



Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Questions Related to COVID-19

May 18, 2020

HCS and TxHmL General Policy and Procedures

Question: As we understand, current Home and Community Services (HCS) and Texas Home Living (TxHmL) rules specify, if one does not receive at least one service on their IPC in a month's period of time, the individual is at risk of being discharged from the program. If correct, how will this impact those persons receiving HCS or TxHmL Community First Choice Personal Attendant Services/Habilitation (CFC PAS/HAB), in particular those whose spouse or parent (if the person is a minor) will not qualify as a service provider under the rule suspension mentioned in the attached Q & A? Is the Health and Human Services Commission (HHSC) going to suspend the rule related to a person having to use at least service on their Individual Plan of Care (IPC) lest be discharged or disenrolled?

Answer: The requirement that an individual must receive an HCS program or TxHmL program service monthly to qualify for CFC services applies only to individuals who are eligible for Medicaid solely because they are eligible for a home and community-based services waiver (also known as medical assistance only, or MAO). If the individual does not receive MAO Medicaid, the requirement may be met with the provision of at least one HCS or TxHmL program service per month or the monthly monitoring visit by a service coordinator, and delivery of at least one HCS or TxHmL service per IPC year. HHSC is working to identify appropriate actions to take for individuals with MAO.

Question: Is there a way to increase the number of hours for HCS respite? Currently the limit is 300 units and individuals will most likely use those hours quickly?

Answer: Increasing service limits for respite is not being considered by HHSC at this time. Individuals can request increases in Community First Choice (CFC PAS/HAB) hours as needed due to school and day habilitation closures. There are no limits on CFC PAS/HAB hours.

Question: Does "immediate jeopardy" extend to individuals in HCS or TxHmL or is this specific to the Community Living Assistance(CLASS) program?

Answer: The term "immediate jeopardy" is specific to CLASS. HCS has "emergency provision of services and revision of the IPC." The HCS guidelines are in Texas Administrative Code Title 40, Chapter [§9.166\(d\), emergency provision of services and revision of the IPC.](#)

Question: Can HHSC remove the three-bid requirements for adaptive aids?

Answer: HHSC understands due to COVID-19 providers may have difficulty obtaining the three bids required to obtain durable medical equipment (DME) through adaptive aids (AA) funding. Current policy allows exceptions to the requirement given the HSC or TxHmL provider documents why they are not able to obtain three bids from different vendors. Difficulty in obtaining three bids due to COVID-19 would serve as justification; however, documentation about why other vendors, especially on-line vendors with statewide shipping capacity, could not be used if traditional vendors are not open is necessary. The guidance for the HCS adaptive aids process can be found in Section 6160(a)(4)(C)(ii) of the Billing Guidelines located here, [Section 6000, Adaptive Aids, Minor Home Modifications and Dental Treatment.](#)

Question: What is the status of allowing delivery of in-home day habilitation, supported employment, and employment assistance through video-conferencing or other interactive technology?

Answer: HHSC is still exploring whether some services not traditionally offered via telehealth can be delivered using this technology during the COVID-19 public health emergency.

Question: In HCS and TxHmL, do providers have to take individuals to routine doctor appointments? Will the provider be cited if the appointment is deemed non-essential and documented as such?

Answer: This is a decision that needs to be discussed with the individual's medical doctor and the individual. If the physician indicates the appointment can be delayed, then it would need to be documented.

Grocery Store Letters

Question: It was mentioned that HHSC is putting together a letter for service providers in three and four-person homes to use at a grocery store when attempting to purchase higher quantities than a grocery store may allow for one person. Is that complete or close to completion?

Answer: The grocery letter was emailed on April 16, 2020 to all Home and Community-based Services (HCS) program providers who operate a three or four-person residence with at least one individual receiving services.

Question: Can a program provider obtain a grocery store waiver for a host home/companion care service provider?

Answer: No, the letter is only applicable to three and four-person residences.

Essential Services

Question: Can HHSC clarify, in the provider letter, [PL20-22](#) and the FAQ document regarding delivery of essential and non-essential services? [Provider letter, PL20-22](#) requires essential services but, the FAQ document mentions non-essential services are allowed.

Answer: Essential services are those services necessary to ensure the health and safety of an individual as determined by the service planning team in consultation with their physician. In accordance with Title 40, Texas Administrative Code Chapters, [§9.174\(a\)\(58\)](#) and [§9.578\(n\)](#), for an Home and Community-based Services (HCS), Texas Home Living (TxHmL) or Community First Choice (CFC) service identified on the Person Directed Plan (PDP) as critical to meeting the individual's health and safety, a program provider must develop a service backup plan. If the individual requests a service not deemed essential, the provider, the individual, and the Local Intellectual Developmental Disability Authority (LIDDA) service coordinator (SC) should discuss if services being requested can be delivered in compliance with state, local, and federal guidelines to ensure health and safety.

