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# NF Updates and Q&A HHSC LTC Regulation and DSHS

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**December 14, 2022**

For more information:

Web: [Coronavirus \(COVID-19\) Provider Information](#)

Web: [Nursing Facilities \(NF\) Provider portal](#)

Email: [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov) | Phone: (512) 438-3161

# NF Updates

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## Panelist

Kevin Knippa

Senior Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# Overview

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- Announcements and reminders
- DSHS update
- Priority alerts
- PASRR update
- TMF Health Quality Institute update
- RAI-MDS update
- COVID-19 and Infection Prevention and Control updates
- Poll: Q&As from previous webinar



## **Next Webinar:** **Wednesday, March 8, 2023 at 2:30 p.m.**

- Registration information is sent at least two weeks before each webinar via [GovDelivery email](#).
- An alert is also posted to the [Nursing Facility Provider Portal](#) in the Communications section.
- The recording and slides from today's webinar will be posted to the [Nursing Facility Provider Portal](#) and sent out via [GovDelivery alerts](#).
- Webinar recordings and slides are typically posted within a few days of the session.



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# NF Updates

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## Panelist

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Director of Public Health Nursing  
Division of Regional and Local Health Operations

DSHS: [dshs.texas.gov](https://dshs.texas.gov)



# Department of State Health Services

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Links to current information:

- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [News and Alerts](#)
- Facebook: [facebook.com/TexasDSHS](https://facebook.com/TexasDSHS)
- Twitter: @TexasDSHS



# CDC Update on COVID-Related Deaths

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- Adults ages 65 years and older continue to have the highest COVID-19-related mortality rates.
- COVID-19 vaccines continue to reduce the risk of COVID-19 deaths among all age groups, including older adults, with the greatest protection observed among people who stay up to date with their COVID-19 vaccinations.



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# CDC Update on COVID-Related Deaths

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Signs of improvement:

- COVID-19–related deaths substantially decreased in the United States in March 2022. During April–early November 2022, this initial decline was largely sustained and the overall number of COVID-19–related deaths remained relatively stable.
- Vaccines continued to be effective in reducing COVID-19–related mortality



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# CDC Update on COVID-Related Deaths

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What is changing?

- An increased proportion of COVID-19–related deaths are being reported in settings such as homes, long-term care facilities and hospice facilities than in prior years of the pandemic.



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# CDC Update on COVID-Related Deaths

Improvement is needed to decrease risk for COVID-19–related mortality.

- During April–September 2022, a higher number of all-cause deaths in the US than expected based on previous years of data.
- Adults aged  $\geq 65$  years continued to have the highest COVID-19–related mortality rates.
- Adults aged  $\geq 85$  years remained at particularly high risk of dying, with the proportion of COVID-19–related deaths increasing during April–September from  $\sim 28\%$  to  $\sim 40\%$  of COVID-19–related deaths.



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# CDC Update on COVID-Related Deaths

- Older adults and people with disabilities and underlying medical conditions continued to account for the highest proportion of COVID-19–related in-hospital deaths.
- COVID-19–related deaths were rare among adults aged 18–49 hospitalized during May–August 2022, but those that did occur were most often among unvaccinated persons.
- COVID-19 vaccines continued to reduce the risk of dying among all age groups, including older adults, with the most protection observed among people who have received  $\geq 2$  booster doses.



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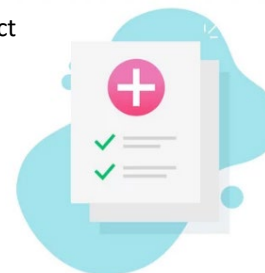
# Proactive Infection Control Assessment (ICAR) Visits



The Texas Department of State Health Services (DSHS) Healthcare Safety Unit is conducting non-regulatory, proactive infection control assessments (ICAR) to help nursing facilities (NFs) and assisted living facilities (ALFs) reduce health care-associated infections (HAIs).

## Benefits of completing a proactive ICAR with DSHS:

- FREE access to an infection prevention and control (IPC) subject matter expert – ask all your Infection Control questions!
- Review of infection prevention program and practices.
- Feedback and evidence-based resources tailored to your facility's unique needs.
- Non-regulatory, on-site visit to help strengthen your IPC program and prepare for future licensing and certification assessments.



## After completion of the proactive ICAR, facilities will receive:

- An Ultraviolet (UV) Glo Germ Kit to conduct hand hygiene and environmental audits.
- Enrollment in an online Long-Term Care Infection Preventionist Essentials educational course through APIC.
- One sponsorship to take an infection control certification exam through the Certification Board of Infection Control (CBIC).

## Interested in participating?

To schedule your free non-regulatory assessment, email [ICAR@dshs.texas.gov](mailto:ICAR@dshs.texas.gov) today! Include your facility name and facility address, including county, and point-of-contact in the email.



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Texas Department of State  
Health Services

[dshs.texas.gov](https://dshs.texas.gov)

# NF Updates

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## Panelist

Robert Ochoa

Senior Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# HHSC Complaint and Incident Intake Voicemail Reporting Option Ends 12/31

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The provider self-reporting voicemail option will be transitioned out of service on Dec. 31, 2022. Effective Jan. 1, 2023, provider self-reported incidents must be submitted using one of the methods indicated below:

- Online via [TULIP](#)
- Email [ciicomplaints@hhs.texas.gov](mailto:ciicomplaints@hhs.texas.gov)
- Call 800-458-9858 (available Monday–Friday, 7 a.m.–7 p.m.)

Please ensure that all initial self-reported incidents include the relevant information detailed in [Provider Letter 18-20](#).



# End of Grace Period for Certain NFA Licensure Renewals: Jan. 31, 2023

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- All NFA licenses active as of Feb. 11, 2022 and after have been under a grace period as defined in [PL 2022-20](#). This ends on January 31.
- All NFAs whose license expiration date is between Feb. 11, 2022 and Jan. 31, 2023 are required to submit their renewal application in [TULIP](#) by Jan. 1.
- It is the NFA's responsibility to report and escalate any issues with submitting a renewal in TULIP.





# NFA Licensure Renewals: Using TULIP

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- For issues logging into TULIP, email TULIP Support at [TULIPSupport@hhsc.state.tx.us](mailto:TULIPSupport@hhsc.state.tx.us).
- To escalate an issue sent to TULIP Support, or for questions about the application itself, email [nfa\\_licensing\\_program@hhs.texas.gov](mailto:nfa_licensing_program@hhs.texas.gov) or call 512-438-2014.
- To bring an issue to the attention of the LTCR Licensing and Credentialing Director, email [stephanie.allred@hhs.texas.gov](mailto:stephanie.allred@hhs.texas.gov).



# Infection Control Option for Submitting Facility-Reported Incidents In TULIP

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- HHSC Complaint and Incident Intake (CII) has added an **Infection Control option** in the Incident Category field in [TULIP](#).
- Long-term care providers can use this option when submitting [online](#) facility reported incidents related to infection control, such as outbreaks.
- See [PL 2018-20 \(Revised\) - Incident Reporting Requirements](#) for additional guidance on what information a provider must include in an initial reportable incident report made to CII and in the provider investigation report submitted to CII.



# Blackboard Connect Emergency Communication System

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- [PL 2022-32 Blackboard Connect Emergency Communication System](#) published 11/28/2022.
- Informs providers of the emergency communication system Blackboard Connect, how it will be used, and provider responsibility in signing up for the system.
- Blackboard Connect will be used to send emergency and outreach notifications through email, phone, voice and text if available.
- [Blackboard Connect portal](#)



# Blackboard Connect Emergency Communication System, cont'd.

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- HHSC is amending each program rule to include the Emergency Communication System requirement. These will be effective in early 2023.
- The rules will require program providers to assign a designee to enroll in and respond to requests through the system. The designee should be associated with the licensed building or someone who is responsible for providing emergency communications.
- Nursing facility staff that must register: Administrator and Director of Nursing.



