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PIN 21-33-ASC
(Supersedes PIN 20-33-ASC and
PIN 21-21-ASC)

TO: ALL ADULT DAY PROGRAM PROVIDERS

FROM: ***Original signed by Kevin Gaines***
KEVIN GAINES
Deputy Director
Community Care Licensing Division

SUBJECT: ***ADULT DAY PROGRAM INFECTION CONTROL GUIDANCE***

Provider Information Notice (PIN) Summary

PIN 21-33-ASC provides updated guidance on infection control specific to Adult Day Programs (ADPs) and addresses topics most frequently addressed by providers related to the prevention, mitigation, and containment of COVID-19. This PIN supersedes [PIN 20-33-ASC](#), dated September 30, 2020, and [PIN 21-21-ASC](#), dated April 15, 2021. In addition, this PIN provides **new guidance to providers on testing and masking requirements** pursuant to the updated State [Public Health Officer Order](#) from CDPH issued on July 26, 2021.

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

The Community Care Licensing Division (CCLD) has developed this PIN to encourage ADP providers to remain diligent with their operations while incorporating the necessary infection control prevention and mitigation strategies for communicable diseases. This PIN supersedes [PIN 20-33-ASC](#), dated September 30, 2020, and [PIN 21-21-ASC](#), dated April 15, 2021. The purpose of this PIN is to reiterate information or provide new guidance where noted for the following topics that have been the primary focus of the

most frequently asked questions from ADP providers and to inform providers of:

- Masking & Face Coverings *!NEW!*
- Testing *!NEW!*
- Opening Guidance
- Mitigation Plans
- Change in Services
- Capacity
- Isolation Procedures
- Communal Dining
- Activities
- Public Outings
- Transportation
- COVID-19 Vaccination and Recordkeeping *!NEW!*

NEW: Masking and Face Coverings

N95 Respirators for Facility Staff

The Aerosol Transmissible Disease (ATD) Standard (Title 8 Section 5199) requires staff working in an area where a suspected or confirmed airborne infectious disease case is present to use NIOSH-approved respirators. An N95 is the minimum protection permitted for these staff. In circumstances where an N95 respirator is required, the facility staff member must wear an N95 respirator regardless of their vaccination status.

The COVID-19 Emergency Temporary Standard (ETS) (Title 8 Sections 3205 – 3205.4) requires employers to provide NIOSH-approved respirators, such as N95s, upon request to unvaccinated employees. *ADP facilities licensed by CDSS are covered by the ETS.*

Required Use of FDA-Cleared Surgical Masks for Unvaccinated or Incompletely Vaccinated Facility Staff

Pursuant to the [State Public Health Officer Order of July 26, 2021](#), all facilities must strictly adhere to current [California Department of Public Health \(CDPH\) Masking Guidance](#). Where Title 8 of the California Code of Regulations or CCLD PINs do not require the use of N95 respirators, providers shall provide all unvaccinated or incompletely vaccinated workers with FDA-cleared [surgical masks](#). **These facility staff are required to wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person.**

IMPORTANT! This requirement for use of FDA-Cleared Surgical Masks takes effect on August 9, 2021. Providers must be in full compliance with this PIN by August 23, 2021.

Face Coverings for Clients/Participants

As specified in the [California Department of Public Health \(CDPH\) Guidance for the Use of Face Coverings](#), a client/participant at an ADP must continue to wear a face covering,

even after being fully vaccinated. Face coverings should be well-fitted, have multiple layers, completely cover the nose and mouth and fit snugly against the sides of the face without gaps. Any exemptions to this mandate should be based on the following information:

- A medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- The ability to see the mouth is essential for communication.
- When obtaining a service involving the nose or face where temporary removal of face covering is necessary.
- When eating or drinking.
- When engaged in outdoor work or recreation and able to maintain at least six feet from others while participating.