Question: What services are considered essential during the COVID-19 pandemic?

Answer: The service planning team must determine which services are essential in accordance with the individual's physician and the individual's preferences and needs. Services requiring a backup plan on the individual's person directed plan (PDP) are deemed critical.

Provider Transfers

Question: Can program providers receive transfers during the COVID-19 pandemic?

Answer: Yes, there is no restriction on transfers during the COVID-19 pandemic. Requirements related to transfer meetings should be met through remote delivery.

Documentation Requirements

Question: In the HCS and TxHmL programs, during the COVID 19 crisis, is it ok for service providers to turn in their monthly notes via fax or email? Are original signatures required for service delivery notes to be legally billable?

Answer: HHSC allows HCS and TxHmL program providers to process billing from service delivery notes faxed or emailed to them from service providers. The service provider, if faxing or emailing in service delivery notes to the program provider, shall retain the originals to be collected by the program provider at a later date or mail the originals back. This is the current process and HHSC highly recommends this practice during COVID-19 to limit face-to-face contact.

Question: Are electronic signatures allowable on any document currently requiring physical signatures when staff is working at home? (Ex: Adaptive Aids authorization form).

Answer: [Texas Administrative Code, Title 40, Chapter §49.305\(j\)](#) and information letter, [IL15-32](#)—provides guidance for use of electronic signatures.

Question: Do documents requiring signatures, (e.g. IPC, ID/RC, and service logs) have to be originals?

Answer: Program providers and LIDDAs can use alternative methods, including fax, email, and electronic signatures, to receive any document requiring a signature. HHSC recommends program providers limit face-to-face contact in accordance with the Centers for Disease Control and Prevention (CDC) guidelines when possible. If electronic signatures are used, program providers must comply [with TAC Title 40, Chapter §49.305\(j\)\(2\)\(A\)\(B\)\(C\)\(D\)](#). Information letter, [IL 15-32](#) provides further guidance on requirements for electronic records including electronic signatures.

Question: What documentation is required of in-home day hab providers? (daily logs, plans, goals etc.)

Answer: A service provider of day habilitation provided in an individual's residence must comply with the written documentation requirements in Section 4380 of the [HCS](#) and [TxHmL Billing Guidelines](#), which includes the completion of a written service or summary log.

Auto-Renewals of Individual Plan of Care (IPC)

Question: When will IPCs and Intellectual Disability/Related Condition (IDRC) ending in March and April be auto renewed in CARE?

Answer: HHSC automatically extended IPCs and IDRCs for all waivers serving individuals with IDD. See information letter, [IL 20-11](#).

Question: Though information letter, [IL 20-11](#) addresses auto-renewals of IPCs, providers are beginning to report problems which require immediate attention. Though not inclusive, problems include: i) auto-renewals not matching the IPC previously established; ii) providers not being able to correct changes on renewals done in the 90-day prior timeframe (though the actual IPC did not expire until now or within the last few weeks); and iii) lack of clear direction to LIDDA service coordinators in this changed process. Additionally, guidance is needed regarding how decisions made during the IPC renewal meetings held in February are to be updated in CARE for auto-renewed IPCs.

Answer: The **C**lient **A**ssignment and **R**egistration System (CARE) does not allow program providers to make changes or corrections to automatically renewed individual plans of care (IPC). HHSC is working on an automated solution for this problem; however, to address immediate needs, program providers must work with the Local Intellectual and Developmental Disability Authority (LIDDA) Service Coordinators (SC) to make changes or corrections based on the information below:

- If a service plan team (SPT) meeting was held to renew the IPC, the SC will:
 - ▶ Delete the auto-renewal;
 - ▶ Contact the provider to re-enter the renewal IPC generated from the meeting; and
 - ▶ Contact utilization review (UR) staff to remove flags if needed.
- If the SPT meeting was **not** held to renew the IPC:
 - ▶ Move the auto-renewal IPC through the system;
 - ▶ If the SC does not agree with services or service amounts as indicated on the auto-renewal:

- ◇ Submit [Form 8579](#), Notification of Service Coordinator (SC) Disagreement, to HHSC UR through the [IDD Operations Portal](#);
- ◇ Authorize; and
- ◇ Note disagreement at revision / delayed annual SPT meeting;
- ◇ Do not return the IPC to the program provider as the provider is not able to make changes or corrections to an IPC that has been automatically renewed; and
- ◇ Do not postpone authorization for hard copy or signature.

HHSC will work with program providers and LIDDA service coordinators to ensure continued services are available for individuals. Please contact the HCS/TxHmL IDD Utilization Review message line at, 512-438-5055 for assistance.

