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GAVIN NEWSOM  
GOVERNOR

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PIN 20-38-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL  
LICENSEES

FROM: *Original signed by Pamela Dickfoss*  
PAMELA DICKFOSS  
Deputy Director  
Community Care Licensing Division

SUBJECT: **UPDATED GUIDANCE ON CORONAVIRUS DISEASE 2019 (COVID-19)  
AND STATEWIDE WAIVER RELATED TO VISITATION**

**Provider Information Notice (PIN) Summary**

PIN 20-38-ASC provides updated guidance to Adult and Senior Care (ASC) residential licensees on testing, infection control protocols, communal gatherings, statewide and county guidance and closures for residential facilities; and the statewide waiver related to visitation.

***Please post this PIN in the facility where residents can easily access it and distribute the Resident Fact Sheet (located at the end of this PIN) to residents and if applicable, their representatives.***

[PIN 20-23-ASC](#) provided recommendations to ASC residential licensees related to testing residents and staff, infection control measures, and visitation guidelines. This PIN provides updated guidance on:

- surveillance testing schedule of all staff;
- screening and testing residents and staff;
- testing residents returning from a higher level of care or outing;
- communal dining and group activities;

- exemptions for independent residents of Continuing Care Retirement Communities;
- applying statewide or county closure orders to residential facilities; and
- updates to the statewide waiver in [PIN 20-24-ASC](#) dated July 6, 2020, for certain licensing statutes and regulations related to visitation.

The following are additional resources:

- **Appendix A:** Insurance Coverage of COVID-19 Testing;
- Department of Managed Health Care [Fact Sheet on COVID-19 Testing](#);
- [Frequently Asked Questions](#) (FAQs) posted on the [Community Care Licensing Division homepage](#); and
- **Resident Fact Sheet for PIN 20-38-ASC.**
- [“Welcome Visitors!” Poster Template](#)

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

- Health care providers;
- [Centers for Disease Control and Prevention \(CDC\)](#);
- [California Department of Public Health \(CDPH\)](#);
- [Department of Developmental Services \(DDS\)](#); and
- Local public health departments.

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

**Note:** Please post this PIN in the facility where residents can easily access it and distribute the Resident Fact Sheet, located at the end of this PIN to residents and, if applicable, their authorized representatives.

## **A. TESTING IN RESIDENTIAL FACILITIES**

CDPH issued [new California testing guidelines](#) which prioritized testing for certain communities and populations, including ASC residential facilities. This PIN updates and supplements testing guidance previously issued in PIN 20-23-ASC.

### **Updated Guidance**

#### **Surveillance testing schedule of all staff in facilities without COVID-19**

Facilities should conduct surveillance testing of **25 percent of all staff every 7 days** (e.g., choose different staff to test every 7 days). The purpose of a surveillance testing

strategy is to monitor the spread of the virus in order to isolate the virus and mitigate outbreaks.

### **Retesting residents and staff in facilities with COVID-19**

- Retest all staff and residents as soon as one or more COVID-19 positive individuals (resident or staff) are identified in a facility.
- The retests of all staff and residents should be performed at least every 7 days, until no new cases are identified in two sequential rounds of testing.

**Note:** Continuing Care Retirement Community residents who live in residential living units, who do not receive assisted living services, and who have not been in communal settings with other residents do not need to be retested.

- Upon confirming no new cases have been identified in those two sequential rounds of testing, the facility may then resume their regular surveillance testing schedule (i.e., test 25 percent of all staff every 7 days. *See Surveillance Testing Schedule section above*).
- If the facility cannot access testing to serially retest all staff, prioritize testing for:
  - staff who worked on the unit with or had known exposure to COVID-19 positive residents or staff; or
  - staff who are known to work at other facilities with cases of COVID-19.
- **Staff, Asymptomatic:** Staff who work at the facility or have contact with persons in care or other staff, who tested positive in the past 3 months and are asymptomatic are not required to be retested as part of surveillance testing, unless there was an exposure 3 months after the date of onset of prior infection.
- **Staff, Symptomatic:** For staff who work at the facility or have contact with persons in care or other staff, who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative cause cannot be identified, retesting can be considered in consultation with the local health department.

### **Alternative Practices in Absence of Testing**

**Licensees, residents, and staff should make every effort to meet the testing guidelines in PIN 20-23-ASC** and as noted above. If licensees, residents or staff cannot meet testing guidelines in PIN 20-23-ASC and the updated guidance above due to lack of access to testing, **the following alternatives are permitted:**

### **Residents, Asymptomatic**

Residents who are asymptomatic and who have not been exposed to a person with COVID-19 should be screened, at least on a daily basis, for fever, respiratory symptoms, or common [symptoms](#) of possible COVID-19 infection. Please note, residents over the age of 70 may have additional symptoms which include new or worsened confusion, falls or loss of appetite.

