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PIN 20-23-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

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

SUBJECT: **UPDATED GUIDANCE ON CORONAVIRUS DISEASE 2019 (COVID-19)
RELATED TO THE CRITICAL ROLE OF TESTING, MODIFICATION OF
VISITATION GUIDELINES, NEED FOR INFECTION PREVENTION AND
CONTROL, AND USE OF FACE COVERINGS IN ADULT AND SENIOR
CARE FACILITIES**

Provider Information Notice (PIN) Summary

PIN 20-23-ASC provides updated guidance to Adult and Senior Care (ASC) licensees related to the critical role of testing for COVID-19, modification of visitor guidelines, guidance for vigilant adherence to infection control and prevention practices to prevent the transmission of COVID-19 in ASC facilities, and mandated use of face coverings.

The California Department of Social Services (CDSS) remains committed to providing updated COVID-19 guidance as new information becomes available. At the time of this PIN's release, the State of California is in Stage 2 of the [Resilience Roadmap](#), where various workplaces can gradually reopen with adaptations upon approval from the local health department. This PIN provides guidance on testing for COVID-19 in residential care facilities and provides updates to [PIN 20-07-ASC](#) as it relates to direction on reopening modifications related to visitation, communal dining, and daily activities.

Residents in Continuing Care Retirement Communities (CCRC) who live independently are *generally* exempt from testing requirements and visitation

restrictions. Exceptions to being exempt from testing requirements include the person being symptomatic for COVID-19, exposure to a person who has tested positive to COVID-19, are moving into the facility, or are returning from being treated in the hospital.

All providers shall continue to follow guidance in all applicable [CDSS PINs](#) in addition to guidance or instructions from health care providers, the [Centers for Disease Control and Prevention \(CDC\)](#), [California Department of Public Health \(CDPH\)](#), and [local health departments](#). If there are contradictory requirements between the most current CDC, CDPH, CDSS, and local health department guidance or health orders, providers should follow the strictest requirements.

As a reminder, providers must develop an emergency disaster plan, which should include illness outbreaks such as the COVID-19 pandemic.

Testing for COVID-19 in Residential Facilities

Prevention, containment, and mitigation measures are essential to stop the spread of COVID-19. Testing is additional tool to intervene early in an outbreak, as well as to assist a licensee in developing an effective plan to reduce the spread of COVID-19 in their facility. Testing does not replace or preclude other infection prevention and control interventions, including monitoring all residents and staff for signs and symptoms of COVID-19, universal masking by staff and residents for source control, use of recommended personal protective equipment (PPE), and environmental cleaning and disinfection. With the potential for staff to test positive for COVID-19, all facilities must be prepared for staffing shortages and have plans and processes in place to mitigate them.

Additionally, all facilities will need to have plans for the following:

1. How test results will be explained to the resident or staff;
2. How to communicate information about any positive cases of residents or staff in the facility to family members or responsible parties;
3. How results (positive or negative) will be tracked for residents and staff at the facility, and methods for communication of facility results to the local health department; and the local Community Care Licensing Regional Office.
4. How results will be used to guide implementation of infection control measures, resident placement, and staff and resident cohorting.

Types of Testing

There are two types of tests available for COVID-19: [viral tests](#) and [antibody tests](#).

- A Polymerase Chain Reaction (PCR) test, referred to as a viral test, tells you if you have a current infection.
- An antibody test tells you if you had a previous infection.

For purposes of this guidance, the PCR test should be used when testing residents and staff and the prescriber should ideally be a primary care provider. The licensees or licensee representative should verify with the prescriber that the PCR diagnostic test is the one being prescribed. Viral test results capture the presence or absence of the virus at the time the specimen was collected. It is important to remember, the person's condition may change with subsequent exposure, therefore infectious disease control measures remain important even after a resident has tested negative.

Note: Antibody tests may not be able to show a current COVID-19 infection because it can take 1-3 weeks after infection to make antibodies. Because of this, antibody tests are not useful for the purposes of diagnosing a current infection. Instead the use of a viral test is recommended as noted above.

Testing of New or Returning Residents

All new residents should be tested prior to moving into the facility. Similarly, prior to returning to a facility, all residents who were treated at a hospital, or admitted to [CDSS contracted facility](#) or CDPH contracted alternate care site, should be tested.

