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NF Updates and Q&A
HHSC Long-Term Care Regulation
and
Department of State Health Services

July 13, 2022

For more information:
Web: Coronavirus (COVID-19) Provider Information
Web: Nursing Facilities (NF) Provider portal
Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161

NF Updates

Panelist

Kevin Knippa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation

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Today's Webinar

In today's webinar, time permitting, we will be covering the following:

- PASRR updates
- Emergency Power, Hurricane Season and Hot Weather
- Announcements
- Alerts since our last webinar
- Information from DSHS
- Information from State LTC Ombudsman
- Information from TMF Health Quality Institute
- Mitigation rules, COVID-19 screening
- Reminders
- Q&A

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Next Webinar

- NF Provider Webinars moved to a bi-monthly schedule.
- The next webinar will be on September 14 at 2:30 PM.
- The recording and slides from today's webinar will be posted to the Nursing Facility Provider Portal and sent out via GovDelivery alerts.
- Recording and slides are typically published, and an alert sent, within a few days of the webinar.

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NF Updates

Panelist

Angel H. Angco-Barrera, MBA, BSN, RN

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

DSHS: dshs.texas.gov

NF Updates

Panelist

Valerie Krueger
Manager

PASRR Policy and Specialized Services
IDD and Behavioral Health Services

www.MentalHealthTX.org

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Preadmission Screening and Resident Review (PASRR) Updates

Valerie Krueger, Manager, PASRR
Policy and Specialized Services

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TMHP LTC Online Portal Enhancements Completed as of December 10, 2021

Standardized Demographic Information Validations

The following forms now have standardized demographic validations for more accurate search results from the Form Status Inquiry page on the TMHP LTC Online Portal:

- PASRR Level 1 (PL1) Screening Form
- PASRR Evaluation (PE)
- PASRR Comprehensive Service Plan (PCSP)

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Standardized Demographic Information Validations (cont.)

Upon submission or update of a PL1, PE, or PCSP with a Medicaid ID from the TMHP Claims Management System (CMS) database, the demographic validations will include a search of:

- The first four letters of a person's last name instead of only the first two;
- Social Security number, if provided; and
- Date of birth.

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Added Habilitation Coordination to PE

- B0500 field on PE form updated to add new option of Habilitation Coordination.
- Habilitation Coordination now auto-selected by system when PE is positive for intellectual disability (ID) and/or developmental disability (DD).
- This information is automatically carried over to PCSP form in the PASRR Evaluation column.
- Alternate Placement Services and Service Coordination options will no longer be auto-selected by the system when the PE is positive for ID and/or DD. However, they can be manually selected using the PE submitter.

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HHSC PASRR Website

Included on the PASRR website are links to:

- PASRR Forms and Instructions;
- PASRR Resources; and
- PASRR online training for Nursing Facilities

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PASRR Mailbox Support Tips

Email PASRR Support Mailbox with questions regarding PASRR.

When emailing PASRR Support mailbox:

- Include as much detail as possible.
- Send the Document Locator Number (DLN) of the PASRR form(s), **not** names, SSN, or other PII.
- Do **not** send an encrypted email. Using the DLN as described here eliminates need to encrypt the message.
- Include your contact information.
- Do **not** copy other HHSC staff, mailboxes, or others on the email.

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PASRR Mailbox Support Tips (cont.)

- Do **not** send a new question by replying to a previous email from PASRR. Start up a new email trail.
- If your question is about an error message or an error code you received, include a screen shot.
- If you are having an LTC portal issue, call Simple LTC or TMHP first, depending on who your provider is.
- Only contact the PASRR Unit if Simple LTC or TMHP is unable to assist.
- Include in the email to PASRR:
  - Date;
  - Time;
  - Name of person you talked to from your provider; and
  - Assigned case number from Simple LTC/TMHP.

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Questions?

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Thank you

PASRR.Support@hhsc.state.tx.us

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Emergency Power, Hurricane Season and Hot Weather

NFs participating in Medicare or Medicaid (incl. hospital-based SNFs) must develop and implement emergency preparedness policies and procedures to provide for subsistence needs for staff and residents.

- Must be based on the facility's emergency plan, risk assessment and communication plan.
- Must have a plan whether evacuating or sheltering in place.

- 42 CFR §483.73(b)(1)
- E-0015 in Appendix Z to the SOM – Emergency Preparedness for All Provider and Certified Supplier Types

Subsistence Needs

According to Appendix Z of the SOM, subsistence needs include:

- Food & Water
- Medical & Pharmaceutical supplies
- Alternate sources of energy to maintain:
  - Temps to protect resident health and safety; for safe and sanitary storage of provisions
  - Emergency lighting
  - Fire detection, extinguishing and alarm systems
  - Sewage and waste disposal

Licensed NFs

Licensed NFs (incl. licensed-only NFs) must include in their emergency plan a section on sheltering arrangements, with procedures for sheltering-in-place.

Sheltering-in-place procedures must include:

- Having and maintaining access to medications, records, food, water, equipment and supplies
- Sheltering facility staff involved in responding to a emergency situation (and their family members, if necessary).

- 26 TAC §554.1914(d)(4)

Emergency Power

If a facility's plan requires power to implement the plan, a facility needs to consider how it will obtain power, especially if electrical service is disrupted.

- Most NFs have an emergency generator that meets only the minimum state and federal requirements.
- That generator might not satisfy all the subsistence needs of the facility.

Emergency Power (cont.)

Facilities with generators should ask themselves:

- What systems and equipment are powered by the generator?
- How will the facility obtain more fuel for the generator if the facility experiences an extended power outage?
- If the generator uses natural gas as a fuel, what will the facility do if the natural gas service is disrupted?
- If the generator will not power all the equipment and systems the facility will need for an extended power outage, how will the facility obtain power for that equipment or those systems?

Portable Generators

- Portable generators are allowed, to supplement a required permanently installed generator, to provide power beyond the minimum emergency power requirements in rule, in an emergency.
- A portable generator cannot substitute for a required permanently installed emergency generator.
- If the facility's emergency plan relies on a portable generator, does the facility already have the generator?
- If the facility does not already have a portable generator, where will it get one in an emergency?

NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation

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NFs, NATCEPs Needed to Serve as Nurse Aide Testing Sites

May 5, 2022 – HHSC Long-term Care Regulation seeking more NFs to serve as Nurse Aide Training and Competency Evaluation Program (NATCEP) testing sites. Current NATCEPs that are not testing sites are urged to become testing sites.

- Becoming a testing site will help you recruit new nurse aides to your facility and/or new students to your training program.
- If interested in becoming a NATCEP testing site, email Prometric inbox.
- See Provider Letter 2021-19 for information on the certification process for nurse aides training and working under the waiver.