Provider Rate Increases and Billing for Services

Question: Would HHSC be taking any steps necessary to prevent CARE from blocking payments to providers, allow necessary billing for additional CFC hours, and for addition of day habilitation for people that previously worked during the day, attended school, daycare, or DAHS, and now need day habilitation due to facility closures?

Answer: Information letter, [IL 20-11](#) provides guidance on how to revise service plans via telephone service planning meetings and waiving of individual signatures on the service plans.

Question: Would HHSC be taking any steps necessary to prevent CARE from blocking payments to providers, allow necessary billing for additional CFC hours, and for addition of day habilitation for people that previously worked during the day, attended school, daycare, or DAHS, and now need day habilitation due to facility closures?

Answer: Information letter, [IL 20-11](#) provides guidance on how to revise service plans via telephone service planning meetings and waiving of individual signatures on the service plans.

Question: Providers are concerned about flags blocking billing in CARE when IPCs are auto-renewed. If the 'flag' is not paused or turned off, and other processes related to IPC revisions and approvals are not streamlined, critical services and payments to providers will be significantly delayed.

Answer: HHSC utilization review staff worked with information technology (IT) staff to ensure extended level of care and individual service plans did not have flags that would prevent billing.

Question: Has HHSC submitted the Appendix Ks to CMS and if so, do they include any requests for temporary rate increases?

Answer: HHSC submitted Appendix K documents to CMS on April 28, 2020. The Appendix Ks are posted on the MCS COVID website at: <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers> under the resources tab. The Appendix Ks do not include any requests for temporary rate increases. On April 15, 2020, HHSC submitted a formal request to the Legislative Budget Board (LBB) to authorize temporary increases to reimbursement rates. If HHSC receives approval, we will submit an additional appendix K amendment and a disaster State Plan Amendment, as applicable.

Question: What is the status of emergency funding request for IDD service providers to include add-on payment for in-home day habilitation and payment for services provided in unlicensed ICF/IID or non-certified HCS homes when 'isolation' or quarantine of an individual becomes necessary before re-entry to the ICF/IID or HCS group home?

Answer: On April 15, 2020, HHSC submitted a formal request to the Legislative Budget Board (LBB) to authorize temporary increases to reimbursement rates, including day habilitation rate increase for 3- and 4-bedroom home. HHSC continues to hold discussions with the Centers for Medicare & Medicaid Services (CMS) to determine how state relief solutions can complement relief opportunities being provided by our federal partners directly to healthcare providers.

HHSC is focusing requests for additional funding on safeguarding adequate reimbursement for the services being delivered. To implement any rate increases, CMS approval is required to certify the availability of adequate funding in collaboration with state leadership.

If HHSC receives approval, then staff will submit an additional Appendix K amendment for approval. HHSC is not currently seeking a waiver to allow individuals to be served in non-licensed ICF/IID or non-certified HCS group homes. The current Appendix K does request an increase in HCS four bed residences to six residences and the flexibility for HCS individuals to be served in an ICF/IID.

Question: Does HHSC plan to suspend all utilization review/billing audit activities (and relaxing look-back reviews) during this time except for investigation of flagrant fraud, waste, or abuse.

Answer: HHSC Utilization Review staff is not conducting in-person reviews currently. They are continuing to conduct desk reviews of individual plans of care but are not requesting any additional information from providers. If utilization review finds IPCs that have services that may not be justified, they will contact the provider or LIDDA (depending on the program or service) for further documentation when normal operations resume or when the IPC is renewed or revised. Utilization Review is completing LON reviews that are initiated by the provider, including requesting further documentation, if the provider wants the LON review completed immediately.

Nursing

Question: Concerning completion of nursing assessments, are they on hold temporarily or may they be done virtually?

Answer: As per guidance released on April 21, 2020, COVID-19 Telehealth Guidance on Nursing Services for CLASS, DBMD, HCS and TxHmL, nursing assessments, including the comprehensive nursing assessment, may currently be done in person or by video conference.

The alert can be found at: [Guidance on Telehealth Provided Nursing](#). The registered nurse completing the assessment has the sole discretion to determine if a nursing assessment, especially a comprehensive nursing assessment, can be completed reliably using video conferencing. The nursing service must be done within the scope of the nurse's license and standards of practice. The program provider must not direct a nurse to complete an assessment using telehealth if the nurse deems it inappropriate. The alert can be found here: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Question: Will HHSC obtain clarification from the BON regarding whether delegation to administer medication can be provided via video conference, telehealth, interactive technology etc., if staff were previously delegated to administer medication by an RN and a new medication is ordered?

