



COVID-19  
Nursing Facility (NF)  
Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic and directed state agencies to restrict visitation at nursing facilities (NFs) to protect those most vulnerable to COVID-19. In addition, the Centers for Medicare and Medicaid Services (CMS) [directed](#) all NFs to restrict visitation and allow access only to staff or other individuals providing critical services.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all NFs via a regularly updated Frequently Asked Questions (FAQs) document.

With each update, information in this FAQ document will be arranged by date, and **if guidance changes from previous FAQs, it will be noted in red font**. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us).

At the bottom of this document, you will find a list of reliable sources of information that we urge you to check regularly, as they are updated often.

April 5-11, 2020

**When can a provider employee return to work after being diagnosed with COVID-19?**

Answer: The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy** – The employee can return when three conditions have been met:
  - a. Fever-free without the use of fever-reducing medication **AND**
  - b. Cough and shortness of breath have improved **AND**
  - c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19
2. **Non-test-based strategy** – The employee can return when two conditions have

been met:

- a. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
- b. At least seven days have passed since symptoms first appeared

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. The employee should wear a facemask at all times while in the health care facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures, including hand hygiene, respiratory hygiene, and cough etiquette.

**Note:** If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee's return to work on the specific diagnosis.

#### Resources

- Centers for Disease Control and Prevention (CDC) guidance on [healthcare professionals returning to work](#)
- CDC recommendations on [infection control](#)

#### **Are private sitters considered essential care staff if residents have dementia diagnosis and high risk for falls?**

Response: Providers will have to determine if they consider private sitters essential *other* health care workers as described in [QSO-20-14-NH](#). If so, these workers may be permitted to come into the facility as long as they are screened and meet the CDC guidelines for health care workers.

#### **I have a CMA (med aide) whose certification has expired. She has not been able to renew because all facilities are closed. Can she still work and pass meds or not? Is there a waiver?**

Response: Yes. Any license existing at the time of the disaster declaration is in effect until HHSC requires renewal. See full details at [PL 20-21](#) and [PL 20-26](#)

#### **What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or local health department come to the facility to assist?**

Response: The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance. The facility must report every confirmed case of COVID-19 to HHSC and their local health department (LHD), or public health region (PHR) in jurisdictions where the PHR serves as the LHD. 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 here:

<https://www.dshs.state.tx.us/rls/localservices/default.shtm?terms=local%20health%20entities> Work with your local health department to complete the COVID-19 case report form if and when necessary.

HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event. HHSC actions will include:

- Development of testing recommendations, in consultation with Texas Department of State Health Services (DSHS)
- Ensuring appropriate/assistance with patient movement
- Providing subject matter experts (SME): LTC, HAI, epidemiology
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC will coordinate formation of a Texas COVID-19 Assistance Team – LTC (TCAT-LTC). This team will include representatives from HHSC, DSHS, local health department (as applicable) and emergency management (as applicable.) This team will assist facilities with management of a COVID-19 event through provision of subject matter expertise, resource request management, and support to facility actions through initial response activities. The TCAT-LTC will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See [COVID-19 Response for Long-term Care Facilities](#) for more information

**How can I sign up for email alerts from Texas Health and Human Services?**

Response: Please visit the following link and select the topics you are interested in: <https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

**Do dietary staff need to be wearing face masks at all times or can they remove in kitchen?**

Response: The CDC recommends personal protective equipment in resident areas and facemasks at all times in non-resident areas such as kitchens. See the [CDC page](#) for long-term care facilities for complete information.

**What is the best thing to do for facilities that have staff that go to multiple facilities?**

Response: Health care personnel (HCP) who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases. Facilities should screen all HCP at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and leave the workplace. Facilities should also use the [CDC's exposure risk assessment table](#) for guidance on how to handle staff that have had different levels of exposure to COVID-19 cases.

### **Do you know if there is any consideration for pregnant employees?**

Response: The CDC indicates that they do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. The CDC also states that pregnant people seem to have the same risk as adults who are not pregnant. Pregnant women have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza. It is always important for pregnant women to protect themselves from illnesses. Pregnant women should protect themselves from COVID-19 by:

- Avoid people who are sick or who have been exposed to the virus.
- Clean your hands often using soap and water or alcohol-based hand sanitizer.
- Clean and disinfect frequently touched surfaces daily.

See the [CDC's page regarding pregnancy](#) for more information.

### **Is the State of Texas providing test kits and processing of specimens for LTC?**

Long-term care providers interested in utilizing public resources for testing must contact their [Local Health Department or DSHS Public Health Region](#) to ensure patient meets person under investigation criteria for testing and to obtain DSHS approval to test. Specimens MUST meet DSHS criteria prior to shipping and WILL NOT be tested without prior approval. Please DO NOT ship specimens prior to receiving this approval. See the [DSHS page on testing](#) for complete information.

March 22-28, 2020

### **Do NFs need to report to HHSC when there is a case of COVID-19 in the facility?**

Response: Yes. NFs should report when COVID-19 is confirmed in a resident, employee, or visitor to HHSC as a self-reported incident. The reports should be made via [TULIP](#) or called into **1-800-458-9858** and include all information a facility would include in any self-reported incident. The 3613-A should also be completed and submitted.

### **Can NF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) so long as there are 10 people or fewer?**

Answer: CMS recommends the cancelation of all group activities. However, residents can go outside within a protected area – defined as an area restricted only to NF residents and staff – if fewer than 10 people are in that area *and* they are all practicing social distancing (at least six feet between each person). See [QSO-20-14-NH](#)

### **Can residents receive visitors and visit on NF property but only outside?**

Answer: No. On March 19, 2020, Governor Abbott issued an [executive order](#) stating people shall not visit NFs or retirement or long-term care facilities unless to provide

critical services. [PL 20-11](#).