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NATCEPs Willing to Take Additional Nurse Aide Students

- May 27, 2022 – HHSC published a list of NATCEPs willing to take on additional nurse aide students seeking certification using work training and experience gained during the COVID-19 public health emergency.

- Please note that some NATCEPs may offer additional training for a fee; however, it is not required by the Nurse Aide Transition from Temporary Status rules.

- For additional information, see PL 2021-19 *Certification Process for Nurse Aides Training and Working Under a Waiver*.

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2022 Hurricane Season Emergency Preparedness with COVID-19

May 9, 2022 – Long-term care providers in Texas are reminded to review their emergency preparedness and response plans as Atlantic hurricane season is underway, (runs June 1–Nov. 30).

Consider COVID-19 contingencies when reviewing preparedness plans. For example:

- Are receiving facilities and transportation contracts still viable?
- How will you maintain infection control measures during evacuation or sheltering-in-place?
- How will you make sure personal protective equipment is available in addition to food and medicine?

Please refer to your program's rules for more important information regarding emergency preparedness.

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COVID-19 Therapeutics Available for Onsite Use

May 24, 2022 – Long-term care facilities wanting to provide COVID-19 therapeutics **must first enroll as a therapeutics provider with DSHS** by emailing DSHS Therapeutics or calling Provider Support at (833) 832-7068.

- Once approved, providers may order directly from the Health Partner Ordering Portal..
- Use the HHS Therapeutics Locator to find the nearest pharmacy. Staff and residents can also access Federal Test to Treat Sites to receive testing and access to the prescription.
- Additional resources for therapeutics are on the DSHS Information for COVID-19 Therapeutics Providers webpage.

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CMS Publishes Revised Emergency Preparedness Exercise Exemption

June 2, 2022 – The Centers for Medicare and Medicaid Services (CMS) published revised QSO-20-41-ALL.

- If a facility is still operating under its activated emergency plan or reactivated its COVID-19 emergency plan in 2021 or 2022, they are exempt from the next required full-scale community-based or individual facility-based functional exercise.
- Facilities that resumed normal operating status (not under activated emergency plans) are required to conduct their testing exercises based on regulatory requirements for their specific provider or supplier type.

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Register for 2022 Quality in Long-Term Care Conference

June 15, 2022 – HHS, in collaboration with The University of Texas Steve Hicks School of Social Work, will host a two-day, free conference on quality in long-term care.

2022 QLTCC - "Resilient, Responsive and Ready"
August 11–12, 2022
Renaissance Austin Hotel
9721 Arboretum Blvd
Austin, TX 78759

Register for the conference.

For more information about this event, visit the registration webpage or email UT Steve Hicks School of Social Work.

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NF COVID-19 Response Plan Document Updates

June 27, 2022 – HHSC Long-term Care Regulation updated the COVID-19 Response Plan for Nursing Facilities.

The revision reflects the following updates:

- Corrected error related to source control and physical distancing when staff are up to date with the COVID-19 vaccination.
- Table for more clarification on using source control and physical distancing.

June 22, 2022 revision reflects the following updates:

- Guidance to show current CMS and CDC guidance.
- New templates for resident and facility communication plans.
- New guidance for CDC COVID-19 vaccination recommendations.

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State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
Statewide email:
ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet
512-438-4356 (or)
Patricia.Ducayet@hhs.texas.gov

Facebook:
https://apps.hhs.texas.gov/news_info/ombudsman/

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NF Updates

Panelist

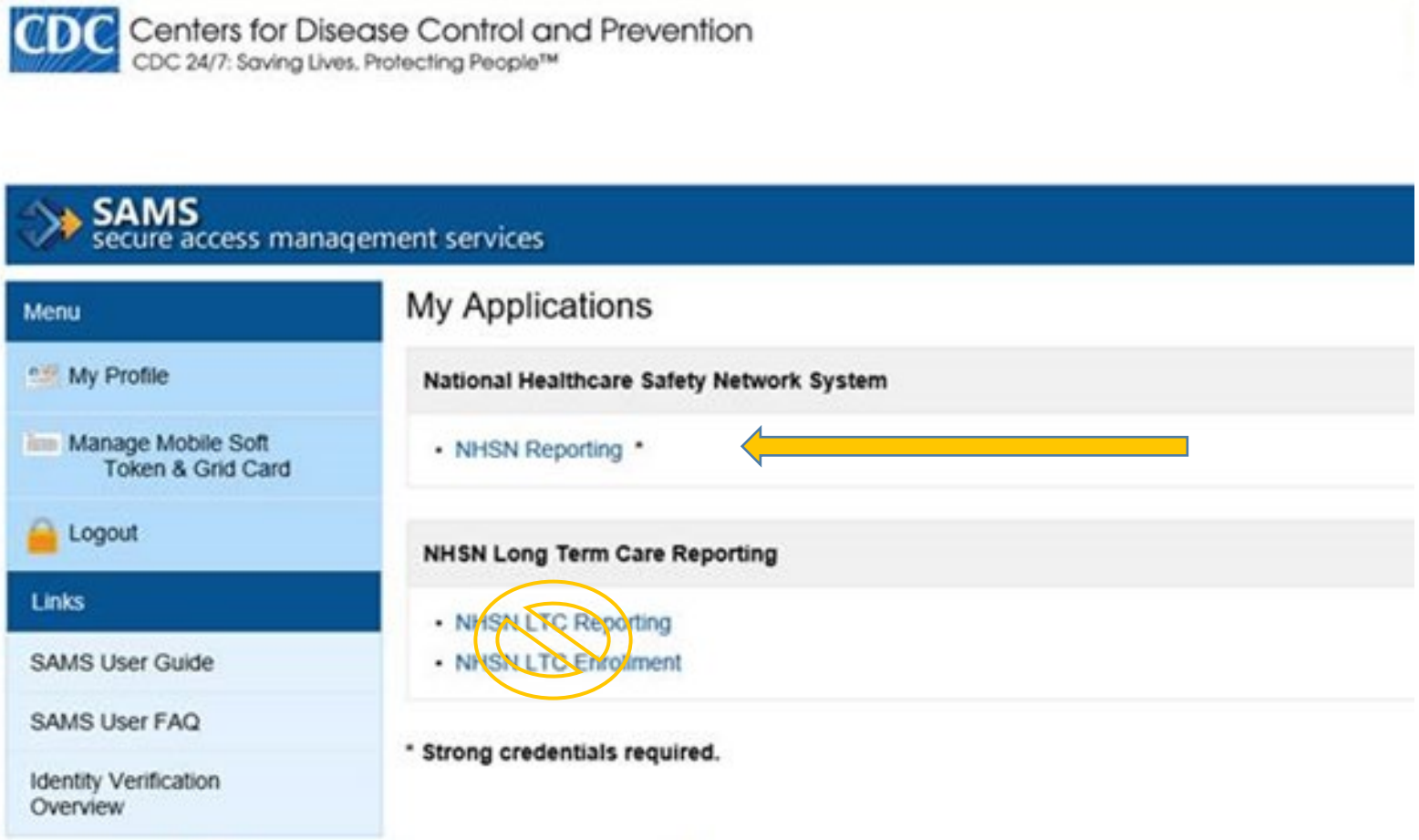
Melody Malone, PT, CPHQ, MHA, CDP, CADDCT
TeamSTEPPS® Master Trainer
INTERACT® Certified Champion
Healthcare Quality Improvement Specialist

