COVID-19 Q&A

Panelist

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

Webinars have replaced mini trainings with scenario-based guidance based on frequently asked questions and other topics related to COVID-19.
Reminder: HHSC COVID-19 Reporting

Facilities are **only required** to report to HHSC within 24 hours of:

- a facility’s first positive case of COVID-19, or
- a new positive case of COVID-19 after a facility has been without a new case of COVID-19 for 14 days or more.

Facilities **must not report** COVID-19 positive cases to HHSC outside of the two reportable events listed above. A facility must not report any additional COVID positive cases to CII after the first positive case has been reported, unless the facility has been COVID free for 14 days.
Reminder: HHSC COVID-19 Reporting

Additionally, the reportable events listed above do not include a resident that was admitted to the facility with an active COVID-19 infection or a resident that developed COVID-19 within 14 days of being admitted to the facility.

Please note that the triggering events for each federal and state COVID-19 reporting requirement may differ. Refer to PL 2020-37 and PL 2020-46 for other federal and state COVID-19 reporting requirements.
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy, Rules and Training
Long-term Care Regulation
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 27th.

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. Southeast Texas (NF)
   Feb. 2, 2021; 1 - 2:30 p.m.
   [Register for the COVID-19 webinar.]

2. The Valley (NF)
   Feb. 11, 2021; 1 - 2:30 p.m.
   [Register for the COVID-19 webinar.]

3. Harris, Fort Bend, Montgomery, and Walker Counties
   Feb. 16, 2021; 1 - 2:30 p.m.
   [Register for the COVID-19 webinar.]
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. The Panhandle
   Feb. 25, 2021; 1 - 2:30 p.m.
   Register for the COVID-19 webinar.
Mailbox Address Change

Please note that the email addresses for submitting questions to HHSC LTCR has changed.

Contact LTCRPolicy@hhs.Texas.gov for LTC regulatory questions.

The contact for submitting MDS questions has also changed.

Contact RAI_MDS@hhs.texas.gov for MDS questions.

*Emails sent to the old address are automatically forwarded to the new address.
COVID-19 Webpage

The HHSC COVID-19 Provider Information webpage has been reorganized by provider type.

To see documents related to NFs and COVID-19, click “Regulatory Services”
Updated FAQ

HHSC published an update for the NF COVID-19 Frequently Asked Questions

Updates include:

• Adds information related to the CDC’s shortened quarantine options

• Clarifies quarantine protocol for those who have tested positive for COVID-19 in the past 90 days, and have fully recovered

• Clarifies that COVID-19 screenings may happen just inside a facility

• Adds information related to guidance for antigen tests and when a confirmatory PCR test is needed.
COVID-19 Vaccine Billing FAQ


This FAQ is only applicable to facilities that have chosen to be a COVID-19 vaccine provider.

This FAQ is not applicable to facilities who were vaccinated via a pharmacy or other healthcare institution.

The FAQs can be found on the Nursing Facility Provider Portal under “COVID-19 Resources”.
Monoclonal Antibody Infusions Hotline

DSHS created a hotline for facilities to obtain Monoclonal Antibody Infusions *(see handout)*.

DSHS created a 24-hour Infusion Hotline at 1-800-742-5990 for facilities to request:

- delivery of monoclonal antibody therapeutics to your facility or
- delivery of monoclonal antibody therapeutics and a medical team at your facility.

Contact therapeutics@dshs.texas.gov with any questions related to monoclonal antibody therapeutics.

See this alert on the Nursing Facility Provider Portal for additional information.
February Updates

Version 3.8

COVID-19 Response for Nursing Facilities

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

[Version 3.7]
[12/19/19]
February Updates

Updates include:

• Additional information related to CDC reduced quarantine guidance
• TB screening guidance for staff and residents
• COVID-19 and Waste Disposal
• Guidance for use of antigen tests on asymptomatic staff and residents (such as during an outbreak response)
COVID-19 Emergency Response Rules

HHSC published new COVID-19 Response Emergency Rules (attached as handout).

