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GAVIN NEWSOM  
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PIN 21-32.1-ASC  
**(Supersedes PIN 21-32-ASC)**

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL  
LICENSEES

FROM: *Original signed by Kevin Gaines*  
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Deputy Director  
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SUBJECT: **UPDATED FACILITY STAFF TESTING AND MASKING GUIDANCE  
FOR CORONAVIRUS DISEASE 2019 (COVID-19)**

**Provider Information Notice (PIN) Summary**

PIN 21-32.1-ASC supersedes PIN 21-32-ASC, dated July 27, 2021. This PIN includes routine diagnostic screening testing guidance for facility staff in Adult and Senior Care (ASC) residential facilities. PIN 21-32.1-ASC also provides updated guidance related to N95 respirators and surgical masks for facility staff. PIN 21-32.1-ASC removes the proof of vaccination requirement identified in PIN 21-32-ASC that the QR code must confirm the vaccine record as an official record of the State of California.

Underlined text in this PIN indicates where additions have been made.

***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.***

COVID-19 vaccines are effective in reducing infection and serious disease. According to the California Department of Public Health (CDPH) and the State Public Health Officer, as transmissible variants of the COVID-19 virus circulate in California,

cases are rising rapidly and the vast majority of cases are occurring in unvaccinated individuals. The Delta variant, which is very highly contagious and possibly more virulent, is currently the most common variant causing new infections in California. Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air.

While ASC residential facilities have made progress in vaccinating residents and facility staff, incidences of COVID-19 in ASC residential facilities are rising. As described in the [State Public Health Officer Order dated July 26, 2021](#), because current requirements such as universal mask requirements for all staff are not proving sufficient to prevent transmission of the Delta variant, transmission prevention measures must be increased to reduce the chance of transmission to vulnerable populations. In order to prevent the further spread of COVID-19, the California Department of Social Services (CDSS) is updating routine diagnostic screening testing and masking guidance pursuant to the State Public Health Officer Order of July 26, 2021. Effective August 9, 2021, this PIN updates testing guidance as follows:

- Removes the 70% vaccination level minimum among residents and staff to determine routine diagnostic screening testing schedule;
- Requires licensees verify vaccine status of all facility staff;
- Requires all facility staff who are unvaccinated or incompletely vaccinated to undergo diagnostic screening testing at least once per week and for licensees to verify a negative COVID-19 test;
- Requires licensees have a plan in place for tracking facility staff vaccination status and make records of vaccine verification available to the local health jurisdiction for purposes of case investigation; and
- Requires unvaccinated or incompletely vaccinated facility staff to wear an FDA-cleared surgical mask in indoor settings anywhere they are working with another person.

**This PIN takes effect on August 9, 2021. Facilities must be in full compliance with this PIN by August 23, 2021.**

Estimates of the effectiveness of COVID-19 vaccines currently authorized for use in the U.S. to prevent COVID-19 infection range between 86%-90%, regardless of whether the individual has symptoms or not. To sustain the current lowered number of COVID-19 cases, and to be able to detect and contain transmission promptly in the event of future surge(s), it remains necessary to continue measures to prevent COVID-19 exposures and transmission among unvaccinated staff and residents within ASC residential facilities. 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**

### **Proof of Vaccination and Recordkeeping**

Per the [State Public Health Officer Order of July 26, 2021](#), only the following modes may be used as proof of vaccination:

- COVID-19 Vaccination Record Card (issued by the CDC 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.

**Note:** This PIN no longer includes the proof of vaccination requirement identified in PIN 21-32-ASC which stated, "The QR code must also confirm the vaccine record as an official record of the State of California."

In the absence of knowledge to the contrary, a facility may accept the documentation presented as valid.

**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. Also see the

[Digital COVID-19 Vaccine Record website \(myvaccinerecord.cdph.ca.gov\)](https://myvaccinerecord.cdph.ca.gov) for a digital copy of vaccine records for vaccinations administered in California.

Licensees must have a plan in place for tracking verified facility staff vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation.

