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# NF Provider Updates and Q&A with HHSC LTCR and DSHS **\*Handouts at End**

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**January 25, 2023**

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

Catherine Anglin

Program Manager NF & LSC  
Policy & Rules  
Long-Term Care Regulation



# Overview

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- Vaccinations - COVID-19 and flu
- Benefits of vaccines for residents and staff
- CDC guidance on who should get vaccine & availability
- COVID-19 guidance on infection prevention & control
- DSHS update
- Cold weather prep; reporting heating system failures
- Announcements and reminders
- PASRR update
- TMF Health Quality Institute update



# Next Webinar:

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

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- 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.



# Alert - Winter and Extreme Freezing Weather Preparedness

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**December 28, 2022** – HHSC encourages providers to review and update emergency plans for freezing temperatures and snow.

Emergency plans for extreme weather should include:

- Power loss
- Water and food needs
- Communication to families and staff
- Staffing shortages
- Sheltering in place and evacuation as applicable

Providers must follow emergency preparedness rules and their own policies and procedures.



# **Alert - Expedited PPE Delivery**

**December 22, 2022** – Expedited delivery is available for a limited time for PPE through the TDEM.

- Available to all LTC providers, including Nursing Facilities.
- LTC providers who have a current need for these resources can submit requests by visiting [star.tdem.texas.gov](https://star.tdem.texas.gov) and selecting the “Expedited PPE” button. The generic passcode for the inventory listed above is: 112518.
- Items are available on a first-come, first-served basis. This system is only to be used on a one-time basis for expedited PPE only.
- Include the amount needed in your request.



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# Blackboard Connect Emergency Communication System

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- Provider Letter 22-32, published 11/28/22.
- Used to send emergency and outreach notifications through email, phone, voice and text if available.
- All NFAs and DONs required to sign up.
- Registration is open.
- Sign-up Challenges:
  - Check to ensure following process in PL 2022-32.
  - Check for any firewalls in system used to access it.
  - See handouts included here.
  - Contact the Policy Mailbox with problems, and you will be routed to someone who can help.



# NF Updates

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## Panelist

Bijendra Bhandari

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





# COVID-19 Vaccination

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[CDC recommends](#) one updated (bivalent) booster dose:

- **For everyone aged 5 years and older** if it has been at least 2 months since your last dose.
- For children aged 6 months–4 years who completed the Moderna primary series and if it has been at least 2 months since their last dose.



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[Find Out When You Can Get Your Booster](#)

People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](#)

# COVID-19 Vaccination

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The updated (bivalent) boosters are called “bivalent” because they protect against both the original virus that causes COVID-19 and the Omicron variant BA.4 and BA.5.

- The virus that causes COVID-19 has changed over time. The different versions of the virus that have developed over time are called variants.
- Pfizer and Moderna have developed updated (bivalent) COVID-19 boosters.

Previous boosters are called “monovalent.” They were designed to protect against the original virus that causes COVID-19. They also provide some protection against Omicron, but not as much as the updated (bivalent) boosters.



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# COVID-19 Vaccination

Per [CDC](#), you are “up to date” with your COVID-19 vaccines when you have completed a COVID-19 vaccine primary series and got the most recent booster dose recommended for you by CDC.

- If you have completed your primary series—but are not yet eligible for a booster—you are also considered up to date.
- If you become ill with COVID-19 after receiving all recommended vaccine doses, you are also considered up to date. You do not need to be revaccinated or receive an additional booster.



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# COVID-19 Vaccination

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- Per [QSO-20-39-NH](#), CMS requires nursing homes to educate residents and staff on the risks and benefits of the vaccines and, offer to administer the vaccine.
- [42 CFR §483.10\(b\)\(4\)](#) -- A resident has the right to refuse treatment.
- [42 CFR §483.10\(d\)\(2\)](#) – A resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.



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# COVID-19 Vaccination

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- On November 5, 2021, CMS announced a [requirement](#) that all nursing home staff be vaccinated against COVID-19. Compliance is a requirement for participating in the Medicare and Medicaid programs.
- HHSC is not currently assessing compliance with CMS's Omnibus COVID-19 Health Care Staff Vaccination rules, published in the Federal Register on November 5, 2021.



# Vaccinations – benefits and availability

- Vaccines are essential to the health and well-being of residents and staff. They minimize the risk of acquiring, transmitting, or experiencing complications from serious illness, such as COVID-19, influenza and pneumococcal disease.
- Establishing an immunization program within NF provides protection from vaccine-preventable diseases (VPDs).
  - Many VPDs cause serious morbidity and mortality.
  - People 65 years or older are more likely than younger populations to experience significant complications due to increased risk factors that accompany the aging process.





# Maximizing vaccine uptake in NFs

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Ensure that each resident:

- Has immunization record assessed by primary care coordinator.
- Routinely receives information and education on the benefits and risks of immunizations.
- Has the opportunity to receive vaccines.

Ensure vaccination documentation in resident's medical record:

- Includes information and education provided about the benefits and risks of immunization
- Document if the vaccine was administered or refused.
- List any medical contraindications, if vaccine couldn't be provided.



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# COVID-19 Omicron Subvariant

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- The COVID-19 virus is constantly changing, and new variants of the virus are expected to occur.
- A highly transmissible XBB.1.5 Omicron subvariant has risen to the top of all COVID-19 strains circulating in the US. According to the [CDC](#), the omicron subvariant XBB.1.5 now makes up nearly half of US COVID cases.



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# 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 Lapse](#)

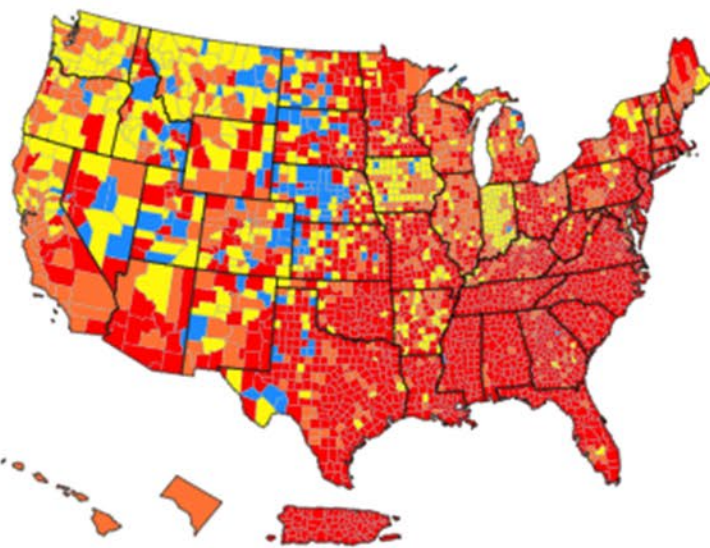
All Counties



[Download Image](#)

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### Community Transmission in US by County

|             | Total | Percent | % Change |
|-------------|-------|---------|----------|
| High        | 1975  | 61.3%   | - 13.69% |
| Substantial | 625   | 19.4%   | 4.87%    |
| Moderate    | 472   | 14.65%  | 7.88%    |
| Low         | 150   | 4.66%   | 0.93%    |

[How is community transmission calculated?](#)

● High   ● Substantial   ● Moderate   ● Low   ● No Data

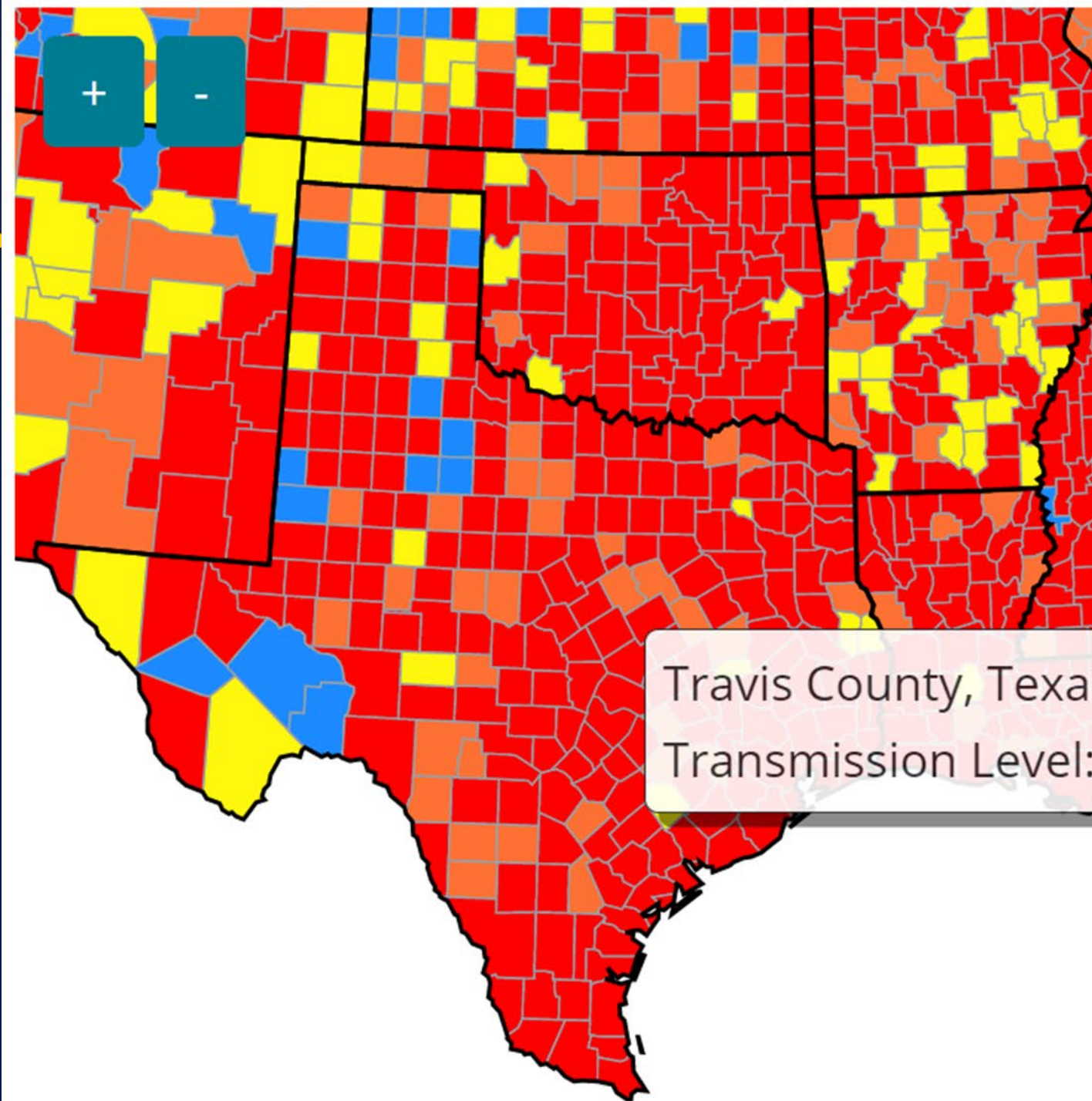


# Checking County Community Transmission Levels (Contd.)



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

|             | Total | Percent | %<br>Change |
|-------------|-------|---------|-------------|
| High        | 1975  | 61.3%   | -<br>13.69% |
| Substantial | 625   | 19.4%   | 4.87%       |
| Moderate    | 472   | 14.65%  | 7.88%       |
| Low         | 150   | 4.66%   | 0.93%       |

How is community transmission  
calculated?



