Welcome ICF/IID Providers!

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

June 15, 2020

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
Phone: 512-438-3161
COVID-19 Updates

Panelist

Cecilia Cavuto, MSML
NF, ICF & LSC Policy and Rule Manager
Policy, Rules and Training
Long-term Care Regulation

- Introductions
- Updates
Updates

GovDelivery

• GovDelivery is an email and electronic notification system that will notify you anytime information is posted.

• You can register for GovDelivery notifications by clicking on this [GovDelivery Sign-up Link](#) and following the instructions for signing up for notifications.
Updates

**Encrypted Emails**

Due to security concerns encrypted emails and attachments *can not* be opened. Please send emails in an unencrypted format or submit inquiries to us at:

Policy, Rules and Training (512) 438-3161
Updates

Reminder

HHSC issued reminder about Emergency Preparedness for Hurricane Season

ICFs should factor in COVID-19 contingencies when reviewing their preparedness plans. For example:

- Are your receiving facilities and transportation contracts still viable (if applicable)?
- Consider renewing contracts and agreements.
- If your provider type is allowed to evacuate to a hotel, and that is in your plan, are hotels open in your destination?
- How will you maintain infection control measures during evacuation or sheltering-in-place?
- If you have COVID-positive residents, how will that affect evacuation or sheltering-in-place?
- How will you ensure PPE is available in addition to food and medicine?
Reminder: PPE Infection Control Basics Webinar

The webinar emphasizes how to prevent or minimize the spread of infectious disease by using PPE. During this webinar you will:

• Review standard and transmission-based precautions
• Learn proper hand hygiene techniques
• Demonstrate how to utilize PPE
• Discuss the importance of social distancing in an outbreak situation

June 26: 8:30 a.m.
Register for the webinar here.
Reminder – DSHS Reporting

DSHS Reporting:

• All confirmed cases of COVID-19 must be reported to the local health department or public health region.

• If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone.

• You can find contact information for your local/regional health department on the DSHS Local Health Entities website.

• Work with your local health department to complete the COVID-19 Case Report form if and when necessary.
Reminder – HHSC Reporting

HHSC Reporting:

• ICFs are required to notify HHSC Long-term Care Regulation of a confirmed COVID-19 case in either residents or staff.

• Addendums can be added while the intake is open.

• Once the intake is closed, additional cases do not need to be reported unless there is a circumstance that would otherwise require self-reporting (i.e., neglect is suspected).

• Submit a self-reported incident report to HHSC Complaint and Incident Intake, through TULIP, or by calling 1-800-458-9858.
COVID-19 RESPONSE FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR RELATED CONDITIONS

Abstract
This document provides guidance to Intermediate Care Facilities on Response Actions in the event of a COVID-19 exposure.

Version 2.1
6/01/20
Some changes found in Version 2.1:

- Entire document revised for accessibility;
- Guidance in attachment 7, 8, 9 and 10 added;
- Review HHSC’s Helping Individuals with Intellectual Disabilities and Related Conditions Prevent the Spread of COVID-19;
- Updated facility activities required;
- Guidance on bathing and showering per the resident’s independence ability;
- Guidance on control measures and PPE training for staff; and
- Additional reference resources added to attachment 12.
ICF Webinar Survey
Monkey Feedback

Thank you to everyone who provided their comments on how to make the webinar more of a success!

- **Webinar frequency:** The majority of the responses indicated that they would like to continue weekly webinars.

- **Length of webinars:** The majority of responses indicated that they thought the amount of time was just right.
ICF Webinar Survey Monkey Feedback

Improvements being made:

• In order to maximize time, repeat questions will no longer be asked.

• The webinars will continue to be scheduled for an hour and a half – if there are no unique questions submitted, we will end early rather than asking repeat questions.

• Any questions that are not addressed during the webinar will be included in prepopulated Q&A slides for the following week’s webinar.
ICF Webinar Survey
Monkey Feedback

- **Requests to have the Q&A at the end of the webinar prepped to send out:** We receive those questions in real time, during the webinar and are unable to pre-populate the questions, aside from the slides, ahead of time.

- **Receiving the answer to questions asked but not answered during the Q&A at the end:** Going forward, we will take questions that weren’t answered, and place them with the appropriate answer in the next week’s webinar for all to hear the answer to.
Survey Monkey Feedback continued…

- **Difficult to figure out information when provided the link to a website (ie. CDC, CMS, etc.)**: The reason we provided the links is because the guidance and information is ever changing. While our answers during the webinar are in real time, there’s nothing to say that the information from our partners won’t change between one webinar to the next. By providing the links, we hope that everyone has access to the most updated information daily and not just weekly.

