Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
January 13, 2021

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
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy, Rules and Training
Long-term Care Regulation
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, with a mini-training scheduled for next week.
Reminder

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

• Go to: https://service.govdelivery.com/accounts/TXHHSC/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. Midland and Ector Counties (NF)
   Jan. 15, 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 21, 2021; 10 a.m. – 11 a.m.
Register for the COVID-19 webinar.
The CDC issued a COVID-19 Vaccine Toolkit for long-term care facilities.

The toolkit includes information for residents and staff, FAQs, and tools for LTCFs to use in monitoring side effects.

See [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility](#) for more information.
NEW Vaccine Reporting Emergency Rule

HHSC issued a new emergency rule on January 12th.

The emergency rule requires NFs to report COVID-19 vaccination data to HHSC within 24 hours of:

- Administering COVID-19 vaccines OR
- Receiving COVID-19 vaccines from another source (i.e. pharmacy or other facility)

COVID-19 vaccine data must be reported to this online survey.

See PL 2021-01 and the COVID-19 Vaccination Reporting Emergency Rule
NEW Vaccine Reporting
Emergency Rule

Facilities must report the following data to HHSC within 24 hours of completing a round of vaccinations:

• Aggregate numbers of staff, incl. employees, contractors, and volunteers, who received first dose of a two-dose COVID-19 vaccine (or only dose of a single-dose COVID-19 vaccine when available);

• Aggregate numbers of staff, incl. employees, contractors, and volunteers, who received their second dose of a two-dose COVID-19 vaccine;

• Aggregate numbers of residents who received first dose of a two-dose COVID-19 vaccine or only dose of a single-dose COVID-19 vaccine when available; and
NEW Vaccine Reporting Emergency Rule

Facilities must report the following data to HHSC within 24 hours of completing a round of vaccinations:

- Aggregate numbers of residents, who received their second dose of a two-dose COVID-19 vaccine.

Facilities that received/administered COVID-19 vaccines before January 12th and did not report the data to HHSC in last week’s voluntary survey must submit an additional survey to capture those vaccinations.

(Cont. on next slide)
NEW Vaccine Reporting Emergency Rule

Additional Guidance:

• For providers with multiple locations/facility types, submit a separate survey for each location/facility type.

• Only complete a survey if there has been vaccination activity

• Use physical address of the facility in reports, not mailing or corporate address.

(Cont. on next slide)
NEW Vaccine Reporting Emergency Rule

Reports should only reflect a given round of vaccinations. Do not include cumulative numbers/ numbers of a previous round.

For example:

- On Jan. 8th ABC Facility had their local pharmacy administer the first doses of the COVID-19 vaccine for 5 of their staff.
- On Jan. 29th ABC Facility has their local pharmacy administer the first doses for 8 of their staff, and has the second doses administered for the 5 staff that were given their first dose on Jan. 8th.
NEW Vaccine Reporting 
Emergency Rule

For example:

• On Jan. 8th ABC Facility had their local pharmacy administer the first doses of the COVID-19 vaccine for 5 of their staff.

ABC Facility must report this round of vaccinations as soon as possible.

• On Jan. 29th ABC Facility has their local pharmacy administer the first doses for 8 of their staff, and has the second doses administered for the 5 staff that were given the first dose on Jan. 8th.

ABC Facility must submit a report by Jan. 30th of 8 staff receiving the first dose and 5 staff receiving the second dose.
Planning has started for NF enrollment in the Quality Incentive Payment Program (QIPP) Year Five. The eligibility period is September 1, 2021 to August 31, 2022.

- To enroll in QIPP under a new ownership or new class, changes of ownership must be received by February 12, 2021. The effective date must be 30 days or more after submission of the CHOW application.

- The enrollment period for QIPP Year Five is March 15, 2021 to April 15, 2021. More enrollment details will be provided as the enrollment window approaches.

Email QIPP@hhsc.state.tx.us with any questions.
Residents Who Leave a Facility

Residents have the right to make the informed decision to leave the facility for an outing.

NFs should educate residents (or resident families if possible) about risks and infection control protocol, including:

- wearing a facemask or face covering
- performing hand hygiene
- cough and sneeze etiquette
- physical distancing (maintaining at least six feet of distance between themselves and others)
- being aware of others who may potentially or actually have COVID-19
Residents Who Leave a Facility

Per the COVID-19 Response Rule, residents who leave the facility must be placed in the ‘unknown COVID-19 status’ and quarantined for 14 days upon return if they:

• Have been gone overnight
• Had exposure or close contact with a person who is COVID-19 positive, or who was exhibiting symptoms of COVID-19 while awaiting test results

If a resident does not meet either of these conditions, they do not have to be quarantined upon return.
Residents Who Leave a Facility

To determine if a resident had exposure or close contact with someone who was confirmed COVID-19 positive, facilities should ask residents (or resident families if possible) how the outing went.

Examples of questions can be found in [PL 2020-53](#), section 2.7.
Residents Who Leave a Facility

If the facility requires a COVID-19 negative resident to quarantine upon return from an outing, the facility should document the specific reason for quarantine. Examples could include:

- the resident interacted with numerous individuals outside of the family member’s household and the facility was not able to verify that each person outside the household quarantined per CDC guidance prior to the outing
- there wasn’t enough information provided to the facility about where the resident had been and the facility has concerns that infection control may have been breached
Visitation in High COVID-19 Areas

All NFs must allow the following visitation:

• Essential caregiver visits *(COVID-19 negative and Unknown COVID-19)*
• End-of-life visits *(any COVID-19 status)*
• Closed window visits *(any COVID-19 status)*

NFs with a visitation designation must also allow the following visitation:

• Open-window visits
• Vehicle parades
• Outdoor visits
• Indoor, plexiglass visits *(except in counties with >10% COVID-19 positivity)*
Protocols in High COVID-19 Areas

NFs should schedule visitation to accommodate proper cleaning and sanitization.