# Facemask Use for Staff in Cold Zones

- Facemask use for staff working in COVID-19 negative areas (cold zones) is optional if [Community Transmission levels](#) are not high.
- 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.)

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

- Have suspected or confirmed COVID-19 or other respiratory infection;
- Have had close contact with someone with COVID-19, for 10 days after that exposure;
- 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

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- **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 [procedure](#) for managing admissions and residents who leave the facility after being away from facility for 24 hours or more.



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# Resident Testing

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Upon admission or after being away from facility for 24 hours or more:

- According to CDC's [procedure](#) for managing admissions and residents who leave the facility, residents 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.
- Residents have the right to refuse testing.
- Residents (new admission or return after 24 hours or more) should still wear face masks, as tolerated, for the 10 days following admission/return.



# Resident testing upon admission

According to the 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.



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# Staff COVID Testing Guidance

- [QSO-20-38](#) provides that routine 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:
  - a positive viral test for COVID-19, or
  - symptoms of COVID-19, or
  - a [higher-risk exposure](#) to someone with COVID-19 infection.



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# Visitation Guidance

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

- Staff don't have to actively screen visitors, meaning they don't have to take temperatures or ask screening questions. The screening process can be:
  - active (staff ask questions) **or**
  - passive (facility posts signs)
- NFs should provide guidance to visitors about the recommended actions for visitors who have:
  - a positive viral test for COVID-19
  - symptoms of COVID-19
  - exposure to someone with COVID-19 infection



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# Visitation Guidance (Contd.)

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According to [QSO 20-39](#):

- Visitors with **confirmed COVID-19 infection** or similar symptoms should defer non-urgent in-person visitation until they meet [CDC criteria for healthcare settings to end isolation](#).
- 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).



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# NF Visitation Mask Usage Guidance

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[QSO 20-39](#) states that whether visitors and residents should wear source control is no longer based on vaccination status.

- Where community transmission level is **not** high: facemask use for visitors is optional.
- Where community transmission level **is** high: everyone should wear source control.
- Regardless of community transmission level, visitors and residents:
  - should wear source control during an **outbreak**.
  - can choose not to wear a facemask in **private visitation areas**.





# Communal Dining and Activities

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- All residents can participate in communal dining and activities unless they are in quarantine or isolation.
- When Community Transmission levels are **not** high, visitors may eat with their loved ones in communal dining areas.
- When Community Transmission levels **are** high, visitors must use facemasks and must refrain from eating with residents in communal areas.



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# NF Updates

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## Panelist

Kevin Knippa

Senior Policy Specialist  
Policy & Rules  
Long-Term Care Regulation



# Winter and Extreme Freezing Weather Preparedness

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- Facilities with generators should perform any maintenance or needed testing while the weather is mild.
- It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing.
- NFs with multi-story buildings should review any other needed measures should evacuation be required. A plan should be in place for how to move residents around or out of the building if there is a loss of power.
- Preparing for disaster is the most important step in protecting our most fragile Texans and reducing the risk for loss of life.



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# Reporting Loss of Facility Heating

[PL 2019-17](#) addresses reporting abuse, neglect, exploitation, misappropriation of resident property and other incidents that a NF must report to HHSC.

Specifically, a NF must report the following:

- Abuse
- Neglect
- Exploitation
- Death due to unusual circumstances
- A missing resident
- Misappropriation
- Drug theft
- Suspicious injuries of unknown source
- Fire
- Emergency situations that pose a threat to resident health and safety



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# Reporting Loss of Facility Heating (cont.)

- Not being able to maintain temperatures in the facility within the ranges required by rule constitutes an emergency situation that poses a threat to resident health and safety.
- According to [PL 2019-17](#), a NF must report such an emergency situation immediately, but not later than 24 hours after the situation is identified or suspected.

NF licensed before  
9/11/2003

71 degrees F - resident-use areas

NF licensed on or  
after 9/11/2003

75 degrees - resident-use areas  
72 degrees - other occupied spaces



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# Heating Equipment Checks

- A NF must check all gas heating systems every year, before the onset of cold weather. This includes gas-fired furnaces and gas-fired water heaters or boilers.
- It is not too late to check heating equipment and make any repairs if you missed performing this check before the first cold weather of this winter.
- Gas heating equipment must be checked by someone qualified and licensed by the state to inspect the equipment.
- Records of this equipment check and any service to the equipment must be maintained.
- Any problems with your heating equipment must be corrected promptly.



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# Reminder: Emergency Power and Generators

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All NFs must have emergency power according to the current rules.

- For facilities licensed before Sept. 11, 2003, the source can be batteries or a generator.
- All facilities licensed on or after Sept. 11, 2003, must have a generator.



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# Cold Weather Impact on Generators

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## Operation

- Same challenges as a vehicle
  - Lubricating oil is thicker.
  - Coolants can freeze.

## Fuel

- Fuel efficiency is lower, so more fuel may be needed.
- Different fuel types react to extreme cold differently.



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# Generator Operation and Maintenance

- Extreme cold is tough on batteries.
  - A generator might require a different oil formulation in cold weather months.
  - A generator might require a different antifreeze mixture in cold weather months.
  - In some locations, glow plugs, engine block heaters, or other types of engine heaters might be necessary to mitigate the impacts of extreme cold temperatures.
- These types of interventions are difficult to implement in the middle of a weather emergency.



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# Cold Temperatures and Generator Fuels: Diesel

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- Diesel will crystallize or “gel” at 32° F.
- It might be necessary to add an anti-gel additive to diesel fuel
  - To prevent “gelling,” these additives must be added to diesel fuel before freezing temperatures.
  - If diesel fuel is “gelled,” an anti-gel additive can be used to “de-gel” diesel.
  - It may be difficult to obtain anti-gel additives in the southern part of the US or during cold weather events.
- Facilities might consider installing a fuel heater as part of their generator set.



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# Cold Temperatures and Generator Fuels: Gasoline

- Gasoline is 10%-20% less efficient at low temperatures, so more fuel must be consumed to do the same work.
  - Over time, gasoline will attract water, which could cause problems with generator operation, including:
    - Sputtering during generator start-up;
    - Inconsistency in running continuously;
    - Freezing of gasoline containing water, especially in fuel lines
- Use older gasoline first and replace it with new gasoline.
- Test gasoline for water content.



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# Cold Temperatures and Generator Fuels: Natural Gas

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- Gas wells can freeze in extreme cold.
- There can be gas shortages in extremely cold weather because of reduced production and increased demand.
- Natural gas generators don't usually have a back-up fuel.
- Gas service may be in shut off during cold weather due to shortages in supply.
- Texas Railroad Commission can order cuts in service during extreme cold weather.



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# Cold Temperatures and Generator Fuels: Propane

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- Propane is stored as a liquid.
- Storage tank gauges might not read accurately in extreme cold.
- At extreme low temperatures liquid propane will not expand into a gas. No expansion means no combustion.
  - Air temperatures are probably not a problem.
  - Accumulators of ice and snow on and around a propane tank can be a problem.



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# Emergency Preparedness

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According to the federal emergency preparedness rules at [42 CFR §483.73\(b\)](#), E-0015, a NF must address provisions for sheltering in place, including an alternate source of energy to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provision.



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# Portable Heaters

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The nursing facility licensing standards prohibit portable heaters of all types, including space heaters, in all areas of a facility.

- For facilities licensed before Sept. 11, 2003 – [26 TAC §554.321\(d\)](#)
- For facilities licensed on or after Sept. 11, 2003, and before April 2, 2018 – [26 TAC §554.340\(2\)\(F\)](#)
- For facilities licensed on or after April 2, 2018 – [26 TAC §554.360\(c\)\(2\)\(H\)](#)



# NF Update

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## Panelist

David Gruber

Associate Commissioner of Regional and Local Health Operations, Border Health, Emergency Preparedness and the Texas Center for Infectious Disease

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Director of Public Health Nursing  
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DSHS: [dshs.texas.gov](https://dshs.texas.gov)



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# 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



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Texas Department of State  
Health Services

# Initiative to Increase COVID-19 Vaccination among Older Adults in LTC

- The CDC encourages participation in the CDC COVID-19 Vaccination Program. A major goal of the program is to improve vaccine uptake in long-term care facilities.
- LTCFs should reach out to their enrolled pharmacy provider or local health department to facilitate vaccination in their facilities.
- LTCFs that are not partnered with an enrolled pharmacy or local health department to conduct on-site vaccination clinics, and are unable to do so through the existing CDC COVID-19 Vaccination Program, may choose to participate in the program through a sub-provider agreement.

\*See attached handouts for more information.



# NF Updates

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## Panelist

Catherine Anglin

Program Manager NF & LSC  
Policy & Rules  
Long-Term Care Regulation





# Overview of F-tag Changes

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## PL 2023-03

- CMS issued [QSO 22-19-NH](#) regarding revised surveyor guidance for nursing facilities. It notifies providers and surveyors of changes to federal NF regulations.
- PL 2023-03 provides an overview of changes to F-tags in [Appendix PP](#) of the [CMS State Operations Manual](#) (SOM) as a resource to providers and surveyors. The attached resource is a high-level overview of changes.
- Please read QSO 22-19 and Appendix PP of the SOM for a full description of changes.