These new rules replace the previous COVID-19 Emergency Response rules and are largely similar to the previous rules. Updated rules include:

• Updated COVID-19 screening criteria.
• Ability for NFs to request temporary capacity increases to aid in preventing COVID-19 transmission.
• Ability for NFs to request a temporary Medicaid bed allocation increase to aid in preventing COVID-19 transmission.
To request a temporary capacity increase, a NF must send an email to the LTCR Associate Commissioner at LTCRSurveyOperations@hhs.texas.gov with the following information:

- provider and facility name;
- facility identification number;
- provider address and phone number;
- current capacity and current census;
- capacity requested;
- reasoning for the temporary capacity increase; and
- plan to care for the increased number of residents.

(cont. on next slide)
Temporary Capacity Increase

If approved, a temporary capacity increase is valid for 120 days or when the Governor’s disaster proclamation is terminated.

HHSC will consider temporary capacity increases on a case-by-case basis.

Before approval for temporary capacity increase expires, NFs must:

• apply for and receive an increase in capacity through TULIP or
• reduce its census so as to not exceed its licensed capacity before the temporary capacity increase.
Temporary Medicaid Bed Allocation

To request a temporary Medicaid Bed allocation increase, a NF must send an email to the LTCR Licensing and Credentialing at Medicaid_Bed_Allocation@hhsc.state.tx.us with the following information:

• provider and facility name;
• facility identification number;
• provider address and phone number;
• current licensed capacity and current approved capacity (if approved for temporary increase);
• Current Medicaid bed occupancy and current Medicaid bed allocation;
• Medicaid bed allocation requested;
• Reasoning for the temporary Medicaid bed allocation increase.

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Temporary Capacity Increase

If approved, a temporary Medicaid bed allocation increase is valid for 120 days or when the Governor’s disaster proclamation is terminated.

HHSC will consider temporary capacity increases on a case-by-case basis.

Before approval for temporary capacity increase expires, NFs must:

- apply for and receive an increase in Medicaid bed allocation by submitting a request to: Medicaid_Bed_Allocation@hhsc.state.tx.us
- reduce the number of residents who have Medicaid as a payor source, so as to not exceed its Medicaid bed allocation before the temporary increase.

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Temporary Capacity Increase

A NF may request a voluntary reduction in its licensed Medicaid bed allocation. The NF may not reduce the number of Medicaid beds allocated to the facility to fewer than the minimum number needed to accommodate the residents with Medicaid as a payor source currently living in the NF.

A NF may not reduce its Medicaid bed allocation to less than five beds unless the NF voluntarily ceases to participate in Medicaid and follows the process for withdrawal from the Medicaid program contained in 26 TAC §554.2310.
A facility cannot prohibit government personnel performing their official duty from entering the facility, unless the individual does not pass COVID-19 screening criteria.

COVID-19 screening criteria does not include providing a negative test result.

Government personnel includes:
- law enforcement officers
- representatives of the long-term care ombudsman's office
- government personnel performing their official duties, such as LTCR surveyors and DSHS HAI or Epi

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Government Personnel Entering a NF

COVID-19 Screening criteria

- fever, defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, as outlined by the CDC;
- contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, unless the visitor is seeking entry to provide critical assistance; or
- has a positive COVID-19 test result from a test performed in the last 10 days.

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Government Personnel Entering a NF

Government personnel are not included as facility staff under CMS testing requirements, and therefore are not required to be tested with NF staff.

Additionally, government personnel are also not subject to the testing requirements applied to Essential caregivers and Salon Service Providers under the Expansion of Reopening Visitation Emergency Rule.
COVID-19 Q&A

Panelist

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

Scenario-based information
Scenario #1

Determining COVID-19 antigen test results and when to seek confirmatory testing.
Following Up on Antigen Tests

Facilities may fulfill CMS testing requirements for staff and residents with antigen tests or PCR tests.

Facilities should be aware of which test is being used and its sensitivity for the patient population to be tested.

False positives have been identified, particularly when users:

• do not follow the instructions for use of the antigen tests or
• perform testing in low-prevalence populations (e.g., screening asymptomatic healthcare personnel (HCP) in non-outbreak settings).
Following Up on Antigen Tests

The CDC has recently updated guidance related to when to seek a confirmatory PCR test for antigen testing.