**Can NFs prohibit staff (drivers, for example) from wearing masks while they work? What about staff who are personally immunocompromised?**

Answer: NFs should not discourage staff from wearing personal protective equipment. CMS guidance issued April 2 states that for the duration of the state of emergency, all NF personnel should wear a facemask while they are in the facility. See [QSO-20-14-NH](#), [CMS COVID-19 Long-Term Care Facility Guidance](#) and [CDC guidance](#).

**If a NF resident tests positive for COVID-19, how do we handle staff quarantine?**

Answer: Providers will have to determine what kind exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the high- or medium-risk category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the *low-risk* category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) and [CMS COVID-19 Long-Term Care Facility Guidance](#) for full details.

**Can we have group games for residents if they are more than 6 feet apart in NFs?**

Answer: CMS recommends the cancelation of all group activities. However, activities that consist of fewer than 10 people and that follow all social distancing and recommended hygiene practices are acceptable. See [QSO-20-14-NH](#)

**Can NFs still have volunteers?**

Answer: No. Per Governor Abbott's March 19 executive order, access to NFs can be granted only to people providing critical services, including staff, and they all must be fully screened for any fever or respiratory symptoms. See [QSO-20-14-NH and PL 20-11](#).

**Can we make exceptions to the rules when it's emotionally hard for family members to not visit?**

Answer: No. Per gubernatorial executive order, CMS, and HHSC, only individuals providing critical services, including staff, should be allowed in the facility. NFs should offer alternate means of communication such as phone calls, video calls, or other means of electronic communication. If possible, the resident can also be taken to a window so their family members can see them. See [QSO-20-14-NH](#), [Provider Letter 20-11](#), [Abbott Executive Order](#).

**Do end-of-life circumstances apply to anyone receiving hospice services?**

Answer: No. While HHSC emergency rules do list hospice workers as essential, the rules also say NFs must comply with any more restrictive direction issued by executive order or another applicable authority. Since CMS does not use the term “hospice” when describing allowable visitation in end-of-life situations, facilities should decide on a case-by-case basis when a resident is near the end of life and follow CMS and CDC guidance for visitation. See [QSO-20-14-NH](#) and [CDC guidance](#).

**Do NFs need to call ahead to the hospital if they are transferring a resident with respiratory symptoms?**

Answer: Yes. NFs should work closely with local hospitals and health authorities to share all information needed to protect residents, health care workers, and hospital patients.

**The form attached to [PL 20-11](#) is confusing. Should NFs admit residents from the hospital if they are suspected or confirmed to have COVID-19?**

Answer: Yes. The form is intended to help a NF determine whether it can safely meet the needs of a resident coming from the hospital. The NF must serve the resident if it has the resources and ability to meet the resident’s needs, such as available isolation rooms, sufficient PPE, and sufficient staff to care for residents under transmission-based precautions. See [QSO-20-14-NH](#) and [CDC guidance](#).

**Where can I get my COVID-19 Medicaid questions answered?**

Answer: Managed Care Organizations can email [MCO\\_COVID-19\\_Inquiries@hhsc.state.tx.us](mailto:MCO_COVID-19_Inquiries@hhsc.state.tx.us). All others can email [Medicaid\\_COVID\\_Questions@hhsc.state.tx.us](mailto:Medicaid_COVID_Questions@hhsc.state.tx.us).

March 16-20, 2020

**Should a NF readmit a resident who has been hospitalized when the resident is released from the hospital?**

Answer: Yes. A NF should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, the individual should be admitted under transmission-based precautions for COVID-19. If a NF is unable to comply with the requirements for transmission-based precautions, readmission must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).

**Note:** Per [CMS guidance](#), NFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, the NF should dedicate a unit/wing exclusively for any residents coming in or returning from the hospital. This can serve as a step-down unit where a resident should remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).

NFs are encouraged to use the [Hospital to Post-Acute Care Facility Transfer COVID-19 Assessment form](#) when assessing their ability to meet the needs of a resident who is coming into the NF from a hospital or emergency room. If the assessment indicates a resident is presumptive or confirmed to have COVID-19, the receiving NF should use that information to determine whether it has sufficient staff, PPE, and room to isolate and properly care for the resident. See [PL 20-11](#).

### **Should NF residents be confined to their rooms?**

Answer: If a resident is under transmission-based precautions, the individual should be confined to his or her room. CMS has also directed the following:

- Cancel communal dining and all group activities, such as internal and external group activities.
- Implement active, daily screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.

See CMS [QSO-20-14-NH](#) and CMS SOM [Appendix PP](#), F880.

### **Is it okay for family members to do laundry for residents and leave it at the front door? If so, how do they get the laundry?**

Answer: It is not recommended. NFs are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible. See guidance in CMS SOM [Appendix PP](#), F880.

### **If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering a NF?**

Answer: The required screenings do *not* apply to emergency services personnel entering the facility in an emergency such as a fire or a resident requiring life-saving actions. See [CDC guidance](#), CMS [QSO-20-14-NH](#), [CMS COVID-19 Long-Term Care Facility Guidance](#) and CMS SOM [Appendix PP](#), F880.

### **Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a NF?**

Answer: Yes. These are considered essential services, and these vendors should be granted access to the facility if they are properly screened and follow all appropriate



CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](#), [CMS COVID-19 Long-Term Care Facility Guidance](#) and [CDC guidance](#).

### **How do nursing facilities get personal protective equipment (PPE)?**

Answer: Providers should work with their local health departments and emergency management if they need PPE:

- Public Health Region  
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations\_  
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management:  
<https://tdem.texas.gov/>

### **Where do NF providers go for COVID-19 information?**

Answer: **Reliable sources of information include:**

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)
- [CMS COVID-19 Long-Term Care Facility Guidance](#)