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# Infection Control Communication Form for LTC & Dialysis Facilities

**December 23, 2022** – HHSC is sharing a [communication tool](#) that can be used to enhance communications between LTC providers and dialysis facilities.

- LTC providers are expected to communicate with dialysis facilities regarding changes in patient status. The [National Forum of ESRD Networks](#) developed a communication form that is part of a [highly effective practice](#) that can be used to facilitate communication about both patient and facility status.
- Using a communication form strengthens communication between LTC facilities and dialysis facilities, which may improve patient care and diminish the risk of spreading infection.
- [LTCF-Dialysis Infection Control Communication Form](#)



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# Updates to Nursing Home Care Compare Website and Five Star Quality Rating System

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01/18/2023 - CMS published [QSO-23-05-NH Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System](#).

- Posting Citations Under Dispute: To be more transparent, CMS will now display citations under informal dispute on the Nursing Home Care Compare website.



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# Updates to Nursing Home Care Compare Website and Five Star Quality Rating System

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01/18/2023 - CMS published [QSO-23-05-NH Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System](#).

- Adjusting Quality Measure Ratings: CMS will be conducting audits of schizophrenia coding in the Minimum Data Set data and, based upon the results, adjust the Nursing Home Care Compare quality measure star ratings for facilities whose audits reveal inaccurate coding.



# NF Updates

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## Panelist

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# MDS Update

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- QSO 23-05-NH "...we plan to offer facilities the opportunity to forego the audit by admitting they have errors and committing to correct the issue."
- "This will reduce the burden of conducting audits for CMS and nursing homes and allow CMS to audit more facilities."
- "To incentivize this admission and to promote improvement, for facilities that admit miscoding after being notified by CMS that the facility will be audited, but prior to the start of the audit
- "CMS will consider a lesser action related to their star ratings than those listed above, such as suppression of the QM ratings (rather than downgrade).
- "Also, a follow-up audit may be conducted to confirm the issue is corrected."



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# MDS Update

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- “Earlier this year, CMS conducted pilot audits to test the effectiveness of the MDS audit process. During these pilot audits, we found several issues related to the inaccurate MDS coding of residents with a diagnosis of schizophrenia.
- “For example, there was an absence of comprehensive psychiatric evaluations and behavior documentation.”
- “Also, many residents had only sporadic behaviors noted in their medical records, and these behaviors were related to dementia, rather than schizophrenia”



# MDS Update

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- “Nursing homes should work with their psychiatric providers and medical directors to ensure the appropriate professional standards and processes are being implemented related to diagnosing individuals with schizophrenia.”



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# MDS Update

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- “Information is also available in Appendix PP of the State Operations Manual (F-tags 658, 740, and 758) and the Minimum Data Set 3.0 Resident Assessment Instrument Manual (page 2 of the Errata (v2) effective July 15, 2022).”
- “...For assistance in reducing the use of antipsychotic medications, we encourage nursing homes to contact their Quality Improvement Organization (QIO) for additional resources, assistance, and tools that are available. Facilities can locate their QIO by visiting [Locate Your QIO](https://www.locateyourqio.org) [qioprogram.org](https://www.qioprogram.org).”



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# MDS Update

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## See RAI Manual Errata July 2022:

- “In situations where practitioners have potentially misdiagnosed residents with a condition for which there is a lack of appropriate diagnostic information in the medical record, such as for a mental disorder, the corresponding diagnosis in Section I should not be coded and a referral by the facility and/or the survey team to the State Medical Boards or Boards of Nursing may be necessary.”



# NF Updates

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## Panelist

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# 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

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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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# NF Updates

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## Panelist

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# Inactivating a PASRR Level 1 (PL1) Screening Form

Nursing Facilities (NFs) are responsible for inactivating all PL1 screening forms when a person is discharged or deceased. To inactivate a PL1 screening form, the NF must:

- Complete Section B fields B0650-0655 – Discharge or deceased.
  - If field B0650 indicates that the person is deceased, then the Section E tab will not be enabled for data entry and the P1 screening form will submit.
  - If field B0650 indicates the person was discharged, Fields E0500-E0900 (Alternate Placement Disposition) are enabled and required for the PL1 screening form to be submitted.



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# Remove Form Action button(s) from converted PL1 screening forms

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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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# Negative PASRR Evaluation Process (1 of 2)

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- Form 2360: Negative PASRR Evaluation (PE) Letter
  - Form 2360 is for local authorities (LAs) to inform an individual of the results of their PE when the results are negative.

[Form 2360, Negative PASRR Evaluation Letter | Texas Health and Human Services](#)



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# Negative PASRR Evaluation Process (2 of 2)

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- This letter standardizes the language determining a negative PE and communicates who conducted the PE. Additionally, the letter contains instructions on how the individual can appeal the determination, the time frame to do so, who to contact, an attached "Fair Hearing Request" form, and mailing address.



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## **LTC Online Portal Enhancements for PL1 Screening and PE Forms**

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- Beginning July 2023, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal will be modified to enhance the PL1 screening form and the PE form.
- The enhancements will improve usability and functionality of the forms to identify all potentially PASRR-eligible individuals and recommend the appropriate specialized services. Information about these upcoming changes will be available in future articles on the TMHP website.



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# Types of Emails to Refer to the HHSC PASRR Unit – 1 of 2

---

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

- Assistance or cooperation from a Referring Entity, NF or LA
- Assistance with locating information to complete and submit the PL1 Screening form, PE, PASRR Comprehensive Service Plan (PCSP) and Nursing Facility Specialized Services (NFSS) forms
- Assistance locating forms, people residing in or entering an NF, LAs, or additional training resources



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# Types of Emails to Refer to the HHSC PASRR Unit – 2 of 2

---

- Policy guidance on PASRR processes, specialized services and therapist assessments
- Questions specifically related to mental illness, intellectual disability, developmental disability or related conditions

For additional learning opportunities, information, and forms: <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr>



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# PASRR Support Tips – 1 of 2

---

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

- Include as much detail as possible.
- Send the Document Locator Number (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

---

- 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

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For questions regarding PASRR, please email: [PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us)



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

Arthi Vamsi, MBBS, CPHQ  
Healthcare Quality Improvement Manager

Melody Malone, PT, CPHQ, MHA  
Quality Improvement Specialist



## Bivalent COVID-19 Vaccine

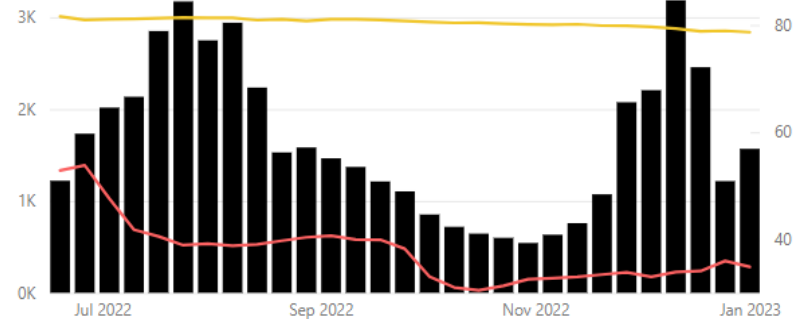
- “Bivalent” means a two-component vaccine. It includes a component of the original virus strain to provide broad protection against COVID-19, and a component of the omicron variant to provide better protection against the omicron variant BA.4 and BA.5.
- The COVID-19 virus continues to change and mutate, so the new COVID-19 bivalent vaccine is our best protection to prevent against infection, COVID-19 hospitalization and death.
- Vaccination also protects those around you who may not be eligible to get vaccinated or who may be at higher risk for severe illness due to age or underlying health conditions.

## TMF QIN-QIO Region: Texas

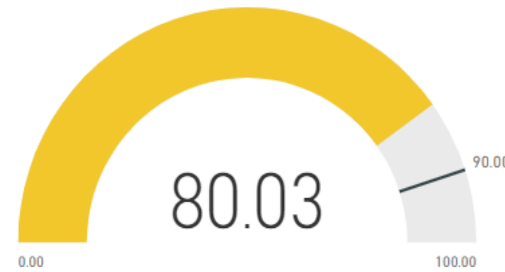
|  | <b>Booster QII Referral<br/>Since Jan. 11,<br/>2022</b> | <b>Bivalent QII Referrals for<br/>6-Week Sprint Referral<br/>Since Dec. 2, 2022</b> |
|--|---|---|
| <b>Number of Referrals<br/>for TX Region</b> | 1,008   | 503   |
| <b>Clinics Held</b>                          | 159   | 31  |
| <b>Number of Residents<br/>Vaccinated</b>    | 3,939   | 1,271   |
| <b>Number of Staff<br/>Vaccinated</b>        | 1,070   | 204   |

# CMS NHSN Data Report for Texas: Week Ending Jan. 1, 2023

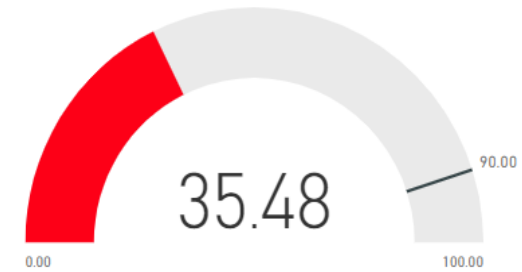
● Resident Cases ● % Residents Vaccinated ● % Residents Up to Date