TMF Health Quality Institute
tmf.org

TMF Health Quality Institute
CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

National Healthcare Safety Network (NHSN) Level 3 vs. Level 1 Reporting



Request SAMS Level 3 Access

- Email NHSN at NHSN@cdc.gov
- Subject Line: Enhancing Data Security Request Level 3 access for [insert name]
- Body of the email

  Dear NHSN Team:

  [Name] is the [administrator/DON/other title] for [facility name as listed in NHSN].

  CCN: [6-digit number]

  NHSN Org ID (if available): [5-digit number]

  Email: email@XYS.com

  I am currently a NHSN user and have Level 1 access to report the LTC COVID-19 data.

  With the Level 3 access requirement to use the New Reporting Pathway after Oct. 15, 2020, I need to receive the email from SAMS for the Identity Verification Request in order to apply for a SAMS Grid Card.

  I appreciate all your assistance.

  Thank you,

  [Name]

NHSN Reminders

Vaccination Reporting

- Use the CDC's Interim Clinical Considerations Clinical Guidance for COVID-19 Vaccination to determine status and when to give vaccinations. Last updated June 30, 2022.
- Use the CDC's Up To Date Guidance for the reporting period.
  - Quarter 3 2022 (June 27, 2022 – Sept. 2, 2022)

Up to date with COVID-19 vaccines

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of June 27, 2022 through September 2, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria*:

If Under 50 Years:	If 50 Years and Older:
Received at least **one booster dose**	Received **second booster** dose (or received **first booster dose less than 4 months ago** and not yet eligible for a second booster dose)
or	or
Recently received all recommended doses in the **primary vaccine series** but is **not yet eligible for a booster dose**. This includes:	**Recently** received all recommended doses in the **primary vaccine series** but is **not yet eligible for a booster dose**. This includes:
a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) **less than 5 months ago**. b) Those who received a single dose of Janssen **less than two months ago**.	a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) **less than 5 months ago**. b) Those who received a single dose of Janssen **less than two months ago**.

*Individuals with a moderately to severely immunocompromising condition are considered up to date in the following cases:

1) Received an additional dose less than three months ago, if primary series was the Moderna or Pfizer-BioNTech COVID-19 vaccine; or

2) Received an additional dose less than two months ago, if primary series was the Janssen COVID-19 vaccine; or

3) Received an additional dose and one booster dose less than four months ago; or

4) Received a second booster dose

Primary vaccine series
Completing a primary vaccine series means receiving:

- A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna), **OR**
- A single dose of Janssen COVID-19 vaccine

Booster dose
A booster dose is a subsequent dose of vaccine administered to enhance or restore protection which might have waned over time after primary series vaccination.

NHSN Updates for Vaccinations

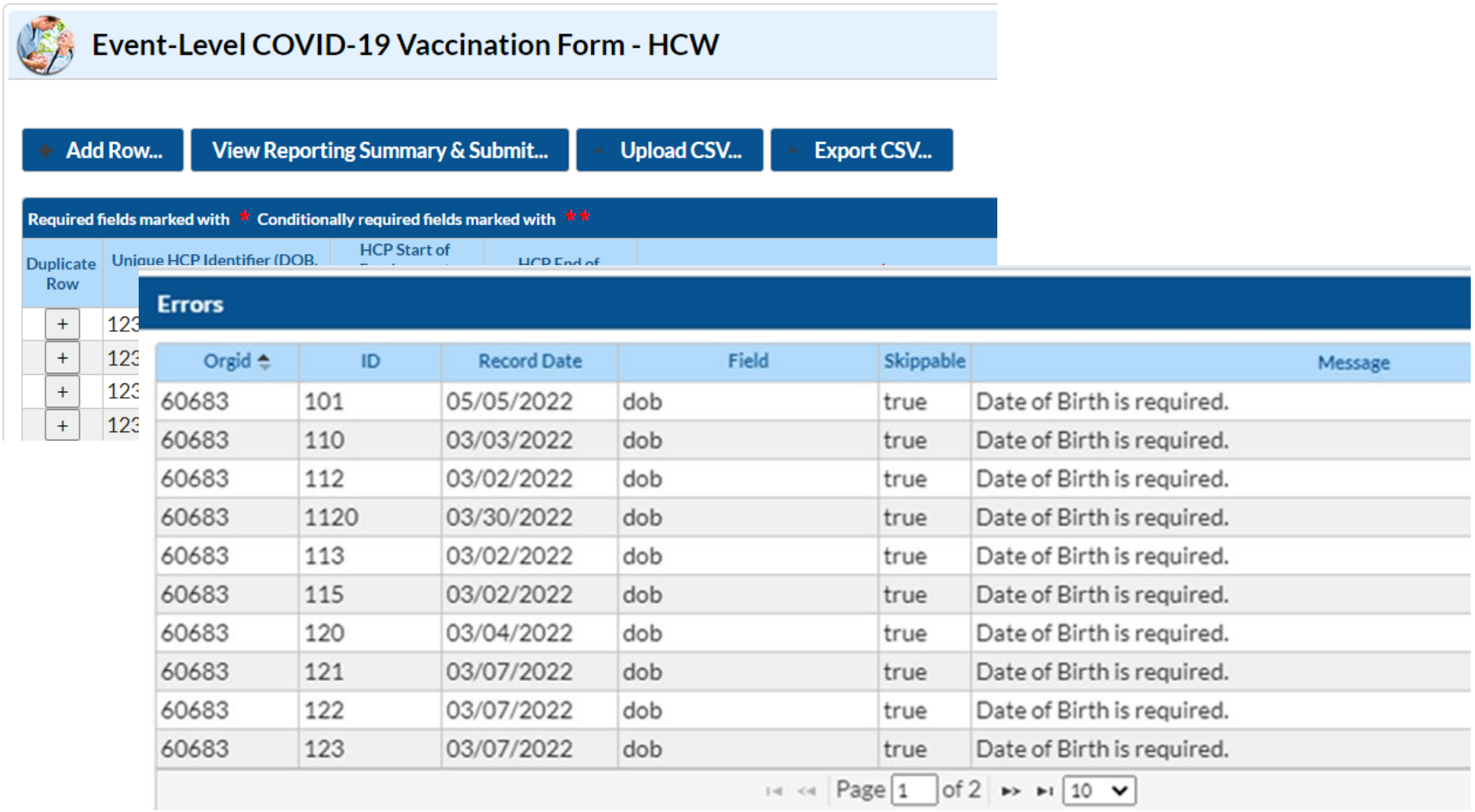
Event-level tool requires **date of birth** as a new field both residents and health care workers.

