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**Welcome ICF Providers!**

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

**November 30, 2020**

For more information:

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

Email: [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us)

Phone: 512-438-3161

# COVID-19 Updates

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## 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 sign-up for Alerts:**

**Go to:**

**[https://service.govdelivery.com/accounts/TXH  
HSC/subscriber/new](https://service.govdelivery.com/accounts/TXH/HSC/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](#):

- [Expanded Reopening Visitation Rules](#)
  - Under "COVID-19 Resources"
- [Provider Letter 20-43](#)
  - Click on "Provider Communications"
- [Visitation FAQ](#) - *posted 10/27/20*
  - Under "COVID-19 Resources"



# Useful DSHS Links:

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- DSHS published a recorded training for long-term care providers on COVID-19 precautions to take and how to accomplish them.

[View the video training.](#)

- DSHS COVID-19

<https://dshs.texas.gov/coronavirus/>

- DSHS Immunization Unit COVID-19

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

- COVID-19 Vaccine Provider Registration

<https://enrolltexasiz.dshs.texas.gov/emrlogin.asp>



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# BinaxNow Updates

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LTCR revised the [attestation form for free BinaxNOW point-of-care antigen COVID-19 test kits](#) on November 18, 2020

The form was revised to correct the [BinaxNOW training link](#) required for staff who do not have medical training and will be administering the COVID-19 test using the BinaxNOW Ag card.

As part of the request for free BinaxNOW test kits, providers will confirm that staff performing the COVID-19 tests have completed [the BinaxNOW COVID-19 Ag Card](#) training.



# Reporting Guidance

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LTCR revised and released [PL 20-37](#) on November 19, 2020

- PL 20-37 has been revised to include information for ICF providers offering point-of-care testing for COVID-19.
- Additionally:
  - PL 20-37 outlines provider reporting responsibilities related to COVID-19 positive cases and deaths (COVID-19 and non-COVID-19 related).
  - The letter and attachment also consolidate reporting requirements in a more user-friendly manner.



# Flu Vaccine

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LTCR issued [PL 20-50](#) on November 17, 2020

- DSHS is providing a one-time-only allocation of adult influenza vaccine doses through the Adult Influenza Vaccine Initiative to target high risk populations disproportionately affected by or at risk for COVID-19.
- Includes individuals and staff of long-term care facilities, who are also at risk for contracting the influenza virus.
- Includes training and education provided to staff and access to an automated vaccine ordering and reporting system, all at no additional cost to providers.





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# Flu Vaccine

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Providers enrolled in this initiative must register and report doses administered in the Texas Immunization Registry (ImmTrac2).

Provider enrollment process:

- Complete enrollment and obtain your ImmTrac2 Organization Code.
- Complete Module 10 of the CDC "You Call the Shots" Training.
- Complete the Adult Influenza Vaccine Initiative Provider Agreement form.
- Agree to screen for patient eligibility and maintain screening records.
- Agree to maintain vaccine safety and inventory.



# Activities

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LTCR issued [PL 20-53](#) on November 20, 2020

- PL 20-53 outlines provider responsibilities for resident activities, including communal dining and holiday related activities.
- Specific stipulations on the use of volunteers and guidance on protocol for individuals who leave a facility are also included.

\*This guidance can be used as a general reference through the duration of the public health emergency, the COVID-19 pandemic.\*



# Activities

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Facilities may use volunteers to provide supplemental tasks to the facility, such as:

- monitoring visits between individuals and family members,
- escorting essential caregivers, and
- assisting with cleaning and sanitizing.

Facilities may also use volunteers to host or assist with facility-coordinated group activities (e.g., high school choir, bingo with individuals, book club).

\*The facility cannot rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services.\*



# Activities

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- Volunteers that enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency.
- Volunteers that only enter a facility to host or assist with facility-coordinated group activities must receive training on infection prevention and control standards.

# COVID-19 Q&A

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## Panelist

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

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# COVID-19 Q&A

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## Panelist

David Gruber  
Associate Commissioner for Regional and  
Local Health Operations  
DSHS

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# COVID-19 Q&A

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## Panelist

Dana Williamson

Director, Policy Development and Support  
Medicaid/CHIP

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# COVID-19 Updates

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## Panelist

Mary Valente, MPAff, LBSW, SMQT, CMDCP  
Policy Development Support Office  
1915(b) Waivers Support  
ICF Medicaid Policy Specialist  
1915(c) Waivers Special Projects



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# Mini- Training

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## Panelist

Melodee Duesing  
ICF Training Specialist  
Policy, Rules and Training  
Long-term Care Regulatory

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# **What does Active Treatment Look Like these Days?**

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# ACTIVE TREATMENT

# Active Treatment



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## W196 §483.440(a)(1)

Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward-

- (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and
- (ii) The prevention or deceleration of regression or loss of current optimal functional status.