Answer: This answer is provided by the [Board of Nursing\(BON\)](#)-- It is important to note that the RN and LVN scope of practice remains unchanged during this disaster, therefore it remains the RN level of licensure to delegate tasks to unlicensed personnel. The Board has two chapters of delegation rules that RNs must follow, [Chapter 224](#) (*Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions...*) and [Chapter 225](#) (*RN Delegation to Unlicensed Personnel... for Clients with Stable and Predictable Conditions*). Most simply, Chapter 224 is for acute settings and/or conditions, and Chapter 225 is for independent living environments and stable and predictable patient conditions (please see [§224.1](#) and [§225.1](#) related to the applicability of each chapter), however should a patient in an independent living environment become unstable or unpredictable the RN would delegate based on rules found Chapter 224. Generally speaking, in independent living environments in Texas, administration of certain medications via certain routes *may* be determined by the RN to be appropriate for nursing delegation to an unlicensed person following the RN assessment (Board Rule [225.6](#)) if all of the Board's delegation criteria(Board Rule [225.9](#)) can be met, the criteria outlined in Board Rule [225.1](#)(a) can be met, and all other applicable regulations can be complied with. Regarding the delegation of medication administration

[Board Rule [225.10\(10\)](#)], the Board rules do not preclude the RN from performing the nursing assessment or determining the ability to meet the Board's delegation criteria through telehealth, videoconferencing, or interactive visual technology. However, the RN may want to review [Board Rule 225.5, RN Accountability](#), as the nurse would be responsible for proper performance of the assessment and for the RN's decisions made as a result of that assessment. In regards to your specific question, which includes a new medication ordered to a patient, the RN would need to perform the RN assessment for that specific client taking into consideration if the patient's condition is stable and predictable, and the delegation criteria, which is specific to the delegation to specific unlicensed personnel, as well as Board Rule [225.13](#), *Tasks Prohibited From Delegation*. Specifically, Board Rule [225.13\(5\)\(E\)](#) states that it is not within the scope of sound professional nursing judgment to delegate the administration of the initial dose of a medication that has not been previously administered to the client unless the RN documents in the client's medical record the rationale for authorizing the unlicensed person to administer the initial dose. Finally, please keep in mind that the Board licenses nurses and regulates nurses in the State; the Board does **not** have purview over practice areas, facility operations, or most facility policies and procedures.

Hyperlinks have been included in this e-mail response for your convenience. The most current version of the NPA and Board's Rules & Regulations are accessible on the [BON website](#) under the heading, **Laws & Rules**.

Question: If the nurse completes a nursing assessment via telehealth or telephone, will an unsigned nursing assessment be approved?

Answer: The nurse completing the assessment must act within the nurse's scope of practice and licensure requirements, which include signing the assessment. If the individual or the individual's legally responsible adult are acting as the client responsible adult (CRA) and are required to sign the form, those signatures can be obtained later. See alert released on April 21, 2020, [Guidance on Telehealth Provided Nursing](#) at: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Community First Choice Personal Attendant Services/Habilitation

Question: When will there be a notice regarding removing the prohibition for CFC PAS/HAB providers living in the home with the individual and being paid for delivering services?

Answer: An alert removing the prohibition through May 31, 2020 was posted on April 28, 2020 at:

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

Question: Will an allowance be made to provide CFC PAS/HAB via telephone or video conferencing?

Answer: The [CFC Billing Guidelines](#) Section 3300 (a)(7) allows interaction with an individual or an involved person regarding an incident that directly affects the individual's health or safety by telephone. The CFC Billing Guidelines Section 3300 (b)(1)-(5) allows the following activities without face-to-face contact: shopping, planning or preparing meals, housekeeping, procuring or preparing medication or securing transportation. At this time, these are the only activities that can be performed while not interacting face-to-face with an individual.

Question: For individuals in the TxHmL program (CDS or program provider option) or individuals in HCS (CDS or program provider option) who live in their own home family home, should an individual be receiving day habilitation or CFC PAS/HAB?

Answer: An individual living in their own home or family home could receive day habilitation, CFC PAS/HAB, or both services. The process for a program provider to include additional services on an individual's plan of care is described in 40 TAC [§9.166](#) and [§9.568](#). In accordance with these sections, if CFC PAS/HAB is added to an individual's person directed plan, the service planning team must complete the HCS/TxHmL CFC PAS/HAB Assessment form.

Question: Can CFC PAS/HAB be provided by any family member/in-home caregiver regardless of qualifications?