Weekly HCP & Resident COVID-19 Vaccination

NHSN Tips

- **Event-Level**: Sort, put the discharged/left at the bottom of the list, then add the birthdates to those who are currently in the facility
  - If you don't update this you will get the error message for each person, in one big error message
- Complete Event-Level first, then you'll know Up To Date status for those you are putting in the **Resident Impact and Facility Capacity Pathway** for Newly Confirmed SARS-CoV-2 Viral Test Result.

Event-Level Error Message for Birthdate



Orgid	ID	Record Date	Field	Skippable	Message
60683	101	05/05/2022	dob	true	Date of Birth is required.
60683	110	03/03/2022	dob	true	Date of Birth is required.
60683	112	03/02/2022	dob	true	Date of Birth is required.
60683	1120	03/30/2022	dob	true	Date of Birth is required.
60683	113	03/02/2022	dob	true	Date of Birth is required.
60683	115	03/02/2022	dob	true	Date of Birth is required.
60683	120	03/04/2022	dob	true	Date of Birth is required.
60683	121	03/07/2022	dob	true	Date of Birth is required.
60683	122	03/07/2022	dob	true	Date of Birth is required.
60683	123	03/07/2022	dob	true	Date of Birth is required.

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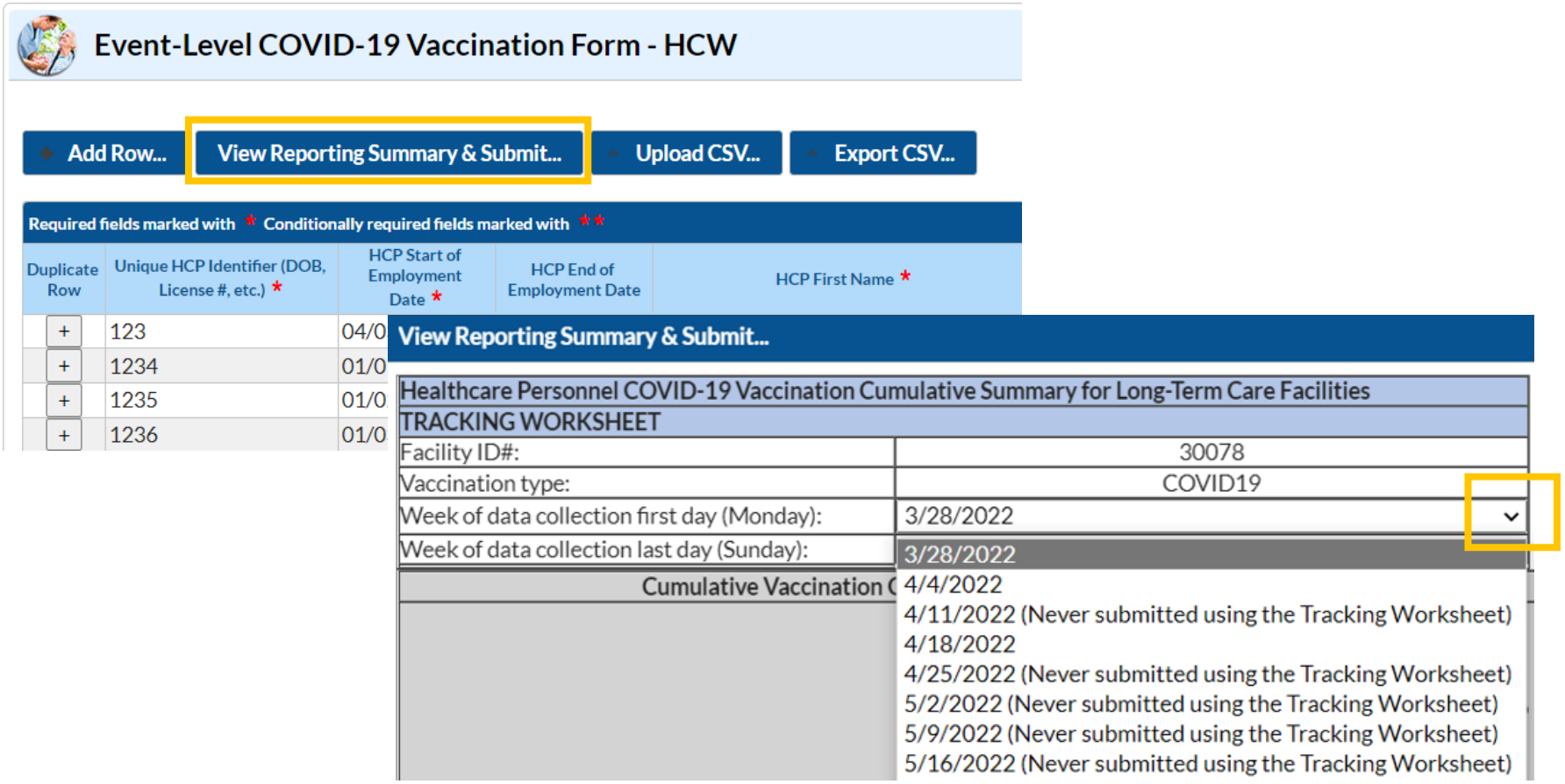
View Reporting Summary & Submit

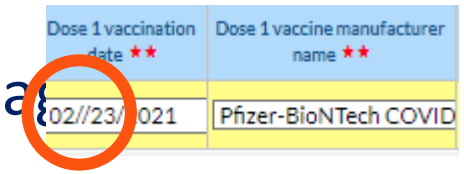


Possible Issue with Event-Level COVID-19 Vaccination Forms

When typing in a date on a new row in the Event-Level form, please make sure that you are not using the forward slash (/) key when entering the date.

Use either the **calendar function** or **just enter the numbers** (two numbers for the month, two for the day and four for the year). The NHSN application already adds the forward slash for you, leading you to have too many forward slashes in the date.