# Providers Encouraged to Get Ready for Flu Season

- [Providers should review their program requirements](#) for guidance related to vaccination and infection control.
- Per [25 TAC 97 Communicable Diseases](#), report all outbreaks to the local health department. Contact information for local health departments is on the [DSHS website](#).
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
- [Managing a Flu Outbreak - U.S. Centers for Disease Control and Prevention \(CDC\)](#)
- [Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic](#)



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## Panelist

Caroline Sunshine

Policy Specialist  
Policy & Rules  
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# Rule Amendments Regarding NATCEP Clinical Site Expansion

Sept. 27, 2022 – HHSC adopted amendments to [26 TAC §556](#), concerning Nurse Aides and Nurse Aide Training and Competency Evaluation Programs (NATCEPs). These:

- Allow HHSC to conduct on-site visits or off-site reviews;
- Provide requirements for a nursing facility to request a waiver of a NATCEP prohibition related to a CMP from CMS.
- Allow ALFs, ICF/IIDs, hospitals, and special hospitals to serve as NATCEP clinical sites; and
- Add a waiver for a NATCEP to use a lab setting for a clinical site.
- HHSC recently updated [Form 5514-NATCEP](#) with a section to apply to add a clinical site.





# Extension of Waiver Related to Temporary Nurse Aides

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Per [QSO-22-15-NH & NLTC & LSC](#), the blanket waiver related to nurse aides working longer than four months without becoming certified ended on June 6, 2022. Nurse aides had until Oct. 6 to become certified.

- HHSC requested a statewide extension of the waiver. CMS approved the request on Oct. 5.
- The extension lasts until April 3, 2023 (180 Days) or the end of the public health emergency (whichever comes first) for Texas.
- Only applies to temporary nurse aides working in or employed by a nursing facility.



# New Rules Implementing H.B. 1423 and S.B. 199, S.B. 271 and S.B. 383, 87(R) 2021

- [PL 2022-29](#) published 11/21/2022
- Provides guidance for new TAC rules in Chapters 553 (ALF) and 554 (NF), effective December 6.
- Rules implement new policies regarding:
  - survey frequency
  - defibrillators
  - handgun signage
  - requirement for clinical records supervisor
  - memory care disclosure forms



# New Nursing Facility Rules

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- [26 TAC §554.2002](#): Annual Survey Frequency (HB 1423)
  - Revision was needed to accurately capture current process; frequency remains the same.
- [26 TAC § 554.1935](#): Defibrillator Inspection (SB 199)
  - Requires NFs to conduct monthly inspections of their automated external defibrillators, and that the defibrillator be:
    - Placed in a designated location;
    - Ready for use; and
    - Not damaged as to prevent operation.



# New NF Rules (Contd.)

- [26 TAC §554.1921\(e\)\(12\)](#): Handgun Signage
  - Amended to comply with changes to Government Code §411.204(c) and remove the word “concealed” when referencing handguns.
  - Providers can order signs complying with new regulation for free through HHSC, or have similar ones made.
  - NFs must replace their current sign if it includes the word “concealed.”
- [26 TAC §554.2326](#): Clinical records supervisor
  - Amended to remove requirement for NF to employ clinical records supervisor or other records keeper with specific qualifications.



# New NF Rules – Memory Care Disclosure Statement

- NF Memory Care Disclosure Statement (SB 383)
  - Amends rule at [26 TAC §§554.101, 554.204, 554.403, and 554.1921](#).
  - New - If the facility advertises, markets or otherwise promotes that it provides memory care services to residents, it must provide a [Memory Care Disclosure Statement \(Form 3651\)](#).
  - If the facility advertises, markets or otherwise promotes that it provides services for residents with Alzheimer's disease and related disorders, it must also provide an [Alzheimer's Disclosure Statement for Nursing Facilities \(Form 3641-A\)](#).
  - A facility must provide an amended disclosure statement, memory care or Alzheimer's, at least 30 days before the change in the operation of the facility is effective.



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# Resident Discharge and Appeal

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- [PL 2022-25 Nursing Facility Resident Discharge and Appeal](#) published 9/29/2022.
- Provides guidance to nursing facilities regarding resident discharges and discharge appeal hearings. Providing clear notice and documentation during a discharge are legal requirements and essential to protecting the rights and dignity of residents.
- [HHS Fair & Fraud Hearings](#)
- [HHSC form H4800 - Fair Hearing Request Summary](#)
- [HHSC form H4800-A - Fair Hearing Request Summary \(Addendum\)](#)



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## Panelist

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# Incident Reporting Requirements

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[PL 2018-20 Incident Reporting Requirements](#) revised  
10/20/2022

- Describes the information that a provider must include in an initial reportable incident report made to CII.
- This revised version updates the TAC references of the current programs.
- A provider must submit a Provider Investigation Report (PIR) to CII using [HHSC Form 3613-A](#).



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# Amelioration of Administrative Penalties

- [PL 2022-24 Amelioration of Administrative Penalties](#) published 9/18/2022.
- Provides guidelines about amelioration when administrative penalties are assessed for state licensure violations.
- Clarifies that once an immediate threat (IT) state licensure violation is removed or lowered to a non-IT level, the violation may be eligible for amelioration.
- [Form 3708, Regulatory Services NF, ALF and ICF/IID Amelioration Request](#)



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## Panelist

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512-438-4356

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Deputy State Ombudsman  
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512-438-4281



# State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412

Statewide email:

[ltc.ombudsman@hhs.texas.gov](mailto:ltc.ombudsman@hhs.texas.gov)

State Ombudsman: Patty Ducayet  
512-438-4356

[Patricia.Ducayet@hhs.texas.gov](mailto:Patricia.Ducayet@hhs.texas.gov)

Office of the Long-Term Care Ombudsman:

[https://apps.hhs.texas.gov/news\\_info/ombudsman/](https://apps.hhs.texas.gov/news_info/ombudsman/)



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## Panelist

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PASRR Policy and Specialized Services  
IDD and Behavioral Health Services

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# **Preadmission Screening and Resident Review (PASRR)**

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**Valerie Krueger**  
**Manager, PASRR Policy**  
**IDD and Behavioral Health Services**



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**TMHP LTC Online Portal  
Enhancements Deployed  
August 25th, 2022**



## **Invalidate IDT meeting if the Local Authority confirmed their absence**

- Prior to the enhancement, when a local authority (LA) confirmed they did not attend an interdisciplinary team (IDT) meeting on the PCSP, nothing changed. The meeting was accepted even though the LA is a required member of the IDT meeting and the NF's MDS LTCMI's payments went through.
- With the enhancement, the meeting type changes to "5. Invalid" and an alert is sent to the NF to reconvene the IDT meeting.
- The NF must then hold a new IDT meeting and ensure that the LA is in attendance before submitting the meeting on the PCSP. It also means that the NF cannot submit their MDS LTCMI until they submit a new IDT meeting on the PCSP.



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## **Alert LA and PASRR Unit when NF certifies inability to serve on the PL1**

- Previously, when an NF certified on a positive PE that they were unable to serve an individual, the LA did not get an alert to notify them of this change.
- With the enhancement, when an NF certifies on the PL1 that they cannot serve the individual, an alert is sent to the LA and the HHSC PASRR Unit. The LA will be responsible for arranging a transfer to another NF or alternate setting.



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## **Notify LA when NF resident turns 21**

- Previously, LAs were not notified via the LTC Online Portal when a PASRR positive NF Resident turns 21.
- With the enhancement, when a NF resident turns 21, an alert is sent to the LA.
- The LA will need to submit a new PE to determine the current PASRR eligibility.



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## **Allow NF to admit individual on Preadmission PL1s when PE is negative (1 of 2)**

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- NF users are now able to admit individuals to the facility on the PL1 with admission type Preadmission when an associated PE has been submitted as negative for PASRR eligibility.
- The “Admitted to NF” button is immediately displayed on the “Form Actions” bar on the Preadmission PL1 as soon as an associated negative PE form is successfully submitted.
- The NF is not required to certify their ability to serve the individual on the PL1 in this case.



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## **Allow NF to admit individual on Preadmission PL1s when PE is negative (2 of 2)**

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- When the NF admits the individual on the Preadmission PL1, the system will update the status of the Preadmission PL1 to “Individual Placed in NF – PE Confirmed” upon confirmation of the status change.
- Form history notes of the PL1 will be updated to indicate that the individual has been admitted.