For the purposes of this PIN, [exposure](#) means a person was within 6 feet of a person with suspected or confirmed COVID-19 for at least 15 minutes without the use of a face covering on both people.

Residents who are asymptomatic, but were exposed to a person with COVID-19, should be quarantined until:

- a negative COVID-19 test is obtained; or
- they are cleared by the local health department; or
- at least 14 days have passed since the most recent date of exposure to COVID-19.

### **Residents, Symptomatic**

Residents who are symptomatic should be isolated until:

- a negative COVID-19 test is obtained; or
- they are cleared by the local health department; or
- **ALL** of the following conditions are met:
  - At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications;
  - Improvement in symptoms (e.g., fever, cough and shortness of breath);
  - At least 10 days have passed since symptoms first appeared.

Persons who have compromised immune systems can spread the virus for a longer period of time. Consult with the resident's primary care provider and/or local infectious disease experts when making decisions about care needed by the symptomatic resident and discontinuing isolation of residents who are likely to remain infectious.

### **Staff, Asymptomatic**

All staff who work at the facility or have contact with persons in care or other staff, who are asymptomatic and do not have known exposure to a person with COVID-19 should:

- self-screen at home before leaving for work for fever, respiratory symptoms, or other symptoms of possible COVID-19 infection; and
- be screened at the start of each shift.

To ensure continuity of operations of essential functions, CDPH advises that those essential to operating the facility and [critical infrastructure workers](#) may be permitted to continue work with residents who have COVID-19 following possible exposure, provided they:

- remain asymptomatic;
- wear an N95 respirator without a valve or surgical mask;
- wear gloves;
- practice consistent hand hygiene; and
- are screened for symptoms daily.

[Essential staff](#) and critical infrastructure workers in residential facilities may include, but are not limited to:

- Direct care staff (e.g., health care providers, caregivers, home health or hospice agencies);
- Staff, or contractors, required for:
  - clinical service,
  - support service,
  - administrative operations across direct care spectrum, including, but not limited to:
    - accounting,
    - administrative,
    - admitting and discharge,
    - food service,
    - laundry service,
    - housekeeping,
  - transportation to and from healthcare facilities and provider appointments.

[Non-essential](#) staff who are asymptomatic but were exposed to a person with COVID-19 should quarantine at home. They may discontinue quarantine when:

- a negative COVID-19 test is obtained; or
- they are cleared by the local health department; or
- at least 14 days have passed since the most recent date of exposure to COVID-19.

### **Staff, Symptomatic**

All staff who work at the facility or have contact with persons in care or other staff, who are symptomatic should isolate at home until:

- a negative COVID-19 test is obtained; or
- cleared by the local health department; or
- **ALL** of the following conditions are met:

- At least 1 days (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications;
- Improvement in symptoms (e.g., fever, cough and shortness of breath);
- At least 10 days have passed since symptoms first appeared.

### **Residents Returning from a Higher Level of Care, Visit to a Healthcare Provider, or Outing**

The following expands on guidance provided in [PIN 20-23-ASC](#) regarding testing residents returning from higher level of care, returning to the ASC facility from a visit to a Healthcare Provider, or an outing. To the extent possible, licensees, residents, and staff should continue to follow the CDSS testing guidance issued in PIN 20-23-ASC.

### **Residents Returning from Higher Level of Care Without Known Exposure and Who are Asymptomatic**

Prior to returning to a facility, residents without known exposure, who are asymptomatic, and are returning from a hospitalization or skilled nursing facility (SNF) stay should be tested by the hospital or SNF.

- If the resident cannot be tested prior to their return to the ASC facility, licensees should contact the Regional Office if they need assistance with accessing testing.
- If the resident does not receive a test result prior to their return to the ASC facility, the resident may need to quarantine at the ASC facility until:
  - the resident receives a negative test result; or
  - quarantine for 14 days upon their return to the ASC facility, whichever is earlier.
- While the resident is quarantined at the ASC facility, staff should be monitoring the resident for symptoms of COVID-19.

### **Residents Returning from Higher Level of Care Who are Confirmed COVID-19 Positive**

Once a resident no longer requires a higher level of care, a resident may return to the ASC facility without being tested if the resident was either treated or monitored for COVID-19 and completed the period of isolation at the hospital or SNF.