Answer: No. The required qualifications for a service provider of CFC PAS/HAB are listed in Section 3710 of the [CFC Billing Guidelines](#). One of the qualifications prohibits a parent of a minor receiving services or the spouse of the individual receiving services from being the individual's CFC PAS/HAB service provider. HHSC has allowed one exception to the required qualifications. Specifically, as explained in an alert issued on April 6, 2020 and reissued on April 28, 2020, [Same residence allowed for CFC PAS/HAB](#) for the period from March 27, 2020 through May 31, 2020, an individual in the HCS or TxHmL program may have a CFC PAS/HAB service provider who lives with the individual. A CFC PAS/HAB service provider who lives with the individual must meet all the other qualifications in Section 3710.

Question: Some persons enrolled in the HCS Program receiving CFC PAS/HAB may want to consider switching to host home/companion care during this period of time. Recognizing such would not be available to all such as minors living at home with their parents, is this a permissible option during this crisis?

Answer: For an individual who is over the age of 18 and living at home with their parents, a revised IPC may be submitted to identify Host home/companion care instead of CFC-PAS/HAB. This may not be necessary given the guidance issued on April 6, 2020 [Same residence allowed for CFC PAS/HAB](#) allowing family members residing in the home to be paid service providers of CFC PAS/HAB and respite.

Consumer Directed Services

Question: Does the guidance released on April 6, 2020 allowing a person living in the same residence as the individual receiving services to deliver CFC PAS/HAB; also apply to individuals who choose the Consumer Directed Services option?

Answer: Yes. For the period from March 27, 2020 through May 31, 2020, an individual in the HCS or TxHmL program may choose to receive CFC PAS/HAB from a service provider who lives with them. The guidance also applies to individuals receiving CFC PAS/HAB through the Consumer Directed Service option. An updated version is posted on April 28, 2020, and is found here: [Same residence allowed for CFC PAS/HAB](#)

Day Habilitation

Question: Though most individuals enrolled in HCS & TxHmL have day habilitation (DH) on their respective IPCs and in their person directed plans (PDP), is it necessary to note in the PDPs that the DH will now be provided in-home?

Answer: Service coordinators must still update an individual's PDP. Service Planning Team (SPT) meetings may be held via telephone or telehealth and signatures for IPCs can be obtained later. See guidance in Information Letter, [IL 20-11](#).

Question: In reference to information letter, [IL 20-19](#), does an individual have to already be receiving DH to be permitted to receive in-home DH?

Answer: No, however, the service planning team is responsible for assessing the individual's preferences and needs and determining if an IPC revision should occur to add day habilitation. See guidance provided in information letter, [IL 20-11](#) for IPC revisions during COVID-19.

Question: Can day habilitation services be provided in a 4-person home in the HCS program?

Answer: Yes, information letter [IL 20-19](#) (formerly 20-09) allows this temporary policy change through May 31, 2020.

Question: Can a host home/companion care provider be paid for in-home day habilitation?

Answer: Yes, information letter [IL 20-19](#) allows this temporary policy change through May 31, 2020.

Question: If families decide to take a loved one out of a group home and into a family home, could day habilitation be provided in the family home?

Answer: Yes, information letter [IL 20-19](#) allows this temporary policy change through May 31, 2020.

Question: If the designated host home provider is working from home, may another person in the home (such as the other spouse or adult child at home from college) be the in-home day hab provider and do so without undergoing a background check?

Answer: Another person living in the home may provide in-home day habilitation, but they must meet the provider qualifications described in Section 4360 of the [HCS Billing Guidelines](#). Further, a program provider must comply with Title 40 TAC Chapter, [§49.304](#) regarding background checks.

Individual Absences from Residential Support Services/Supervised Living/Host Home/Companion Care

Question: Can absent days beyond 14-days be waived?

Answer: In the HCS Program, an individual residing in a three or four-person residence can choose to leave the residence at any time to visit family or friends and may choose to extend their visit. There is no program rule stipulating how long a visit with family or friends can be. The [HCS Billing Guidelines](#) allow a program provider to bill for residential support or supervised living services for up to 14 consecutive days while the individual is away from the residence on a visit with family or friends. After 14 consecutive days, the program provider must stop billing for the residential service. However, the individual continues to be responsible for paying the program provider room charges for preserving their room and may return at any time after the 14 consecutive days.

Question: Can providers tell people not to return for a period of time after vacation, home visit, etc.?

Answer: If an individual chooses to temporarily leave a three-person, four-person, or a host home/companion care residence, then the individual must be allowed to return to the residence. If an individual has left the residence temporarily for any reason, the individual must be screened upon return. If the individual meets *any* of the screening criteria listed on page 2 of provider letter, [PL 20-22](#), HHSC recommends the program provider isolate that individual in one area of the residence to protect the other individuals in the residence.

Question: What options do HCS group home providers have if residents insist on leaving the home, despite staff instructions or shelter in place orders?