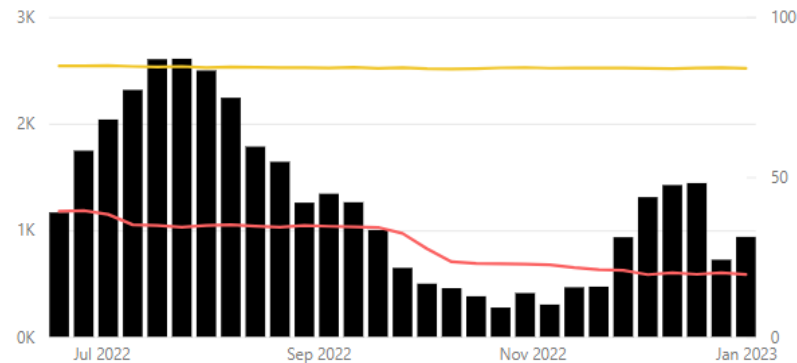
% Current Residents Vaccinated



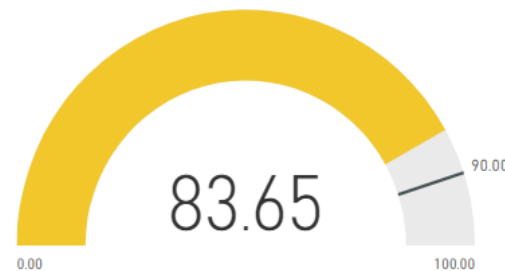
% Current Residents Up to Date



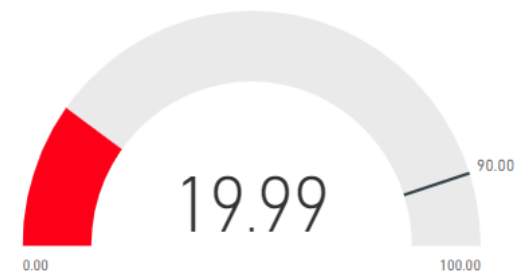
● Staff Cases ● % Staff Vaccinated ● % Staff Up to Date



% Current Staff Vaccinated

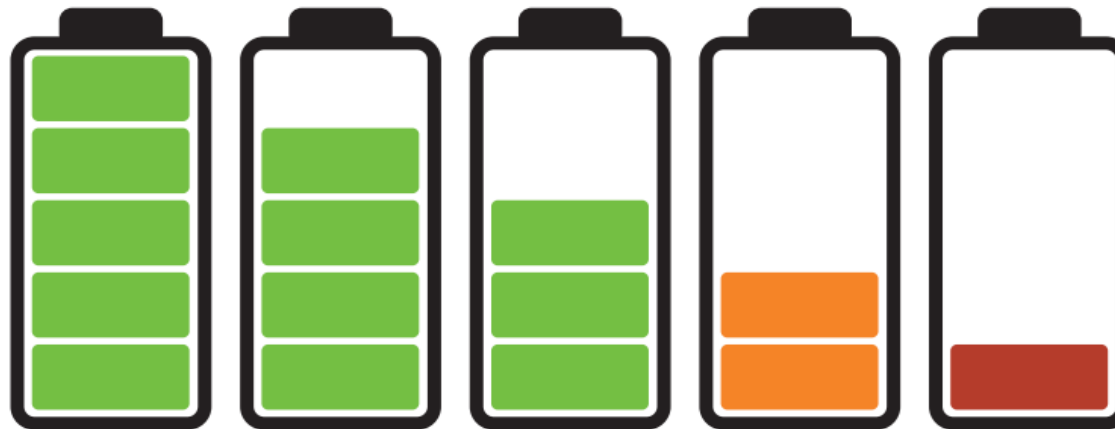


% Current Staff Up to Date



# GET BOOSTED NOW

**COVID vaccines lose power  
like batteries.**



**Recharge your protection.**

# COVID-19 Therapeutics

- **Why:** Reduces the risk of hospitalization and death due to COVID-19

- **Who:** Treatments should be considered for any resident over 50 or with a high-risk health condition

Even if vaccinated, residents are more likely than others to get very sick from COVID-19 if:

- › They are 50 years or older
  - › They have one or more health issues, such as heart, lung or kidney disease; overweight; diabetes; severe asthma; or some types of disabilities
  - › They have a compromised or weakened immune system
- **When:** Must be started early even if the symptoms are mild

# COVID-19 Therapeutics

**What** and **How** of the treatment options:

| Therapeutic             | Type of treatment                            | Start time after symptoms first appear      |
|-------------------------|--|---|
| Paxlovid                | Oral antiviral (pills)                       | As soon as possible and up to <b>5 days</b> |
| Lagevrio (molnupiravir) | Oral antiviral (pills)                       | As soon as possible and up to <b>5 days</b> |
| Veklury® (remdesivir)   | IV infusion antiviral                        | As soon as possible and up to <b>7 days</b> |
| Evusheld                | Long-acting antibody combination (injection) | Preventative, <b>before exposure</b>        |

- It is important to check with the Administration for Strategic Preparedness and Response (ASPR) [Treatment Options for COVID-19](#) prior to initiating therapy, as recommendations are frequently updated due to viral mutations.
- The table is current as of Jan. 17, 2023.



# COVID-19 Therapeutics Fact Sheet

The spectrum of medical therapies to treat COVID-19 is rapidly evolving and these medications are used at different times. Therapeutics are indicated for the treatment of mild to moderate COVID-19 in non-hospitalized patients with laboratory-confirmed SARS-CoV-2 infection, who are at high risk for progressing to severe disease and/or hospitalization.

People who test positive for the virus are more likely to get very sick from COVID-19, especially:

- » [Older adults](#) (age 50 years or more, with risk increasing with age)
- » People who are unvaccinated
- » [Individuals with certain medical conditions](#), such as chronic lung disease, heart disease, or a weakened immune system

## Treatment Options

It is important to check with the Administration for Strategic Preparedness and Response (ASPR) [Treatment Options for COVID-19](#) prior to initiating therapy, as recommendations are frequently updated due to viral mutations. The below table is **current as of Dec. 12, 2022**.

| Therapeutic             | Type of treatment                            | Start time after symptoms first appear      |
|-------------------------|--|---|
| Paxlovid                | Oral antiviral (pills)                       | As soon as possible and up to <b>5 days</b> |
| Lagevrio (molnupiravir) | Oral antiviral (pills)                       | As soon as possible and up to <b>5 days</b> |
| Veklury® (remdesivir)   | IV infusion antiviral                        | As soon as possible and up to <b>7 days</b> |
| Evusheld                | Long-acting antibody combination (injection) | Preventative, <b>before exposure</b>        |

Every patient who tests positive for COVID-19 should be evaluated to determine whether the use of an available therapeutic is appropriate. Therapeutics can prevent serious illness and save the lives of high-risk individuals who would otherwise be at risk of severe complications.

# COVID-19 Resources

- [Bivalent Vaccine Fact Sheet](#) (PDF), TMF QIN-QIO
- [Bivalent Vaccine Fact Sheet in US Spanish](#) (PDF), TMF
- [Bivalent Vaccine Toolkit](#) (PDF), TMF
- [COVID-19 Therapeutics Fact Sheet](#) (PDF), TMF
- [COVID-19 Vaccination and Therapeutics in PALTC Toolkit: Resources for Clinicians](#) (PDF), AMDA-The Society for Post-Acute and Long-Term Care Medicine
- [Get Boosted Now Poster](#) (PDF), TMF

# NHSN and Other Updates

# NHSN Updated Resource

[COVID-19 Vaccination Up-to-Date Guidance](#)

## COVID-19 Vaccination Modules: Key Terms

### Reporting Period: Quarter 1 2023 (December 26, 2022 – March 26, 2023)

The following definitions apply when reporting data through the **NHSN COVID-19 Vaccination Modules and the Resident Impact and Facility Capacity (RIFC) Pathway** for the reporting period of Quarter 1 2023 (representing data for **December 26, 2022 – March 26, 2023**).

**Up to date with COVID-19 vaccines** (Please note that changes for **Quarter 1 2023** are highlighted in yellow.)

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of **December 26, 2022 – March 26, 2023** for the purpose of NHSN surveillance if they meet (1) of the following criteria:

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

or

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 were no longer authorized as booster doses for people ages 12 years and older. **Therefore, as of Quarter 1 2023, monovalent boosters are no longer included in the up to date definition.**

Note: Up to date guidance for individuals aged 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 the same regardless of immunocompromised status.

**Note: Although the Novavax monovalent booster is allowed for use for adults aged 18 and over, the criteria for up to date COVID-19 vaccination status remain the same for Quarter 1 2023. In other words, individuals are only considered to be up to date if they meet the criteria outlined in the table above.**

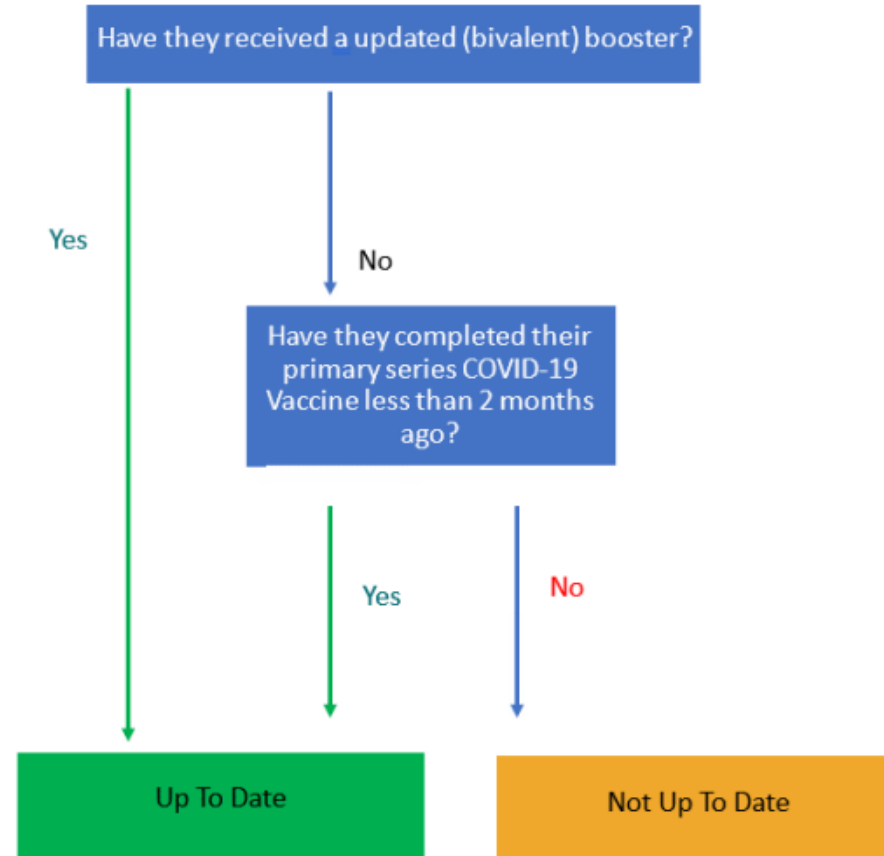
Note: For **Long-Term Care Facility Resident Impact and Facility Capacity (RIFC) Pathway** (part of the COVID-19 Surveillance Pathways: Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) only: A resident with a newly positive SARS-CoV-2 viral test result who has received the updated (bivalent) booster dose or has completed the primary series (in the past 2 months) should be counted in the up to date category if the most recent dose was received 14 days or more before the specimen collection of the newly positive test result. In other words, for the RIFC Pathway, a resident with a newly positive SARS-CoV-2 test result is counted in the up to date category if they received the vaccines required to be up to date at least 14 days before the positive test.