If the hospital or SNF treating the resident determines a resident is ready for discharge before the isolation period is completed, the facility should consult with hospital or SNF and the local health department to determine the remaining length of isolation required at the ASC facility so that:

- the resident does not need to isolate longer than necessary; and
- the facility does not need to maintain and staff the isolation unit longer than necessary.

Licensees who have difficulties with accepting returning residents who are confirmed COVID-19 positive from a hospital or SNF, should immediately contact the Regional Office and local health department before the resident's return.

Keep frequent contact with the resident's healthcare provider in order to quickly detect deterioration in status and the need to transfer to a higher level of care.

### **Residents Returning from a Visit to a Healthcare Provider**

Residents returning from a hospital visit (e.g., emergency room visit), or other outpatient care (e.g., dialysis treatment, mental health treatment), should not be required to be tested, or separated from others in the facility after the resident's return, unless the resident was exposed to or has symptoms of COVID-19 after returning from the visit.

Upon return, staff should conduct a screening of the resident including:

- checking for symptoms and taking the resident's temperature; and
- asking if they have been in contact with someone who tested positive for COVID-19.

If the facility becomes aware of a known exposure that occurred during the visit, the licensee should notify the resident and if applicable their authorized representative, quarantine the resident for 14 days, and get the resident tested if possible.

Facilities should consider periodic surveillance testing and cohorting for residents that regularly leave for:

- hospital visits;
- dialysis treatment;
- emergency room visits; and
- other medical appointments.

[PIN 20-23-ASC](#) provides additional guidance about when testing of residents would be appropriate. If testing cannot be done, see "Testing in Residential Facilities" section above to determine when quarantine or isolation of a resident would be appropriate.

### **Residents Returning to the Facility from an Outing**

Residents returning from an outing (e.g., visiting friends, family, a casino, a hair salon, etc.) should not be required to be tested, quarantined, or isolated after the resident's return, unless the resident was exposed to or has symptoms of COVID-19 after returning from the visit.

Upon return, staff should conduct a screening of the resident including:

- checking for symptoms and taking the resident's temperature; and

- asking if they have been in contact with someone who tested positive for COVID-19; and
- asking if they took precautionary measures such as physical distancing and wearing a face covering. If the resident did not take precautionary measures, the licensee should ask them to avoid contact with others in the facility for 14 days.

If the facility becomes aware of a known exposure that occurred during an outing, the licensee should notify the resident and if applicable their authorized representative and quarantine the resident until:

- a negative COVID-19 test is obtained; or
- they are cleared by the local health department; or
- at least 14 days have passed since the most recent date of exposure to COVID-19.

### **Best Practices in Caring for Residents in Isolation or Quarantine**

When caring for residents who are in isolation or quarantine, staff should check the resident's general appearance **every 4 hours** or more often. While the resident is awake, every 4 hours or more often, staff should:

- check the resident's:
  - temperature;
  - oxygen saturation (see Additional Safety Protocols below);
  - respiratory rate (e.g., number of breaths per minute) and breathing to determine if it is fast or labored, if trained to do so; and
  - symptoms consistent with COVID-19 in order to quickly detect deterioration in status and the need to transfer to a higher level of care; and
- reinforce:
  - hand hygiene;
  - cleaning and disinfecting high-touch areas;
  - requiring face coverings for staff;
  - use of additional PPE where appropriate (e.g., checking on a resident who is symptomatic);
  - assigning dedicated staff when feasible; and
  - physical distancing.

After recovering from COVID-19, a resident may have a residual cough, which can last days or weeks after any virus. The resident should wear a face covering when outside their room until resolution of cough and physically distance if in communal settings. If they cannot tolerate or remember to keep on the mask, or physical distancing is not possible, they should wear a face shield and remain in quarantine for 10 days after the resolution of other symptoms or as directed by the resident's healthcare provider or local health department.

Notify the resident's primary care provider and if applicable their authorized representative if the resident's condition worsens or changes.

### **Additional Safety Protocols**

If the facility uses a pulse oximeter and has an appropriately skilled professional (ASP) on duty, every 4 hours the ASP should:

- Check oxygen saturation using a pulse oximeter for *residents in quarantine or isolation*, and twice every 4 hours for oxygen dependent residents *in quarantine or isolation*.

A pulse oximeter is a non-invasive and painless test using the resident's finger to measure heart rate and oxygen levels in the red blood cells. It can rapidly detect even small changes in how efficiently oxygen is being carried to the extremities furthest from the heart, including the legs and the arms.