Testing of New or Returning Staff

All new staff must be verified by a health screening and should be tested prior to working in the facility. Similarly, all staff who are returning from a leave of absence should also be tested.

Testing in Facilities without COVID-19

In facilities that currently do not have any diagnosed COVID-19 cases among residents or staff, CDPH recommends the following:

- For residents, testing should only be considered for those who present with symptoms of COVID-19 illness or were exposed to a person who tested positive for COVID-19. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, shortness of breath) but some people may present with other symptoms as well such as chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.
- For staff, facilities should conduct surveillance testing of 10 percent of all staff every 14 days (e.g. choose different staff to test every 14 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.

CDSS may adjust the scope and frequency of staff testing based on community spread data and prevalence of the virus in the community.

Negative Test Result

All residents should be screened for fever, respiratory symptoms, or [other symptoms](#) of **possible COVID-19 infection each day**. Where appropriate, independent CCRC residents may self-screen.

Staff should also be screened for fever, respiratory symptoms, or other symptoms of possible COVID-19 infection each day they work.

Positive Test Result

For residents who test positive for COVID-19, whether asymptomatic or symptomatic, the resident must isolate in a separate bedroom with a bathroom until the following conditions are met:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g., cough and shortness of breath); **AND**
- At least 14 days have passed since symptoms first appeared.

For staff who test positive for COVID-19 and who are asymptomatic, meaning that they have NOT had any symptoms, CDPH recommends that these individuals be instructed to care for themselves at home and not return to work until the following conditions are met:

- At least 10 days have passed since the date of the positive viral COVID-19 test.

For staff who test positive for COVID-19 and who then present with symptoms during their 10-day isolation period, they may return to work once the following conditions are met:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g. cough and shortness of breath); **AND**
- At least 10 days have passed since symptoms first appeared.

In accordance with CDPH and CDC guidance, **staff** should be provided the information below about how to appropriately isolate within their home.

Staff Home Isolation

Isolation of persons who are infectious, i.e. individuals who have tested positive for COVID-19, can be done at home provided the following conditions are in place.

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who is sick, consider the following:
 - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air, if possible.
 - Maintain at least 6 feet between beds, if possible.
 - Sleep head to toe (i.e. head and toe are on opposite ends of their respective beds).
 - Put a curtain around or place a physical divider (e.g. shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be [disinfected](#) after use.

What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the infected person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the person's infectious secretions.
- Appropriate [cleaning](#) supplies for disinfecting the household.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care, if needed.
- Food, medications, laundry, and garbage removal.

When to seek care:

- If new symptoms develop or their symptoms worsen.
- If the infected person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person has COVID-19. The person should wear a facemask (or if unavailable, a cloth face covering) for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
 - Trouble breathing
 - Bluish lips or face
 - Persistent pain or pressure in the chest
 - New confusion

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk of COVID-19. This may consist of oxygen saturation measurement or other assessments. Persons in isolation can be contacted regularly

during isolation to assess for clinical worsening and other needs. Frequency and mode of communication should be customized based on risk for complications and difficulty accessing care.

Staff Home Quarantine

Quarantine of persons who have been exposed to an individual who has tested positive for COVID-19 can be done at home if the following conditions are in place:

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who was exposed, consider advising the following:
 - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air, if possible.
 - Maintain at least 6 feet between beds, if possible.
 - Sleep head to toe (i.e. head and toe are on opposite ends of their respective beds).
 - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be [disinfected](#) after use.

Note: When everyone living in a household has been exposed, there is no requirement for a separate bedroom or bathroom if all persons remain without symptoms and without a positive COVID-19 test. However, facemasks (or if unavailable, cloth face coverings) for those quarantined are needed for any possible encounter with persons entering from outside the household.

When just one person is quarantined in a household with other household members who have not been exposed, a separate bedroom and separate bathroom (or one that can be disinfected after use) are needed. Additionally, facemasks (or if unavailable, cloth face coverings) for the quarantined individual and disinfectants to clean surfaces are needed for any possible encounter with persons entering from outside the household.