\*Please see examples in the table below as well as Appendix 1a for additional information

## COVID-19 Vaccination Modules: Key Terms

### Appendix 1a: Decision Tree: Up to Date with COVID-19 Vaccines during the surveillance period of December 26, 2022 – March 26, 2023 for the COVID-19 Vaccination Modules

Facilities can use the following decision tree to help determine up to date vaccination status for the NHSN COVID-19 Vaccination Modules during the reporting period of Quarter 1, 2023 (representing vaccination data for September 26, 2022 – December 25, 2022)

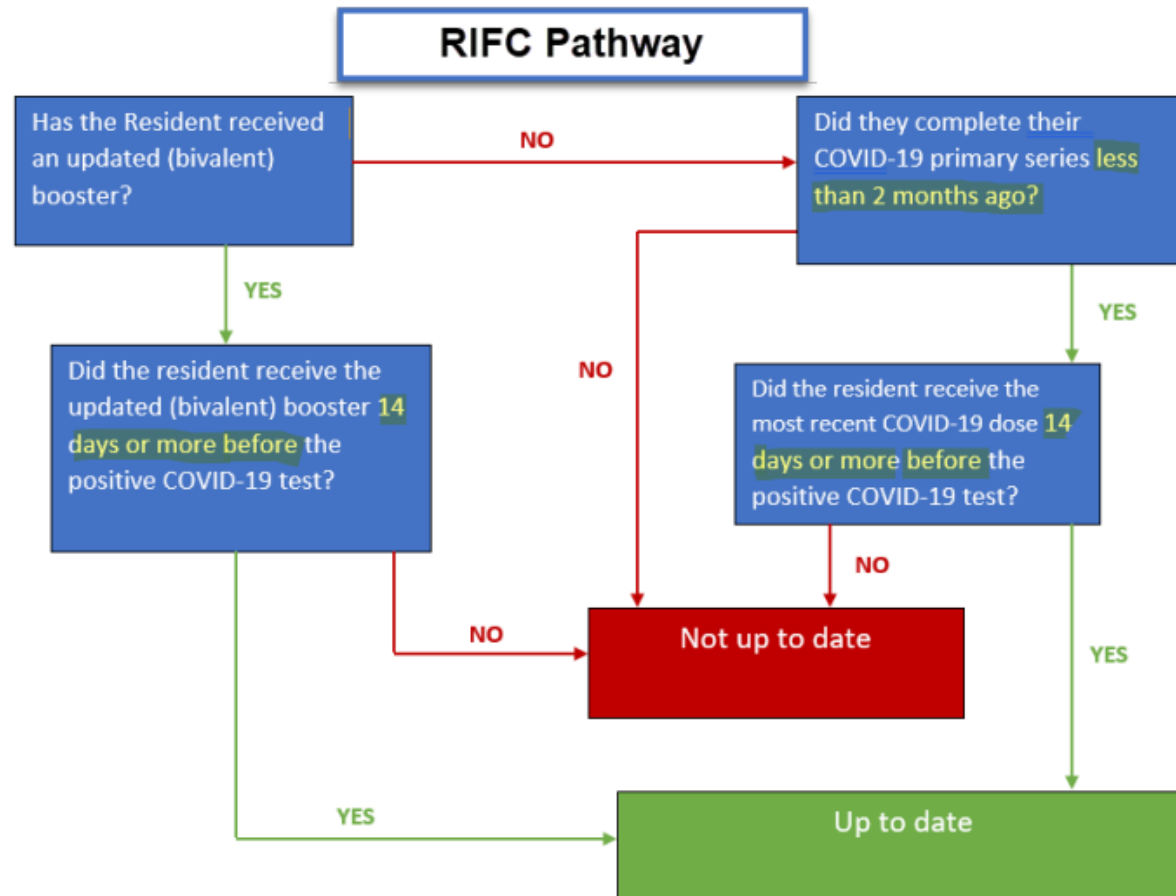




## COVID-19 Vaccination Modules: Key Terms

### Appendix 1b: Decision Tree: Up to Date with COVID-19 Vaccines during the surveillance period December 26, 2022 – March 26, 2023 for the Long-Term Care RIFC Pathway

Long-Term Care Facilities can use the following decision tree to help determine up to date vaccination status for the RIFC Pathway. Please note this refers to reporting data through the NHSN COVID-19 RIFC Pathway for the reporting period of Quarter 1, 2023 (representing data for December 26, 2022 – March 26, 2023).



## 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 and for Level 1 users.

## Benefits of Level 3 SAMS Access

- 💡 Level 3 grants access to all COVID-19 reporting in NHSN
- 💡 Reports and full features can be accessed and used
- 💡 Having two or three SAMS Level 3 users for each facility ensures compliance in reporting

## Tips to Level 3 SAMS Access

- 💡 Expedite SAMS access using Experian ID verification process
- 💡 Use the Entrust Soft Token vs. requesting and waiting on the SAMS Grid Card, which is no longer automatic
- 💡 For step-by-step instructions, see [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#) (PDF)

**Note:** A user can have both the grid card and the Entrust Soft Token

# How to Assign User Rights for Staff/Visitor Reporting (Step 1 of 2)

Must be the NHSN facility administrator (FA) or have administrative rights:

- Go to the Users tab, click **Find**, click **Find** again, look for the user and click on their name

The screenshot shows the TMF system interface. On the left, a sidebar contains a menu with 'Surveys', 'Analysis', 'Users', and 'Facility'. The 'Users' tab is selected, and a 'Find' button is circled in orange. To the right of the sidebar is a search form with fields for 'User ID:', 'First Name:', 'Middle Name:', 'Last Name:', 'Phone Number:', and 'E-mail Address:'. Below these fields are three buttons: 'Find', 'Clear', and 'Back'. The 'Find' button is circled in orange. Below the search form is a table with the following columns: 'Deactivate', 'Name', 'Title', 'User ID', 'User Type', and 'Active'. The table contains one row with the following data: 'Deactivate' (checkbox), 'Name' (Miller, Sarah), 'Title' (empty), 'User ID' (SMILLER), 'User Type' (empty), and 'Active' (Y). The 'Name' cell, containing 'Miller, Sarah', is circled in orange.

| Deactivate               | Name          | Title | User ID | User Type | Active |
|--------------------------|---------------|-------|---------|-----------|--------|
| <input type="checkbox"/> | Miller, Sarah |       | SMILLER |           | Y      |

# How to Assign User Rights for Staff/Visitor Reporting (Step 2 of 2)

- When viewing User, first click **Edit**, then **Edit Rights** and:
  - › Staff/Visitor – Add, Edit, Delete
  - › Staff/Visitor – View

**View User**

Mandatory fields marked with \*

User ID \* SMILLER Up to 32 letters and/or numbers, no spaces or special c

Prefix: \_\_\_\_\_

First Name \* Sarah

Middle Name: \_\_\_\_\_

Last Name \* Miller

Title: \_\_\_\_\_

User Active: Y-Yes

User Type: \_\_\_\_\_

Phone Number \* 501-813-7546

Fax Number: \_\_\_\_\_

E-mail Address \* SARAH.MILLER@AFMC.ORG

Address, line 1: 1020 W. 4TH ST., SUITE

Address, line 2: \_\_\_\_\_

Address, line 3: \_\_\_\_\_

City: Little Rock

State: AR - Arkansas

County: \_\_\_\_\_

Zip Code: 30030

Home Phone Number: \_\_\_\_\_

Beeper: \_\_\_\_\_

User Group/Facility: At The Green Center (85643)

User Roles: ADDSTAFF(LTCF) ADMIN(HCW) ADMIN(LTCF) ALLRIGHTS(HCW) ALLRIGHTS(LTCF) FINDSTAF

**Edit** **Effective Rights** **Back**

1

**Edit User**

Mandatory fields marked with \*

User ID \* SMILLER Up to 32 letters and/or numbers, no spaces or special characters

Prefix: \_\_\_\_\_

First Name \* Sarah

Middle Name: \_\_\_\_\_

Last Name \* Miller

Title: \_\_\_\_\_

User Active: Y-Yes

User Type: \_\_\_\_\_

Phone Number \* 501-813-7546

Fax Number: \_\_\_\_\_

E-mail Address \* SARAH.MILLER@AFMC.ORG

Address, line 1: 1020 W. 4TH ST., SUITE

Address, line 2: \_\_\_\_\_

Address, line 3: \_\_\_\_\_

City: Little Rock

State: AR - Arkansas

County: \_\_\_\_\_

Zip Code: 30030

Home Phone Number: \_\_\_\_\_

Beeper: \_\_\_\_\_

**Save** **Deactivate** **Edit Rights** **Effective Rights** **Back**

2

| 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 checked="" type="checkbox"/> |
| Staff/Visitor - Add, Edit, Delete | <input checked="" type="checkbox"/> |
| Staff/Visitor - View              | <input checked="" type="checkbox"/> |

3



# 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

## Reporting with Level 3 SAMS Access

Always log in with the SAMS grid card ***or*** Entrust soft token option.



Menu

My Profile

Logout

Links

SAMS User Guide

SAMS User FAQ

Identity Verification  
Overview

My Applications

National Healthcare Safety Network System

• [NHSN Reporting](#) \*

Always select to report

NHSN Long Term Care Reporting

• ~~[NHSN LTC Reporting](#)~~  
• ~~[NHSN LTC Enrollment](#)~~

Do not use

\* Strong credentials required.