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# Remove Form Action button(s) from converted PL1s

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- Form Action buttons on converted PL1 Screening Forms that might put the form(s) back into an active workflow are no longer displayed to the users.
- This will help prevent outdated or invalid data from being copied into other PASRR forms.
- Users will be able to continue to use the following form action buttons:
  - Print
  - Print IDT
  - Add Note
  - Update Form (displayed for NF users only because they are documented as the PL1 submitters)



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# **Medical Necessity and Positive Preadmission PASRR Evaluations (PE)**



# Medical Necessity and positive Preadmission PEs (1 of 2)

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Medical Necessity (MN) Determination Process for positive Preadmission PEs:

- After PE is entered, the LA must check after submission to confirm MN was approved.
- When reviewing the PE, the NF should also check the history section to see if MN is approved or "Pending Review."



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# Medical Necessity and Positive Preadmission PEs (2 of 2)

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- If the criteria is met, the status of PE is set to “MN Approved.”
- If “Pending Review,” more medical information may need to be provided for the MN to be approved.
- If the MN is denied, the LA may complete a new PE if more information regarding the person’s medical condition is provided.
- If more medical information is not available to prove the MN, a NF is not the right placement for this person.



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# **PASRR Level 1 (PL1) Screening Form Reminders**

# PL1 Screening Form Reminders

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- Enter the PL1 Screening Form upon admission after confirming the following:
  - All required sections of the PL1 are completed properly (this includes E0100-E0400)
  - All demographic information in Section B is correct
- When a person is Deceased or Discharged complete the following to inactivate the PL1:
  - Sections B0650 and B0655
  - Section E0500A-E0900 if the person was discharged



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# Types of Emails to Refer to PASRR Unit

Email [PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us) about the following:

- Assistance or cooperation from an RE, NF, LIDDA or LMHA/LBHA
- Assistance with locating information to complete and submit the PL1, PE, PCSP and NFSS forms
- Assistance locating forms, people residing in or entering an NF, LIDDAs, LMHA/LBHAs, or additional training resources
- Policy guidance on PASRR processes, specialized services and therapist assessments
- Questions specifically related to MI/ID/DD or related conditions



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# PASRR Support Tips (1 of 2)

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When sending an email to the PASRR mailbox, please keep in mind to:

- Include as much detail as possible.
- Send the DLN of the PASRR form(s) rather than names, SSN, etc.
- Do not send an encrypted email – send the DLN so there is no need for an encrypted email.
- Include your contact information.



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## PASRR Support Tips (2 of 2)

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- Do not copy other HHSC staff, mailboxes, or other staff on your email.
- If your question is about an error message or an error code you have received, include a screen shot.
- If you are having a TMHP LTC online portal issue, call TMHP first. Only contact the PASRR Unit if they are unable to assist you and include in the email: the date, time, name of person you talked to and the case number TMHP assigned you.



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# **HHSC PASRR Contact Information**

For questions regarding PASRR, please email:

[PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us)



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For additional learning opportunities, information and forms:

[Preadmission Screening & Resident Review \(PASRR\)](#)



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# Thank you

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[PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us)

# NF Updates

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## Panelist

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT

TeamSTEPPS® Master Trainer  
INTERACT® Certified Champion  
Healthcare Quality Improvement Specialist



TMF Health Quality Institute: <https://tmfnetworks.org>



# TMF Health Quality Institute CMS Quality Innovation Network- Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA  
Quality Improvement Specialist

# CDC NHSN COVID-19 Vaccination Resources

- [September 2022 slide set on reporting up-to-date COVID-19 vaccination status](#)
- [COVID-19 up-to-date vaccination guidance for National Healthcare Safety Network \(NHSN\) reporting](#)

### Reporting Period Quarter 4 2022 (September 26, 2022 – December 25, 2022)

The following definitions apply when reporting data through the NHSN COVID-19 Vaccination Modules for the reporting period of Quarter 4, 2022 (representing vaccination data for **September 26, 2022 – December 25, 2022**).

**Up to date with COVID-19 vaccines** (*Please note that changes for **Quarter 4 2022** are highlighted in yellow.*)

*Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of **September 26, 2022 – December 25, 2022** for the purpose of NHSN surveillance if they meet (1) of the following criteria:*

Received an **updated (bivalent)\* booster dose**,

or

- a) Received their **last booster** dose **less than 2 months ago**, or
- b) Completed their **primary series** **less than 2 months ago**

\* The updated (bivalent) Moderna and Pfizer-BioNTech boosters target the most recent Omicron subvariants. The updated (bivalent) boosters were recommended by the CDC on 9/2/2022. As of this date, the original, monovalent mRNA vaccines are no longer authorized as a booster dose for people ages 12 years and older.

Note: Up to date guidance for individuals ages 11 years and younger differs; please see [Stay Up to Date with COVID-19 Vaccines Including Boosters](#) for details.

Note: the NHSN surveillance definition for up to date is now the same regardless of immunocompromised status.

## Quick Facts: Bivalent COVID-19 Vaccine

- “Bivalent” means a [two-component vaccine](#) — it includes a component of the *original virus strain* to provide broad protection against COVID-19, and a component of the *omicron variant* to provide better protection against the omicron variant BA.4 and BA.5.
- The bivalent vaccine is for individuals who have already received a primary COVID-19 vaccination series, whether or not they have already received a previous “booster.”
- Because the bivalent vaccine has been updated to fight recent mutations in the COVID-19 virus, it provides [significant additional protection](#) against symptomatic SARS-CoV-2 infection in persons who had previously received two, three or four monovalent vaccine doses.
- The Centers for Medicare & Medicaid Services (CMS) [requires](#) nursing homes to educate their residents on the benefits of lifesaving COVID-19 vaccinations and to offer them to their residents to achieve compliance.





# CDC NHSN Annual Flu Reporting Training

- [Annual flu summary long-term care facilities slides – October 2022](#)
- [Healthcare Personnel Vaccination Module – Influenza Vaccination Summary – LTCF](#) (video)

## FAQs NHSN Annual Flu Reporting

**Q:** Facility is a nursing facility (NF) only, not a skilled nursing facility (SNF). Does this make a difference in the facility's requirements to report flu vaccination information for health care workers?

**A:** SNFs are required to report in the NHSN annual flu component. See the FY 2023 [SNF prospective payment system final rule](#) published in the Federal Register on Aug. 3, 2022. Send questions to: [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov).

**TIP:** Any NHSN facility can report the annual flu vaccination for health care workers.

## FAQs NHSN Annual Flu Reporting

**Q:** Will we report the flu vaccine information once or every week like we do the COVID-19 vaccine?

**A1:** Influenza vaccination information is not reportable by law in Texas, but could be input into ImmTrac2 if the vaccinated individual approves.

**A2:** NHSN reporting is **annual** summary data in the NHSN Healthcare Personnel (HCP) Safety Component.

**TIP:** Reporting is one time in NHSN before May 15, 2023.

# TMF Annual Flu Reporting Resources

- [TMF Annual Flu Vaccine Reporting for HCPs into the National Healthcare Safety Network \(NHSN\) Tracker workbook](#)
- [How to Use the NHSN Annual Flu Vaccine for HCPs Tracker video](#)

## Instructions to use this tool:

**There is a tab labeled for each category of HCP. Input each individual in one HCP category only.**

For each of the four HCP categories, put an X in staff type (Column C) by their name.






Put an X in the column that answers that individual's flu vaccination status.

**The totals per staff category will automatically calculate in row 6. You will input those totals into NHSN.**

Do not change the formulas and do not put any information in row 6 or 7 on each tab.

|   |              |                              |                             |                         |                          |                |
|---|--------------|------------------------------|-----------------------------|-------------------------|--------------------------|----------------|
| ▶ | Instructions | Employees - staff on payroll | Licensed independent practi | Adult students trainees | Other Contract Personnel | Reporting tool |
|---|--------------|------------------------------|-----------------------------|-------------------------|--------------------------|----------------|

## Flu Vaccine Reporting for HCPs

-  **TIP:** Set up a tracking form to start capturing the answers for your HCPs, starting **Saturday, Oct. 1.**
-  **TIP:** Activate the HCP flu module **TODAY**
-  **TIP:** Add two Level 3 users to NHSN **TODAY**
-  **TIP: Report monthly** – it will overwrite prior submissions, but helps you stay current and aware of the reporting
-  **TIP: Encourage vaccinations to all staff and residents**

## Increase Access to Level 3

- Go to [SAMS NHSN User FAQs](#) and [How to Add a User](#).

