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PIN 22-16-ASC
(Supersedes PIN 21-32.1-ASC)
(Supersedes PIN 20-38-ASC in part)
(Supersedes PIN 20-23-ASC in part)

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL
LICENSEES

FROM: ***Original signed by Kevin Gaines***
KEVIN GAINES
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SUBJECT: **UPDATED DIAGNOSTIC AND RESPONSE TESTING GUIDANCE FOR
CORONAVIRUS DISEASE 2019 (COVID-19)**

Provider Information Notice (PIN) Summary

PIN 22-16-ASC supersedes [PIN 21-32.1-ASC](#), dated August 11, 2021, supersedes in part [PIN 20-38-ASC](#), dated October 6, 2020, related to facility staff who fully recovered from COVID-19 infection and continue to test positive 90 days after infection, and supersedes in part [PIN 20-23-ASC](#), dated June 26, 2020, related to testing of new or returning facility staff. This PIN includes guidance on routine diagnostic screening testing for facility staff, and guidance on diagnostic and response testing for residents and staff.

Please post/keep this PIN in the facility where residents can easily access it and distribute the PIN Summary for Residents (located at the end of this PIN) to residents and, if applicable, their representatives.

Routine COVID-19 diagnostic screening testing of facility staff, and diagnostic and response testing of residents and facility staff, remain essential to protect the vulnerable Adult and Senior Care (ASC) residential population. In order to prevent the further spread of COVID-19, the California Department of Social Services (CDSS)

is updating testing guidance for facility staff and residents of ASC residential facilities.

PIN 22-16-ASC covers the following testing scenarios:

- [Diagnostic Screening Testing of Asymptomatic Staff in Facilities Without COVID-19](#)
- [Diagnostic Testing of Symptomatic Staff and Residents](#)
- [Diagnostic Testing of Exposed Asymptomatic Staff and Residents](#)
- [Testing of New or Returning Facility Staff](#)
- [Response Testing in Facilities With COVID-19](#)

As a reminder, testing is one layer in a multi-layered approach to COVID-19 prevention, in addition to other key measures such as vaccination, mask wearing, improved ventilation, physical distancing, and respiratory and hand hygiene.

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

- Health care providers;
- [Centers for Disease Control and Prevention \(CDC\)](#);
- [California Department of Public Health \(CDPH\)](#);
- [California Department of Developmental Services \(CDDS\)](#)
- [California Department of Industrial Relations \(DIR/ Cal/OSHA\)](#); and
- [Local health departments](#).

*If there are differing requirements between the most current CDC, CDPH, CDSS, CDDS, Cal/OSHA, 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.*

TESTING IN RESIDENTIAL FACILITIES

Note: In circumstances when resident or staff COVID-19 test results are positive, follow isolation guidance as specified in following PINs:

- Residents: [PIN 22-15-ASC](#)
- Staff: [PIN 22-09-ASC](#)

Diagnostic Screening Testing of Asymptomatic Staff in Facilities Without COVID-19

Diagnostic screening testing is recurrent testing of asymptomatic individuals in certain high-risk settings to detect COVID-19 early and stop transmission quickly. Facilities must implement diagnostic screening testing pursuant to the State Public Health Order

dated July 26, 2021, which was reaffirmed in the [State Public Health Order dated February 22, 2022](#):

- Facility staff (paid and unpaid) who are 1) unvaccinated with an exemption to the vaccination requirement as specified in [PIN 22-05.1-ASC](#); 2) vaccinated with an exemption to the booster requirement; or are 3) booster-eligible and within the 15 day grace period for a booster or deferral deadline are required to undergo **screening testing** at least once weekly with either polymerase chain reaction (PCR) testing or antigen testing. These staff are not exempt from the testing requirement even if they have a medical contraindication to vaccination, and must observe all infection control requirements, including masking.
- Staff who have recovered from a diagnosis of COVID-19 in the last 90 days, and remained asymptomatic, do not need to submit to testing until after 90 days has expired but must self-monitor for symptoms and continue to follow all infection control requirements, including masking, as stated in the July 26 Order ([see Adult Care Facilities and Direct Care Worker Vaccine Requirement Q&A](#)).

Diagnostic screening testing is not currently required for 1) asymptomatic facility staff who are fully vaccinated and have received a booster dose and 2) asymptomatic facility staff who are fully vaccinated but not yet booster-eligible. Licensees may consider continuing diagnostic screening testing for facility staff who have received all recommended doses if they have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might reduce the level of protection provided by the COVID-19 vaccine.

The licensee must maintain records of the staff's testing results. Licensees must also maintain signed vaccine declination forms of unvaccinated staff with a written health care provider's statement where applicable, as described in [PIN 22-05.1-ASC](#).