Testing

NEW: Diagnostic Screening Testing in Facilities Without COVID-19

Pursuant to the [State Public Health Officer Order of July 26, 2021](#), diagnostic screening testing shall mean recurrent testing of asymptomatic individuals in certain high-risk settings to detect COVID-19 early and stop transmission quickly. Effective August 9, 2021, facilities that do not have any diagnosed COVID-19 cases among clients/participants or facility staff for at least 14 days must modify diagnostic screening testing as follows:

- Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.
- Providers may choose to use molecular or antigen tests to satisfy this requirement, but unvaccinated or incompletely vaccinated facility staff must be tested at least once weekly with either polymerase chain reaction (PCR) testing or antigen testing. More frequent testing improves outbreak prevention and control and is encouraged. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. See *Types of Testing* section in [PIN 20-23-ASC](#) for additional information on PCR tests. See [PIN 21-16-ASC](#) and [PIN 21-30-ASC](#) for additional information on antigen tests.
- Diagnostic screening testing of asymptomatic fully vaccinated employees is not currently required. Providers may consider continuing routine screening testing for fully vaccinated staff with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by COVID-19 vaccine.

- Unvaccinated or incompletely vaccinated facility staff must observe all other infection control requirements, including masking, and are not exempted from the testing requirement even if they have a medical contraindication to vaccination, since they are still potentially able to spread the illness. Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous positive antibody test for COVID-19, do not waive this requirement for testing.
- Providers who conduct diagnostic screening testing at the facility should have a plan in place for tracking test results, conducting workplace contact tracing, and reporting results to local public health departments.
- Providers should also consult [CDPH Testing Guidance](#) and [CDC guidance on workplace screening testing](#) for additional cohort specific considerations.

NOTE: Testing is not a substitute for other COVID-19 prevention measures, such as vaccination, mask wearing, respiratory protection, improved ventilation, hand hygiene and cleaning and disinfection.

Response Testing in Facilities With COVID-19

Response testing is repeat testing performed following an exposure that has occurred, in accordance with [CDC guidance](#). The goal of response testing is to identify asymptomatic infections in individuals in high risk settings and/or outbreaks to prevent further spread of COVID-19. Response testing should be initiated as soon as possible after a client/participant or staff member in a facility has been identified to have COVID-19.

Providers should continue to perform response testing of:

- Facility staff and clients/participants with signs and symptoms consistent with COVID-19 regardless of their vaccination status.
- Asymptomatic facility staff and clients/participants who are not fully vaccinated and had a close contact with a COVID-19 positive person (i.e., within six (6) feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period).

As soon as possible after one (or more) COVID-19 positive individuals (client/participant or facility staff) is identified in a facility, perform serial retesting at least weekly with molecular testing or a minimum of twice weekly with antigen testing of all clients/participants and facility staff, regardless of vaccination status. Serial 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 screening testing schedule as outlined above.

IMPORTANT! This requirement for diagnostic screening testing takes effect on August 9, 2021. Providers must be in full compliance with this PIN by August 23, 2021.

NEW: Health Insurance Coverage Reminders

As provided by federal law, health plans and issuers 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 issuers 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 California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 or visit the [DMHC Help Center website](#) (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 \(cms.gov\)](#).

Opening Guidance

CCLD has not issued any guidance prohibiting ADPs from remaining open during the COVID-19 pandemic. Therefore, CCLD does not need to approve ADPs to reopen. Providers that are Regional Center vendors should also follow guidance from the Regional Centers and the California Department of Developmental Services (CDDS). The following are best practices for ADPs to consider when reopening:

- Designate one area by which to enter the facility and a different area by which to exit the facility to promote distancing.
- Consider staggered reopening, with staff, clients/participants, and visitors arriving and leaving at different times to promote distancing.
- Use visual cues such as signage to remind staff and clients/participants to practice physical distancing when in shared spaces.
 - **Reminder:** Per the [Centers for Disease Control \(CDC\) guidance updated November 17, 2020](#), to practice physical distancing is to stay at least 6 feet from other people who are not from your household in both indoor and outdoor spaces. People from the same household can be in groups together.
- Enact a sign-in policy and have all individuals check in with staff and be screened for symptoms prior to entry into the facility.