All facilities are strongly encouraged to have **at least two** registered users with Level 3 access.

- **Recommend** Experian ID verification process.
- See the [SAMS identity verification documents](#).
- Email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with “**SAMS LEVEL 3 ACCESS**” **in the subject line** for assistance with any questions related to this process.

# NHSN User Rights

| Rights                            | Long Term Care Facility             |
|-----------------------------------|-------------------------------------|
| Administrator                     | <input checked="" type="checkbox"/> |
| All Rights                        | <input checked="" type="checkbox"/> |
| Analyze Data                      | <input type="checkbox"/>            |
| Add, Edit, Delete                 | <input type="checkbox"/>            |
| View Data                         | <input type="checkbox"/>            |
| Staff/Visitor - Add, Edit, Delete | <input checked="" type="checkbox"/> |
| Staff/Visitor - View              | <input checked="" type="checkbox"/> |
| Customize Rights                  | <input type="checkbox"/>            |

Effective Rights

Save

Back



# Influenza Quality Measure Resources

- [Quality Measures User's Manual](#)
- [MDS 3.0 Training](#)
  - › [MDS 3.0 Provider Updates: Section O, Special Treatments Procedures and Programs](#) (video)

# TMF Influenza Quality Measure Resources

- [Flu, Pneumonia and COVID-19 Vaccine Process Review](#) (fillable PDF)
- [Quality Measure: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine \(Short Stay\)](#) (video)
- [Quality Measures: Percent of Residents Accessed and Appropriately Given the Seasonal Influenza Vaccine \(Long Stay\)](#) (video)

## TMF Vaccine Resources

- [LTC Connect: Immunization Series Part 1 – How to Get a 100% on Influenza Vaccinations](#)
- [Fishbone Diagram: Root Cause Analysis – Influenza Example](#)
- [QI Plan – Vaccine Example](#)
- [Outcomes Table Reporting Template – Influenza Example](#)

# TMF Pneumonia Quality Measure Resources

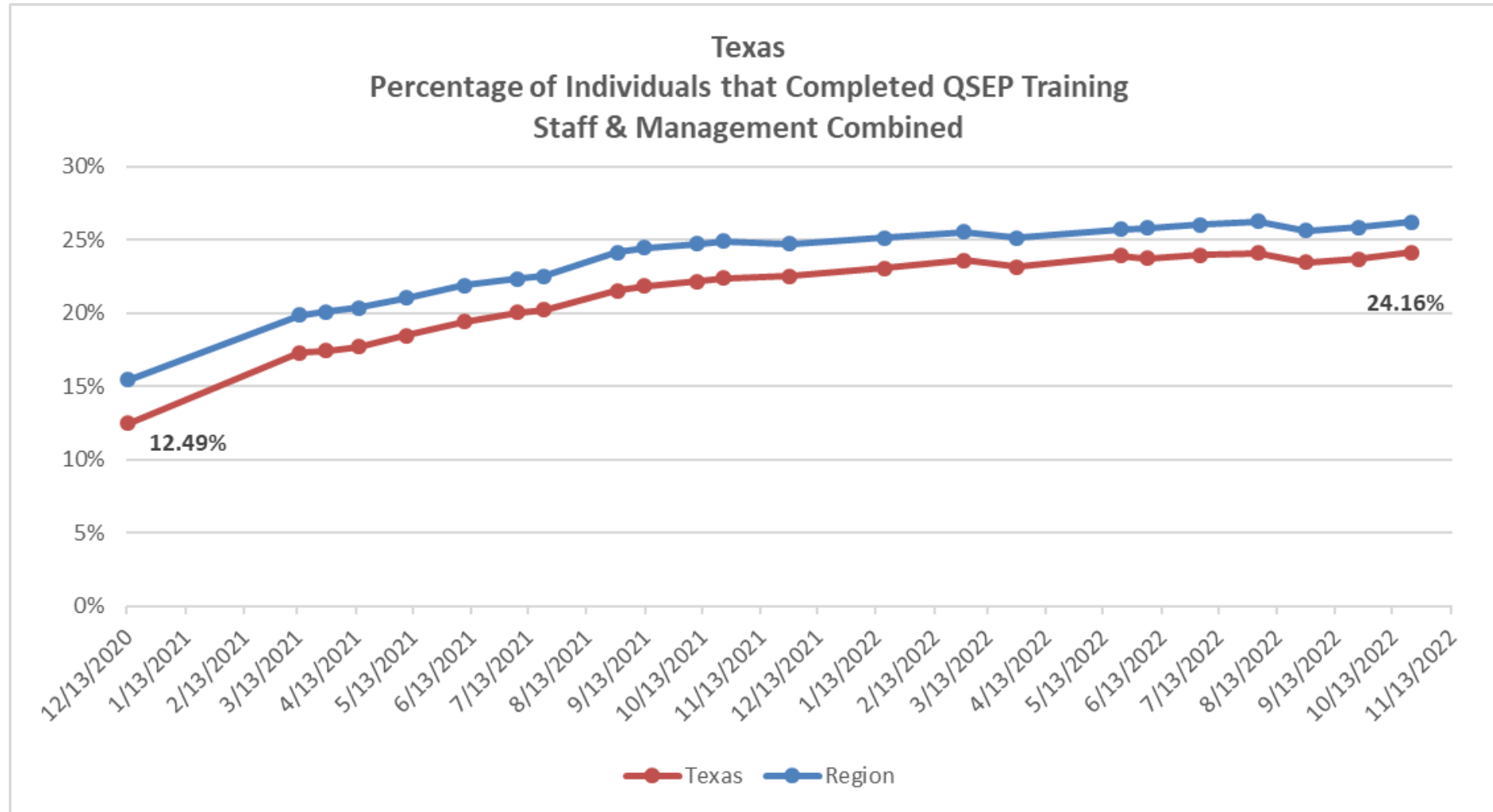
- [LTC Connect: Immunization Series Part 2 – How to Get a 100% on Pneumonia Vaccinations](#)
- [Quality Measure Tip Sheet: Pneumonia Vaccine – Long and Short Stay](#)
- [Fishbone Diagram: Root Cause Analysis – Pneumonia Example](#)
- [Outcomes Table Reporting Template – Pneumonia Example](#)