Diagnostic Testing of Symptomatic Staff and Residents

Facilities should perform a diagnostic COVID-19 test for the following individuals:

- Facility staff and residents with signs and symptoms consistent with COVID-19 regardless of their vaccination status. Testing should occur immediately at onset of symptoms.
 - If an antigen test is used for a symptomatic individual and the test result is negative, a PCR test should be performed and the person should be isolated pending results of the PCR test. See [PIN 22-10-ASC](#) and [PIN 21-16-ASC](#) for additional information on antigen tests. The individual should be tested for other viral respiratory pathogens as well, such as influenza in consultation with the resident's healthcare provider.

Note: If an individual is symptomatic, they would be considered infectious 48 hours prior to showing symptoms.

Facilities should not delay testing of symptomatic individuals by waiting until their scheduled diagnostic screening test or response-driven test. If the diagnostic COVID-19 test confirms a positive test result among a resident or staff member, then facilities should begin response testing per the *Response Testing in Facilities With COVID-19* section below.

Diagnostic Testing of Exposed Asymptomatic Staff and Residents

- Individuals who had a close contact with a COVID-19 positive person while infectious (i.e., within six (6) feet of a person infected with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period during their infectious period) (see note below):
 - **Staff** who are boosted, or fully vaccinated but not yet booster-eligible. Test not earlier than 2 days after the exposure and, if negative, again 5–7 days after the exposure.
 - **Staff** who are unvaccinated with an exemption to the vaccination or booster requirement should be quarantined. Test not earlier than 2 days after the exposure and, if negative, test again 48 hours prior to return to work following a 7-day quarantine.
 - **Staff** who are booster-eligible and have not yet received a booster dose within the 15 day grace period for the booster or deferral deadline should be quarantined. Test not earlier than 2 days after the exposure and, if negative, test again 48 hours prior to return to work following a 7-day quarantine.
 - **Residents** who completed the primary vaccination series and booster dose if booster eligible are not required to be quarantined. Test not earlier than 2 days after the exposure and, if negative, again 5–7 days after the exposure.
 - **Residents** who are unvaccinated or are booster eligible and have not yet received a booster dose should be quarantined. Test not earlier than 2 days after the exposure) and within 48 hours before the time of planned discontinuation of quarantine (e.g., after 7 days if the test is negative and they do not develop symptoms, or after 10 days).

Note: If asymptomatic, an individual would be considered infectious 48 hours before the positive test sample was collected.

Facility staff should quarantine at home and be excluded from work as specified in [PIN 22-09-ASC](#). Residents should be quarantined as specified in [PIN 22-15-ASC](#).

Testing of New or Returning Facility Staff

Note: SUPERSEDES the *Testing of New or Returning Staff* section in [PIN 20-23-ASC](#), dated June 26, 2020

New facility staff and facility staff returning from a leave of absence who are unvaccinated with an exemption to the vaccination requirement, vaccinated with an exemption to the booster requirement, or booster-eligible and have not yet received a booster dose within the 15 day grace period for a booster or deferral deadline as specified in [PIN 22-05.1-ASC](#) should be tested prior to working in the facility and must be tested at least once weekly after their start date, as specified in the *Diagnostic Screening Testing in Facilities with COVID-19* section above.

New facility staff and facility staff returning from a leave of absence who are fully vaccinated and received a booster dose; are fully vaccinated and not yet eligible for a booster dose; or are fully vaccinated and have a deferral for the booster dose do not need to be tested prior to working in the facility, unless they show signs and symptoms consistent with COVID-19 or they had had a close contact with a COVID-19 positive person, as specified in the *Diagnostic Routine Testing of Symptomatic or Exposed Individuals* section above.

In general, licensees should check with their local health department regarding new and returning facility staff as they may have additional requirements.

Response Testing in Facilities With COVID-19

Response testing is repeat testing performed following an exposure to a person with COVID-19 infection. The goal of response testing is to identify asymptomatic or pre-symptomatic infections in individuals in high risk settings and/or outbreaks to prevent further spread of COVID-19.

There may be circumstances where, as part of response testing, a facility may only need to test residents and staff who had close contacts. The practice of identifying, notifying, and testing close contacts, or people who have been exposed to someone with an infectious disease, is called contact tracing. In ASC facilities contact tracing can be done with assistance from the local health department in order to reduce the need to test all residents and staff after a positive individual is identified in the facility.

In facilities where 90% or more of residents and 90% or more of facility staff are fully vaccinated, and the local health department determines that contact tracing is possible, contact tracing should be performed within the facility to identify any facility staff who have had a [higher-risk exposure](#) or residents who may have had close contact (within 6 feet for a cumulative total of 15 minutes over 24 hours) with the individual with COVID-19 infection:

- All facility staff who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested not earlier than 2 days after the exposure and, if negative, again 5–7 days after the exposure.
- Unvaccinated residents, or residents who have completed their primary series and are booster eligible but not yet boosted, who had close contact with someone with COVID-19 infection should be placed in quarantine for 10 days

after their exposure, even if viral testing is negative. Duration of quarantine can be reduced to 7 days if testing is performed 5-7 days after their exposure and the resident tests negative.