Facility staff should notify the resident's primary care provider if oxygen levels are less than 92% for at least 2 readings. For residents with chronic obstructive pulmonary disease (COPD) or who are oxygen dependent, the licensee must ask those residents' primary care provider (PCP) for:

- The range of oxygen saturation level the resident's primary care provider is to be notified.

## **B. COMMUNAL DINING, ACTIVITIES, AND OTHER FACILITY AMENITIES**

Any resident that tested positive for COVID-19, whether asymptomatic or symptomatic, must isolate, and any resident who was exposed to COVID-19 must quarantine. Those that must isolate or quarantine should not participate in communal dining, group activities, or access shared facility amenities or equipment until:

- they have a negative test result; or
- have been cleared by the local health department; or
- until they meet the above conditions related to isolation time period and/or improvement in symptoms in the "Testing in Residential Facilities" section.

Refer to [PIN 20-23-ASC](#) for best practices and safety protocols when resuming communal dining and activities.

## **C. CONTINUING CARE RETIREMENT COMMUNITIES (CCRC)**

The following information provides updates and clarification to the guidance in [PIN 20-23-ASC](#) for residents of CCRCs. For the purposes of this PIN and PIN 20-23-ASC, an independent CCRC resident means:

- a CCRC resident who lives in a residential living unit and is not receiving assisted living services as defined in [Health and Safety Code \(HSC\) section 1771\(a\)\(5\)](#).

Independent CCRC residents are generally exempt from testing, quarantine, and isolation guidelines, and visitation restrictions *except* when the independent CCRC resident is:

- living with a resident who is receiving assisted living services;
- commingling with residents who receive assisted living services or live in assisted living units by, for example, participating in communal dining or activities or using common facility amenities;
- presenting symptoms for COVID-19;
- exposed to a person who tested positive for COVID-19;
- moving into the facility; or
- returning from being treated at a hospital or higher level of care facility.

An independent CCRC resident who is not exempt as listed above, may be subject to the testing, quarantine, and isolation guidelines, and visitation restrictions applied to RCFE residents.

If a provider believes that a less restrictive alternative protocol is appropriate for its independent living residents, it may draft a protocol for independent living residents including:

- testing;
- resident visitors; and
- residents who leave the facility for social, business or other engagements and then return.

The proposed protocol should be shared with the residents and submitted for approval by the local county health officer. If the protocol receives approval from the local health officer, a copy of the local health officer approval along with the protocol should then be submitted to the Regional Office for approval and may be used in lieu of the requirements set out above.

In order to comply with HSC section 1771.7(b) where a prospective resident has the right to visit each of the different care levels prior to signing a continuing care contract, virtual tours of the higher levels of care will be allowed in order to assist in the mitigation measures.

#### **D. STATEWIDE AND COUNTY CLOSURES**

On August 28, 2020, Governor Newsom modified statewide and county closures with the [Blueprint for a Safer Economy](#). The Blueprint for a Safer Economy indicates closures of some indoor operations in certain business sectors statewide, such as dine-in restaurants, personal care services, gyms and fitness centers, etc., in counties

with widespread COVID-19 cases.

Since residential facilities do not hold their fitness centers, dining areas, pools, and other facility amenities open to the general public, the closure orders should not be read to apply to residential facilities, as long as residents, staff, and visitors are adhering to infection control guidelines (e.g., screening and testing, requiring face coverings, physical distancing, and outdoors if possible). Facility hair salons may operate indoors with modifications as well, and all licensed salons must comply with any conditions on their licensure.

Residential facilities should still monitor access to the facility and its amenities by non-residents in order to prevent the introduction of COVID-19 from outside the facility, particularly for facilities located in counties with significant community spread.

If there are positive cases of COVID-19 within the facility, or if the county location of the residential facility reissues a Stay-at-Home order, or likewise a full lockdown, it may be necessary for licensees to implement more restrictive measures. If this occurs, the licensee should notify the Regional Office.

## **E. STATEWIDE WAIVER OF LICENSING STANDARDS FOR VISITATION**

[PIN 20-04-CCLD](#) notified all community care licensees that Governor Newsom issued a Proclamation of a State of Emergency (“Proclamation”) on March 4, 2020 in response to a rising number of cases of COVID-19 in California. The Proclamation permits CDSS to waive any provisions of the Health and Safety Code (HSC) or Welfare and Institutions Code (WIC), accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of licensed facilities or homes.

