Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTSCR and DSHS
December 30, 2020

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

Panelist

Catherine Anglin
Program Manager: NF and LSC Policy, Rules and Training
Long-term Care Regulation

- Reminders
Mini-trainings will be included every-other week to allow additional time for live Q&A.

We will not have a mini-training this week, but will have a mini-training for the webinar on January 6th.
Clarification

Question:
If we have a non-emergency medical transport company, such as an ambulance company, that provides transportation for a resident to go to a doctor’s appointment or dialysis, do the transport personnel have to be tested for COVID-19? If they do have to be tested, is it at the same frequency as facility staff? The non-emergency medical transport personnel are in close contact with a resident during the transport.
Clarification

Response:
If the non-emergency medical transport company is providing transport services under contract with the nursing facility, transport personnel must be tested for COVID-19 at the same frequency as facility staff. If the non-emergency medical transport company is not a contract service provider for the nursing facility, the nursing facility is not required to verify testing of the transport personnel.
Clarification

Nursing facilities are also not required to verify testing of emergency medical services personnel, such as an ambulance company providing transportation for a resident in an emergency.

CMS QSO 20-38 details the requirement for facility staff to be routinely tested for COVID-19.
Clarification

Facility staff are defined as: “employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.”

QSO 20-38 further clarifies that for testing “individuals providing services under arrangement and volunteers,” facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff.
Clarification

The facility might have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source, such as through their employer or on their own.

However, the facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility’s testing frequency, as described in the Table 2 in QSO 20-38.
Clarification

A nursing facility that has a POC test device or cards must offer COVID-19 testing to transport personnel under contract with the nursing facility.

A nursing facility that has an arrangement with an offsite laboratory for COVID-19 testing must offer to include transport personnel under contract with the nursing facility in the arrangement with the offsite laboratory for COVID-19 testing.
Clarification

A nursing facility may choose to alter the contract agreement with the transport company to require the transport company to be tested from another source, such as through their employer or on their own.

Nursing facilities are reminded that as both a federal condition of participation and a state standard of participation, the facility is required to arrange transportation for residents to and from medical appointments such as doctor’s appointments, dialysis services, or other specialized services. See 42 CFR §483.25 and 40 TAC §19.901 for more information.
Clarification

Nursing facilities must have procedures in place to address staff who refuse testing. A facility must develop policies and procedures for staff refusal of routine testing.

Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met.
Clarification

There is no public health basis for quarantine of an individual who has not been exposed. Sending someone home for 14 days provides no greater assurance of remaining COVID-19 free than someone who was tested and then works for 14 days.

However, a nursing facility must take precautions to ensure the health and safety of the residents and other employees, so they are not harmed by the employee’s refusal of routine testing. Precautions could include requiring staff to wear full PPE, in addition to other infection prevention and control measures.
CMS-mandated testing FAQs were updated on December 18, 2020 to include a clarification on testing requirements for non-emergency medical transport personnel.
COVID-19 Q&A

Panelist

Christine Riley
Nurse III/Clinical Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Reminders and Updates
Reminder

Sign-up for Gov Delivery
To sign-up for Alerts:

• Go to: https://service.govdelivery.com/accounts/TXHHHSC/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.”
CMS/CDC NF COVID-19 Training

CMS is offering free online training for nursing facilities related to COVID-19

Click here to view currently available pre-recorded trainings.

Facilities also have access to the CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management

Bi-weekly Live Q&As will be held Thursdays at 4pm E.T. (3pm Central) starting August 27\textsuperscript{th}.

Register Here for future Q&A webinars.
NF Webinar: Managing COVID-19

The purpose of this webinar is to inform and prepare NFs in a specific area where COVID-19 is surging.

Managing the COVID-19 Crisis:

1. Denton and Collin Counties (NF)
   Jan. 7, 2021; 2:00 p.m.
   Register for the webinar.
Flu & COVID-19 Webinar

HHSC is hosting a webinar focused on the similarities and differences between COVID-19 & flu, including guidance related to flu vaccine administration.

1. January 5, 2021; 10 – 11 a.m.  
Register for the COVID-19 webinar.

2. January 21, 2021; 10 a.m. – 11 a.m.  
Register for the COVID-19 webinar.
Moderna Vaccination Webinar

A recording of the DSHS Vaccination Readiness for the Moderna COVID-19 Vaccine webinar held on Dec. 20 and Dec. 21, 2020 is available for vaccinators who could not attend.

View the Dec. 21 webinar recording
View the Dec. 21 webinar presentation

View the Dec. 20 webinar recording
View the Dec. 20 webinar presentation
Helpful Moderna Vaccination Information

Moderna EUA Storage and Handling Instructions includes the following:

• Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers)

• Fact Sheet for Recipients and Caregivers

After Vaccination Health Checker Instructions

Moderna EUA "What to Expect" Card for Healthcare Professionals

Moderna EUA "What to Expect" Card for Vaccine Recipients

CDC’s Moderna Clinical website is live: Moderna COVID-19 Vaccine Information.
How to get Monoclonal Antibody Therapy Now

The links below provide information on Monoclonal Antibody Therapy and the criteria for use.