- Residents who completed their primary series and received a booster dose if booster eligible should wear a well-fitting face mask but do not need to be quarantined, restricted to their room, or cared for by facility staff using the full personal protective equipment (PPE) recommended for the care of a resident with COVID-19, following an exposure.

Testing should be performed at least every 3-7 days with PCR testing or a minimum of twice weekly with antigen testing for staff and residents identified as close contacts. Retesting should continue until no new cases are identified in sequential rounds of testing covering a 14-day period.

If testing of close contacts reveals additional facility staff or residents with COVID-19 infection, contact tracing should be continued to identify residents with close contact or facility staff with higher-risk exposures to the newly identified individual(s) with COVID-19 infection. A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be performed if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

In facilities where less than 90% of residents and less than 90% of facility staff are fully vaccinated, or the local health department determines that contact tracing is not possible, facilities must:

- Perform retesting at least every 3-7 days with PCR testing or a minimum of twice weekly with antigen testing of all residents (excluding independent Continuing Care Retirement Community residents, unless they have been in communal settings with other residents) and facility staff, regardless of vaccination status. If PCR testing is chosen, the licensee should contract with a laboratory that has a turnaround of 24-48 hours for test results. Retesting should continue to be performed until no new cases are identified in sequential rounds of testing covering a 14-day period. The facility may then resume their regular diagnostic screening testing schedule as outlined above in the *Diagnostic Routine Screening Testing in Facilities Without COVID-19* section.

Important! The licensee should consult with their local health department regarding the need for response testing all residents and/or staff if:

- There are facility staff who do not have resident contact or do not have contact with other facility staff who provide care or have contact with residents,
- There are residents who did not have close contact with the individual(s) who tested positive for COVID-19, or
- There are multiple buildings at a facility, and those who tested positive are clustered in one building, and not moving among buildings.

As a reminder, facility staff who tested positive for COVID-19 may return to work if they complete isolation and testing as specified in [PIN 22-09-ASC](#).

Important! In circumstances when all residents are to be tested as part of response testing, residents who were not in close contact to a person with a positive COVID-19 diagnosis, remain asymptomatic, and test negative for COVID-19 are not required to quarantine.

Proof of Vaccination and Recordkeeping

For information about proof of vaccination and recordkeeping, see [PIN 22-05.1-ASC](#).

HEALTH INSURANCE COVERAGE REMINDERS

As provided by federal law, health plans and insurers must cover the cost of COVID-19 diagnostic tests without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. Further, health plans and insurers cannot require the presence of symptoms or a recent known or suspected exposure, or otherwise impose medical screening criteria on coverage of tests.

Important! The California Department of Managed Health Care (DMHC) released an [All Plan Letter](#) (APL) alerting health plans of the new public health order and also to remind health plans of their obligation to continue to cover COVID-19 testing.

If you are having trouble accessing a COVID-19 test through your health plan or if you have any questions, please contact the DMHC Help Center at 1-888-466-2219 or visit the [DMHC Help Center website \(www.HealthHelp.ca.gov\)](http://www.HealthHelp.ca.gov).

Note: For Frequently Asked Questions (FAQ) on Implementation of FFCRA and CARES Act, *Centers for Medicare and Medicaid Services*, February 26, 2021, please see [FAQ Part 44 Cover Page \(cms.gov\)](#).

CONTINUING CARE RETIREMENT COMMUNITIES (CCRC)

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 Residential Care Facility for the Elderly (RCFE) residents.

ADDITIONAL RESOURCES

The following resources are available online:

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
- 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](#)
 - [Get Tested, California](#)
 - [Local health departments](#)

If you have any questions, please contact your local [ASC Regional Office](#).

PIN Summary for Residents

A Companion Guide for Provider Information Notice (PIN) 22-16-ASC, Updated Diagnostic and Response Testing Guidance for Coronavirus Disease 2019 (COVID-19)

The California Department of Social Services (CDSS) has prepared this **PIN Summary for Residents** as a companion to **PIN 22-16-ASC** to inform you of guidance we have provided to your care providers concerning your care.

COVID-19 testing of facility staff and residents remain essential to protect the vulnerable Adult and Senior Care (ASC) residential population. In order to prevent the further spread of COVID-19, CDSS is updating testing guidance for facility staff and residents of ASC residential facilities.

PIN 22-16-ASC covers the following testing scenarios:

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In addition to the PIN Summary for Residents, CDSS prepared supplemental guidance which provides summaries of the different testing scenarios covered in PIN 22-16-ASC and to assist you and your care providers determine when you should get tested. To review the Supplemental Guidance for PIN 22-16-ASC please see the link directly below the posted PIN.

Your care providers, the licensee of your facility, and your local Long-Term Care [Ombudsman](#) (call 1-800-510-2020) are available to answer your questions.