What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the exposed person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the exposed person's infectious secretions.
- Appropriate [cleaning](#) supplies for disinfecting the household.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

Clinical monitoring:

- Quarantined individuals should be instructed to self-monitor for symptoms (i.e. check temperature twice a day, watch for fever, cough, shortness of breath, and [other symptoms that can be attributed to COVID-19](#)).
- Individuals at home who are originally quarantined and then develop symptoms should be tested immediately. They should be isolated and follow the recommendations above for “Staff Home Isolation.” If it is determined that they cannot suitably isolate at home, an alternate site of isolation should be considered.

Testing in Facilities with COVID-19

As soon as possible after one (or more) COVID-19 positive individuals (resident or staff) is identified in a facility, retesting of all residents (excluding independent CCRC residents, unless they have been in communal settings with other residents) and staff should be performed every 14 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule as outlined above.

If there are multiple buildings at a facility, and those who have tested positive are clustered in one building, serial testing should only occur among residents and staff in that building. It may not be necessary to test residents and staff across multiple buildings so long as staff are not moving among buildings to provide services or having close contact with staff providing services in a building caring for residents who are COVID-19 positive.

If there are positive cases across multiple buildings at any given facility, all residents and staff across all buildings should be tested every 14 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule as outlined above.

CDSS may adjust the scope and frequency of resident and staff testing based on community spread data and prevalence of the virus in the community.

Finding a Testing Site

The Testing Task Force has developed the [Finding a Testing Site](#) webpage (testing.covid19.ca.gov), where individuals can search for the nearest available COVID-19 testing location. The website features both state and community-based testing locations, including sites operated by Verily and OptumServe, which are open to

Californians who meet [current testing guidelines](#). Testing is free for all individuals, including those who are uninsured or undocumented. Individual testing results must be provided to the licensee. The licensee must keep the test results confidential.

On the [Finding a Testing Site](#) webpage, Californians are able to find a COVID-19 testing site near their location by using any one of the following options:

- Choose Current Location
- Search by Address, City, or Zip Code
- Click on the interactive map
- Users can adjust their search radius to their preferred distance

Search results provide the user with site information, such as the address, hours of operation, any requirements, and the option to schedule an appointment where needed for non-drop-in locations. Note that the timeframe for receiving test results varies by testing site.

Alternate Staffing Plans

As the COVID-19 pandemic progresses, staffing shortages are likely to occur. Licensees should be prepared for potential staffing shortages and have a plan in place to mitigate this. In order to prepare and maintain appropriate staffing levels, licensees should:

- Understand their staffing needs and the minimum number of staff needed to provide care and a safe work environment; and
- Be in communication with the local Regional Office to identify and recruit additional staff when needed.

If unable to provide adequate staffing, contact the local Regional Office to discuss a temporary relocation of persons in care who tested positive for COVID-19 to a [CDSS contracted facility](#).

Recommended Mitigation Measures/Reopening Strategies

A facility can begin to ease restrictions related to visitation, communal dining, and activities as specified below.

In all instances, easing of restrictions should include:

- Daily symptom screenings and temperature checks of residents and staff;
- Following physical distancing guidelines (i.e. space to allow individuals to remain 6 feet apart);
- Universal source control;
- Use of face coverings (For more information, see “Required Use of Face Coverings” below); and

- Enhanced cleaning and disinfecting protocols.

Facility Entering and Exiting Strategies

The following are strategies to help reduce the spread of COVID-19 when individuals enter and exit a facility.

- Designate one area to enter the facility and a different area to exit the facility.
- Require the use of face coverings (For more information, see “Required Use of Face Coverings” below).
- Add signage at entrances outlining proper face covering usage and current physical distancing practices in use throughout facility.
- Designate person(s) to conduct initial screening for individuals entering facility.
- Take the temperature of individuals entering the facility using a no-touch thermometer. A temperature of 100.4 or above indicates a fever.
- Ask individuals entering 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.
- Ask staff to check their temperature at home before leaving for work. Advise them to put on a face covering, regardless of symptoms, before leaving their home.
- 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.
- Make available and encourage use of handwashing stations or hand sanitizer upon entry and while in the facility.
- Record name and contact information for individuals entering the facility for possible contact tracing at a later date.

Staff conducting screening should wear PPE, in addition to a face covering, unless separated from individuals being screened by a physical barrier or partition. Staff conducting screening should also make interactions as brief as possible by limiting the interaction to screening questions only.