If you have residents who meet these criteria, please contact your regional director or the director of survey operations so a STAR request can be initiated to obtain the medication.

If you have any questions, you may reach out to these individuals or contact: therapeutics@dshs.texas.gov

Bamlanivimab Allocations in Texas
Use of Monoclonal Antibody Therapeutics
Monoclonal EUA Summary
COVID-19 Positive Visitors

When a visitor, essential caregiver, volunteer, or contract doctor/health care professional becomes COVID-19 positive after having visited the facility, NFs should:

• Perform contract tracing and quarantine residents who were exposed or had close contact during the visit. See the CDC’s definition of close contact and When to Quarantine for more information.

• Contact your local health department to assist in determining who may have been exposed or had close contact.

Some reporting requirements may apply. (see next slide)
COVID-19 Positive Visitors

A visitor or essential caregiver testing positive for COVID-19:

• Does not trigger outbreak testing
• Does not require COVID-19 confirmed case reporting (such as reporting to HHSC or weekly NHSN reporting)

Reporting the visitor’s positive test result is only required if the visitor was tested by the facility – as are all test results from tests conducted by the facility.
Reminder: POC Reporting Requirements

NHSN is working to ensure NFs can report COVID-19 test data for tests conducted on visitors/essential caregivers.

Facilities should report COVID-19 test result data for tests conducted on visitors and essential caregivers to their local health department.

**Update:** Facilities do not need to report test data for tests conducted on visitors and essential caregivers to DSHS.

Any facility unable to report test data through NHSN (i.e. waiting for Level 3 SAMS access) should report test data to DSHS until test reporting through NHSN has been established.
Reminder: POC Reporting Requirements

<table>
<thead>
<tr>
<th>Tests Conducted on...</th>
<th>Should be reported to...</th>
</tr>
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<tbody>
<tr>
<td>Staff</td>
<td>NHSN* and Local Health Department</td>
</tr>
<tr>
<td>Residents</td>
<td>NHSN* and Local Health Department</td>
</tr>
<tr>
<td>Volunteers and contract healthcare professionals</td>
<td>NHSN* and Local Health Department</td>
</tr>
<tr>
<td>Visitors and Essential Caregivers</td>
<td><strong>ONLY</strong> Local Health Department</td>
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*Report to DSHS if unable to report through NHSN.

See [PL 20-46](#) for more information.
NHSN Issues

Known application error is impacting reporting COVID-19 data for the period of December 26-31, 2020.

This defect does not impact reporting via CSV upload.

A workaround is described on the next slide.
NHSN Issues

This work-around can be used to continue reporting COVID-19 data using the NHSN calendar entry screens:

• Toggle the calendar to its previous month (November 2020) using the left-facing arrow.

• After the month of November 2020 appears, toggle the calendar back to December 2020 using the right-facing arrow.

• You should now be able to enter data for December 26-31, 2020 on or after those dates.

• CDC is urgently working to correct the NHSN application.
New NHSN Module

Weekly COVID-19 Vaccination Reporting Module

- The training recording isn’t posted, yet.
- Weekly reporting is currently optional.
- Please send any questions via e-mail to: nhsn@cdc.gov with ‘Weekly COVID-19 Vaccination’ in the subject line.
CDC COVID-19 Module Website

- Master Website:
  https://www.cdc.gov/nhsn/ltc/covid19/index.html

- POC Testing Reporting Tool Frequently Asked Questions:

- Point of Care Test Reporting Tool video:
  https://www.youtube.com/watch?v=W7-3d0uIIvk
NHSN – SAMS Level 3 Access

• Required for Point of Care Testing data submission
• Requires identity proofing by each individual requesting access
• See TMF resources here: NHSN Resources
• See CDC resource here: SAMS Level Three Access
• Reach out to us at nhnetwork@tmf.org to submit requests for assistance with NHSN reporting problems.
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

- Available through the CMS Quality, Safety & Education Portal (QSEP).

- **Frontline nursing home staff modules:**
  - Module 1: Hand Hygiene and PPE
  - Module 2: Screening and Surveillance
  - Module 3: Cleaning the Nursing Home
  - Module 4: Cohorting
  - Module 5: Caring for Residents with Dementia in a Pandemic

- **3 hours total training time**

- **Management staff modules:**
  - Module 1: Hand Hygiene and PPE
  - Module 2: Screening and Surveillance
  - Module 3: Cleaning the Nursing Home
  - Module 4: Cohorting
  - Module 5: Caring for Residents with Dementia in a Pandemic
  - Module 6: Basic Infection Control
  - Module 7: Emergency Preparedness and Surge Capacity
  - Module 8: Addressing Emotional Health of Residents and Staff
  - Module 9: Telehealth for Nursing Homes
  - Module 10: Getting Your Vaccine Delivery System Ready