Facility staff who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

**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 additional information about the COVID-19 vaccines that are currently authorized for emergency use by:

- The [U.S. Food and Drug Administration](https://www.fda.gov)
- The [World Health Organization](https://www.who.int)

### **Diagnostic Screening Testing 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. Effective August 9, 2021, facilities that do not have any diagnosed COVID-19 cases among residents or facility staff for at least 14 days must modify diagnostic screening testing as follows:

- Asymptomatic **unvaccinated** or incompletely vaccinated facility staff (paid and unpaid) are **required to undergo** diagnostic screening testing.
- Licensees may choose to use antigen or molecular 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, especially with antigen testing. 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 workers is not currently required. Licensees may consider continuing routine screening testing for fully vaccinated facility 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 workers 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.

Licensees 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. There are IT platforms available that can facilitate these processes for employers. Licensees should also consult [CDPH Testing Guidance/CDC guidance on workplace screening testing](#) for additional cohort specific considerations. 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 resident or staff member in an ASC residential facility has been identified to have COVID-19.

Facilities should continue to perform response testing of:

- Facility staff and residents with signs and symptoms consistent with COVID-19 regardless of their vaccination status.
- Asymptomatic unvaccinated or incompletely vaccinated facility staff and residents who 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 (resident 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 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. 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.

See [PIN 21-23-ASC](#) for quarantine and isolation requirements for facility staff who are fully vaccinated, facility staff who were exposed to a person with COVID-19, and facility staff who test positive for COVID-19.

## **USE OF N95 RESPIRATORS AND SURGICAL MASKS FOR FACILITY STAFF**

### **N95 Respirators for Facility Staff**

COVID-19 is an airborne infectious disease. The Aerosol Transmissible Disease (ATD) Standard (Title 8 Section 5199) requires employees working in an area or residence 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 employees.

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. *ASC residential facilities licensed by CDSS are covered by the ETS.*

Consistent with the above, licensees must continue to follow guidance related to COVID-19 personal protective equipment (PPE) in [PIN 21-12-ASC](#), including the requirement for facility staff to wear an N95 respirator when caring for COVID-19 positive residents (“red” area) or residents in “yellow” cohorts. In circumstances where an N95 respirator is required, the facility staff member must wear an N95 respirator regardless of their vaccination status.

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

All facilities must strictly adhere to current [CDPH Masking Guidance](#). Where Title 8 of the California Code of Regulations or CCLD PINs do not require the use of N95 respirators, licensees 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.

## **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 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 \(cms.gov\)](#).

## **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, please contact your local

- [Adult and Senior Care Regional Office](#)

**Provider Information Notice (PIN) Summary for Residents  
PIN 21-32.1-ASC Updated Facility Staff Testing and Masking 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 21-32.1-ASC** to inform you of guidance we have provided to your care providers concerning your care.

Adult and Senior Care (ASC) residential facilities have made progress in vaccinating residents and facility staff. However, COVID-19 cases in ASC residential 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 RESIDENTIAL FACILITIES**

Effective August 9, 2021, if your facility has not had any diagnosed COVID-19 cases among residents or facility staff for at least 14 days, CDSS requires the licensee of your facility to modify their testing schedule in accordance with the [State Public Health Officer Order of July 26, 2021](#), as follows:

- The licensee 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 licensee 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.
- As soon as possible after a COVID-19 positive resident or staff member is identified in a facility, the licensee of your facility should test all residents and facility staff at least weekly, until no new cases are identified over a 14-day period. Independent Continuing Care Retirement Community (CCRC) residents do not need to be tested unless they have been in communal settings with other residents.
- The licensee of your facility should continue to test the following individuals:
  - Facility staff and residents with signs and symptoms consistent with COVID-19 regardless of their vaccination status.
  - Unvaccinated or incompletely vaccinated facility staff and residents without symptoms of COVID-19 who 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)



## **USE OF N95 RESPIRATORS AND SURGICAL MASKS FOR FACILITY STAFF**

### **N95 Respirators for Facility Staff**

- Consistent with [PIN 21-12-ASC](#), the licensee of your facility must require facility staff to wear an N95 respirator, regardless of their vaccination status, when caring for COVID-19 positive residents or residents under quarantine.
- The licensee 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 \(www.HealthHelp.ca.gov\)](#).

***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.***