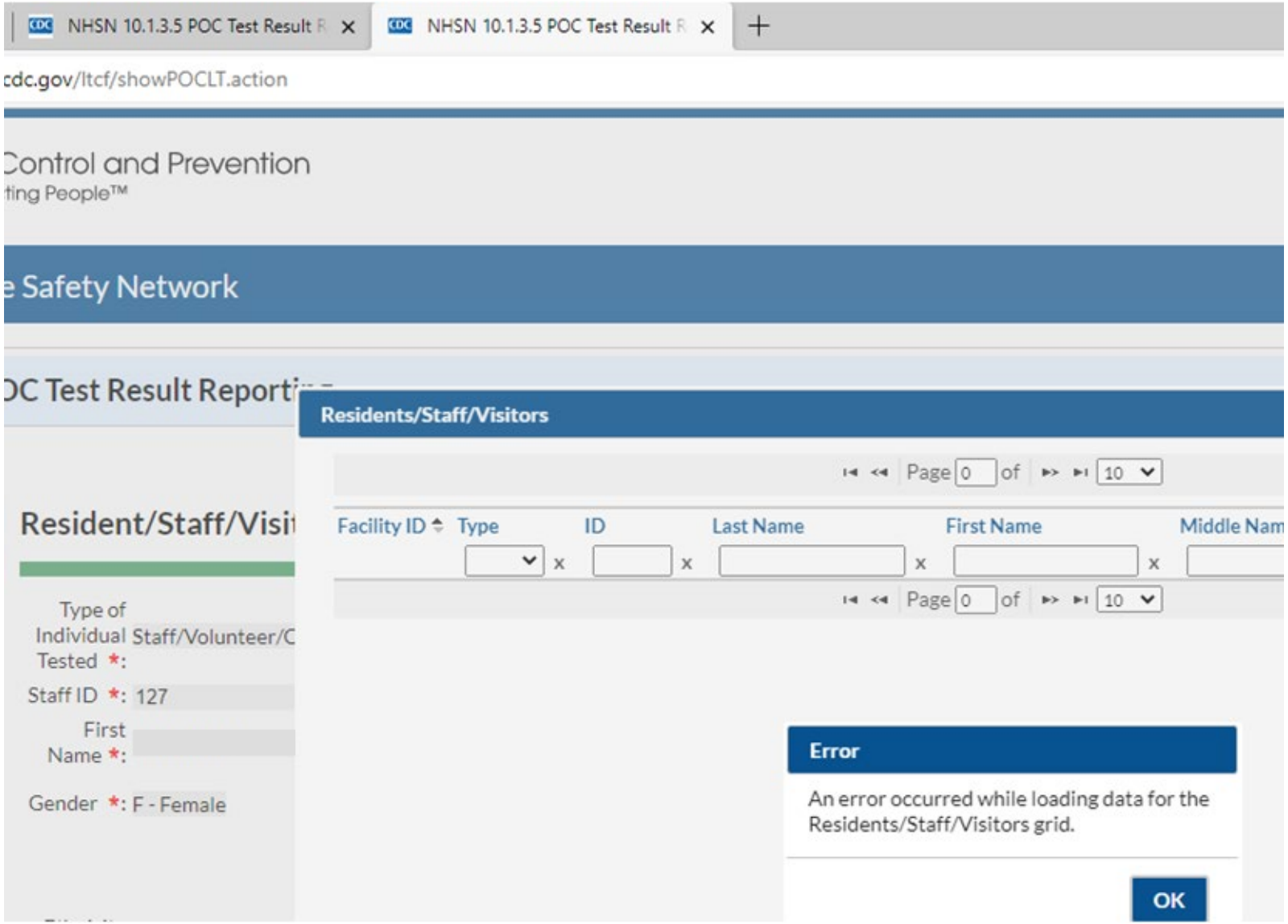
The row will not save if you have a date field with too many forward slashes. You will also not receive an error messa



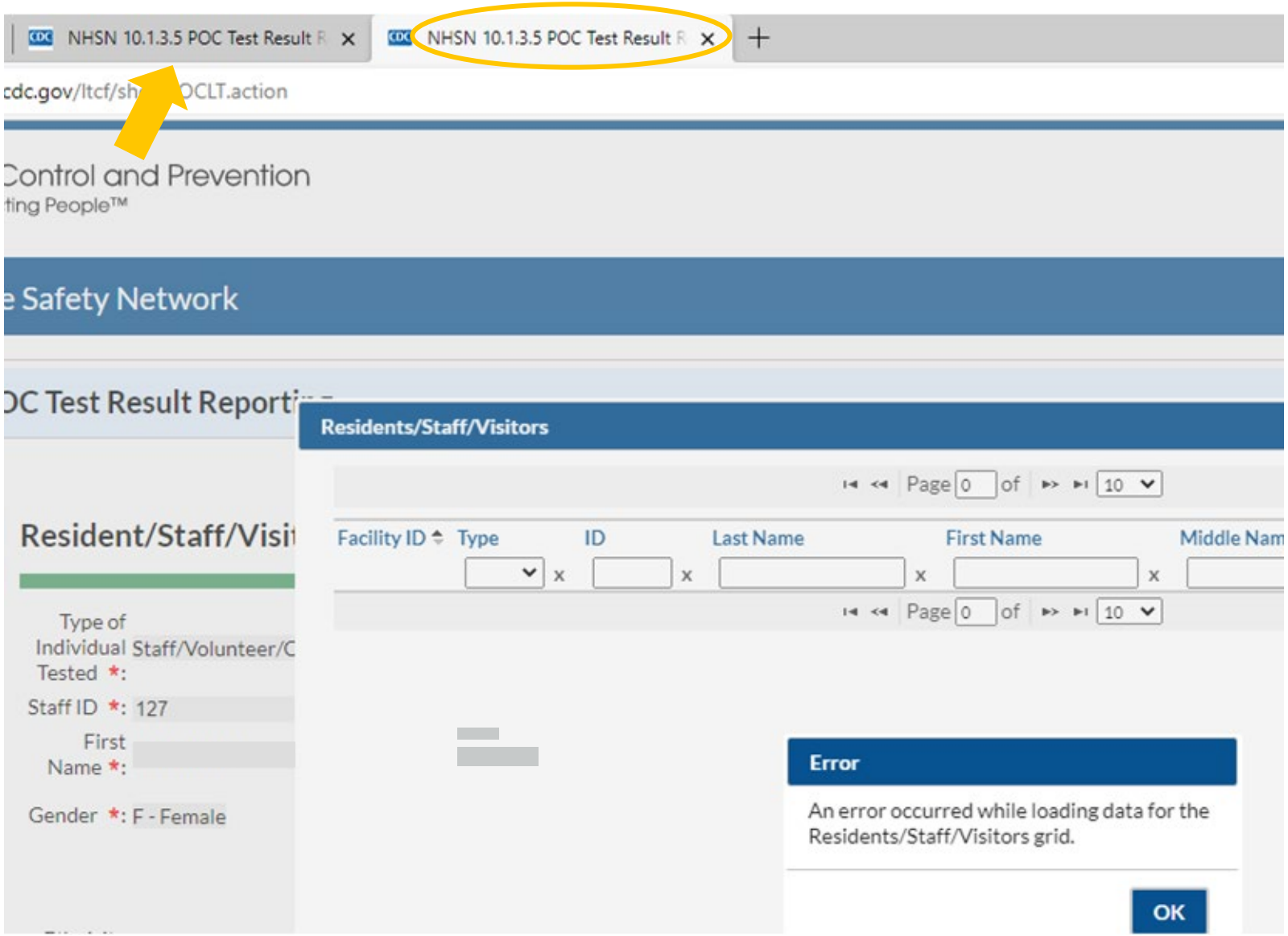
Event-Level COVID-19 Vaccination Data .CSV Data Import Files Updates