# TMF Group and Conferring Rights

[Join the TMF Quality Innovation Network Group and Confer Rights in the National Healthcare Safety Network](#)

- Allows us to see your data
- Enables us to help you quicker if you have a data issue

**Note: We cannot change your data or input data.**

**Infection Control Communication Form**  
**Between Nursing/Personal Care/Assisted Living Facility and Dialysis Facility**  
*Side 1: LTCF Communication to Dialysis Facility*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LTCF Name: \_\_\_\_\_ Unit Phone Number: \_\_\_\_\_  
Dialysis Facility Name: \_\_\_\_\_ Dialysis Phone Number: \_\_\_\_\_

**Patient's current symptoms when leaving for dialysis (check all that apply):**

- ☐ Temp >99 F ☐ Chills ☐ Cough ☐ New or worsening shortness of breath  
☐ Fatigue ☐ Headache ☐ Muscle pain or body aches ☐ New loss of taste or smell ☐ Sore throat  
☐ Rhinorrhea ☐ Nausea or vomiting ☐ Diarrhea ☐ **None of the above**

**Patient's Infection Control Status:**

| Status   | Definition   |
|--|--|
| <input type="checkbox"/> Unexposed/Healthy         | No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility  |
| <input type="checkbox"/> Exposed                   | <input type="checkbox"/> COVID-19 <input type="checkbox"/> Influenza <input type="checkbox"/> RSV <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> COVID-19 Positive         | Positive Test Date ____/____/____ Date of Exit from Isolation ____/____/____   |
| <input type="checkbox"/> Influenza/RSV Positive    | Positive Test Date ____/____/____ Date of Exit from Isolation ____/____/____   |
| <input type="checkbox"/> Active Contact Precaution | <input type="checkbox"/> C. difficile <input type="checkbox"/> VRE <input type="checkbox"/> Other MDRO <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Other _____ |

**COVID-19 and Influenza Vaccination Status:**

**COVID-19**

- ☐ Complete ☐ Partial (1 dose of 2-dose series) ☐ Not vaccinated ☐ Boosted

Vaccine 1<sup>st</sup> Dose: ☐ 2-Dose (Moderna or Pfizer) ☐ 1-Dose (J & J): Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

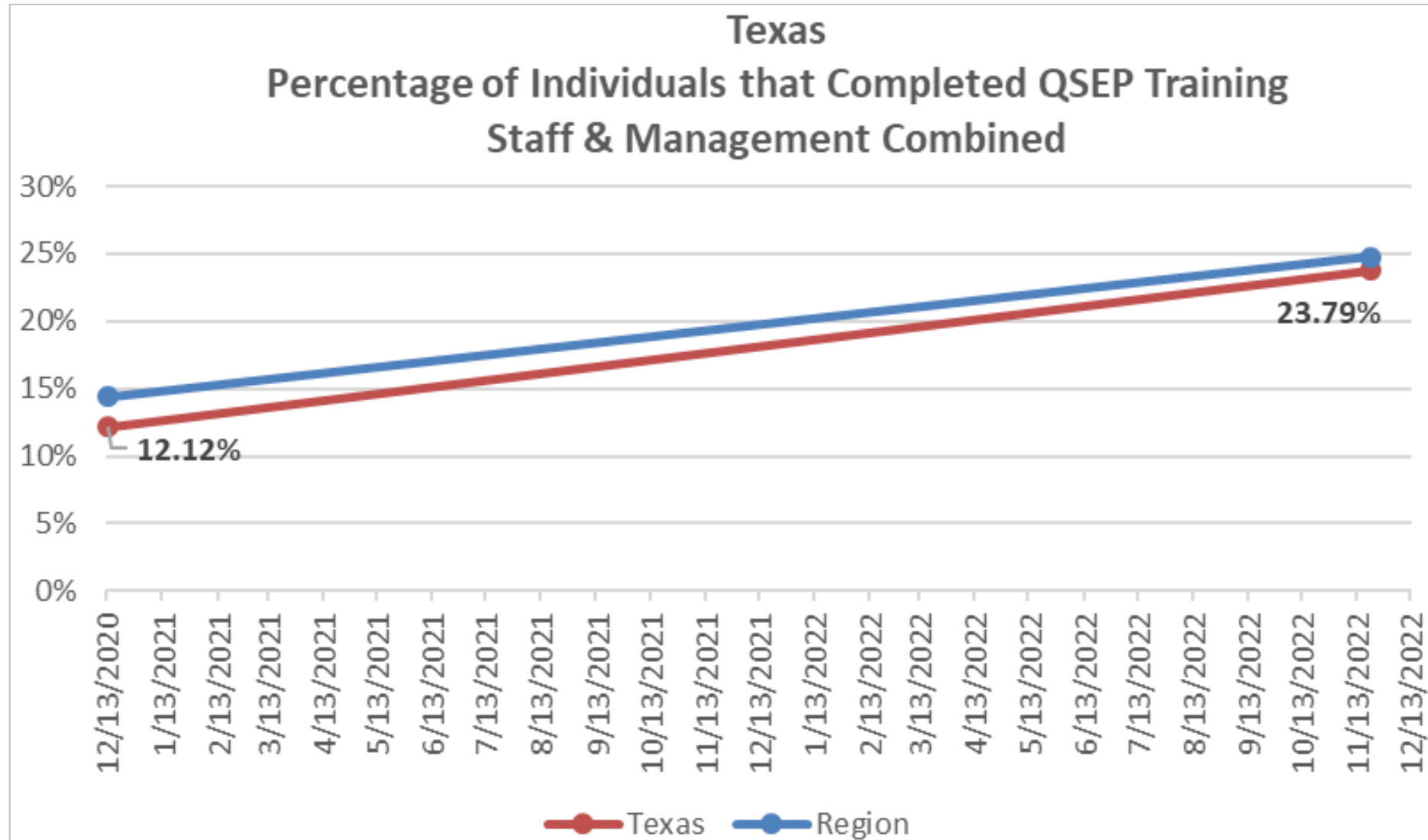
Vaccine 2<sup>nd</sup> Dose (if applicable): Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

BiValent Booster Dose: ☐ Yes ☐ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

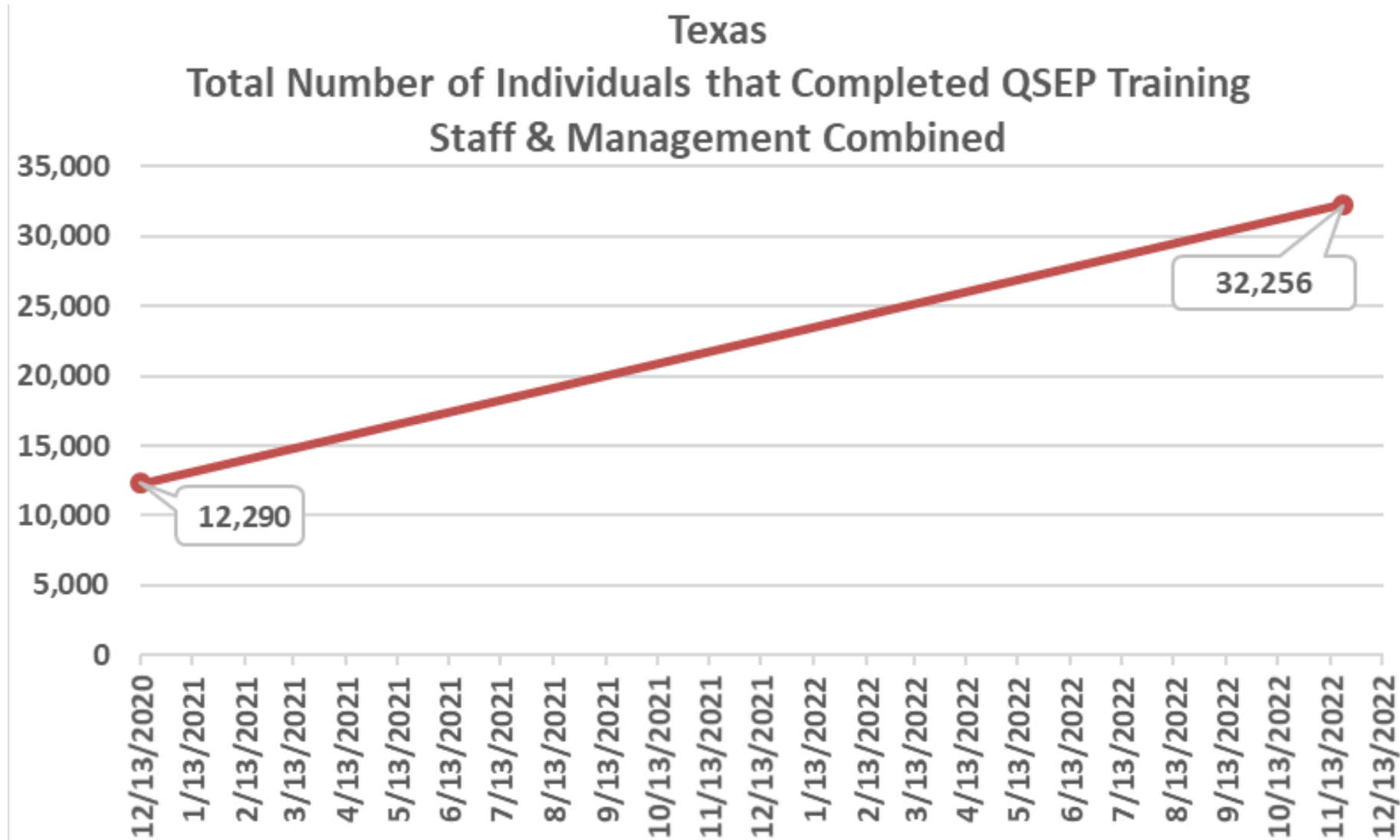
**Influenza**

Influenza Vaccine: ☐ Yes ☐ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated







# 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**

## TMF QIN-QIO Resources

- [QI Plan for Antipsychotic Medications](#)
- [5 Whys Tool for Antipsychotic Medications](#)
- [Fishbone Diagram for Antipsychotic Medications](#)

**Note: Please use these documents as a guide to meet your facility's quality improvement (QI) challenges, to lead you through your own root cause analysis and to develop a QI plan specific to your facility's needs.**

## TMF QIN-QIO Resources, cont.

- [Urinary Incontinence in Older Adults](#)
- [Urinary Incontinence in Older Adults](#) – Spanish version
- [Urinary Incontinence \(Bladder Control Problems\)](#)
- [LTC Connect Recorded Events](#):

Look for the Jan. 19 event, **LTC Connect: New Year, New NHSN Refresher.**

## TMF QIN-QIO Resources, cont.

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](#)



# Upcoming TMF QIN-QIO Training

**Nursing Home Office Hours:**

**Open Q&A Session + NHSN Update**

Tuesday, Jan. 31, 2023

10:30 – 11:30 a.m. CT

**LTC Connect:**

**Adverse Drug Events**

Thursday, Feb. 16, 2022

1:30 – 2:30 p.m. CT

***NEW!*** Register **once** for multiple TMF QIN-QIO events!

# 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](#)

# 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](#).



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# Questions?