# Updated Five-Star Manual

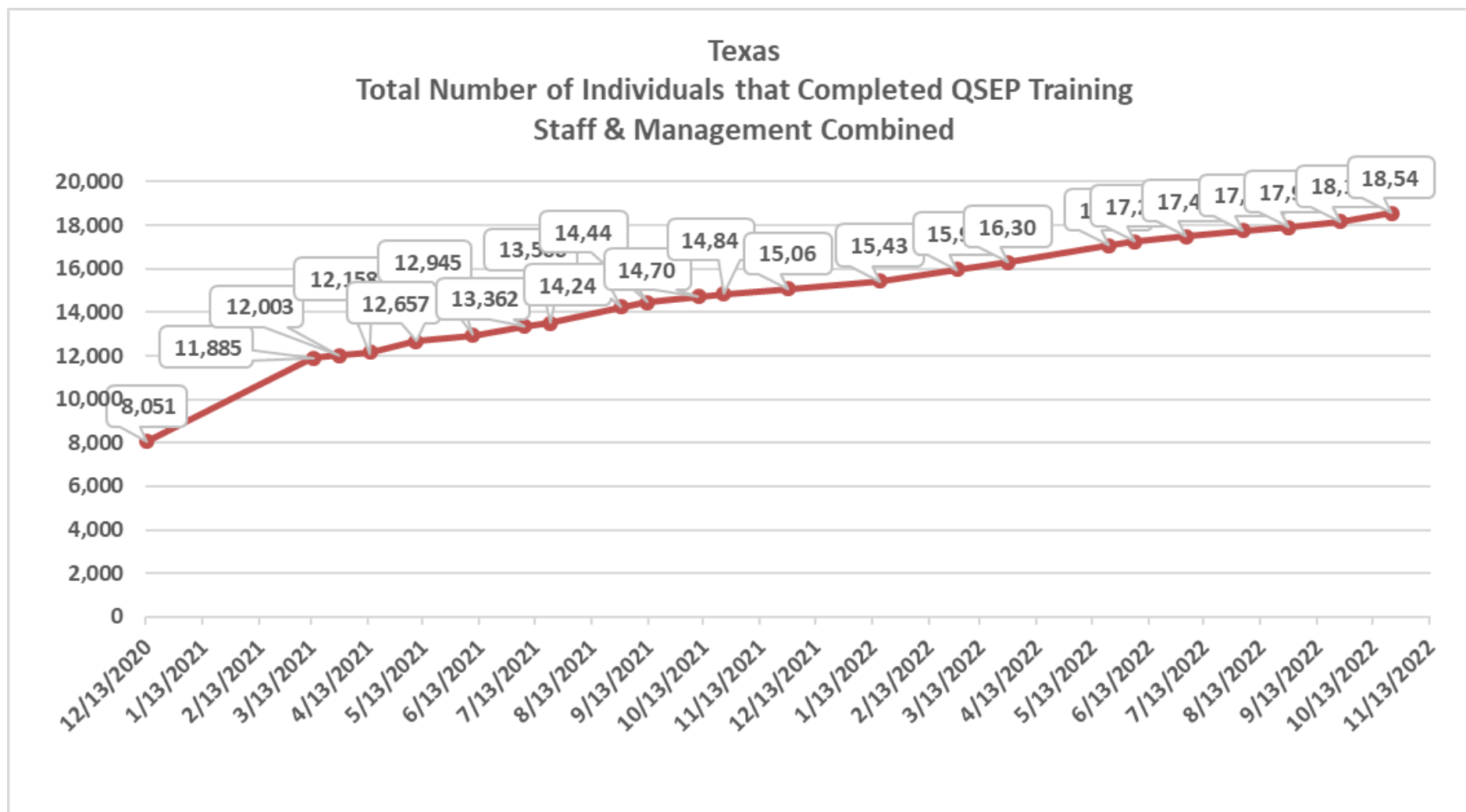
## Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide

The October revision increased:

- Long-stay quality measure thresholds by an average 1.225%
- Short-stay quality measure thresholds by 0.561%
- Overall quality measure thresholds by 0.889%







# CMS-Targeted COVID-19 Training

**For frontline nursing home staff and management learning**

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#)
- [QSEP Group Training Instructions – Spanish](#)

# CMS-Targeted COVID-19

**These modules can be completed on a cell phone.**

## **Frontline nursing home staff modules:**

- Module 1: Hand Hygiene and PPE
- Module 2: Screening and Surveillance
- Module 3: Cleaning the Nursing Home
- Module 4: Cohorting
- Module 5: Caring for Residents with Dementia in a Pandemic

**Three hours total training time**

## **Management staff modules:**

- Module 1: Hand Hygiene and PPE
- Module 2: Screening and Surveillance
- Module 3: Cleaning the Nursing Home
- Module 4: Cohorting
- Module 5: Caring for Residents with Dementia in a Pandemic
- Module 6: Basic Infection Control
- Module 7: Emergency Preparedness and Surge Capacity
- Module 8: Addressing Emotional Health of Residents and Staff
- Module 9: Telehealth for Nursing Homes
- Module 10: Getting Your Vaccine Delivery System Ready

**Four hours total training time**

## Quality Measures/Claims-Based Measures Tip Sheets

Only show items containing the term:

SEARCH

SORT BY

Most Recently Added ▾

### Quality Measure Tip Sheet: Ability to Move Independently Worsened – Long Stay

This quality measure tip sheet reports the percent of long-stay residents who experienced a decline in independence of locomotion during the target period and provides an overview of MDS coding requirements and additional tips and assessment considerations.

Adobe PDF   Date Added: 11/14/2022   Date Last Modified: Nov 14 2022 1:16PM

### Quality Measure Tip Sheet: Antipsychotic Medications – Long Stay and Short Stay

This quality measure tip sheet provides an overview of the long- and short-stay antipsychotic medications measure, MDS coding requirements and additional tips and assessment considerations.

Adobe PDF   Date Added: 11/14/2022   Date Last Modified: Nov 14 2022 1:16PM

### Quality Measure Tip Sheet: Catheter Inserted and Left in Bladder (Long Stay)

This quality measure tip sheet discusses the percentage of residents who have had an indwelling catheter in the last seven days and provides an overview of MDS coding requirements and additional tips and assessment considerations.

Adobe PDF   Date Added: 11/09/2022   Date Last Modified: Nov 9 2022 1:32PM

### Quality Measure Tip Sheet: Behavior Symptoms Affecting Others (Long Stay)

This quality measure tip sheet provides an overview of long-stay residents who have behavior symptoms that affect others. MDS coding requirements and additional tips and assessment

Click these resource buttons to view specific resources for these categories.

|  |   |
|--|---|
| Activities of Daily Living                 | Incontinence/Foley Catheters/Reducing UTIs        |
| Antibiotic Stewardship                     | Infection Prevention in Long-Term Care            |
| Anticoagulants                             | NHSN  |
| Antimuscarinic/Anticholinergic Medications | Opioids & Pain Management                         |
| Antipsychotic Medication Reduction         | Person-Centered Care                              |
| CMS Documents & Links                      | Pressure Ulcers/Injury Reduction                  |
| Consistent Assignment & Staff Turnover     | QAPI  |
| Dementia Care                              | Quality Measures/Claims-Based Measures Tip Sheets |
| Depression                                 | Restraint Reduction                               |
| Diabetes Medications                       | Sepsis Post-Acute Care Toolkit for Nursing Homes  |

## TMF Resources

Quality measures/claims-based measures tip sheets:

- [Quality Measure Tip Sheet: Percent of Residents Who Used Antianxiety or Hypnotic Medication \(Long Stay\)](#)
- [Quality Measure Tip Sheet: Prevalence of Antianxiety/Hypnotic Use \(Long Stay\)](#)
- [Quality Measure Tip Sheet: Improvement in Function \(Short Stay\)](#)

## TMF Resources

Quality Measures/Claims-Based Measures Tip Sheets Nursing Home Resources:

- [Quality Measure Tip Sheet: Ability to Move Independently Worsened – Long Stay](#)
- [Quality Measure Tip Sheet: Antipsychotic Medications – Long Stay and Short Stay](#)



# TMF Resources

- [Regulatory Update: Fentanyl Patch Disposal](#)

# How to Read a Disinfectant Label

Read the entire label.

The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label

**Active Ingredients:**  
What are the main disinfecting chemicals?

**EPA Registration Number:**  
U.S. laws require that all disinfectants be registered with EPA.

**Directions for Use (Instructions for Use):**

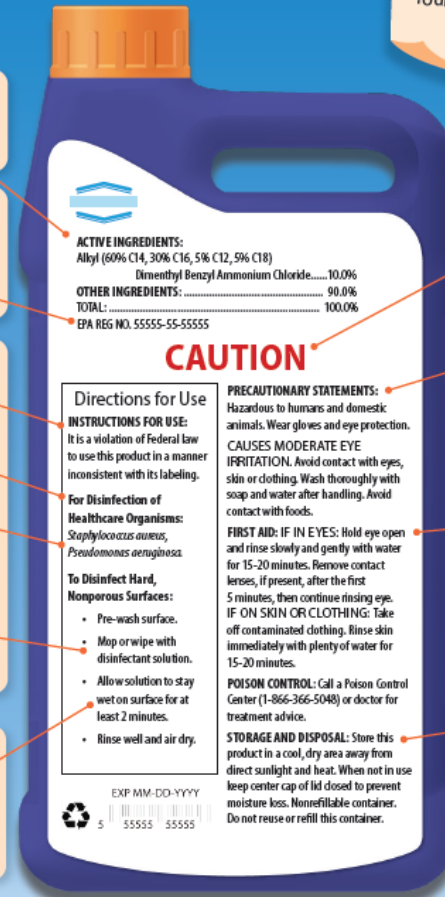
Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

**Contact Time:**  
How long does the surface have to stay wet with the disinfectant to kill germs?



**Signal Words (Caution, Warning, Danger):**

How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

**Precautionary Statements:**

How do I use this disinfectant safely? Do I need PPE?