- Variable description and file layout for event-level (person-level) vaccination forms June 2022
- .CSV File Template for LTCF Residents June 2022
- Example .CSV File for LTCF Residents June 2022
- .CSV File Template for LTCF HCP June 2022
- Example.CSV File for LTCF HCP June 2022

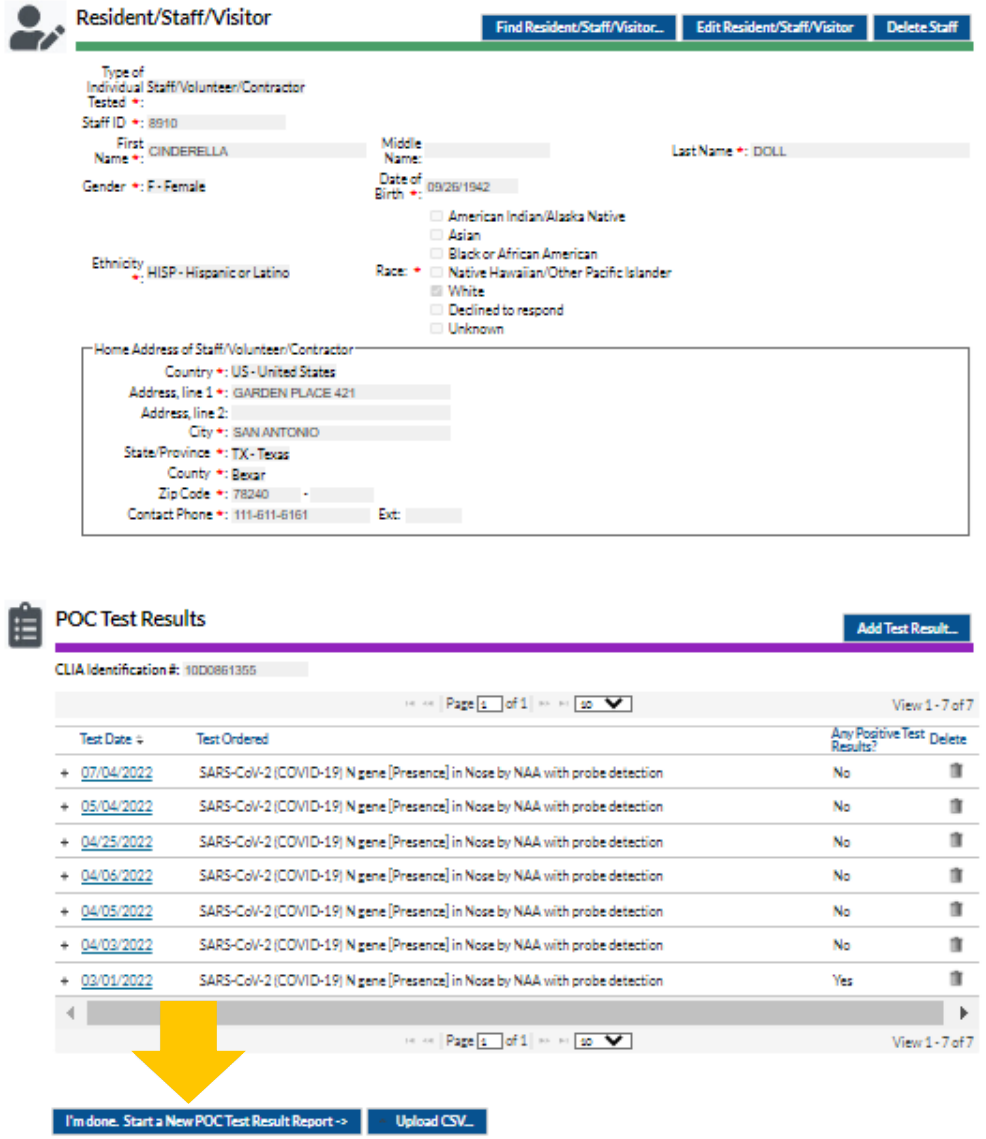
POC Test Result Error Message



POC Test Result Error Message Problem: Two Open Tabs



Click on ‘I’m done. Start a new POC test result report’