Pursuant to the Governor’s Proclamation, CDSS is waiving certain licensing requirements applicable to licensed facilities without the need for licensees to make an individual request as set forth below. Licensees using the waiver below *do not need prior approval* from CDSS. Use of the waiver is subject to the Waiver Terms and Conditions set forth in this PIN.

### **Visitation Waiver**

**Note:** SUPERSEDES Visitation Waiver in [PIN 20-24-ASC](#) dated July 6, 2020, which expired on September 30, 2020.

Visitation guidance in this PIN updates the guidance in PIN 20-23-ASC.

Visitation requirements are waived as described below. Visits and communications as described in this waiver shall allow for private and/or confidential communications as needed, and as required by law. A facility may quarantine or cohort residents together as necessary for containment and mitigation only.

This visitation waiver shall not apply to **essential visits**, which shall include the following:

- Medically necessary visits (e.g., end-of-life) or other urgent health or legal matters that cannot be postponed (e.g., estate planning, advance health care directives, Power of Attorney, transfer of property title, life-altering change in condition or wellbeing).
- Visits from social workers who are legally responsible for a resident's care to carry out their duties.
- Visits from CDSS, CDPH, Department of Developmental Services (DDS) or local regional center, local health department officials, mental/healthcare providers (e.g., home health and hospice agencies), and essential government authorities needing to enter or conduct investigations at the facility.
- Visits required for reimbursement of Medi-Cal, Medicaid, Drug Medi-Cal State Plan or specialty mental health services. See [Department of Health Care Services \(DHCS\) Mental Health Information Notices](#).
- Visitation by service contractors necessary to maintain facility operations.
- Visits mandated by a court order or federal law such as visits by Adult Protective Services or the Long-Term Care Ombudsman.

During the time when regular visitation is limited, facilities shall make arrangements for alternative visitation as described below (see *Virtual Visitation* and *Outdoor Visitation* sections below). Note: Visitation restrictions shall only be imposed on an independent CCRC resident when the resident is living with someone who is receiving assisted living services; or when the independent CCRC resident is commingling with residents who receive assisted living services or live in assisted living units by, for example, participating in communal dining or activities or using common facility amenities.

### **Virtual Visitation**

At all times when visitation is restricted under this waiver, licensees must allow and provide assistance in arranging for alternative communication for visitors such as phone calls, video calls, and online communications.

### **Outdoor Visitation**

At all times when visitation is restricted under this waiver, licensees must allow for scheduled outdoor visits on the facility premises if weather permits, and where there is 6 feet or more physical distancing, all residents and visitors wear face coverings, staff screen visitors, and staff clean and disinfect surfaces.

### **Indoor Visitation**

At all times when visitation is restricted under this waiver, licensees must allow indoor visits on the facility premises when all of the following requirements are met:

1. There have been no new transmissions of COVID-19 at the facility for 14 days.
2. The facility is not experiencing staff shortages.
3. The facility has adequate supplies of PPE and essential cleaning supplies.

As a best practice it is recommended that licensees have a dedicated visitation area that allows for at least six feet of physical distance between residents and visitors. Licensees should also require the use of [face coverings](#) and clean and disinfect visitation areas after each use. Please see *Best Practices* section below for additional best practices for indoor and outdoor visits.

This waiver applies to the right of a person to visitation and the personal right to associate with other persons in care under HSC sections 1512, 1569.269, 1569.313, and 1771.7; California Code of Regulations (CCR), Title 22, Division 6, sections 80072, 81072, 82072, 85072, 87468, 87468.1, 87468.2, and 87872.

### **Terms and Conditions for Visitation Waiver**

Licensees may implement the waiver described in this PIN only on an as-needed basis, in a reasonable manner; protecting the confidentiality of a person's medical diagnosis, treatment, and health care information; and in accordance with any guidance or instructions from CDSS, health care providers, DDS, CDC, CDPH, and local health departments.

Licensees shall continue to comply with standards that have not been waived in this PIN's statewide waiver or pursuant to a different individual waiver or exception granted by CDSS. **Licensees may continue to request individual waivers for standards not included in the statewide waiver in accordance with [PIN 20-04-CCLD](#).**

### **Requirements for Ongoing Compliance with Waiver; Rescission or Modification**

Continued use of a statewide waiver will be based on each facility's compliance with the following terms and conditions:

1. The licensee shall notify CDSS as soon as possible in writing to their local [Adult and Senior Care Regional Office](#) when a waiver is implemented pursuant to the statewide waiver set forth in this PIN, and facilities shall post this waiver in a public location
2. A licensee's revised policies that are impacted by the waiver shall be developed in compliance with the most recent CDC, CDSS, DDS, CDPH, and/or local health department COVID-19 guidance; be readily available for the public's review; and a copy shall be provided to the CDSS Regional Office. The policy must include a justification for the need of a waiver.