**First Aid:**

What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

**Storage & Disposal:**

How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?



WWW.TMFNETWORKS.ORG

Source:  
Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/projectfirstline>

This material was prepared by TMF Health Quality Institute, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1250W/TMF Health Quality Institute/Quality Innovation Network-Quality Improvement Organization-1250W-QINQIO-01-22-170 Published 11/2022

# Cómo leer la etiqueta de un desinfectante

Lea toda la etiqueta.  
¡La etiqueta es la ley!

Nota: Abajo se encuentra un ejemplo de la información que se puede encontrar en la etiqueta de un desinfectante

**Ingredientes activos:**  
¿Cuáles son las principales sustancias químicas desinfectantes?

**Número de registro de EPA:**  
Las leyes de EE. UU. requieren que todos los desinfectantes estén registrados con EPA.

**Instrucciones de uso:**

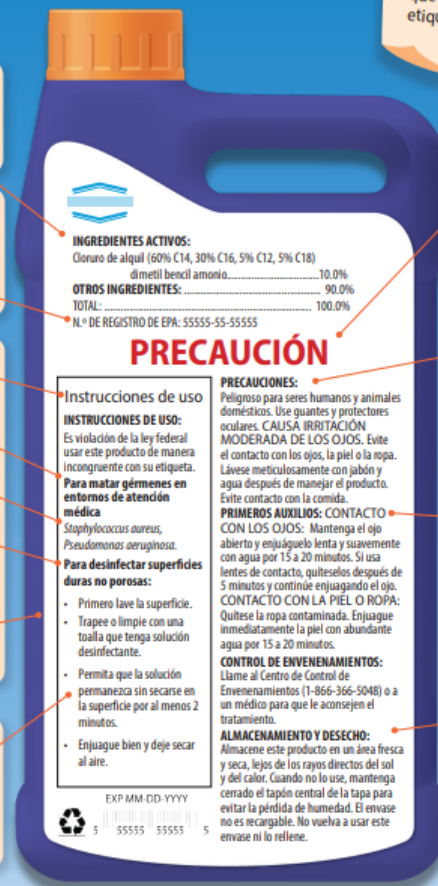
¿Dónde se debe usar el desinfectante?

¿Qué gérmenes mata el desinfectante?

¿En qué tipo de superficies se puede usar el desinfectante?

¿Cómo puedo usar apropiadamente el desinfectante?

**Tiempo de contacto:**  
¿Cuánto tiempo debe estar la superficie mojada con el desinfectante para matar gérmenes?



**Palabras de prevención (precaución, advertencia, peligro):**

¿Qué riesgo presenta este desinfectante si se traga, inhala o absorbe a través de la piel?

**Precauciones:**

¿Cómo uso este desinfectante de manera segura? ¿Necesito equipo de protección personal?

**Primeros auxilios:**

¿Qué debo hacer si me cae desinfectante en los ojos, en la boca o en la piel, o si lo respiro?

**Almacenamiento y desecho:**

¿Cómo se debe almacenar el desinfectante? ¿Cómo debo desechar un desinfectante caducado? ¿Qué debo hacer con el envase?



WWW.TMFNETWORKS.ORG

Fuente:  
Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention) (CDC), <http://www.cdc.gov/projectfirstline>

Este material fue preparado por el TMF Health Quality Institute, una Organización para el Mejoramiento de la Calidad y la Red para la Innovación de la Calidad según el contrato con los Centros para Servicios de Medicare y Medicaid (CMS), una agencia del Departamento de Salud y Servicios Humanos (HHS) de los EE. UU. Las opiniones expresadas en este material no necesariamente reflejan las opiniones o las políticas oficiales de los CMS o del HHS, y cualquier referencia a un producto o entidad específica en este documento no es un respaldo de ese producto o entidad por parte de los CMS o del HHS. 1250W/TMF Health Quality Institute/Red Innovación de la Calidad y Organización para el Mejoramiento de la Calidad-1250W-QIO-22-127 Publicado en 1/1/2022

# Keep Your Facility Safe During the Holiday Season!



*Use these signs at entrances and high-traffic areas to prevent infections:*



6 Steps for Safe and Effective Disinfectant Use



Cover Your Cough



Donning (Putting On) and Doffing (Taking Off) PPE



Is It Allergies or Something Else?



Masking Effectiveness



Symptoms of COVID-19



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To make sure your holiday season is happy  
and bright, remember the three **W**s.

**Wear a mask.**

**Wash your hands.**

**Watch your distance.**

And always make sure you are up to date on your  
vaccinations for COVID-19 and the flu.

Visit [vaccines.gov](https://vaccines.gov) for more information.



# Be **HOME** for the Holidays



## Get the **COVID-19** **Bivalent Booster**



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# Upcoming TMF QIN-QIO Training

## **Nursing Home Office Hours**

Dec. 20, 2022

**Facility Spotlight: Good  
Shepherd Lutheran Home**  
10:30-11:30 a.m. CT

[Register](#)

## **LTC Connect**

Jan. 19, 2023

**New Year, New NHSN Refresher**  
1:30-2:30 p.m. CT

[Register](#)



# TMF QIN-QIO Resources

Website: [tmfnetworks.org](https://tmfnetworks.org)

- [How to Create an Account on the TMF Network](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)

# Need Assistance?

*Connect With Us!*



## Email

[nhnetwork@tmf.org](mailto:nhnetwork@tmf.org)

Submit requests for help with  
NHSN and/or quality  
improvement assistance.



## Follow Us on Facebook

[TMF QIN Nursing](#)  
[Home Quality](#)  
[Improvement](#)  
[Facebook](#)

# NF Updates

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## Panelist

Susan Edgeman BSN, RN, RAC-CT  
State RAI MDS Coordinator

[susan.edgeman@hhs.texas.gov](mailto:susan.edgeman@hhs.texas.gov)



# Minimum Data Set (MDS) Info Overview

---

- PDPM data collection on OBRA assessments in Texas which began Nov 1
- Reminder to prepare for the MDS move to iQIES in 2023
- Reminder to prepare for significant changes to the MDS in Oct 2023
- Reminder about requirements for Skilled Care



# MDS Planned Transition to the Internet Quality Improvement and Evaluation System (iQIES)

- **Action Required: Register for an iQIES account.**
- MDS transition to iQIES in “early” 2023
- If not yet identified and registered as Provider Security Official (PSO) you won’t be able to complete a user role request.
- Minimum of one PSO registered per provider.
- CMS strongly recommends at least two PSOs.
- PSO must work for the provider—can’t be a vendor.
- States are not involved in iQIES access.



TEXAS  
Health and Human  
Services

iQIES Service Center: [iqies@cms.gov](mailto:iqies@cms.gov) | (800) 339-9313

# PDPM on OBRA Assessments

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- HHSC published [PL 2022-27 Texas NFs Must Update their MDS Software for Section GG Data Collection](#).
- Provides information on data to be collected and how NFs are affected.
- Applies to every NF provider, regardless of Medicaid participation, because [26 TAC §554.801](#) requires all providers to complete OBRA assessments.
- Reminds providers that effective Nov. 1, they must complete Section GG and related fields before submitting an OBRA assessment with an Assessment Reference Date on or after Nov. 1.



TEXAS  
Health and Human  
Services

## **PDPM on OBRA Assessments (contd.)**

- Is to inform future payment models and won't affect current Medicaid reimbursement.
- No changes to requirements for completing OBRA assessments of resident condition and wellbeing.
- Decision to collect/analyze PDPM data on Medicaid OBRA assessments would not normally affect non-Medicaid facilities.
- Texas adapted OBRA assessments for Medicaid payment. Due to the TAC language, this data collection is now a state requirement.
- For non-Medicaid and licensed-only facilities, consider use of 'Activity Not Attempted Codes' as appropriate
- Section GG data collection becomes mandatory in October 2023 for ALL Texas providers.