Answer: HHSC recommends program providers advise an individual/Legally Authorized Representative//Client Responsible Adults of any local social distancing requirements, public gathering restrictions, or shelter-in-place orders. Departures not health related are strongly discouraged. If an individual chooses to temporarily leave a three-person or four-person residence or residence in which host home/companion care is provided, the individual must be allowed to return to the residence and then be screened upon return. If the individual meets any of the screening criteria listed on page 2 of provider letter, [PL 20-22](#), HHSC recommends the program provider isolate that individual in one area of the residence to protect the other individuals living there.

Question: Some providers may need to add additional people to a 3-bed home. Will HHSC allow additional people in the home temporarily without an inspection? It is near impossible to get a timely inspection given the situation.

Answer: HHSC is considering the option to request a waiver from CMS to allow a three-person residence to have up to four persons (instead of up to three persons) who receive residential support, supervised living, or a similar non-waiver service.

Own Home/Family Home

Question: For individuals who live in their own/home family home what happens if an individual/family declines service provision during the COVID-19 pandemic?

Answer: An individual or LAR may decline to receive an HCS or TxHmL or CFC service. The requirement that an individual must receive an HCS program or TxHmL program service monthly to be eligible for CFC services applies only to individuals who gain Medicaid eligibility solely through their home and community-based services waiver (called Medical Assistance Only (or MAO) Medicaid). If the individual does not receive MAO Medicaid, the requirement may be met with the provision of at least one HCS Program or TxHmL program service per month or a monthly monitoring visit by a service coordinator, and at least one program service request per IPC year.

Waiver Survey and Certification

Question: Will Waiver Survey and Certification be conducting face to face visits in the near future?

Answer: At this time, Waiver Survey and Certification is limiting their face to face visits for HCS and TxHmL providers. We will resume normal survey operations at a time to be determined. Contracts will continue to remain certified until the annual recertification survey has been completed. WSC has submitted a waiver to suspend recertification surveys and residential surveys. Onsite surveys may still occur if a significant risk to an individual's health and safety is identified that necessitates an in-person survey.

Question: If we are scheduled for an HCS recertification review within the following week, does the review still stand or do we need to reach out to the reviewer for postponement?

Answer: Requests to postpone surveys will not be required because Waiver Survey and Certification (WSC) is limiting their face to face visits for HCS and TxHmL providers. WSC will resume normal survey operations at a time to be determined. Contracts will continue to remain certified until the annual recertification survey has been completed.

Question: Can you tell me how the HCS provider is to report confirmed COVID-19 cases to regulatory?

Answer: HHSC is requesting all confirmed cases be reported to Waiver Survey and Certification. Providers should include their contract number, contact information, CARE ID of any individuals with a positive test, and number of staff with a positive test. HCS and TxHmL providers notify HHSC at:
waiversurvey.certification@hhsc.state.tx.us.

Question: Will HHSC allow the environmental checklists to be waived prior to a new admission for host home/companion care or for the review to be done virtually?

Answer: HHSC is exploring options for limiting onsite survey activities and will let providers know as options are approved. However, even if onsite activities are reduced, there may be times when survey staff will need to enter a residence. When necessary, program providers must allow a surveyor entry, unless the provider determines that the surveyor meets certain screening criteria as described on page 2 of provider letter, [PL 20-22](#).

HHSC is considering waiving the requirement for a program provider to conduct the on-site inspection required by Title 40 TAC Chapter §9.178(c) and will notify program providers when a decision has been made.

Local Intellectual and Developmental Disability Authorities

Question: Is the current policy regarding LIDDA SC visits going to be suspended - in other words are they resuming their face-to-face visits?

Answer: Information Letter, [HCS IL-20-12](#) issued by HHSC, notified program providers that service coordinators in the HCS and TxHmL programs may suspend face-to-face service coordination visits through May 31, 2020.

Electronic Visit Verification

Question: Has HHSC requested another postponement for the HCS and TxHmL roll out of the Electronic Visit Verification (EVV) services which are scheduled to begin January 2021?

Answer: HHSC cannot delay implementation of EVV because the implementation date is federally mandated. HHSC issued an [alert](#) on March 11, 2020 extending the date program providers are required to select an EVV vendor from April 1, 2020 to May 1, 2020.

Personal Protective Equipment

Question: When discussing PPE, it was stated that PPE is only required to be available if someone in the home tests positive. That is not consistent with guidance already issued by HHSC. Are you now saying that the previous guidance is no longer applicable?

Answer: In accordance with provider letter, [PL 20-22](#), a program provider must have Personal Protective Equipment available to ensure the program provider can immediately implement infection control processes as soon as COVID-19 is confirmed in a residence. HHSC recommends all program providers conserve PPE in accordance with [CDC](#) and [DSHS](#) guidance. HHSC also recommends all program providers follow CDC recommendations regarding the routine use of facemasks in public.