# Active Treatment



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W249 §483.440(d)(1)

As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

# Day Programming



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# Day Programming at Home



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## Active Treatment at Home


Oral Hygiene  
Handwashing  
Laundry Skills  
Self-care Skills  
Meal Preparations

Mask Wearing  
Physical Distancing  
Exercise  
Gardening  
SAM Training

# Day Programming



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Learning their address
Writing their name
Learning their phone number
Budgeting
Learning to start a zoom meeting
Counting money
Sorting



# Sheltered Workshops



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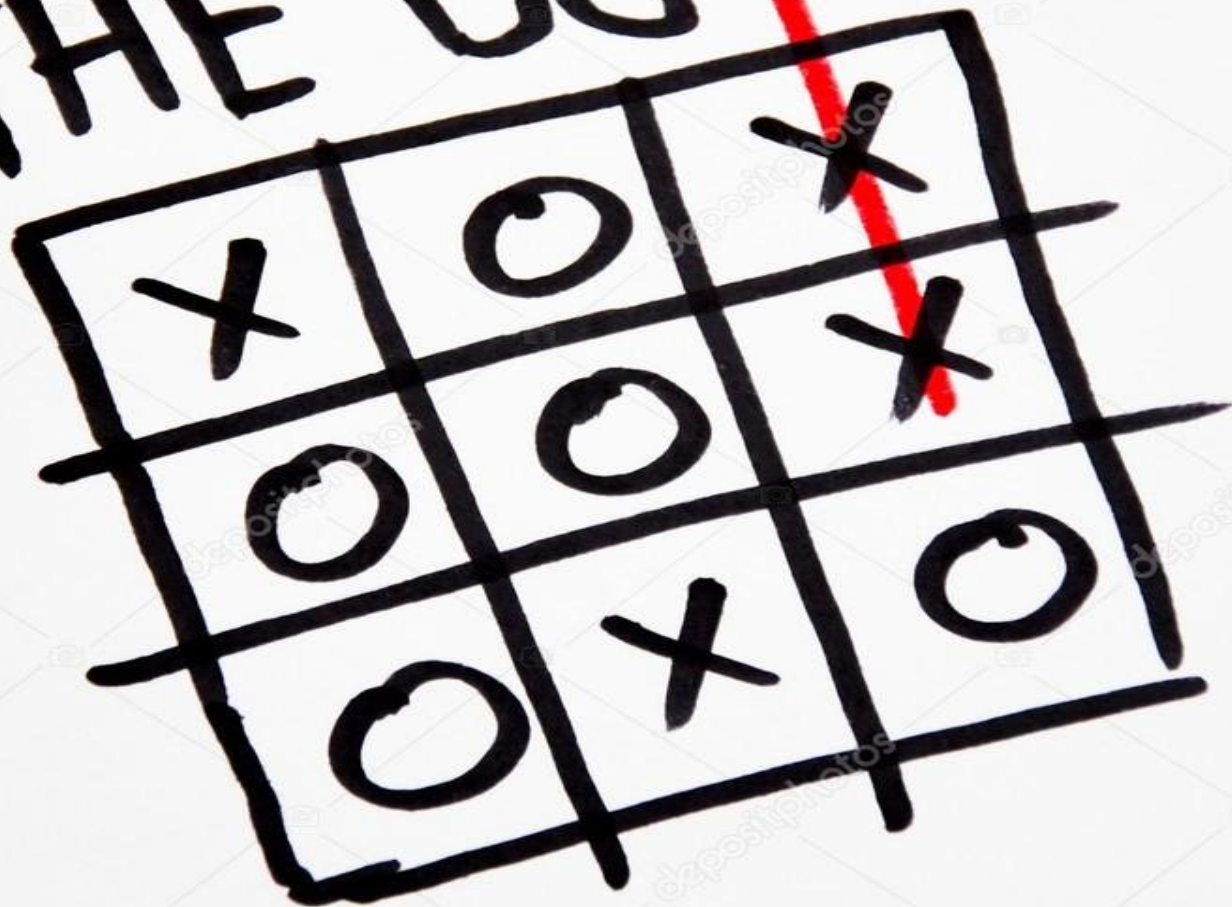
# Meal Preparation



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THINK  
OUTSIDE  
THE BOX





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**Thank you**

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# COVID-19 Updates

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## Panelist

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

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# COVID Q&A

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## Question:

If an individual has recovered from COVID-19 and is still within 90 days of illness onset, are they required to quarantine upon return to the facility?

