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Welcome ICF Providers!

**COVID-19 Updates and Q&A with LTC
Regulation and DSHS**

January 11, 2021

For more information:

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

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161

COVID-19 Updates

Panelist

Susie Weirether
IDD Policy and Rule Manager
Policy, Rules and Training
Long-term Care Regulatory



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Reminder: Sign-up for GovDelivery to receive alerts

Go to:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

- **Enter your email address.**
- **Confirm your email address, select your delivery preference, and submit a password if you want one.**
- **Select your topics.**
- **When done click “Submit.”**



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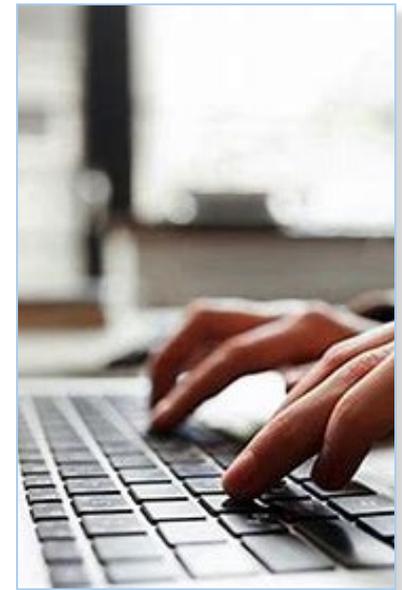
Resources



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The following resources are available on the [ICF Provider Portal](#):

- Under “COVID-19 Resources”
 - [Infection Control Basics & Personal Protective Equipment for Essential Caregivers](#)
 - [Expanded Reopening Visitation Rules](#)
 - [COVID FAQ](#)
 - [ICF COVID Response Plan](#)
- Click on “Provider Communications”
 - [Provider Letter 20-43: Expansion of Reopening Visitation](#)
 - [Provider Letter 20-53: Guidance for Activities, Dining, and Volunteers](#)



Final Long-Term Care Plan for Individuals with IDD

HHSC issues this final Long-Term Care Plan for Individuals with Intellectual Disabilities and Related Conditions for the 2020-21 state biennium in accordance with Texas Health and Safety Code, Section 533A.062.

Section 533A.062 requires a proposed long-term care plan to be developed biennially in even-numbered years and adjusted after each legislative session based on the appropriations for long-term care services for individuals with an intellectual disability.

[Plan for 2020-2021](#)



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DSHS Vaccine Frequently Asked Questions Resource

DSHS has created a page with frequently asked questions (FAQs) about COVID-19 vaccines for vaccination providers in Texas.

[COVID-19 Vaccine Provider FAQ's](#)

Included on this page is the definition of “long-term care facilities” for the Phase 1A of the COVID-19 vaccine roll-out.



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COVID-19 Vaccine Pharmacy Program

For facilities currently enrolled in the Federal Pharmacy Partnership LTC Program, see the following resources:

[CDC's Pharmacy Partnership LTC Program webpage](#)

[CDC Pharmacy Partnership LTC Program FAQs](#)

For questions about the Pharmacy Partnership for Long-term Care Program, please contact eocevent494@cdc.gov.



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Federal Pharmacy Partnership Program Resources

Providers with questions about CVS or Walgreens COVID-19 vaccinations administered through the Federal Pharmacy Partnership program should contact the following:

CVS:

- 1-833-968-1756
- CovidVaccineClinicsLTCTF@CVSHealth.com

Walgreens:

- immunizeLTC@walgreens.com



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COVID-19 Vaccine Provider Program

DSHS has also provided COVID-19 Vaccine resources for providers and health care professionals.

Resources can be found at

<https://www.dshs.texas.gov/coronavirus/immunize/vaccine.aspx>

For questions over provider enrollment please contact DSHS at:

COVID-19 Registration Support

- COVID19VacEnroll@dshs.texas.gov
- Toll-Free: (877) 835-7750



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COVID-19 Vaccine Distribution

4 options for long-term care facilities to receive the COVID-19 vaccine:

1. Federal LTC pharmacy partnership program
2. Registered as a vaccine provider with DSHS
3. Through preestablished relationships with pharmacies, local health departments, and other healthcare facilities receiving vaccine
4. HHSC and DSHS to identify facilities that do not have any of the aforementioned options to receive COVID-19 vaccine



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Vaccine Survey Data

HHSC LTCR and DSHS collected data via a COVID-19 vaccination survey last week.

The survey data collected will inform HHSC and DSHS on COVID-19 vaccine distribution efforts and enrollment status in the state or federal COVID-19 vaccine partnership program for ICF providers.



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COVID-19 Q&A

Panelist

David Gruber

Associate Commissioner for Regional and
Local Health Operations

DSHS

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

Director of Public Health Nursing

Division of Regional and Local Health Operations

DSHS



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COVID-19 Vaccine Helpful Links

These links will be updated as new information on COVID-19 vaccines are available.