3. A licensee must inform the person in care and their responsible party of any revised policy impacted by the waiver.
4. The licensee shall comply with directives of a local health department.
5. The licensee shall not restrict CDSS, DDS, CDPH, local health department officials, and healthcare providers, Regional Center staff, Ombudsman, and essential government authorities from entering or conducting investigations at the facility. Facilities should accommodate the use of video conferencing, teleconferencing, or other technology to support oversight that is conducted remotely.

If the licensee is required by other government authorities to restrict visitation beyond those restrictions allowed under this waiver, the licensee should notify its regional office of those requirements.

CDSS may rescind or modify a facility's authorization for use of a waiver based upon new federal, state or local directives or guidance, or if it determines a facility does not meet the terms and conditions of this statewide waiver, or an individual waiver, as applicable.

### **Effective Dates of Statewide Waiver**

The visitation waiver in this PIN shall expire upon the termination of the Proclamation of the State of Emergency, unless otherwise specified by CDSS. Once the waiver expires or is rescinded by CDSS, all licensing requirements shall be reinstated.

### **F. BEST PRACTICES FOR VISITATION**

Best practices for visitation include:

- To the extent possible, visits should take place outside. Where appropriate, designate an outdoor area, such as the yard, patio, open porches, parking lot, or driveway for visits, weather permitting.
- Visits should be scheduled in advance.
- Limit the number of visitors at any one time to avoid having large groups congregate.
- For indoor visits:
  - designate an area that is near an entrance and exit if it helps ensure other residents are not exposed to visitors;
  - designate one area to enter the facility and a different area to exit the facility; and
  - increase ventilation or circulation of fresh air as much as possible (e.g., open windows, use fans, etc.)
- Add signage at entrances outlining proper face covering usage and current physical distancing practices in use throughout facility premise.

- Designate person(s) to conduct initial screening for individuals entering facility.
- Screen all visitors, including essential visitors, for symptoms. Screenings should include temperature screenings using a no-touch thermometer. A temperature of 100.4 or above indicates a fever.
- Ask visitors about [COVID-19 symptoms](#) within the last 24 hours and whether anyone in the individual's home has had COVID-19 symptoms or has tested positive.
- Exclude any visitors or staff showing symptoms of COVID-19 and disinfect any surface that was within 6 feet of symptomatic individual. Items that cannot be disinfected should remain with the individual or be discarded.
- Educate visitors on how to monitor themselves for COVID-19 symptoms.
- Designate handwashing stations for visitors or have hand sanitizer available for visitor use.
- Record name and contact information for individuals entering the facility for possible contact tracing at a later date.
- Licensees should request visitors limit contact with others as much as practicably possible when outside the facility.
- Licensees should request that visitors be tested as much as practicable.

Licensees are encouraged to use the ["Welcome Visitors!" poster template](#) available on the CCLD website that outlines the CCLD visitation guidelines and post it in public area near the entrance of the facility. Licensees should insert their facility specific visitation policies and are encouraged to modify the template to meet their facility's unique needs.

## **G. ADDITIONAL RESOURCES**

The following resources are available online:

### **Federal Resources**

- Centers for Disease Control and Prevention (CDC)
  - [Coronavirus Disease 2019](#)
  - [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
  - [Prepare for COVID-19 in Long-Term Care Facilities](#)
  - [Toolkit for Retirement Communities](#)
  - [Considerations for Retirement Communities and Independent Living Facilities](#)
  - [Living in or Visiting Retirement Communities or Independent Living facilities](#)
- World Health Organization (WHO)
  - [Coronavirus disease \(COVID-19\) pandemic](#)

### **State Resources**

- California Department of Social Services (CDSS)
  - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)
- California Department of Public Health (CDPH)
  - [All COVID-19 Guidance](#)
  - [Detection and Management of COVID-19 Cases in Congregate Living Facilities](#)

### **Local Health Resources**

- [Local County Health Departments](#)
- [Medical Health Operational Area Coordinator \(MHOAC\) Contact List](#)

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

## **Appendix A Insurance Coverage of COVID-19 Testing**

The [California Department of Managed Health Care](#), the state entity that regulates health insurance plans, has issued answers to [frequently asked questions](#):

### **1. Does my health plan have to cover my COVID-19 test?**

Yes, if you're experiencing COVID-19 symptoms, you think you were exposed to someone who has COVID-19, or the test is otherwise medically necessary for your situation.