**TEXAS**  
Health and Human  
Services



# Big Changes in Oct 2023

- New RAI manual will be in place: see draft item set 1.18.11 on the [CMS website](#).
- Changes made to Sections A, D, J, K, O, N, and Q.
- CMS changed wording in some areas to be more gender-neutral.
- CMS has announced:
  - The removal of Section G, ADLs
  - Collection of cross-setting Standardized Patient Assessment Data Elements (SPADES) will begin
  - Data collection on Social Determinants of Health, transportation to appointments
  - Facilities should prepare now for staff training, applicable process and policy updates, plans for robust/specific ICD-10 coding.
  - Please review facility policies on preadmission information exchange at transitions of care.



## MDS Info (Cont'd)

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- Section N: Medication reconciliation during all transfers of care
- **All MEDS should have an indication for use.**
- Facilities should prepare now for staff training
- Review facility process and policy updates
- Make plans for robust/specific ICD-10 coding
- Are your process able to accommodate additional data collection/tasks?
- Please review facility policies on preadmission information exchange



TEXAS  
Health and Human  
Services

# MDS Info: Texas Medicaid

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- Texas will continue to use RUGs III from OBRA assessments until a new payment methodology is finalized and approved.
- Medicaid-CHIP and partners have planned for the eventual removal of Section G ADLs.
  - A RUG tab has been placed on the LTCMI which can become active.
- The OSA (Optional state Assessment) is an option until 2025
- CMS continues to allow a CMS curated, planned submission of state specific requirements in Section S; however, Section S data fields contain no fatal error messages and can not prevent MDS coding errors.



TEXAS  
Health and Human  
Services

# MDS Info: A Word about Skilled Services

Despite current disaster PHE, or other emergencies:

- Be familiar with current waivers
- Follow the guidance in the Medicare Benefit Policy Manual (MBPM), Ch. 8.
- **A diagnosis alone does not to justify the need for Medicare Part A Skilled services.**
- Daily skilled care needed by an individual can, as a “practical matter,” only be provided in a SNF on an inpatient basis



TEXAS  
Health and Human  
Services

## MDS Info (Cont'd)

- Documentation on Skilled services should **paint a picture and tell a story.**
- Specific diagnoses and medical facts are necessary but **explain why the resident is receiving skilled care.**
- Skilled Nursing Facility Level of Care definition ([MBPM Ch. 8.30](#))
  - Ordered by an MD;
  - Performed by/under supervision of professional/technical personnel, after an inpatient hospital stay;
  - Required daily, reasonable and necessary; and
  - Can be provided only on an inpatient basis in a SNF.



## MDS Info (Cont'd)

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- Per CMS, All Medicare (and/or Medicaid) coverage determinations are to be made by the MACs, in Texas—Novitas Solutions and TMHP.
- SRAI Coordinators are unable to make coverage determinations or discuss actual reimbursement to facilities.
- If you need resource information or need additional assistance, please email: [susan.edgeman@hhs.texas.gov](mailto:susan.edgeman@hhs.texas.gov)



TEXAS  
Health and Human  
Services

# NF Updates

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## Panelist

Bijendra Bhandari

Infection Prevention Policy Specialist  
Policy & Rules  
Long-Term Care Regulation





# Updated CMS guidelines

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On 09/23/2022 CMS updated the COVID-19 guidelines for Nursing Facilities.

- Revised [QSO-20-38-NH](#) was published.
- Revised [QSO-20-39-NH](#) was published.
- [CDC](#) updated the COVID-19 guidelines.



TEXAS  
Health and Human  
Services

# Checking County Community Transmission Levels

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1. Visit the CDC's webpage for [COVID-19 Integrated County View](#).
2. Scroll down until the page shows the US map.
3. Under Data Type, select Community Transmission.



Data Type:

Community Transmission

Map Metric:

Community Transmission

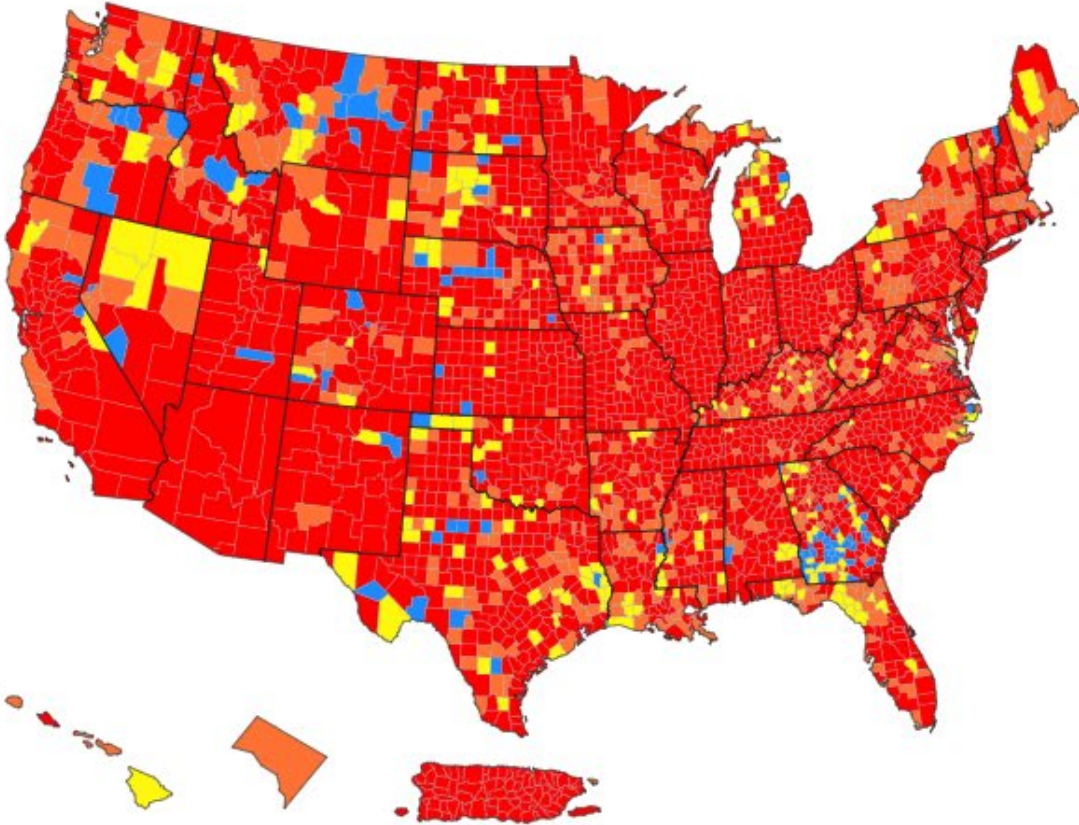
View a Time

All Counties

Download

+

-



Community Transmission in US by County

|             | Total | Percent | % Change |
|-------------|-------|---------|----------|
| High        | 2329  | 72.28%  | 27.09%   |
| Substantial | 583   | 18.09%  | - 11.08% |
| Moderate    | 211   | 6.55%   | - 13.63% |
| Low         | 99    | 3.07%   | - 2.39%  |