- The screening should include checking for symptoms of COVID-19, temperature screening and questions related to exposure to COVID-19 (i.e., was the person within six feet of an infected person for a total of 15 minutes or more over a 24-hour period).
- Exclude any client, visitor or staff showing symptoms of COVID-19 and disinfect any surface that was within six feet of a symptomatic individual.
- Provide training and remind staff, clients/participants and visitors that effective handwashing, use of face masks or face coverings, and physical distancing can help prevent the spread of COVID-19.

Mitigation Plans

Per [PIN 20-48-ASC](#), Adult and Senior Care facilities, including ADPs, are required to submit a COVID-19 Mitigation Plan Report to CCLD. CCLD will review the Mitigation Plan Report and notify the provider of an approval or of corrections needed. Compliance with the facility's Mitigation Plan lessens exposure to COVID-19 as the State moves into this next phase of the pandemic. An ADP can reopen prior to receiving approval from CCLD on their Mitigation Plan.

Change in Services

Providers are reminded that if there are any changes in services that were previously approved by CCLD via the Plan of Operation, then a provider may need to update and submit an updated Plan of Operation to CCLD for approval. Providers should consult with their LPA to determine if this is necessary for the associated facility.

Examples of changes that may need to be updated in the Plan of Operation include, but are not limited to, change in services previously provided in-person that are now provided via telecommunication or video as well as services provided off-site as the primary method for meeting the Needs and Services Plans of the clients/participants, etc.

Capacity

ADPs should continue to follow local public health guidance for capacity. Consider limiting initial reopening capacity to ensure that the number of participants is no larger than the space available to continue the best practice of maintaining at least six feet of physical distancing between each person present to help protect individuals who are not vaccinated.

- **Reminder:** Per the CDC guidance updated November 17, 2020, to practice [physical distance](#) is to stay at least 6 feet from other people who are not from your household in both indoor and outdoor spaces. People from the same household can be in groups together.

Isolation Procedures

As part of the facility's communicable disease containment measures, ADPs should have an isolation room or area (preferably with access to a dedicated restroom) to isolate anyone who begins to have symptoms of a respiratory illness while at the facility. Providers should notify the client's/participant's emergency contact and arrange safe and accessible transportation home for clients/participants or staff showing symptoms of respiratory illness or emergency transportation to a healthcare facility for clients/participants or staff with severe symptoms. Staff should prepare a list of all individuals who have been in close contact with sick clients or staff and should notify local health officials, staff, participants and visitors, of COVID-19 cases.

Staff and client/participants who test positive for COVID-19, whether asymptomatic or symptomatic, should isolate themselves at their home and [follow CDC recommendations](#).

Communal Dining

Providers should maintain the standard of arranging tables and chairs to allow for physical distancing and space seating at least six feet apart per [CDC Guidance for Adult Day Service Centers](#). Clients/participants from the same household do not have to stay six feet away from each other. When this arrangement does not allow for all clients/participants to be included in communal dining, then providers should develop an alternating schedule that allows for staggering communal dining times that will ensure all clients/participants have the opportunity to participate in communal dining.

- The use of face masks or face coverings for clients/participants in a communal dining area must be maintained (except while eating or drinking).

Activities

For infection control measures, providers are encouraged to maintain the following recommended safety protocols:

- Clients/participants may be in group activity rooms (including at the same table) as long as physical distancing, appropriate hand hygiene, face coverings are used (except when eating or drinking) and other appropriate COVID-19 safety precautions are followed. Clients/participants from the same household can be in groups together.
- Prioritize outdoor activities over indoor activities when possible.
- Providers are encouraged to consider the use of cohorts for clients/participants. A cohort is a stable group of staff and clients/participants that stay together for all activities (meals, recreation, etc.). However, assigning cohorts based on vaccination status is a violation of personal rights; therefore, it is important to ensure services provided to clients/participants are consistent for all.