If you have symptoms of COVID-19 or you think you've been exposed to someone with COVID-19, under federal law, you can obtain a COVID-19 test anywhere and your health plan must pay for the test.

If you don't have symptoms and don't think you've been exposed to someone with COVID-19, but you are an "essential worker" as discussed below, your health plan must cover your COVID-19 test. However, you must contact your health plan before getting testing. They will help you get an appointment with a testing provider.

If you don't have symptoms, don't think you've been exposed to someone with COVID-19, and aren't an "essential worker" as defined below, and you think you need a test, please contact your health plan or health care provider for further guidance.

### **2. How do I know if I'm an "essential worker" for purposes of COVID-19 testing coverage?**

New state emergency regulations describe who are "essential workers" for purposes of coverage of COVID-19 testing.

You are an "essential worker" if you:

- work in a congregate care facility (e.g., a residential care facility for the elderly or a shelter for people experiencing homelessness); or,
- provide care in the home to an elderly person or a person with a disability.

You are an "essential worker" if you work in one of the sectors listed below and regularly have contact with the public or with people who may have or been exposed to COVID-19:

- health care (e.g., hospitals, skilled nursing facilities, long-term care facilities, ambulatory surgery centers, health care providers' offices, health

care clinics, pharmacies, blood banks, dialysis centers, hospices, home health);

- emergency services (e.g., police and public safety departments, fire departments, emergency service response operations);
- public transportation (e.g., public transit, passenger rail service, passenger ferry service, public airports, commercial airlines);
- food service (e.g., grocery stores, convenience stores, restaurants, grocery or meal delivery services); or,

Finally, you are an “essential worker” if you work in one of the sectors listed below and have frequent interactions with the public or can’t regularly maintain at least six feet of space from other workers:

- retail;
- food manufacturing (e.g., food production and processing facilities, food packing facilities).

### **3. Will I have to pay a co-pay for a COVID-19 test?**

If you are experiencing symptoms of COVID-19 or you think you were exposed to someone with COVID-19, under federal law, you do not need to pay a co-pay to be tested.

In all other circumstances, you may be required to pay a co-pay, just like you would when getting any other health care services.

### **4. How long will I have to wait to get a test?**

The length of time it will take depends on why you are seeking a test.

If you have symptoms of COVID-19 or think you were exposed, under federal law, you can go to any available testing site. The easiest way to find a testing site is to go to the [California COVID-19 website](#) or call your health plan so they can direct you to an available testing location.

If you don’t have COVID-19 symptoms and don’t know if you have a known or suspected exposure to COVID-19, but you are an “essential worker,” please call your health plan. The health plan must offer you a testing appointment that is no more than 48 hours after you contacted the plan. The testing site must be within 15 miles or 30 minutes of your residence or workplace. If the health plan can’t find you an available appointment within that time and distance, then you can go to any available testing site and your health plan will pay for the test.

If you don’t have symptoms or suspected exposure, and you are not an “essential worker, please call your health care provider. If your provider determines a COVID-19 test is medically necessary for you, your health plan must offer you a testing

appointment that is no more than 96 hours after you contacted the plan. The testing site must be within 15 miles or 30 minutes of your residence or workplace. If the health plan can't find you an available appointment within that time and distance, you can go to any available testing site.

## **5. How does my health plan know if I'm an "essential worker"?**

Your health plan can ask you questions about the nature of your work, to determine whether you are an essential worker.

However, your health plan can't ask you to provide further documentation or evidence of your work status. For example, your health plan can't ask you to provide written proof of where you work or the conditions of your workplace.

## **6. I get my health care coverage through my employer, who has a "self-insured" plan. Do these new regulations apply to me?**

Self-insured plans are regulated by the federal government, rather than the state. If you have symptoms of COVID-19 or you were exposed to someone who you know or suspect has COVID-19, under federal law, your employer's self-insured plan must cover your test.

In all other instances, you should talk to your employer's self-insured plan to find out whether they will cover COVID-19 testing.

Additionally, the Department of Health Care Services (DHCS) issued [guidance to Medi-Cal beneficiaries](#):

### **1. What COVID-19 testing-related services are covered by Medi-Cal?**

DHCS implemented a [presumptive eligibility](#) program for Medi-Cal that covers no cost diagnostic testing, testing-related services, and treatment services related to COVID-19 to uninsured individuals. In addition, the state established [state-sponsored specimen collection sites](#) free-of-charge, where individuals can find sites close to their homes. COVID-19 diagnostic testing at these sites is available for individuals who are uninsured.