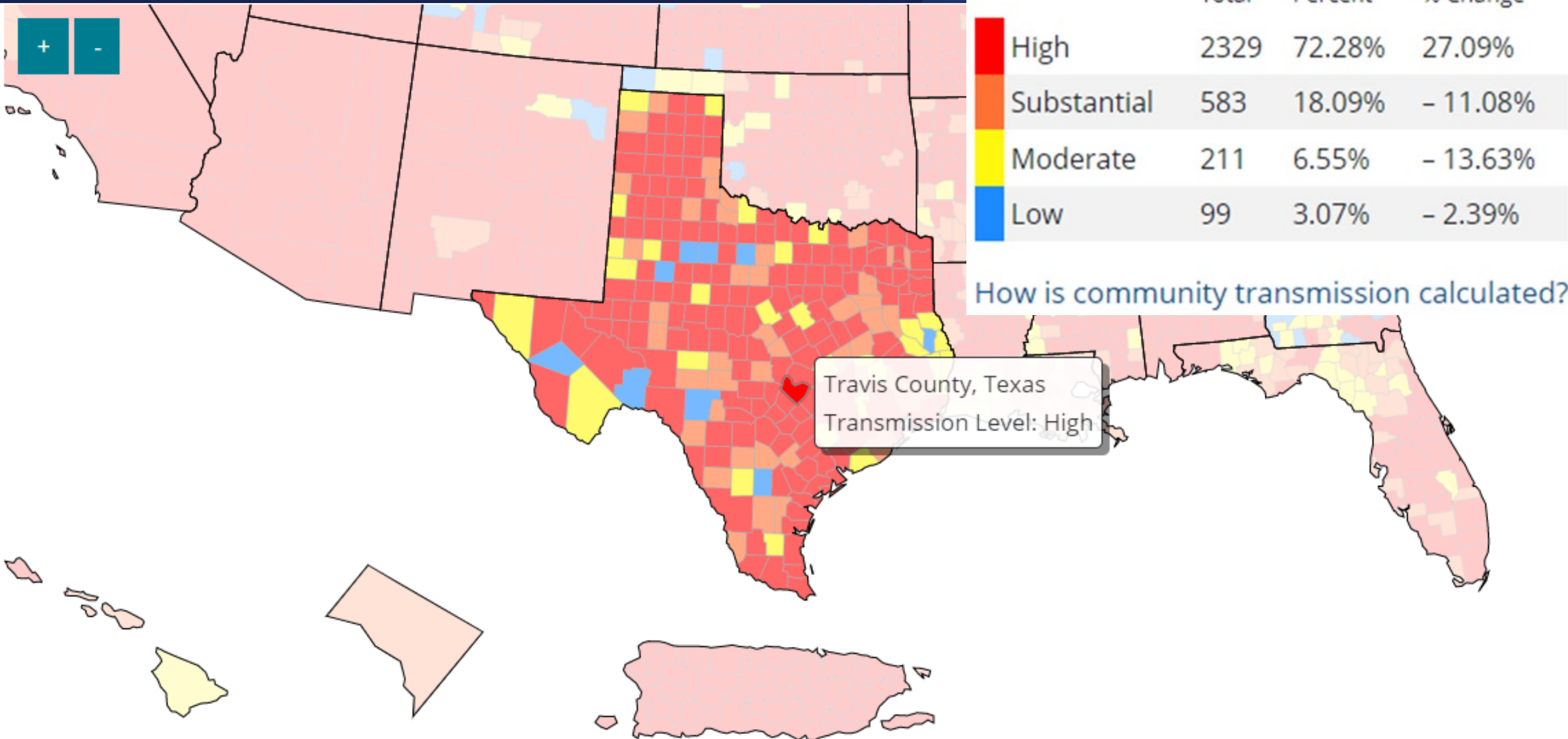
How is community transmission calculated?

# Checking County Community Transmission Levels (Contd.)



4. You may zoom in using the + button on the top left corner of the map.
5. Hover cursor above the County of choice (Travis County is shown in example).

## Community Transmission in US by County





# Facemask Use for Staff in Cold Zones

- i. Facemask use for staff working in COVID-19 negative areas (cold zones) is optional if [Community Transmission levels](#) are not high.
- ii. Facemask use for staff working in cold zones is **required** if Community Transmission levels are **high**, and while in areas of the healthcare facility where they could encounter residents.

# Use of facemasks for staff in cold zones (Contd.)

---

Per [CDC](#), Even if Community Transmission levels are **not high**, facemasks must be used by individuals in healthcare settings who:

- Have suspected or confirmed COVID-19 or other respiratory infection; or
- Had close contact with someone with COVID-19, for 10 days after their exposure; or
- Reside or work on a unit or area of the facility experiencing a COVID-19 outbreak; or
- Have otherwise had source control recommended by public health authorities.



# Resident testing upon admission (or after being away from facility for 24 hours or more)

- **CMS no longer requires quarantine for new admissions** (regardless of vaccination status) unless they are suspected or confirmed of COVID-19 infection.
- Per [QSO-20-38](#):  
*Facilities must follow CDC's [Managing admissions and residents who leave the facility](#) (or after being away from facility for 24 hours or more).*



TEXAS  
Health and Human  
Services

# Resident testing Upon admission (Contd.)

---

- Per CDC's [Managing admissions and residents who leave the facility](#), In general, admissions in counties where Community Transmission levels are **high** must be tested upon admission; admission testing at lower levels (Substantial, Moderate or Low) of Community Transmission is at the discretion of the facility.
- These residents should still wear face masks, as tolerated, for the 10 days.



TEXAS  
Health and Human  
Services

# Resident testing upon admission

Per CDC, **Three tests** must be performed for these residents in counties where [Community Transmission](#) levels are **high**.

1. First at admission and, if negative,
2. Again 48 hours after the first negative test and, if negative,
3. Again 48 hours after the second negative test.

# Staff COVID Testing Guidance

Per [QSO-20-38](#), *Routine screening testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.*

Regardless of their vaccination status, staff must report any of the following criteria so they can be properly managed:

1. a positive viral test for COVID-19, or
2. symptoms of COVID-19, or
3. a [higher-risk exposure](#) to someone with COVID-19 infection.

# Visitation Guidance

---

Per [QSO 20-39](#), CMS has made the following changes to the visitor screening requirement.

Staff need not take temperatures for the incoming visitors. Facilities do not have to interview visitors. This process can be active (i.e., facility staff can ask questions) or passive (facility puts up posted signs).

Information from visitors prior to entering a facility, if they had:

1. a positive viral test for COVID-19, or
2. symptoms of COVID-19, or
3. exposure to someone with COVID-19 infection



TEXAS  
Health and Human  
Services

## Visitation Guidance (Contd.)

Per [QSO 20-39](#), Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.

1. Visitors with **confirmed COVID-19 infection** or compatible symptoms should defer non-urgent in-person visitation until they meet [CDC criteria for healthcare settings to end isolation](#).
2. For visitors who have had **close contact** with someone with COVID-19, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in [CDC healthcare guidance](#) (e.g., cannot wear source control).



# NF Visitation Mask Usage Guidance

---

Per [QSO 20-39](#), The determination on whether visitors and residents should wear source control is no longer dependent on their vaccination status.

- If the NF community transmission level is not high, facemask use for visitors is optional.
- If the NF is in a high community transmission level area, everyone should wear source control but visitors and residents in private visitation areas can choose not to.
- During an outbreak, regardless of community transmission level, all visitors and residents should wear source control but visitors and residents in private visitation areas can choose not to.



TEXAS  
Health and Human  
Services



# Communal Dining and Activities Guidance

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- All residents can participate in communal dining and activities except for the ones under quarantine or isolation.
- In counties where Community Transmission levels are not high, visitors may eat with their loved ones during communal dining.
- Visitors must use facemasks while inside the if county Community Transmission levels are high, and must refrain from eating while in communal areas.



TEXAS  
Health and Human  
Services

# COVID-19 Therapeutics

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[QSO-23-03-ALL The Importance of Timely Use of COVID-19 Therapeutics](#) - Published 11/22/2022

- Staying up to date with COVID-19 vaccinations, including boosters, is the best defense against severe illness, hospitalization, and death from the virus.
- The Food and Drug Administration (FDA) authorized [Paxlovid](#) and [Lagevrio](#) in December 2021 as COVID-19 therapeutics.
- [Monoclonal antibody](#) treatments are also available.



TEXAS  
Health and Human  
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## COVID-19 Therapeutics (continued)

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- On March 7, US DHHS began direct ordering of oral antivirals to long-term care pharmacies to facilitate increased access for LTC residents who are at increased risk for developing severe COVID-19.
- Facilities at risk of a COVID-19 outbreak may consider contacting their LTC pharmacy to discuss ordering in advance an appropriate supply of oral antivirals to have on hand.



TEXAS  
Health and Human  
Services

# NF Updates

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## Panelist

Sandra Wiegand CPHQ, SMQT

Senior Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# Poll: Q&A from Last Webinar

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TEXAS  
Health and Human  
Services



# Reminders

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## GovDelivery Alerts

Don't forget to sign up for [GovDelivery alerts](#).

Select "Nursing Facility Resources" as a topic option to receive webinar updates.

## CMS/CDC COVID-19 Training

CMS is offering free online training for nursing facilities related to COVID-19.

[Click here](#) to view available pre-recorded trainings. Facilities also have access to the [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#).



TEXAS  
Health and Human  
Services



TEXAS  
Health and Human  
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# Thank you!

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**For more information:**

Web: [Coronavirus \(COVID-19\) Provider Information](#)

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov) | Phone: (512) 438-3161