- **4 hours total training time**
COVID-19 Q&A

Panelist

Renee Blanch-Haley, BSN, RN
Director of Survey Operations
Long-term Care Regulation
COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and Local Health Operations
DSHS
State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
• Statewide email: ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet, 737-704-9075 (or) patty.ducayet@hhs.Texas.gov

Weekly Facebook Live Q&A for Families of LTC Residents: Every Wednesday, 12:15 to 12:45
COVID-19 Q&A

Panelist

Grace Burghart
Nursing Facility Specialist
Policy and Program Development
Medicaid and CHIP Services
HHSC
Reminders to NF Providers for Residents Transitioning to Community

Grace Burghart, MPH, Nursing Facility Specialist
Policy and Program Development
Medicaid and CHIP Services
NF Requirements

• NF providers are required to inform a member’s managed care organization (MCO) service coordinator if the member has any of these changes:
  • Has a positive COVID-19 diagnosis (considered a significant change in condition),
  • Has left the NF, and
  • Is requesting to return to the community.
The NF is responsible for notifying the service coordinator within one business day of receiving this information.

- Notification can be via phone, email, or other electronic means.

- NF providers are also required to submit Form 3618 or Form 3619, as applicable, to HHSC no later than 72 hours after a member’s admission or discharge from the NF.
Money Follows the Person (MFP)

- Allows Medicaid-eligible NF residents to receive services in the community without going on the interest list.
- Resident must be approved to receive STAR+PLUS HCBS prior to leaving the NF.
- STAR+PLUS Handbook Section 3500, Money Follows the Person.
MFP Process

• A referral is made
  • Can be made by:
    • NF resident - verbally or Section Q of MDS
    • Legally authorized representative
    • NF staff
    • Relocation Specialists
    • HHSC case managers

• Contact resident’s MCO Service Coordinator*

• NFs must participate in meetings with MCO and resident to create discharge plan

*MCO Service Coordinator contacts on later slide
MCO Role

• MCO Service Coordinator must contact applicant within five business days of becoming aware that a member is requesting to transition to the community
• Refer to the relocation specialists to conduct transition assessments; coordinate move; develop a transition plan; and arrange purchase and delivery of necessary household items if not purchased through TAS
• Develop Individual Service Plan (ISP)
• Coordinate transition
• Arrange for DME and transfer of services to community-based LTSS
Upgrades for STAR+PLUS Members who Left a NF without HCBS in Place

- HHSC is allowing STAR+PLUS MCOs and (Medicare-Medicaid Plans) MMPs to use existing process for requesting upgrades to STAR+PLUS HCBS for members who exited a NF on or after March 18, 2020 without services in place
- MCOs and MMPs are currently identifying and informing these members of the option to upgrade
- Providers should direct STAR+PLUS and MMP members who were discharged, currently do not reside in a NF, and still have NF Medicaid, to their MCOs for more information
- Only applicable during the public health emergency (PHE); January 21st unless PHE is extended
If a NF provider needs the member’s designated service coordinator they can contact their MCO’s care coordinator team, listed below:

- Amerigroup Member Services
  800-600-4441 (TTY 711)

- Cigna-HealthSpring Service Coordinator:
  877-725-2688

- Molina Healthcare Member Services:
  866-449-6849
MCO Service Coordinator Contacts (cont.)

• If a NF provider needs the member’s designated service coordinator they can contact their MCO’s care coordinator team, listed below.

• Superior Health Plan Service Coordination:
  877-277-9772

• UnitedHealthcare Member Services:
  888-887-9003 (TTY 711)
Thank you!

Questions: Managed_care_initiatives@hhs.texas.gov
COVID-19 Q&A

Panelist

Christine Riley
Nurse III/Clinical Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Questions from last week
COVID Q&A

Question:
We are seeing both residents and staff test positive again within 90 days of first positive. In some cases they have had multiple negative PCR tests. Do they count as a new positive?

Answer:
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 the 90 days after recovery, which is more likely due to persistent shedding of viral RNA than reinfection.

If a recovered individual did develop 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.
If they are determined to have a new infection with COVID-19, then the result should be reported.

According to the CDC, those who have previously tested positive for COVID-19 and have met Discontinuation of Transmission-Based Precautions do not need to be retested for COVID-19 for three months after symptom onset, if they remain asymptomatic. This includes nursing facility staff and residents who have recovered from COVID-19.
Retesting, or consultation with a medical provider, may be warranted if the recovered individual develops symptoms of COVID-19 during that 90 day period.

For staff and residents, it must still be documented why they were not tested per routine staff testing, or outbreak testing, as outlined by CMS in QSO 20-38.
COVID Q&A

Cont.

This documentation should include: when the staff member or resident was diagnosed or first had symptoms, the reason why the test was not performed (CDC guidance on not testing), and the results of their screenings.

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.
Questions?

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
Phone: 512-438-3161
Thank you!

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