Visitation

In accordance with current public health guidance, visitation by non-essential individuals should be limited until all of the following conditions are met:

- There have been no new transmissions of COVID-19 at the facility for 14 days.
- Facility is not experiencing staff shortages.
- Licensee has adequate supplies of PPE and essential cleaning supplies to care for persons in care.
- Licensee has adequate access to COVID-19 testing as outlined in the “Testing for COVID-19 in Residential Facilities” section above.

- Require visitors to wear face coverings (i.e. facemasks or cloth face coverings).

Note: If all the above conditions are met, indoor visitation at the facility is permitted. See “**Other Safety Protocols**” below for best practices.

During the time when visitation is limited as indicated above, following exceptions apply:

- Allow limited visits on the facility premises where there is 6 feet or more physical distancing, source control, and infection control (e.g. drive-by visits or visit through a resident’s window).
- Allow visitation for 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).
- Allow visitation for social workers who are legally responsible for a person’s care to carry out their duties.
- As otherwise required in the Visitation Waiver in [PIN 20-09-CCLD](#).
- Allow CDSS, CDPH, local health department officials, healthcare providers, Ombudsman, and essential government authority to enter or conduct investigations at the facility.

Other Safety Protocols

- Allow scheduled visits on the facility premises where there is 6 feet or more physical distancing, and both residents and visitors wear face coverings with staff monitoring infection control guidelines (e.g. large communal spaces, outdoor visits, space close to facility entrance to reduce traffic in facility).
- 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.
- Screen all visitors for symptoms, including temperature screenings.
- Visitors should physically distance during their visit.

Communal Dining

Communal dining should be modified to help prevent the transmission of COVID-19 in the facility as specified below.

Communal dining can be reintroduced in a limited way if persons in care:

- Can remain at least 6 feet apart;
- Can eat in shifts to reduce the number of persons dining at any one time; and

- Wear face coverings before and after dining.

Any person in care that has tested positive for COVID-19 should not participate in communal dining until they have a negative test result.

Measures to help prevent disease transmission during dining include:

- Clean surfaces with soap and water then disinfect with a household disinfectant, prior to serving meals following the instructions on the label.
- Ensure residents handwash upon entering dining area or provide access to alcohol-based hand sanitizer with 60-95% alcohol.
- Have staff serve food to persons in care.
- Use disposable plates, napkins, and/or silverware. Avoid using linen tablecloths.
- Utilize outdoor space, weather permitting, for dining.
- When in-person dining is not available, a facility can make available a grab-and-go meal service to allow a person in care to eat their meal in their room.

Additional easing of restrictions may be recommended if community transmission of COVID-19 decreases from current levels.

Activities

Activities are an important part of maintaining a person's physical and mental health. During this time where visitation may be limited or restricted, providers have an increased obligation to engage with residents in a safe manner. This can be through modified activities or other engagements.

Activities should be encouraged but modified to help prevent the transmission of COVID-19 in the facility as specified below.

Examples of Modified Activities

- Allow for persons in care to socialize in common areas where social distancing and source control can be accomplished.
- Facilitate modified group activities, which could include book clubs, crafts, movies and bingo and other activities, that include 6 feet physical distancing and other infection control measures.
- Encourage use of technology to video chat family members, friends, or other persons in care.
- Deliver disposable paper games, such as crossword puzzles or word searches, or art supplies to persons in care.
- Have staff visit persons in care from the hallway with a traveling ice cream sundae or happy hour cart.
- Set up a space outdoors for socially distanced games, crafts, or group exercise.
- Set up games that can be played by phone or PA system, or from hallways, such as bingo and singalongs.

- Set up video streaming from the in-house TV station for persons in care to enjoy daily exercise classes, concerts, movies, lectures, and religious ceremonies.
- Start a pen pal program for persons in care.

Schedule

- Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity.
- Schedule activities in a staggered fashion to limit number of persons in care participating at any one time.

Entering and Exiting

- Arrange entering and exiting into a group activity or common area so persons in care do not come within 6 feet of each other. This can be accomplished through the following ways:
 - Designate one area to enter and a different area to exit (i.e. enter through one door and exit through another).
 - Time activity so all participants can exit the activity prior to the next group of participants arriving.
 - Add floor markings to indicate 6 feet separation.
 - Add signage and/or furniture placement that cues at least 6 feet of distance between participants entering and exiting.