- Providers may consider assigning the same staff to work with the same small group of clients/participants each day to minimize interactions.
- Providers may consider assigning cohorts to a specific room for their use for the program day. Providers may limit and discourage the rotational use of multiple rooms by one group, if another space is required and conditions allow consider moving cohort outside.
- Clean tools, materials, and computers or other equipment before and after the participant has finished using them, or at least daily. Consider using activity supplies that can be sanitized after each use or those that are disposable.
- Schedule types of activities that allow for staff and participants to wear a face covering during the activity and when moving to and from the activity.
- Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity.
- Create a sign-up sheet for each activity to control the number of clients. Sign-ups should be handled by staff to avoid cross contamination by multiple clients touching the same paper/pen/screen.

Public Outings

For infection control measures, providers are encouraged to consider the following:

- Clients/participants have the right to leave facilities for outings such as community events, attending a short meeting, etc. Providers should provide education to clients/participants and their families about the types of activities that are safe. Providers must screen clients/participants for signs and symptoms of COVID-19 upon their return. The screening should include asking the client/participant if they have been in [close contact](#) with someone who tested positive for COVID-19. [Close contact](#) is defined by the CDC as someone who has been within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.
- Providers should continue to follow COVID-19 safety precautions when clients/participants are engaging in activities including public outings in the community as part of the ADP programming.

Transportation

Providers should continue to maintain infection control measures when utilizing shared transportation such as passenger vans, or even smaller vehicles. The CDC recommends the following for [transporting participants](#):

- Passengers should sit as far away from the driver as possible.

- Face masks or face coverings should be worn by all including fully vaccinated individuals.
- When feasible, windows should be open while travelling to increase air circulation.
- Schedule and stagger drop-off or pick-up times for client/participants to avoid crowding.
- Encourage physical distancing among staff and client/participants at the entrance and exit during these drop-off and pick-up times with use of visual cues like tape and signs.
- Seat client/participants who are not in the same household at least six feet apart while in transport vehicles.
- Create client/participant pods (keeping small groups together) to limit mixing and create distance between passengers (for example, skip rows) when possible.
- If transportation is contracted with a provider, contact the provider and ask what their protocols for COVID-19 are and share with clients and staff.
 - Recommend only using transportation services that maintain similar COVID-19 mitigation practices as addressed in this PIN.

Vaccination for COVID-19 and Record Keeping

COVID-19 vaccination is one of the most important tools to help us fully recover from this pandemic and thrive again. Every Californian age 12 and older is now eligible for vaccination; more information on vaccinations can be found on the [California For All website](#). Receiving the COVID-19 vaccine is not required by law and is voluntary. Refusal to be vaccinated is a client's/participant's right, and therefore is not an authorized reason for removing a client/participant from an ADP or denying participation in any activity or service available to any other client/participant solely based on the decision to not receive the vaccine.

ADPs may encourage COVID-19 vaccinations for staff, clients/participants and families:

- The COVID-19 vaccine is available at no out-of-pocket cost.
- Post-Vaccination side effects are usually:
 - Mild to moderate in severity
 - Occur within the first three days of vaccination
 - Resolve within 1-2 days of onset
 - Less frequent and less severe in adults older than 55 years of age
- At this time, there is no mandate for COVID-19 vaccination for providers and facility staff.

Important! People are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization), or two weeks or

more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).

Go to the following websites to find the COVID-19 vaccines that are currently authorized for emergency use by: -

- The [U.S. Food and Drug Administration](#) .
- The [World Health Organization](#)

Proof of Vaccination and Recordkeeping

Providers shall have a plan in place for tracking facility staff vaccination records. Records must be made available, upon request, to the local health jurisdiction for purposes of case investigation. Staff that are not fully vaccinated or for which vaccine status is unknown or documentation is not provided, must be considered unvaccinated. Per the [CDPH Guidance for Vaccine Records Guidelines & Standards](#), only the following modes may be used as proof of vaccination:

- COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered); OR
- a photo of a Vaccination Record Card as a separate document; OR
- a photo of the Vaccination Record Card stored on a phone or electronic device; OR
- documentation of COVID-19 vaccination from a healthcare provider; OR
- digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type. The QR code must also confirm the vaccine record as an official record of the state of California.

Important! WHO Yellow Card refers to the original World Health Organization International Certificate of Vaccination or Prophylaxis issued to the individual following administration of the COVID-19 vaccine in a foreign country.