Question: What if program provider is not able to provide isolation or PPE? How is this scenario handled?

Answer: Isolation can be completed in the individual's room enabling others to maintain distance and be monitored for symptoms. If the other individuals in the residence agree to a temporary relocation and the provider has other residences to accommodate a move, this can be another option. HHSC Regulatory Services has provided guidance on how to isolate and use limited PPE found here: <https://hhs.texas.gov/sites/default/files/documents/services/health/hc-s-covid-response-plan.pdf>

Staffing

Question: Are HCS providers required to inform their staff of a possible COVID-19 exposure?

Answer: Yes. If a provider suspects or knows a staff member has been exposed to COVID-19, a program provider must immediately inform the staff member of the suspected or known exposure and allow the staff member to monitor symptoms, isolate, or seek medical advice.

Question: I have staff who have called in sick and simply can no longer work due to child care issues. What do I do when there are not enough staff for coverage? Where can HCS providers turn if they no longer have enough employees to staff to provide residential services?

Answer: As required by Title 40 TAC Chapter [§9.177\(a\)](#), a program provider must ensure the continuous availability of trained and qualified service providers to deliver the required services. To address staffing shortages during the COVID-19 health emergency, a provider may seek the agreement of individuals in a residence to temporarily move to a different residence with adequate staffing. Further, HHSC has requested a waiver from CMS to allow a four-person residence to have up to six persons who receive residential support, supervised living, or a similar non-waiver service. HHSC will notify program providers if CMS grants this waiver. In addition, the CDC has issued the following guidance to assist healthcare facilities in mitigating healthcare personnel staffing shortages that might occur because of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Question: Can families insist on having a privately paid caregiver enter an HCS group home when they are allowing essential staff only?

Answer: No. A program provider may, but is not required to, allow a privately paid caregiver to enter a three-person or four-person residence. If the caregiver is a provider of an essential service, the program provider may allow the caregiver to enter the residence unless determined that the caregiver meets certain screening criteria as described on page 2 of provider letter, [PL 20-22](#).

Question: The screening questions that apply to employees, stated that "if they have traveled to an area with sustained community transmissions" they shouldn't be allowed in the facility. How does this apply to service providers who operate in areas with sustained community transmission? Dallas, Houston, San Antonio, etc.

Answer: Provider letter, [PL 20-22](#) does not refer to "areas" but to "countries." If someone has recently traveled from a country with sustained transmission, such as China or Italy, that would warrant extra precautions as necessary. At this point, sustained community transmission is present in many areas. As noted in provider letter, [PL 20-22](#) directs program providers to screen all staff when they enter the home, e.g., temperature, respiratory symptoms, and contact tracing

Question: Can mandatory staff trainings such as CPR or behavior training be postponed during the pandemic? For both initial and annual trainings? If not, what other options do they have to practice social distancing?

Answer: For HCS and TxHmL providers, CPR training is not required. Training requirements have not been waived during this time and providers need to ensure service providers have adequate training to meet the individual's needs. Training methods would be up to the discretion of the trainer. There are resources for renewing CPR certifications on-line below:

Free online 90-day extension for expiring CPR cards:

<https://www.redcross.org/take-a-class/coronavirus-information/lifeguarding-and-cpro-certification-extension-course>

Extension for CPR providers:

https://cpr.heart.org/-/media/cpr-files/resources/covid-19-resources-for-cpr-training/covid19-statement_card-extensions_update-33120.pdf

Question: Employees are leaving their jobs due to COVID 19. Do you know how we are supposed to go about handling Texas Workforce Commission claims for this?

Answer: This is outside of the scope of HHSC. The provider should contact the Texas Workforce Commission.

General Questions for HCS, TxHmL and Intermediate Care Facilities for Individual with Intellectual and Developmental Disabilities (ICF/IID)

Question: Is HHSC requiring HCS group home and ICF/IID providers to quarantine new admissions in their bedroom for 14 days?

Answer: HHSC is recommending an individual newly admitted to an HCS 3-person or 4-person residence or an ICF/IID be isolated for 14 days to prevent transmission of COVID-19, but not requiring this. Providers should refer to the COVID-19 response documents for HCS and ICF/IID, found here, at;
<https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Question: The 1135 waiver request CMS just approved included approval for waiving several background checks temporarily when enrolling service providers. Which service providers does this apply to?