## Answer:

For a resident that recently tested positive for COVID-19 and has met the criteria for the discontinuation of transmission based precautions, they do not need to be quarantined upon readmission to the facility or for the next 3 months, as long as they remain asymptomatic.

- HHSC and DSHS recommend that all residents who are positive with COVID-19 stay in isolation until they meet the criteria for the [discontinuation of transmission-based precautions](#).
  - These criteria indicate that at least 10 days must pass before an individual may stop self-isolation. In some cases, up to 20 days may be needed before transmission-based precautions may be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status, may need a longer isolation period than the 10-day minimum.
- Once the resident has recovered by meeting all criteria to discontinue isolation, it is not necessary to quarantine the resident upon return to the facility.



# COVID Q&A

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The [CDC](#) now indicates that people who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months, *as long as they remain asymptomatic*. Therefore, if a resident has recovered from COVID-19 within the last 3 months, they do not have to be quarantined. The resident may return to the non-quarantine area of the facility (i.e., cold zone or COVID-19 negative cohort area) upon admission, readmission, or return to the facility.

- The facility still needs to consider what precautions they would like to take, such as if staff will wear full PPE, when caring for these individuals who have recently recovered from COVID-19.
- The facility also has the option to quarantine these individuals in an abundance of caution if the facility has reasonable health and safety concerns.
- Additionally, as the individual approaches 90 days since illness onset, the facility should also consider recent actions or interactions of the individual, such as participation in high-risk activities or contact with persons who are confirmed or suspected of having COVID-19, in determining the need for quarantine as the 90-day timeframe is not an absolute and long-term care residents are part of a high-risk population.



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# COVID Q&A

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If a recovered individual were to experience COVID-19 symptoms at any point during this 3 month post recovery period, they would need to be tested, quarantined or isolated, depending on test result, and evaluated by the attending physician to determine if this is a case of reinfection with COVID-19 or something else.

- The CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19.
- At this time, they cannot say for certain that there is no chance of reinfection in the 3 month post recovery period. However, CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

\*Please see the CDC's [When to Quarantine](#) and [Reinfection](#) for more information.\*





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# COVID Q&A

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## Question:

Is there a specific type of COVID test, essential care givers must have done 14 days prior to their first essential care giver visit?

## Answer:

The essential caregiver visitor must:

- have had a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the ICF performs a rapid test prior to entry into the facility;
- Any FDA approved antigen or PCR test is acceptable; but
- an antibody test is not acceptable.

A list of FDA approved diagnostic tests for COVID-19 can be found [here](#).



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# COVID Q&A

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## Question:

If individuals live in the same house, do they need to socially distance?

## Answer:

An ICF/IID must ensure clients the opportunity to participate in social, religious, and community group activities. However, the provider has the responsibility of ensuring that infection prevention and control measures are followed.

In the facility, this includes:

- staff and other persons entering the facility are screened prior to entry
- individuals wear a facemask or face covering if tolerated



## Individual Physical Distancing

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- staff and individuals perform proper hand hygiene
- staff and individuals follow cough and sneeze etiquette
- individuals maintain physical distancing (maintaining at least six feet of distance between themselves and other individuals)
- only individuals who have COVID-19 negative status or who have recovered from COVID-19 participate in group activities
- individuals who are under transmission-based precautions (COVID-19 positive or unknown COVID-19 status) do not participate in group activities



## Individual Physical Distancing

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- Shared items are not used during group activities. Examples:
  - playing basketball where the ball is shared between individuals during the game and without cleaning and sanitization occurring between each person touching the basketball
  - crafts where the supplies are all passed around.



# COVID Q&A

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## Question:

How often does ICF staff need to be tested, if at all?

## Answer:

ICF/IID facilities can develop a testing strategy for facility staff.

To determine testing frequency, facilities should consider factors such as the frequency of activities, frequency of volunteer visits, county positivity rate, and other factors specific to their facility or community.



## Staff testing cont.

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Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, are considered staff.

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, who tests positive for COVID-19 or develops signs and symptoms of COVID-19 within 48 hours of visiting the facility is considered an outbreak in the facility.



## Staff testing cont.

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According to the CDC, for a resident, visitor, or staff with confirmed COVID-19 who developed symptoms, the exposure window is considered to be 2 days before symptom onset.

- ❖ If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test. ICF/IID should consult with their local health department for assistance with determining the date of exposure.



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# Questions?

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# Thank you!

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