CDC COVID-19 Vaccine Site

<https://www.cdc.gov/vaccines/covid-19/index.html>

COVID-19 ACIP Recommendations

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>

CDC's Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>



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COVID-19 Vaccine Helpful Links



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Pfizer-BioNTech COVID-19 vaccine specific information

- <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>
- <https://www.cvdvaccine-us.com/>
- <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine>

Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers)

- <https://www.fda.gov/media/144413/download>

FDA Pfizer-BioNTech COVID-19 EUA document -Fact Sheet for Recipients and Caregivers

- <https://www.fda.gov/media/144414/download>

Pfizer-BioNTech COVID-19 Vaccine – Standing Orders for Administering Vaccine to Persons 16 Years of Age and Older (17 Dec 2020)

- <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf>

COVID-19 Vaccine Helpful Links



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Moderna COVID-19 vaccine specific information

- <https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>
- <https://www.modernatx.com/covid19vaccine-eua/>
- <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine>

Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) – Emergency Use Authorization of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19)

- <https://www.fda.gov/media/144637/download>

Fact Sheet for Recipients and Caregivers – Emergency Use Authorization of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19)

- <https://www.fda.gov/media/144638/download>

COVID-19 Vaccine Helpful Links



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Table obtained from CDC's Standing Delegation Orders for both COVID-19 vaccines.

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf>

» **Table 1: Ingredients included in Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines**

An immediate allergic reaction to any component or previous dose of an mRNA COVID-19 vaccine is a contraindication to vaccination with both the Pfizer-BioNTech and Moderna vaccines. The following is a list of ingredients for the Pfizer-BioNTech and Moderna COVID-19 vaccines, as reported in the prescribing information for each vaccine.

Description	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide	PEG2000-DMG: 1, 2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl bis(hexane-6,1-diyl) bis(2-hexyldecanoate)	SM-102: heptadecane-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	Sucrose

*Neither vaccine contains eggs, gelatin, latex, or preservatives.

Note: Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG). PEG is a primary ingredient in osmotic laxatives and oral bowel preparations for colonoscopy procedures, an inactive ingredient or excipient in many medications, and is used in a process called "pegylation" to improve the therapeutic activity of some medications (including certain chemotherapeutics). Additionally, cross-reactive hypersensitivity between PEG and polysorbates (included as an excipient in some vaccines and other therapeutic agents) can occur.

Information on whether a medication contains PEG, a PEG derivative, or polysorbates as either active or inactive ingredients can be found in the package insert. The National Institutes of Health DailyMed database (<https://dailymed.nlm.nih.gov/dailymed/index.cfm>) may also be used as a resource. Medications that contain PEG and/or polysorbate are also described in the supplementary materials of Stone CA, et al. "Immediate hypersensitivity to polyethylene glycols and polysorbates: more common than we have recognized." *The Journal of Allergy and Clinical Immunology: In Practice* 7.5 (2019): 1533-1540. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6708272/pdf/nihms-1019221.pdf>

COVID-19 Updates

Panelist

Susie Weirether
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Policy, Rules and Training
Long-term Care Regulatory



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PL 2020-57

Released Dec. 30, 2020



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HHSC LTCR has published [PL 2020-57 \(PDF\)](#), HHSC Guidance to HCS Program Providers and ICF/IID on SSLC Transition Visits.

The PL provides guidance to providers when an individual wants to tour a prospective residence when transitioning from a state supported living center to a community setting.

Flu & COVID: What You Need to Know Webinar



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The webinar reviews:

- The similarities and the differences between flu and COVID-19
- The importance of getting a flu shot
- How flu vaccination along with good infection control practices protect everyone
- CDC guidance on administering flu vaccines this season amid the coronavirus pandemic.

Jan. 21, 2021: 10 – 11 a.m.

[Register for the Jan. 21 COVID-19 webinar](#)



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Texas Immunization Registry Webinar Series for Reporting COVID-19

The Texas Immunization Registry is hosting a series of live webinars to help providers identify data quality issues and how to resolve them using registry resources for accurate reporting. The webinar is for organizations reporting COVID-19 immunizations via data exchange.

If all sessions are full, we recommend referring to the [DSHS Registry web page](#) later for the posted recording

Title: Data Quality and Error Resolution

Monday, Jan. 11, 2021; 1:00 PM – 2:00 PM CST

- [Register here](#)

Friday, Jan. 15, 2021; 1:00 PM – 2:00 PM CST

- [Register here](#)

- Contact ImmTracMU@dshs.texas.gov for questions₂₀



Quarantine Protocol for Staff

The criteria for when an employee may return to work depends on if the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or if the employee has been exposed to COVID-19 and requires quarantine.

Follow the CDC's [Return to Work Criteria](#) when an employee has confirmed or probable COVID-19 and requires isolation.

(continued)



Quarantine Protocol for Staff

Exclusion from work and quarantine for 14 days is recommended for an employee who has had unprotected, prolonged [close contact](#) with a resident, visitor or other staff member with confirmed COVID-19.

While the CDC has provided [quarantine alternatives](#) for the general public, the CDC, DSHS, and HHSC still recommend the 14 day quarantine period as the safest quarantine option with the least risk of viral transmission to others.