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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



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Services

# 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



## Blackboard Connect Quick Sheet

Blackboard Connect is an Emergency Communication System HHSC uses to send emergency and outreach notifications through email, phone, voice and text if available. Certain designated provider staff must sign up for the system. For more information on the system and who must sign up, please see PL 22-32.

### 10 Easy Steps to Sign Up

#### Register

1. Go to <https://txhhscrsdopen.bbcportal.com/Entry> and click **Sign Me Up!**
2. Enter information in each field and click the **checkbox** to agree with the terms of use.
3. Next you will receive an email. Use the hyperlink to confirm your email address and log into your account. **Enter 3 security questions** with the answers. These are used to verify your identity in case of need to reset your password.

#### Enter Contact Information

4. Once logged in, enter your full business address. County is mandatory.
5. This will open a map. Confirm your address and click **Save**.
6. If you wish to alter your email you can click **add email** and provide a new email.
7. Next screen you will need to provide phone information by selecting **Add Phone**. Provide a work phone number and select delivery methods you prefer. You may register multiple phone numbers if needed.

#### Subscribe

8. Use the checkboxes to **subscribe** to the topics you would like and pertain to your program and location. You can subscribe to more than one. You cannot opt-out of receiving emergency messages.
9. If you would like to alter your preferred contact method, you can do so by clicking the edit icons to the right.
10. Click done.

If you have any questions, please contact the Policy and Rules Section by email at [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov) or call (512) 438-3161.



Welcome to Blackboard MyConnect, your online tool for subscribing to messages that matter to you most. Provided below are instructions on how to register for the Texas Health and Human Services, Regulatory Services Division, MyConnect site and subscribe to messages and notifications. Each provider is required to have someone from each physical facility registered. There is no maximum number of people who can be registered.

Please be sure to fill out all sections in their entirety.

1. Visit the MyConnect Site at <https://txhhscrsdopen.bbcportal.com/Entry> click **Sign Me Up!**

A screenshot of the Texas Health and Human Services MyConnect login page. The page has a dark blue header with the Texas Health and Human Services logo on the left. Below the header, there is a white box containing text and a login form. The text on the left side of the white box reads: "Welcome to Connect, Regulatory Services Division Electronic Notification System. If this is your first time visiting, click 'sign me up.' You will be asked to enter your email address and select a password, then activate your account by selecting and answering 3 security questions (in case you forget your password). After that is complete, you can log in. During your first visit, you will be asked to provide information including your name, your facility's address, and any cell phone or email addresses you expect to receive notifications on. You will need to opt in to receive messages from the relevant Program Area and Region. Please make sure you keep your contact information up to date. The next time you need to log in to the Connect portal, all you need is the email address and password you chose during the signup process." The login form on the right side of the white box includes fields for "Email:" and "Password:", a "Forgot your password?" link, a "Remember me" checkbox, and two buttons: "Login" and "Sign Me Up!". A red arrow points down to the "Sign Me Up!" button, which is highlighted with a red border.



2. Provide your first and last name, an email address, and a password for your new account. Click checkbox to agree with terms of use and click Continue.

The screenshot shows the registration page for the Texas Health and Human Services Connect portal. The page has a dark blue header with the Texas state seal and the text "TEXAS Health and Human Services". The main content area is white. On the left, there is a welcome message and instructions for new users. On the right, there is a registration form with the following fields: "Your First Name" (containing "Test"), "Your Last Name" (containing "Testerson"), "Your Email" (containing "hhstest.testerson@gmail.com"), "Choose a Password" (containing "\*\*\*\*\*"), and "Confirm Password" (containing "\*\*\*\*\*"). Below the form, there is a checkbox labeled "I agree to the Blackboard Connect User Agreement, which includes my consent to receive the messages I select in the site, as well as the use of cookies in connection with operating the site. More information on the use of cookies is available at the Blackboard Privacy Center." and a "Continue" button. A red box highlights the form fields, and a red arrow points to the "Continue" button.

Welcome to Connect, Regulatory Services Division Electronic Notification System for employees.

If this is your first time visiting, click "sign me up." You will be asked to enter your email address and select a password, then activate your account by selecting and answering 3 security questions (in case you forget your password). After that is complete, you can log in.

During your first visit, you will need to provide your Employee ID number and your work email address to prove your identity. Then, add the phone number(s) you want to use for text notifications. If you're issued a state cell phone, you should use that number. If you'd like to use an additional number, you will be able to do that.

Please make sure you keep your contact information up to date if there are changes in the future. The next time you need to log in to the Connect portal, all you need is the email address and password you chose during the signup process.

Go back Continue

3. Once you've provided the information and selected next, you will receive a confirmation message to the email you've provided. This can take roughly 10 minutes to receive. Use the hyperlink provided in the email you receive to confirm your email address and log into your account. Use the pull-down menus to select a security question and provide the answer to the question in the field below. These will be used to verify your identity in case you need to reset your password. Click Save to continue.

The screenshot shows the security questions page for the Texas Health and Human Services Connect portal. The page has a dark blue header with the Texas state seal and the text "TEXAS Health and Human Services". The main content area is white. At the top, there is a section titled "Answer Security Questions" with a sub-header "If you need to reset your password, you will be asked the security questions you select and required to answer them correctly." Below this, there are three security questions, each with a pull-down menu to select the question and a text field to provide the answer. The questions are: "Security Question 1: What city were you born in?", "Security Question 2: What street did you grow up on?", and "Security Question 3: What was your childhood nickname?". At the bottom, there are "Clear" and "Save" buttons. Red boxes highlight the question fields, and red arrows point to the "Save" button.

Answer Security Questions

If you need to reset your password, you will be asked the security questions you select and required to answer them correctly.

Security Question 1: What city were you born in?

Security Question 2: What street did you grow up on?

Security Question 3: What was your childhood nickname?

Clear Save

- Once successfully logged in, click Add Address and supply your full business address. **County** is a mandatory entry. Once in place, click Next to continue.

The screenshot shows the 'Add Address' form in the Texas Health and Human Services portal. The form is part of a three-step process: 'Tell Us About Yourself', 'Set Your Subscriptions', and 'Set Your Preferences'. The 'Add Address' button is highlighted with a red box and a red arrow. Below the button, the form fields are: 'Label' (set to 'Home'), 'Country' (set to 'United States'), 'Line 1', 'Line 2', 'City', 'County', 'State' (set to 'Select --'), and 'Zip Code'. A red box highlights the 'Country', 'City', 'County', and 'State' fields, with a red arrow pointing to the 'City' field. The 'Next' button is also highlighted with a red box and a red arrow. Below the form, the user's contact information is displayed: '512-900-0001' (Home 1), 'test.testerson@gmail.com' (E-mail Address), and '123 imaginary Ln, Austin, TX 78748' (Address).

- This will open a map for you to confirm your address. Once identified, click Save to continue.

The screenshot shows the 'Verify Your Address' map in the Texas Health and Human Services portal. The map displays the address '123 imaginary Ln, Austin, TX 78748' and a red pin indicating the location. The 'Save' button is highlighted with a red box and a red arrow. Below the map, the user's contact information is displayed: '512-900-0001' (Home 1), 'test.testerson@gmail.com' (E-mail Address), and '123 imaginary Ln, Austin, TX 78748' (Address).

6. If you wish to alter your email address, Click the Add Email and provide the new email within the presented field.

The screenshot shows a three-step process: 'Tell Us About Yourself', 'Set Your Subscriptions', and 'Set Your Preferences'. The second step, 'Set Your Subscriptions', is active. It contains three buttons: 'Add Address', 'Add Email', and 'Add Phone'. The 'Add Email' button is highlighted with a red box and a red arrow pointing to it. Below the buttons is a form for adding an email address, with a red box around the 'E-mail Address' input field and a red arrow pointing to it. To the right of the input field are 'Cancel' and 'Save' buttons, with a red arrow pointing to the 'Save' button. Below the form, there is a list of existing contact information: a home phone number (512-900-0001), an email address (test.testerson@gmail.com), and two addresses (home and work) at 123 imaginary Ln, Austin, TX 78748, travis, United States. At the bottom, there is a 'Language Preferences' section with a dropdown menu set to 'English' and a 'Save' button.

7. Provide your phone information by selecting Add Phone. Provide a work phone number (text capable, if you want to receive texts) and select the delivery methods you prefer. Click Save to continue. You may add additional phone numbers if you have multiple phones you wish to register.

The screenshot shows the same three-step process as the previous image. The 'Add Phone' button is highlighted with a red box and a red arrow pointing to it. Below the buttons is a form for adding a phone number, with a red box around the 'Phone Number' input field and a red arrow pointing to it. To the right of the input field are 'Cancel' and 'Save' buttons, with a red arrow pointing to the 'Save' button. Below the form, there is a list of existing contact information: a home phone number (512-900-0001), an email address (test.testerson@gmail.com), and two addresses (home and work) at 123 imaginary Ln, Austin, TX 78748, travis, United States. At the bottom, there is a 'Language Preferences' section with a dropdown menu set to 'English' and a 'Save' button.

8. Once all info tabs are complete, click Next to continue.

The screenshot shows a registration form titled 'Tell Us About Yourself' with three progress indicators: 1 (active), 2, and 3. The form includes sections for adding contact information (Address, Email, Phone) and language preferences. A red arrow points to the 'Next' button at the bottom right.

**Tell Us About Yourself** | Set Your Subscriptions | Set Your Preferences

1 2 3

Add Address Add Email Add Phone

512-900-0001 Home 1 Voice Text TTY

test.testerson@gmail.com E-mail Address

123 imaginary Ln Austin, TX 78748 travis United States Work Address

Language Preferences English Save

Next

9. Use the checkboxes to subscribe to the message topics that are available on your screen. You can subscribe to more than one message, however, you cannot opt-out of receiving Emergency Messages. It is strongly recommended to include subscription for region and facility type. Be sure to select those that apply to your program and location. Once all are selected, click Next to continue.