## **Resident Fact Sheet for Provider Information Notice (PIN) 20-38-ASC, Updated Guidance on Coronavirus Disease 2019 (COVID-19)**

We have prepared this **Resident Fact Sheet** as a companion to **PIN 20-38-ASC** to inform you of guidance we've provided to your care providers concerning your care.

**A Note to Continuing Care Retirement Community (CCRC) Residents:** If you live in a CCRC independent living unit and do **not** receive assisted living services, you may not have to be tested as often as the residents who do not live independently. There are exceptions though: when you **move** into a facility; are **exposed** to or have **symptoms** of COVID-19; and **live or commingle** with residents receiving assisted living services. Certain visiting restrictions also may not apply to you.

### **TESTING IN RESIDENTIAL FACILITIES**

- **The Department of Social Services has advised your facility to:**
  - **Test** you **before returning** to your facility from a stay at a **hospital or skilled nursing facility** if there was no known exposure and you do not have symptoms.
  - **Retest** everyone in your facility as soon as possible **after** someone in your facility **tests positive** for the virus. They should also retest everyone in your facility at least **every 7 days** until there are **no new cases** of COVID-19 in your facility.
  - **Screen** everyone in your facility at least daily for COVID-19 who has **no virus symptoms**. The screening process consists of taking your temperature and checking for coughing and respiratory symptoms. They should also **isolate** everyone who has **COVID-19 symptoms**.

If you need to get tested but **cannot access testing**, the licensee should instead do the things listed below.

- **Quarantine** you if you do not have symptoms, and until **at least 14 days** have passed since the most recent date of exposure to COVID-19; or
- **Isolate** you if you have symptoms, and until **all** of the following conditions are met:
  - At least 1 day (24 hours) have passed since you stopped having a fever without the use of fever-reducing medications, like Tylenol or Robitussin;
  - Your coughing and shortness of breath has improved or subsided;
  - **At least 10 days** have passed since your symptoms first appeared.

A licensee should **not require** that you get tested, quarantine, or isolate if:

- You or other residents **had the virus** and completed the **isolation at the hospital or SNF**. However, if the isolation period was not completed at the hospital or SNF, you will need to continue to isolate at the facility.

- You are **returning** from: a **hospital visit** (e.g., emergency room visit); **outpatient care** (e.g., dialysis visit, mental health treatment, or other medical appointments); or an **outing** (e.g., visiting friends, family, a casino, or a hair salon, etc.).
- If you were exposed to COVID-19 during an outing or if you have symptoms of the virus after an outing, the facility will require you to be tested.

### **COMMUNAL DINING, ACTIVITIES, AND FACILITY AMENITIES**

**PIN 20-38-ASC** advises the licensee of your facility that if you or other residents **contract or were exposed to COVID-19**, you should not participate in communal dining, group activities, access shared facility amenities or equipment, or obtain facility salon services until:

- You get a negative test result; or
- You have been cleared by the local health department; or
- You have been isolated or quarantined for the appropriate length of time and your symptoms, if any, have improved.

Also, even though some counties do not allow for indoor dining and indoor gyms, you may still use your facility's dining room and fitness equipment or gym as long as residents, staff, and visitors are adhering to infection control guidelines (e.g., screening and testing, requiring face coverings, physical distancing, and outdoors if possible). Facility salons may operate indoors with modifications, and all licensed salons must follow conditions of their licensure.

### **VISITATION**

**PIN 20-38-ASC** advises the licensee of your facility they must allow you **essential visits**, virtual visits (i.e. video calls) and **scheduled outdoor visit** at all times. Essential visits are: **medically or legally necessary** visits; visits from **social workers; government health and social services agency** visits; visits by **service contractors** necessary to maintain facility operations; or visits mandated by **court order** or **federal law**, such as visits by Adult Protective Services or the Long-Term Care Ombudsman.

Your facility may also allow for **scheduled indoor visits** as long as your facility is not experiencing:

- **new transmission** of COVID-19 for **14 days**;
- **staff** shortages; or
- shortages of **Personal Protective Equipment** and **essential cleaning supplies**.

For all visits, visitors should be **screened** for symptoms or possible exposure to COVID-19. Everyone involved in the visit must wear a **face covering** unless they are exempt and should stay **6 feet** apart from you.

***CCLD appreciates your understanding. Your care providers, the licensee of your facility, and the Ombudsman are available to answer your questions.***