(continued)



Quarantine Protocol for Staff

Quarantine for 14 days is recommended for employees who have had a potential exposure to someone with confirmed COVID-19.

CDC's two alternatives are:

- **Alternative #1** - Quarantine can end after Day 10 without testing if the person has no symptoms as determined by daily monitoring.
- **Alternative #2** - Quarantine can end after Day 7 if the person tests negative and has no symptoms as determined by daily monitoring. The test must occur on Day 5 or later. Quarantine cannot be discontinued earlier than after Day 7.



Quarantine Protocol for Staff

Both alternatives raise the risk of being less effective than the 14-day quarantine as currently recommended. The specific risks are as follows:

- For Alternative #1, the residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.
- For Alternative #2, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

(Cont. on next slide)



Quarantine Protocol for Staff

Facilities may choose to utilize a shorter quarantine period for employees, as long as the reduced quarantine alternative adheres to CDC guidance and is consistent with the local health authority's recommendations for quarantine duration.

If facilities are not aware of their local health authority's stance on quarantine, they may wish to contact their local health authority to see if either of the CDC's quarantine alternatives may be used for staff in a long-term care facility.

(continued)



Quarantine Protocol for Staff

The provider must determine what steps are necessary to protect the health and safety of the individual in quarantine, as well as the health and safety of other employees and residents.

If an employee returns to work following a reduced quarantine period, facilities can require the employee to wear full PPE (regardless of where the individual works in the facility), or limit work activities.

Facilities can utilize other precautions or restrictions to minimize the risk of viral transmission.

Testing Protocol for COVID-19 Recovered



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Reminder: Staff and residents who are within the 90 day period after having had COVID-19 should NOT be routinely tested, unless they develop signs/symptoms of COVID-19.

Some recovered individuals may continue to test positive in their 3 months after recovery, which is more likely due to persistent shedding of viral RNA than reinfection.

If a recovered individual develops symptoms consistent with COVID-19, they should be tested and evaluated by a medical provider to determine if this is a case of new infection or reinfection with COVID-19.

Testing Protocol for COVID-19 Recovered

After 90 days from the date of the positive test result (for asymptomatic cases) or the date of symptom onset (for symptomatic cases), testing of that staff member or resident should resume per the facility's testing policies.



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COVID-19 Q&A

Panelist

Renee Blanch-Haley, BSN, RN
Director of Survey Operations
Survey Operations
LTCR



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COVID-19 Q&A

Panelist

Dana Williamson

Director, Policy Development and Support
Medicaid/CHIP

-
- Updates



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COVID-19 Updates

Panelist

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Policy Development Support Office
1915(b) Waivers Support
ICF Medicaid Policy Specialist
1915(c) Waivers Special Projects



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- Updates
 - Q&A

Mini Training

Panelist

Melodee Duesing
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Long-term Care Regulation



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COVID-19

Panelist

Kirsten Notaro, MA
ICF Policy Specialist
Policy, Rules and Training
Long-term Care Regulatory

- Updates
- Live Q&A



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COVID Q&A

Question:

Is the vaccine mandatory?

Answer:

The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccine is approved through the FDA's [emergency use authorization \(EUA\)](#).

Receiving a COVID-19 vaccine is voluntary.

Nothing in HHSC rules prohibit an ICF from making a COVID-19 vaccination a condition of employment. However, any facility that wishes to include a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.



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COVID Q&A

Question:

Is consent required?

Answer:

Consent is governed by the ICF rules at 26 TAC §261.283 Informed Decision Assessment and 26 TAC §261.284(a): Making Informed Decisions and would apply the same regardless of the specific vaccine.

(continued)



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COVID Q&A

(continued)

26 TAC §261.284 (a): Making Informed Decisions

- If, based on the assessment described in §261.283 of this division (relating to Informed Decision Assessment), a community program provider determines that an individual has the capacity to make an informed decision and to communicate the decision, free from coercion or undue influence, about the proposed treatment, medication, or procedure, the community program provider must allow the individual to consent to or refuse the proposed treatment, medication, or procedure.

(continued)



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COVID Q&A

(continued)

Additional guidance is provided in CMS Appendix J:

- W124: Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;

Important things to note:

- Clients, their families or legal guardians must be informed of risk vs. benefits of any recommended treatments or interventions and of their right to refuse treatment, training or services.
- If parents or legal guardians wish for other members of the client's family to be informed of such changes, they must put this permission in writing.

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COVID Q&A

(continued)

- A client, his or her family member, or legal guardian who refuses a particular treatment must be offered information about acceptable alternatives to the treatment, if acceptable alternatives are available. The client's preference about alternatives should be elicited and considered in deciding on the course of treatment.
- If the client, family member, or legal guardian also refuses the alternative treatment, or if no alternative exists to the treatment refused, the facility must consider the effect this refusal may have on other clients, the client himself or herself, and if they can continue to provide services to the client consistent with these regulations.



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Questions?

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Thank you!

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