NHSN Training Resources

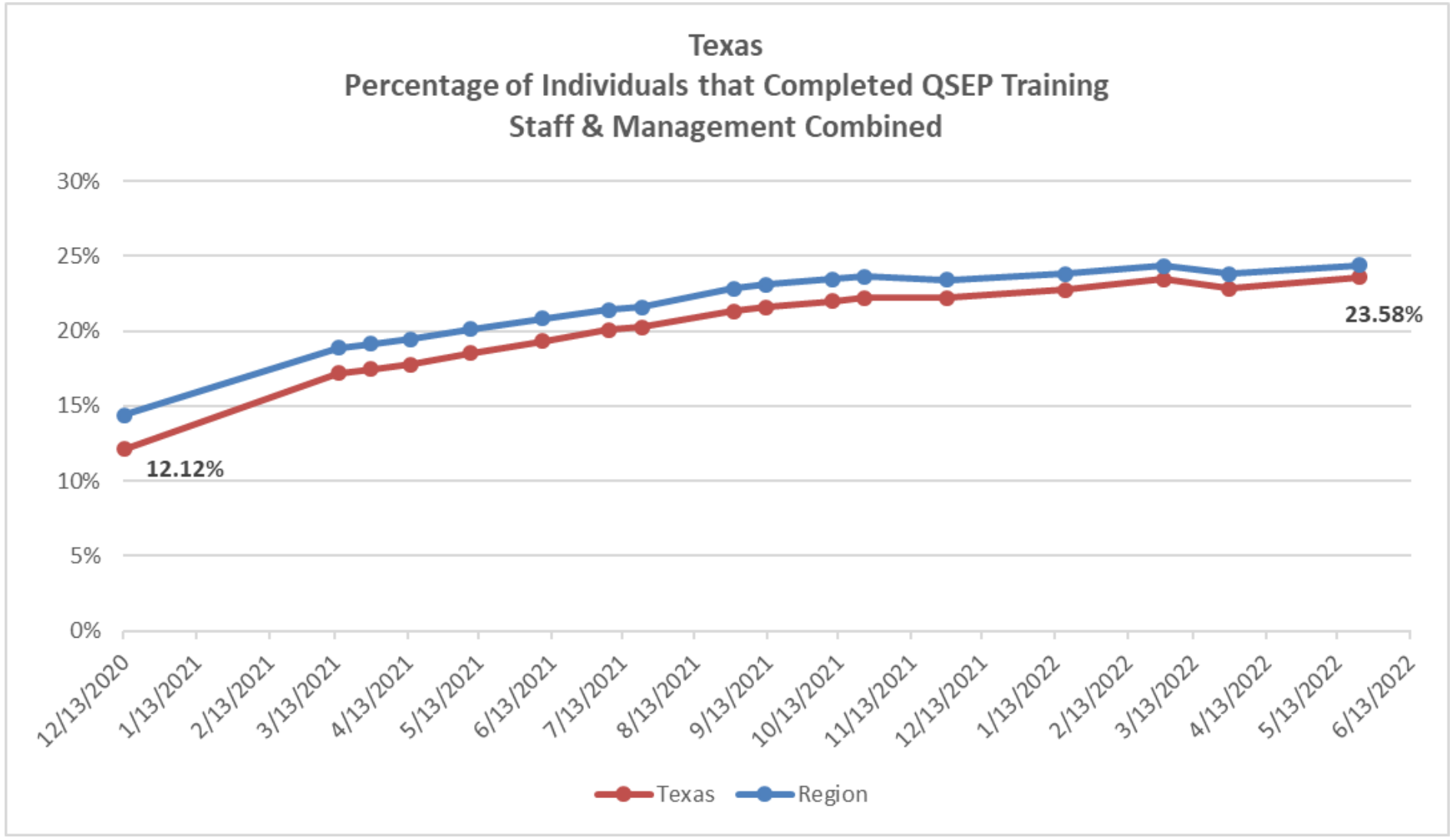
- LTCF COVID-19 Module: Surveillance Pathway Updates – May 2022, video (34:35 minutes)
- Up to Date Vaccination Status: Surveillance Definition Change – June 2022, slide set (PDF)
- NHSN Event-Level/Person-Level Vaccination Forms: Office Hours and FAQs – June 2022, slide set (PDF)

Conferring Rights to TMF QIN in NHSN

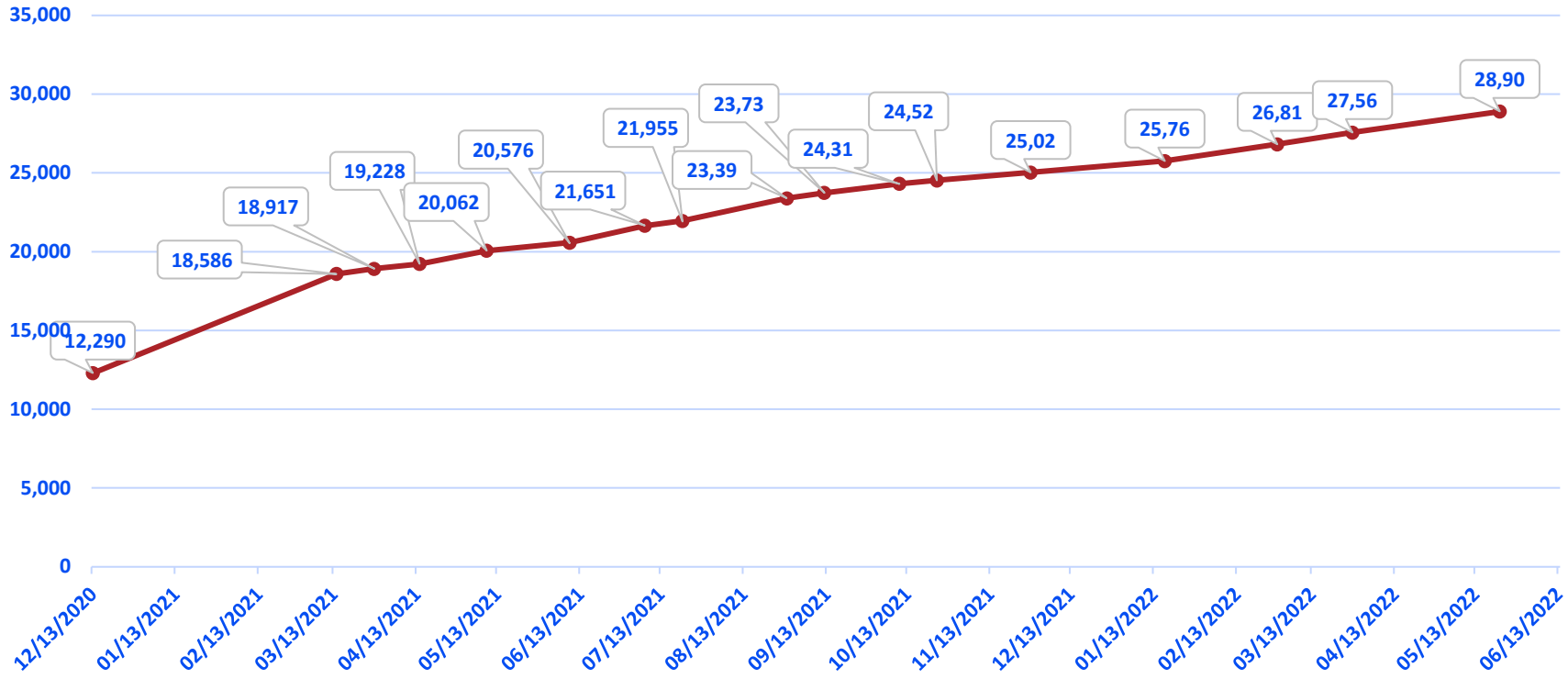
- Allows us to see the data for your facility

  Note: We **cannot** change your data

- Join the TMF Quality Innovation Network Group and Confer Rights in the National Healthcare Safety Network


Texas
Percentage of Individuals that Completed QSEP Training
Staff & Management Combined
30%
25%
20%
15%
10%
5%
0%
12.12%
23.58%
12/13/2020
1/13/2021
2/13/2021
3/13/2021
4/13/2021
5/13/2021
6/13/2021
7/13/2021
8/13/2021
9/13/2021
10/13/2021
11/13/2021
12/13/2021
1/13/2022
2/13/2022
3/13/2022
4/13/2022
5/13/2022
6/13/2022
Texas
Region

Texas
Total Number of Individuals that Completed QSEP Training
Staff & Management Combined



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 steps – English
- QSEP Group Training steps – 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

