through state resources.

#### Obligation to test

The Executive Order puts the obligation onto the facilities to make sure that staff, as defined in the Executive Order, are tested weekly. Based on this expectation, we offer the following suggestions for testing personnel who are not employees, but who fall within this broad definition of staff:

**Communication** – Facilities and their contractors should reach out to each other and discuss the testing schedule.

- Facilities can provide the schedule for their onsite weekly testing opportunity and allow the contractors to send their visiting staff to that testing. Similarly, facilities should communicate with their residents who employ private duty aides and other contractors and inform them that the Executive Order requires that their private duty aides and other contractors be tested and to let them know about the scheduled testing opportunity.
- Contractors may need to be made aware of the difference between the nursing home care partner testing arrangement and the other testing arrangements made individually by the ALSAs and MRCs.
- There may be opportunities for facilities and contractors to work together to problem solve on some of the testing issues and scheduling gaps.

**Logistics** – There may be many logistics involved in facilities opening up their testing opportunity to non-employees who are considered “staff.”

- Facilities should discuss with their testing partners to determine what information is needed to schedule individuals who are not employees.
- Determine how will you obtain the testing results for staff and arrange for any necessary HIPAA authorizations or releases.
- Ask the testing partner how individuals who are not employees can access their test results (positive or negative) so that they can bring them to their own employers and to other congregate sites where they work.
- Communicate with your contractors and residents as to the exact information you will need to schedule their employees for testing and when you need it. Contractors should make facilities aware in advance of the individuals from their organizations who are planning to attend the facility’s weekly testing opportunity.
- Communicate with your contractors and residents as to what will need to be done regarding the arranging of testing if their employee misses a scheduled testing date.
- Many contractors work in multiple locations. For these cases, one idea might be to have the contractors work together to identify a “host” facility for purposes of weekly testing and ensure that the individual can access their test results to take to other facilities to demonstrate they have had the weekly testing at their host facility.

### **Collaboration**

While the roll out of the staff testing initiative may be challenging, we also know that this is a time for all of health care to be working together, collaboratively, to develop a testing process that works before we face the potential second outbreak of Covid-19. That is why we, as associations, are working together to provide you with these guidelines which we hope are both helpful and informative. If you have other ideas to share to facilitate this process, please contact us so that we can update the document.

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