The screenshot shows a registration form titled 'LONG TERM CARE REGULATION' with a section for 'Please tell us about yourself'. It includes a list of checkboxes for various facility types and regions. A red arrow points to the 'Region 5' checkbox, and another red arrow points to the 'Next' button at the bottom right.

☐ Rural Health Clinic  
☐ Special Care Facility  
☐ Substance Abuse Treatment Facility

**LONG TERM CARE REGULATION**

Please tell us about yourself

I am a ☒ Resident (I live here) ☐ Business (I work here) ☐ Other

☒ Emergency  
☐ Outreach  
☐ Assisted Living Facility (ALF)  
☐ Day Activity and Health Services (DAHS)  
☐ Home and Community Support Services Agency (HCSSA)  
☐ Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IDD)  
☐ Nursing Facility (NF)  
☐ Prescribed Pediatric Extended Care Center  
☐ Region 1  
☐ Region 11  
☐ Region 2  
☐ Region 3  
☐ Region 4  
☒ Region 5  
☐ Region 6  
☐ Region 7  
☐ Region 8  
☐ Waiver (TxHML & HCS)

Back Next

10. Alter your preferred contact methods for your now listed subscriptions by clicking the edit icons to the right. Click done when complete.

TEX Health

Contact Info

Subscription

Tell Us About Yourself | Set Your Subscriptions | Set Your Preferences

1 2 3

Search

Tell us how you would like to be reached. To indicate your preferences, mouse over each notification to edit. Click on icon to expand/collapse lower sites and portal groups.

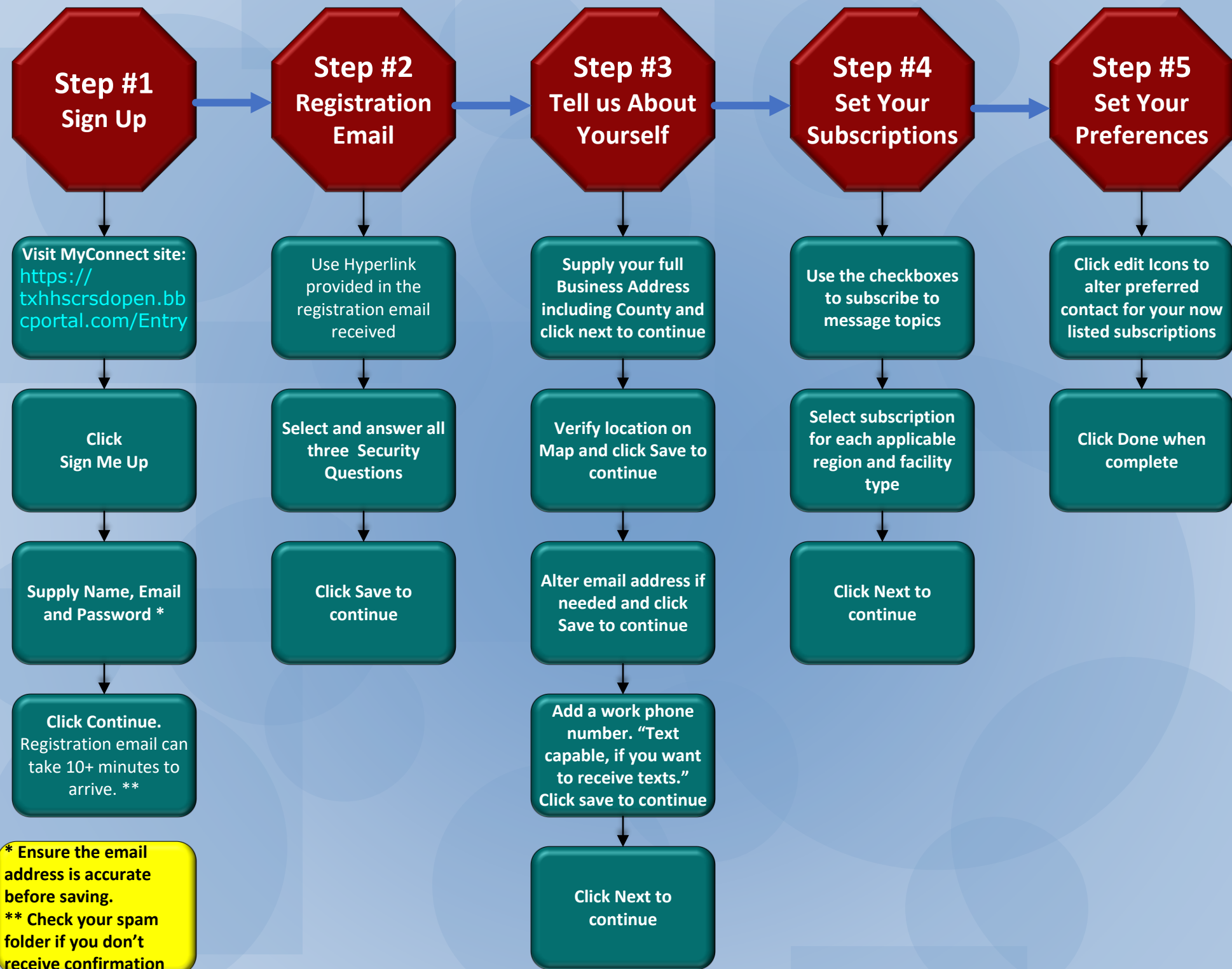
CHILD CARE REGULATION

|           |                                     |                                     |                                     |  |
|-----------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Emergency | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |
|-----------|-------------------------------------|-------------------------------------|-------------------------------------|--|

LONG TERM CARE REGULATION

|           |                                     |                                     |                                     |                      |
|-----------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------|
| Emergency | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                      |
| Region 5  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <a href="#">edit</a> |

Back Done





December 16, 2022

Dear Jurisdictions,

As we enter the winter months with increasing cases of respiratory diseases, including COVID-19, **there is a critical need to encourage older adults to receive the updated (bivalent) COVID-19 boosters, especially those living in long-term care settings (LTC).** Older adults are at high risk for severe illness, hospitalization, and death from COVID-19. The updated (bivalent) COVID-19 boosters are the best protection against COVID-19 variants causing illness right now. We are seeing lower rates of vaccination in older adults (over 65 years of age) than at this time last year. Therefore, we need your help to encourage local health care providers and LTC facilities to increase vaccination among older adults and in these facilities. CDC, HHS, and partner organizations are reducing barriers to vaccination for residents of LTC facilities by providing flexibilities in vaccination administration, increasing communications, and encouraging jurisdictions to utilize “strike teams” for intensive facility level efforts.

Here is how you can support as more health care providers and LTC facilities reach out to state and local health departments for vaccine assistance:

- **Share [this sample letter](#) with LTC facilities so that they can share it with residents and their families.** This letter provides information about COVID-19 vaccination and language to communicate and promote the facility’s efforts to provide access to the vaccine (e.g., onsite vaccination or driving residents to a vaccination site).
- **Advocate for a strong and clear recommendation** from the patient’s healthcare provider to help increase the likelihood that a patient will agree to be vaccinated.
- **Ensure providers and facilities know that vaccinators such as emergency medical technicians (EMTs) or home health agencies, who are COVID-19 providers, may be available to provide onsite vaccinations at LTC facilities.** The Centers for Medicare and Medicaid Services (CMS) will allow Medicare-enrolled immunizers, including but not limited to pharmacies working within the United States, to bill directly and receive direct reimbursement from the Medicare program for vaccinating Medicare LTC residents. This means that vaccinators such as EMTs or home health agencies may be available to provide onsite vaccinations at LTC facilities, helping provide much needed access to residents.
- **Stay up to date on the latest COVID-19 data in your state or county, using [CDC’s COVID-19 Data Tracker](#).** This quick reference tracker provides information on COVID-19 cases, deaths, hospitalizations, testing, and vaccination.

Thank you and your colleagues for rolling up your sleeves to help health care providers and LTC who serve older adults and help them stay protected from COVID-19.

Jose R. Romero, MD

Georgina Peacock, MD



## Sample Letter to Long-term Care Facility Residents

A message from: <Your Long-term Care Facility>

Dear Resident:

As you celebrate the holiday season with friends and loved ones, we encourage you to get the updated (bivalent) COVID-19 vaccine so you can protect yourself and others around you from getting very sick from COVID-19.

A few things about COVID-19 and the updated vaccine:

- [Older adults are at high risk](#) for severe illness, hospitalization and death from COVID-19.
- COVID-19 vaccines are safe, effective, free, readily available.
- Getting an updated vaccine is the best thing you can do to protect yourself and your loved ones from current COVID-19 variants.
- [Get your updated \(bivalent\) vaccine](#) 2 months or later after your last dose. It doesn't matter which COVID-19 vaccine you got or how many boosters you've already gotten.

<If offering on-site vaccination> To offer convenient access to the vaccine, we have partnered with <name> to provide on-site COVID-19 vaccination for residents and staff free of charge. Please watch for additional information about on-site vaccination clinics.

<If offering to drive residents to a vaccination site (e.g. pharmacy, clinic)> To offer convenient access to the vaccine, we have partnered with <name> to provide COVID-19 vaccination for residents and staff free of charge. We will organize dates and times to take you to <name> for your vaccination. Please watch for additional information about the dates and times.

After getting your COVID-19 vaccine, you may have some side effects, which are normal signs that your body is building protection. The most common side effects are pain at the injection site, fever, and chills. These side effects tend to be mild and go away on their own within a few days. We will work with you to report any health problems that may occur after vaccination although they are rare.

In addition, we encourage residents who have a smartphone to [enroll in v-safe](#), a tool that can be used to tell CDC if someone has any side effects after getting a COVID-19 vaccine.

**Thank you for rolling up your sleeve to get the updated (bivalent) COVID-19 vaccine and protecting yourself and others during this holiday season.** Please encourage your friends and loved ones to do the same. Tell them to visit [vaccines.gov](https://www.vaccines.gov) to find a location to get a vaccine.

Please contact us with additional questions at [*contact information*].

Sincerely,

[*name*]