- **A lot of the answers given say you can’t restrict individuals, yet are responsible for health and safety, regardless of their choices**: As a federal and state program, the regulations for ICF’s are geared towards supporting the individual’s right to have a choice. While we encourage providers to educate and teach the individuals about the risks of COVID, no regulations have been waived to take away the individuals right to choose. The expectation is that the IDT determines, with the individual, what the best course of action is, on a case by case basis, and to document all discussions, decisions and actions.
COVID-19 Updates

Panelist

Department of State Health Services Representative

• Updates
COVID-19 Q&A

Panelist

Renee Blanch-Haley, BSN, RN
Director of Survey Operations
Survey Operations
Long-term Care Regulation

• Updates
COVID-19 Updates

Panelist

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

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COVID-19 Q&A

Question:
Is there any guidance at this time regarding the Economic Impact Payments and how they count against their trust fund balance and the time the money has to be spent if they do count against their allowable balance?

Response:
The IRS defines the stimulus check as a tax rebate that will not be counted as income or resources if it is spent within 12 months from receipt. If funds remain unspent after 12 months, the unspent funds will be counted as a resource. Medicaid spending rules still apply as these funds will be calculated in a “look-back period.” Keep all receipts of expenses, especially for purchases over $200.

Continued…..
As a tax rebate, the individual stimulus check will not be calculated as applied income. A person’s applied income or copayment amount will not be changed by the stimulus check.

If a facility or facility staff member is acting as a representative payee for a resident, the representative payee manages only a resident’s Social Security or Supplemental Security Income (SSI). The stimulus check is not Social Security or SSI.

• Examples of allowable spending:
  • Dental care, sitter care or an assistive device not covered.
  • Tablet, phone, TV, Wi-Fi, reading material.
  • Clothing, shoes, hygiene supplies, haircuts.
  • Minifridge, snacks.
  • Burial plan and burial items allowed by Medicaid.
  • Personal non-medical outings transport.
  • Expenses for moving into the community.
COVID-19 Q&A

Question:
With all the extra screening, monitoring and separation, it is putting more load on our direct care support staff that are already overworked and underpaid. Has there been anything decided on assisting with emergency compensation for the direct care staff?

Response:
HHSC has heard from many providers that expenses have increased due to PPE and staffing for COVID-19. The agency encourages providers to consider applying for federal relief opportunities that may be available to them through Small Business Administration loans, if they meet the eligibility criteria, to help them with their payroll expenses and revenue losses. Also, CMS has released announcements about federal stimulus funds for Medicaid providers and information on this can be found at: [https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html). HHSC continues to work with state and federal partners to explore concerns about increased provider costs associated with COVID-19.
COVID-19 Q&A

Panelist

Catherine Anglin
Sr. Policy Specialist; NF, ICF, LSC
Policy, Rules and Training
Long-term Care Regulatory

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COVID-19 Q&A

**Question:**
Does COVID-19 count as an emergency or full-scale exercise?

**Response:**
No, not unless an ICF experiences an actual emergency or disaster that requires them to activate their emergency plan. To be exempt from their next full-scale exercise, an ICF:

- Must experience an actual emergency or disaster that requires activation of the relevant emergency plans.
- Note: conducting operations as normal with heightened awareness that an emerging infectious disease is occurring, additional infection control procedures or other normal operations is not an example of an emergency event requiring the activation of the emergency plan.
- Emergency preparedness requirements are found in CMS [Appendix Z](#).
COVID-19 Q&A

Question:
If a resident is newly admitted to an ICF, do they have to be quarantined for 14 days?

Response:
Yes, per CDC guidance a resident who is newly admitted should be separated from the other residents for 14 days and monitored for signs and symptoms of COVID-19.
COVID-19 Q&A

Question:
Does a resident who is being quarantined after returning from a home visit have to stay in their bedroom?

Response:
No, the CDC guidance only recommends that individuals be restricted to their bedroom if they are confirmed or suspected of having COVID-19. Being in quarantine after returning from a home visit does not automatically mean they are confirmed or suspected of having COVID-19; rather it means that they had the potential for being exposed to COVID-19 and should be kept away from others while they are under observation.

Continued…
Response continued:

The individual may visit common areas but the ICF will have to determine how to accomplish this safely. Some things to consider:

• Can the individual visit the common areas and still be separate from other individuals who are not under quarantine?

• Can at least 6 feet of distance be maintained between the individual under quarantine and the other individuals?

• Are all individuals wearing a cloth face covering when they are out of their bedrooms?

• Are all individuals practicing hand hygiene, covering coughs and sneezes and properly discarding used tissues?

• Is the facility frequently cleaning and disinfecting high-touch surfaces and equipment?

• Is the facility monitoring for signs and symptoms at least three times a day (each shift)?

• Does the facility have a plan for what to do if the individual starts having signs or symptoms of respiratory illness?
COVID-19 Q&A

Question:
Are there any resources for helping individuals with IDD understand and follow the COVID guidance, such as social distancing, wearing cloth face coverings and not hugging or being in physical contact with others?

Response:
Yes, Helping Individuals with Intellectual Disabilities and Related Conditions Prevent the Spread of COVID-19 is available on the HHSC LTCR ICF provider portal. It contains information for helping individuals with intellectual disabilities and related conditions understand and follow COVID guidance.
Questions?

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Thank you!

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