The CDC has also created this flow chart (also included as a handout).
Following Up on Antigen Tests

Generally speaking, when determining when an antigen test result requires a follow up test...

**Context is Key**

**Asymptomatic** people who test **positive** should have a confirmatory PCR test performed.

**Symptomatic** people who test **negative** should have a confirmatory PCR test performed.
Following Up on Antigen Tests

There are three scenarios to consider for determining the proper protocol for following up on antigen test results.

• Testing of **symptomatic** residents or staff

• Testing of **asymptomatic** residents or staff as part of an **outbreak response** or those who are known close contacts of persons with COVID-19

• Testing of **asymptomatic** staff in a facility **without an outbreak**
Scenario 1-A

Determining follow up protocol for antigen test results when...

testing of symptomatic residents or staff for COVID-19.
Testing of symptomatic residents/staff

If antigen is positive

If antigen is negative.

If antigen is positive no confirmatory test is necessary.

If antigen is negative, perform confirmatory PCR test immediately (within 2 days)

While awaiting test results...

• Place resident on Transmission-Based Precautions in a single room (not in the COVID-19 positive unit)

• Staff should be excluded from work

• Follow all protocol for resident/staff who are positive for COVID-19.

• Conduct contact tracing for residents and staff who may have been exposed.
Following Up on Antigen Tests

Testing of **symptomatic residents/staff**

**If antigen is negative.** perform confirmatory PCR test immediately

**If confirmatory PCR is positive.**
- Follow all protocol for resident/staff who are positive for COVID-19
- Move the resident to the COVID-19 positive cohort
- Conduct contact tracing for residents and staff who may have been exposed
Following Up on Antigen Tests

Testing of symptomatic residents/staff

**If antigen is negative** perform confirmatory PCR test immediately

**If confirmatory PCR is negative**

If there is not an outbreak and resident has not had close contact (or staff had not had unprotected exposure) w/COVID-19...

The resident/staff is considered COVID-19 negative. Continue to monitor symptoms and consult with the resident’s or staff’s physician. Staff must meet institutional criteria to return to work.
Following Up on Antigen Tests

Testing of symptomatic residents/staff

If antigen is negative perform confirmatory PCR test immediately

If confirmatory PCR is negative

If there has been a COVID-19 outbreak in the NF...

The result does not affect outbreak testing. NF should continue testing residents and staff every 3-7 days

If the resident had close contact (or staff had unprotected exposure) to COVID-19...

• Resident should stay in Quarantine (from the close contact) per CDC guidance.
• Staff member should the CDC Risk Assessment.

Scenario 1-B

Determining follow up protocol for antigen test results when...

testing asymptomatic residents/staff in the facility:
  - as part of an outbreak response or
  - when a resident had known close contact to a persons with COVID-19 or
  - When a staff member had unprotected exposure to COVID-19
Following Up on Antigen Tests

**If antigen is positive**
perform confirmatory PCR test immediately (within 2 days)

While awaiting test results...
- Place residents on Transmission-Based Precautions in a single room (not in the COVID-19 positive unit)
- Staff should be excluded from work

**If antigen is negative.**
No confirmatory test is necessary.

*Outbreak:* The result does not affect outbreak testing - continue outbreak testing protocol.

*Close contact/exposure:*
- Consult the [CDC Risk Assessment](#) for staff who had unprotected exposure
- Residents who had close contact to COVID-19 must continue to quarantine per [CDC guidance](#)
Following Up on Antigen Tests

If antigen is positive perform confirmatory PCR test immediately

If confirmatory PCR is positive.
- Follow all protocol for residents/staff who are positive for COVID-19
- Move the resident to the COVID-19 positive cohort
- Staff member continues isolating at home until they meet the Return to Work criteria
- Conduct contact tracing for residents and staff who may have been exposed

Testing of asymptomatic residents/staff after outbreak or close contact/unprotected exposure
Following Up on Antigen Tests

If antigen is positive perform confirmatory PCR test immediately

If confirmatory PCR is negative

If there has been a COVID-19 outbreak in the NF...

The result does not affect outbreak testing. NF should continue testing residents and staff every 3-7 days.

If the resident had close contact (or staff had unprotected exposure) to COVID-19...