Upcoming TMF QIN-QIO Training

LTC Connect

July 21, 2022

Infection Control Practices and Compliance

1:30 p.m. CT

Register

Nursing Home Office Hours

July 19, 2022

Q & A

10:30 a.m. CT

Register

July 26, 2022

Engaging Family Members in Medical Decision Making

10:30 a.m. CT

Register

TMF QIN-QIO Resources

New recorded events:

- June 14, 2022, Nursing Home Office Hours: Preparing for the Next Pandemic (30:11 minutes)
- June 16, 2022, LTC Connect Webinar: Up to Speed – NHSN Updates (25:30 minutes)
  - › Presentation slides (PDF)
- June 21, 2022, Nursing Home Office Hours: Competency Check Versus Observational Audit for Infection Control (42:30 minutes)
  - › Presentation slides (PDF)

TMF QIN-QIO Resources, continued

- June 28, 2022, Nursing Home Office Hours: COVID-19 Vaccinations and Health Equity (27 minutes)
  - Presentation slides (PDF)
- July 5, 2022, Nursing Home Office Hours: A Retrospective of Top COVID-19 Response Strategies (45:21 minutes)
  - Presentation slides (PDF)
  - Nursing Home Staffing Solutions Summary (PDF)
  - Top COVID-19 Response Strategies for Nursing Homes (PDF)

TMF QIN-QIO Website

https://tmfnetworks.org

- How to Create an Account on the TMF Network
- Calendar of Events
- Nursing Home Resources
- Quality Measures Video Series
- Quality Assurance Performance Improvement Video Series

Need Assistance?

- Email nhnetwork@tmf.org
- Submit requests for assistance with NHSN reporting problems or quality improvement assistance

This material was prepared by TMF Health Quality Institute, the Medicare 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. The contents do not necessarily reflect CMS policy. 12SOW-QINQIO-NH-22-57-7/12/2022

NF Updates

Panelist

Christine Riley, RN

Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation

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Mitigation Rule

The NF COVID-19 Response Emergency Rule (also known as the mitigation rules) will expire at the end of July.

HHSC is not planning to renew the emergency rules once the current rules expire. Many of the requirements in the mitigation rules are still applicable through other state and federal requirements.

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Mitigation Rule

The Mitigation Rules require NFs to have a COVID-19 Response Plan that includes:

- Cohorting plans with designated spaces for COVID-19 negative residents, COVID-19 positive residents, and residents with unknown COVID-19 status;
- Resident transport protocols; and
- Resident recovery plans for continuing care after a resident recovers from COVID-19.

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Mitigation Rule

Even when a formal COVID-19 Response Plan is no longer required, NFs are still required to:

- Cohort residents based on their COVID-19 status and apply transmission-based precautions as recommended by the CDC.
- Have an Infection Prevention and Control Program based on national standards (26 TAC §554.1601).
- Implement transport protocols for residents who may need a higher level of care outside of the facility (26 TAC §554.502)
- Implement person-centered care planning (26 TAC §554.802) when providing care to residents being treated for and recovering from COVID-19.

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Mitigation Rule

Screening

According to CMS and CDC, facilities must screen **visitors** for:

- Recent positive test for COVID-19;
- Symptoms of COVID-19; or
- The visitor currently meets the criteria for quarantine (NFs must apply the same quarantine criteria used for residents.)

NFs must continue to screen visitors. Documentation of visitor screening is no longer required.

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Mitigation Rule

Screening

According to CMS and CDC, facilities must screen **staff** for:

- Recent positive test for COVID-19;
- Symptoms of COVID-19; or
- The staff member is subject to a work exclusion.

NFs must continue to screen staff. Documentation of staff screening is no longer required.

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Mitigation Rule

Screening

The CDC recommends evaluating all **residents** upon admission and at least daily. Ask residents to report if they feel feverish or have symptoms of COVID-19.

- Resident screenings must be documented in the resident's chart.

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Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation

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Mitigation Rule

Notifying HHSC of COVID-19 activity

A nursing facility must notify HHSC of COVID-19 activity as required by 26 TAC Rule §554.1923(b).

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Mitigation Rule

Staff Sharing limitations

The limitation of sharing of staff with other LTC providers will expire with the emergency rule expiration.

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Mitigation Rule

Capacity Changes During COVID-19 Pandemic

Both temporary capacity increase and temporary Medicaid bed allocation increase will discontinue after the emergency rule expiration.

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Health and Human Services

Staff Source Control use and Physical Distancing in Certain Areas*

Staff Vaccination Status	Is Source Control Required Based on Community Transmission Level	
	High to Substantial	**Low to Moderate**
Unvaccinated	Yes	Yes
Fully Vaccinated (Not up to date)	Yes	Yes
Up to Date	Yes	Optional
Up to Date Staff When "Not Up to Date" Staff Are Present	Yes	Optional

* In well-defined areas that are restricted from resident access.

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PPE use in Cold Zones

Staff working in facilities located in counties with substantial or high transmission should also use PPE as described below:

NIOSH-approved N95 respirators should be used by staff working in other situations where additional risk factors for transmission are present such as:

- All aerosol-generating procedures
- Healthcare-associated COVID-19 transmission is identified
- The resident is not up to date with all recommended COVID-19 vaccine doses, unable to use source control, and the area is poorly ventilated

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Implement Universal Use of PPE

To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for staff during all resident care encounters or in specific units or areas of the facility at higher risk for COVID-19 transmission.

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Source Control and Eye Protection in Cold Zones

Equipment	Low to Moderate Community Transmission	Substantial to High Community Transmission
Facemask	Required	May not be adequate
Respirator approved under standards used in other countries that are similar to NIOSH-approved N95 respirators (ex. KN95)	May be used as source control in place of a facemask	May not be adequate
N95 Respirator	Not Required	Recommended
Eye Protection	Not Required	Recommended

When used solely for source control in the COVID-19 negative areas, facemasks and respirators may be used for an entire shift unless they become soiled, damaged, or hard to breathe through.

In areas of substantial to high transmission in which HCP are using eye protection for all resident encounters, extended use of eye protection may be implemented. Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different residents, without removing eye protection between encounters. Eye protection should be removed, cleaned, and disinfected if it becomes visibly soiled or difficult to see through.

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NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation

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Reminders

GovDelivery Alerts

Don’t forget to sign up for GovDelivery alerts https://service.govdelivery.com/accounts/TXHHSC/subscriber/new.

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 currently 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?

For more information:
Web: Coronavirus (COVID-19) Provider Information
Web: Provider Portal: LTC Providers - Nursing Facilities (NF)
Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161

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Thank you!

For more information:

Web: https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information

Email: LTCRPolicy@hhs.Texas.gov | Phone: (512) 438-3161