Other Safety Protocols

- Maintain at least 6 feet of physical distancing between participants and ensure no more than 10 individuals are in the room for the activity.
- Determine maximum group size, ensuring it is in conformance with your local health department guidelines related to physical distancing guidelines.
- Shorten activity time to reduce risk of exposure.
- Schedule types of activities that allow for staff and persons in care to wear a face covering during the activity and when moving to and from the activity and their room.
- Create a sign-up sheet for each activity to control the number of participants. Sign-ups should be handled by staff to avoid cross contamination by multiple participants touching the same paper/pen/screen.
- Consider using activity supplies that can be sanitized after each use or those that are disposable.
- Notify all participants of the rules for activities and common space usage to prevent the spread of infection.
- Remove furniture, except enough for the maximum number of persons in care allowed in the area at any one time.

Infection Prevention and Control Reminders and Additional Resources

CDSS released guidance on infection prevention and control in a PowerPoint presentation titled “[Prepare for COVID-19 in Residential Facilities](#),” which can be found on the [Community Care Licensing Division \(CCLD\) landing page for COVID-19](#) under the “Additional Resources” tab. This presentation also includes information on the following topics:

- Quarantine, Isolation, and Cohorting
- Use of PPE

[PIN 20-20-ASC](#) provides licensees guidance on how to collect, properly package, and ship used N95 respirators to Battelle for decontamination through the Battelle Critical Care Decontamination System (CCDS)TM.

Licensees seeking PPE for persons in care and staff may contact the local Regional Office for assistance. The [Medical Health Operational Area Coordinator \(MHOAC\)](#), under the [Emergency Medical Services Authority \(EMSA\)](#), is an alternative place for licensees to request resources. If contacting MHOAC, e-mail is recommended to log the request if phonelines are impacted.

Strategies in Caring for Persons in Care with Dementia, Individuals with Intellectual Disability, or Mental Illness

When working with a person in care exhibiting behaviors that pose a challenge in complying with guidelines, licensees are encouraged to:

- Use a calm and steady tone of voice to educate the person in care on the importance of observing protocols, such as good hand hygiene and physical distancing to help prevent the spread of the COVID-19;
- Redirect the person in care when possible; and
- Reach out to county behavioral health department or placing agency such as the local regional center, for assistance in addressing these types of behaviors.

The following resources provide useful information and best practices for providing care to persons with dementia:

- California Department of Social Services
 - [Best Practices for Caring for Individuals with Dementia During Coronavirus Disease 2019 \(COVID-19\)](#)
- Alzheimer’s Association
 - [Coronavirus \(COVID-19\): Tips for Dementia Caregivers in Long-Term or Community-Based Settings](#)

- [Emergency Preparedness: Caring for persons living with dementia in a long-term or community-based setting](#)

Providers are also encouraged to visit the following website for more information on caring for persons with mental or developmental behaviors:

- California Department of Developmental Services
 - [Coronavirus Information and Resources](#)

Required Use of Face Coverings

Consistent with [Guidance for the Use of Face Coverings](#) issued by the California Department of Public Health, individuals in ASC facilities are **mandated to wear face coverings**. This requirement is applicable to all facility staff. Persons in care should be reminded that they are required to abide by face covering requirements at all times when they leave the facility, and as much as practically possible, while in the facility (e.g. in a large facility where a resident is moving between their bedroom and a common area; in common areas where 6 feet physical distancing is not possible, etc.). The mandated use of a face covering is in addition to existing guidance related to proper physical distancing and handwashing.

Individuals exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it. **This applies to staff in ASC facilities.**

Exceptions – Face Coverings

There are specified exceptions to the mandate to wear a face covering. Exceptions that may apply to persons in care include, but are not limited to:

- Persons with 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 face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication;
- Persons who are obtaining a service involving the nose of face where temporary removal of face covering is necessary;
- Persons who are eating at a restaurant or other establishment offering food or beverage service, to remove face covering while they eat and maintain proper social distance;
- Persons who are engaged in outdoor work or recreation, and able to maintain at least six feet from others.

Additional Resources

The following resources are also 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](#)
 - [Key Strategies to Prepare for COVID-19 in Long-Term Care 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](#).