- Resident should stay in quarantine (from the close contact) per CDC guidance.
- Staff member should consult the CDC Risk Assessment.
Scenario 1-C

Determining follow up protocol for antigen test results when...

testing **asymptomatic** staff in a facility that has not had a COVID-19 outbreak and the staff has not had unprotected exposure to COVID-19.
Following Up on Antigen Tests

Testing of **asymptomatic** staff without an outbreak or unprotected exposure

If antigen is positive
perform confirmatory PCR test immediately (within 2 days)

- Staff immediately leave the facility and isolate until confirmatory test result returns
- The triggering of outbreak testing can be delayed until confirmatory test result returns

If antigen is negative.
No confirmatory test is necessary.

Allow staff to continue to work. Continue all normal testing and screening protocol
Following Up on Antigen Tests

If antigen is positive perform confirmatory PCR test immediately

If confirmatory PCR is positive.  
- Staff should continue to isolate at home until they meet the Return to Work criteria
- NF should conduct contact tracing for residents and staff that had close contact with the positive staff member

Testing of **asymptomatic** staff without an outbreak or unprotected exposure
Following Up on Antigen Tests

If antigen is positive perform confirmatory PCR test immediately

If confirmatory PCR is negative
  • Antigen test can be considered a false positive
  • Staff can return to work

Testing of asymptomatic staff without an outbreak or unprotected exposure
Following Up on Antigen Tests - Reminders

• In general – Context is key!

• From a reporting standpoint, positive COVID-19 results from antigen tests must be reported as a positive COVID-19 case. If a positive antigen tests is later found to be a false positive, facilities should follow up on any reports to inform of the false positive test.

• See PL-2020-37 and PL 2020-46 for more information.
Following Up on Antigen Tests - Reminders

In the event of a false positive from a point-of-care antigen test, facilities should:

• Contact their HHSC Regional Office and local health department/DSHS

• For facilities using BD Veritor machines, call 800-638-8663, select option 2 for tech support for COVID-19 test to report a false positive

• For facilities using Quidel machines, call 800-874-1517, option 2, then option 1
COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and Local Health Operations
DSHS
COVID-19 Q&A

Panelist

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

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT
TeamSTEPPS® Master Trainer
INTERACT® Certified Champion
Healthcare Quality Improvement Specialist
TMF Health Quality Institute
NHSN SAMS Updates

• SAMS will be sending out bulk emails to individuals that have previously uploaded documents to SAMS but their invitation has expired.

• This email should explain that they do not need to upload their documents again.

• Any individual that has been terminated out of SAMs due to not uploading their documents will receive an new invite.
NHSN SAMS Updates, continued...

- SAMS has a backlogged list of people that accepted the Rules of Behavior but have not received the “Invitation to SAMS” email.

- These individuals should receive this invitation from SAMS this week or next.

- Individuals will need to read their emails carefully to make sure the email is actually for them and not the previous person with the generic email. Ex: don@NursingHome.com

- NHSN is also highly recommending that each person use a **personalized email** addresses. Ex: melody.malone@tmf.org
NHSN Updates

Important Notes:

• If a facility is unable to do their weekly COVID-19 reporting, send a helpdesk ticket to NHSN with the subject line:

  “No weekly reporting available on calendar.”

• If a facility is unable to report POC testing results in the POC test reporting tool due to an error message, send in a helpdesk ticket to NHSN with the subject line:

  “Error in Database Possible Defect.”

• E-mail user support at: nhsn@cdc.gov
Importance of having multiple users in NHSN

- Ensures that the facility will remain compliant in reporting if staff are out sick or away from the facility.

- Each user should **log in monthly** to keep their account active.

_Having a backup “User” is crucial!_
NHSN RESOURCES

• See TMF resources here: NHSN Resources

• CDC NHSN FAQ:

• CDC NHSN COVID19 Module:
  https://www.cdc.gov/nhsn/ltc/covid19/index.html

• Details on SAMS Level 3: SAMS Level Three Access
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

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

• **Can be completed on a cell phone**

• **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**
Reach out to us at:

nhnetwork@tmf.org

to submit requests for assistance with NHSN reporting problems or quality improvement assistance.
Questions?

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
Thank you!

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Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161