See [CDPH Guidance for Vaccine Records Guidelines & Standards](#) for information on how individuals may obtain a record of their vaccine. A digital copy of vaccine records for vaccinations administered in CA is also available at myvaccinerecord.cdph.ca.gov.

Providers should continue to monitor the [CDSS website](#) for updates to this guidance as well as other guidance that may be released related to ADPs. In addition, all providers should continue to follow guidance or instruction from participant health care providers, the CDC, CDPH, and local health departments.

If there are contradictory requirements between the most current CDC, CDPH, CDSS, CDDS and local health department guidance or health orders, providers should follow the strictest requirements. *However, there may be times where a provider will need to contact their Regional Office for assistance if the strictest requirements appear to be in conflict with the best interest of clients/participants.*

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](#)
 - [Find a Testing Location](#)
- [Local health departments](#)

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

PIN Summary for Clients/Participants

A Companion Guide for Provider Information Notice (PIN) 21-33-ASC, Adult Day Program (ADP): Infection Control Guidance.

We prepared this **Summary for Clients/Participants** as a companion to **PIN 21-33-ASC** to inform you of guidance we provided to your care provider concerning your care.

The Community Care Licensing Division (CCLD) has developed this PIN to encourage ADP providers to remain diligent with their operations while incorporating the necessary infection control prevention and mitigation strategies. In addition, PIN 21-33-ASC provides new guidance to providers on testing and masking requirements pursuant to the updated public health order from CDPH issued on July 26, 2021 and takes effect August 9, 2021. The purpose of this PIN is to reiterate information or provide new guidance where noted for the following topics that have been the primary focus of the most frequently asked questions from ADP providers and to inform providers of:

- Masking *!NEW!*
- Testing *!NEW!*
- Opening Guidance
- Mitigation Plans
- Change in Services
- Capacity
- Isolation Procedures
- Communal Dining
- Activities
- Public Outings
- Transportation
- COVID-19 Vaccination and Recordkeeping *!NEW!*

Adult and Senior Care (ASC) residential facilities have made progress in vaccinating participants and facility staff. However, COVID-19 cases in ASC facilities are rising and current infection prevention guidelines, such as masking, have not shown to be enough to prevent the transmission of the virus. This PIN updates testing and masking guidance.

Important! “[Fully vaccinated](#)” means two (2) weeks after receiving the second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or two (2) weeks after a single-dose vaccine, like Johnson & Johnson’s Janssen vaccine. If you don’t meet these requirements, you are NOT fully vaccinated.

TESTING IN FACILITIES

Effective August 9, 2021, if your facility has not had any diagnosed COVID-19 cases among participants or facility staff for at least 14 days, CDSS requires the provider of your facility must test all unvaccinated or incompletely vaccinated facility staff (paid or unpaid) without symptoms of COVID-19 at least once weekly. The provider of your facility must have a plan in place to track facility staff testing results and vaccination status. Testing of fully vaccinated facility staff without symptoms of COVID-19 is not currently required.

USE OF N95 RESPIRATORS AND SURGICAL MASKS FOR FACILITY STAFF

N95 Respirators for Facility Staff

- Consistent with [PIN 21-12-ASC](#), the provider of your facility must require facility staff to wear an N95 respirator, regardless of their vaccination status, when a COVID-19 positive participant or suspected case may be present at the facility.
- The provider of your facility must be able to provide an N95 respirator to an unvaccinated employee upon request.

Required Use of FDA-Cleared Surgical Masks for Unvaccinated or Incompletely Vaccinated Facility Staff

Unvaccinated or incompletely vaccinated facility staff in your facility are required to wear a [surgical mask](#) in indoor settings anywhere they are working with another person, per current [California Department of Public Health Guidance](#).

HEALTH INSURANCE COVERAGE REMINDERS

As provided by federal law, your health insurance plan must cover the cost of COVID-19 tests for you without requiring you to pay out-of-pocket costs or meet certain screening criteria, as long as you are getting COVID-19 testing for COVID-19 diagnosis or treatment.

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

If you have any questions, please reach out to your provider or care provider.