Answer: The [blanket waivers for health care providers](#) issued by CMS include a waiver of screening requirements for Medicaid providers, including ICF/IID and HCS and TxHmL program providers, to enroll in Medicaid. That waiver does not apply to employees of ICF/IID, HCS, and TxHmL programs that provide direct care services. ICF/IID, HCS, and TxHmL program providers must continue to conduct background checks on their employees in accordance with Title [26 TAC §551.321](#) for ICF/IID and Title 40, Part 1, Subchapter D and N, HCS and TxHmL Rules, [§9.177](#) (n) and (o), [§9.579](#) (r) and (s), and [HCS](#) and [TxHmL Billing Guidelines Section 3400](#) regarding service provider qualifications.

Question: Will HHSC release a report on the number of reported confirmed COVID -19 cases by population/program?

Answer: DSHS provides state and county level data at:
<https://dshs.texas.gov/coronavirus/additionaldata/>

Question: Does HHSC have plans to add IDD providers to the priority list of healthcare providers and other essential service providers to not only receive necessary personal protective equipment (PPE) to protect staff and others from spread of COVID-19, but also to receive COVID-19 testing?

Answer: The Guidance on the Essential Critical Infrastructure Workforce includes workers at long-term care facilities, residential and community-based providers (e.g. Programs of All-Inclusive Care for the Elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Psychiatric Residential Treatment Facilities, Religious Nonmedical Health Care Institutions, etc.). The guidance is referenced in the Executive Order, [GA-16](#) released on 4/17/2020.

Question: What is being done to ensure individuals maintain financial eligibility for Medicaid? HHSC issued a March 28th bulletin announcing it was waiving Medicaid and SNAP renewal eligibility requirements. While helpful, what about ME lapses that occurred prior to COVID and/or the release of this notice?

Answer: HHSC is extending Medicaid financial eligibility from March 18, 2020 through May 31, 2020. If an individual lost eligibility beginning on March 18, 2020, HHSC is working to restore the individual's benefits. If an individual lost eligibility prior to March 18, 2020, they will need to reapply for Medicaid.

Question: Clarify if HHSC expects or is requiring that staff in the HCS and ICF/IID group homes wear masks always regardless of whether any individuals in the home have confirmed COVID. If so, what concrete steps are HHSC taking to elevate the IDD community providers to priority status when it comes to obtaining PPE? [It has been reported that HHSC has started citing ICFs/IID for failure to wear masks, yet we have not seen any guidance from HHSC specifically requiring this.]. The 'HCS Plan' which HHSC has yet to issue to providers appears to now require that masks be worn, yet also states if a provider cannot obtain the equipment they will not be cited.]

Answer: HHSC has published a document for HCS and ICF/IID providers describing the use of masks in group homes. The document recommends staff follow CDC and DSHS guidance regarding the use of masks. Outlining the use of PPE and other steps to be taken to limit the spread of COVID-19 and how to address individuals who are positive or exposed to someone who is positive.

The guidance for HCS can be found here:

<https://hhs.texas.gov/sites/default/files/documents/services/health/hcs-covid-response-plan.pdf>.

The guidance for ICF/IID can be found here:

<https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/icf-covid-19-plan.pdf>

Life Safety Code and Fire Marshal Inspections (Note: the following questions also apply to ICF/IID)

Question: Will Life Safety Code inspections (new and renewing) be temporarily waived in HCS and ICF?

Answer: HHSC is continuing to conduct Life Safety Code inspections of ICF/IIDs and HCS homes. ICF/IID inspections associated with initial licensure, certification, facility relocation, and an increase in facility capacity are occurring. However, HHSC is not conducting any face to face surveys, including Life Safety Code inspections, for license and certification renewal in ICF/IID and HCS group homes or for other purposes considered nonessential. Therefore, an ICF/IID and HCS group home cannot be cited for an expired Life Safety Code inspection.

Question: Will ICF/IID and HCS providers be cited for expired fire marshal inspections?

Answer: When HHSC Regulatory staff come across an expired fire marshal inspection on survey, our standard approach is to have the provider establish a safety plan until a fire marshal inspection can be obtained.

Survey staff would take a few things into consideration for each residence such as:

- Documentation showing efforts to request an inspection
- The date and outcome of the most recent fire panel inspection
- The date and outcome of the inspection for sprinkler system, as applicable for the location of the residence
- Unobstructed pathways out of the residence
- The emergency response plans that are in place and staff knowledge of them
- The specific needs of the individuals in the residence – equipment, behavior support plans, medical conditions, and staff knowledge of them
- Review of documentation for fire drills conducted in the residence
- Status of the fire extinguishers in the residence

To ensure the health and safety of the individuals in the residence, survey staff would also encourage providers to develop, implement, and document a fire watch schedule. This watch should include, at a minimum, observing each room and assessing the interior and exterior of the residence to ensure there are no fire hazards or signs of a fire present.