NFs cannot restrict available visitation **solely** due to COVID-19 positivity rate in the community.

NFs cannot restrict essential caregiver visitation based on an outbreak on the facility - essential caregiver visits are permitted for COVID-19 negative residents and residents with unknown COVID-19 status.
COVID-19 Updates

Panelist

Christine Riley
Nurse III/Clinical Policy Specialist
Policy, Rules and Training
Long-term Care Regulation
TB Testing & COVID-19 Vaccine Protocol

The CDC has issued guidance for conducting TB screening and testing, and COVID-19 vaccines.

The following slides provide an overview of the current guidelines/requirements for tuberculosis (TB) screening and testing.
TB Requirements and Guidelines

NFs are required to screen all new staff for tuberculosis (TB) via CDC guidelines at hiring.

TB screening for new staff includes:

• A baseline individual TB risk assessment
• TB symptom evaluation
• A TB test (TB blood test or a TB skin test)
• Additional evaluation for TB disease as needed
TB Requirements and Guidelines

NFs are required to screen all new residents for tuberculosis (TB) via CDC guidelines.

TB screening for new residents includes:

- A baseline individual TB risk assessment
- TB symptom evaluation

Residents are not required to be tested for TB upon admission to a LTC facility but may be recommended for testing by a physician and based on results from the TB screening.
TB Requirements and Guidelines

NFs are required to screen all current staff for TB via CDC guidelines.

• TB testing is recommended only when there is known TB exposure or ongoing TB transmission at a facility.

• Annual TB symptom evaluation is recommended for personnel with untreated latent TB infection (LTBI) and should be considered for certain groups at increased occupational risk for TB exposure or in setting in which TB transmission has occurred in the past.

(Cont. on next slide)
TB Requirements and Guidelines

NFs are required to screen all current staff for TB via CDC guidelines.

• Treatment is encouraged for all health care personnel with untreated LTBI.

• Annual TB education for health care personnel should include the following topics:
  • TB risk factors;
  • The signs and symptoms of TB disease; and
  • TB infection control policies and procedures.
TB Requirements and Guidelines

NFs are required to screen all current residents for TB via CDC guidelines.

- TB testing should be considered, in consultation with the resident’s attending physician, only if the resident displays signs or symptoms of TB, if there is a known TB exposure, or ongoing transmission of TB at the facility.

- Whether or not a resident is tested for TB, as well as the type of TB test to be used, should be determined by the attending physician’s recommendations.

- The resident has the right to refuse TB testing.
For staff who require baseline TB screening and testing at the same time they are to receive a COVID-19 vaccine:

• Perform TB symptom evaluation
• If utilizing a TB blood test, draw blood for IGRA prior to COVID-19 vaccination.
• If utilizing a TB skin test, administer the test prior to COVID-19 vaccination.

If the COVID-19 vaccine is given before TB testing is conducted, defer the TB test until 4 weeks after COVID-19 vaccine 2-dose completion.

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TB Testing & COVID-19 Vaccine Protocol

If the COVID-19 vaccine is given before a TB test can be conducted (or before blood is drawn if using a TB blood test), prioritization of test for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors.

All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying the TB test with their physician.
TB Testing & COVID-19 Vaccine Protocol

For staff who require TB testing for other reasons at the same time they are to receive a COVID-19 vaccine:

- Perform TB symptom screening
- Test for TB infection should be performed before or at the same time as the administration of the COVID-19 vaccine. If this is not possible, prioritization of the test for TB infection needs to be weighed with the importance of receiving the COVID-19 vaccination, based on potential COVID-19 exposures and TB risk factors.

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TB Testing & COVID-19 Vaccine Protocol

For staff who require TB testing for other reasons at the same time they are to receive a COVID-19 vaccine:

• Staff w/ high-risk conditions for TB progression should be fully evaluated as soon as possible.

• Staff w/o high-risk conditions for TB progression should proceed with contact tracing (i.e., symptom screening, specimen collection), but delay test for TB infection if prioritized for receiving the COVID-19 vaccine.

• All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying the TST or IGRA with their providers.

(Cont. on next slide)
TB Testing & COVID-19 Vaccine Protocol

For residents who may require TB testing at the same time they are to receive an mRNA COVID-19 vaccine:

- Consult with the resident’s attending physician to weigh the risks and benefits of delaying TB testing in order to receive the COVID-19 vaccination.
TB Testing & COVID-19 Vaccine Protocol

Documentation for healthcare personnel and residents:
• Conduct the TB risk assessment and screening without delay and maintain documentation. If delaying TB testing, document the reason for the delay of testing.

See [CDC guidance](https://www.cdc.gov/tb/topic/screening/) for information regarding TB Screening and COVID-19 Vaccination.

See [PL 2020-25](https://www.texas.gov) for information on general TB guidance.

[TB data and statistics](https://www.texas.gov)
COVID-19 Q&A

Panelist

Michelle Dionne-Vahalik, DNP, RN
Associate Commissioner
Long-term Care Regulation
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

State Long-Term Care Ombudsman Program

Helpful links for information related to stimulus checks:


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 Grid Card - issue

External Partners

SAMS Grid Card

SAMS has assigned you CDC GRID card number. Please ensure this number matches the serial number printed on the lower left of your card.

Grid Card: □ □ □

Login
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.
 CDC COVID-19 Module Website  

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

• How To Add A User:  

• How To Re-Assign NHSN Facility Administrator:  
https://www.youtube.com/watch?v=W7-3d0uI1vk
Updates to the NHSN Point of Care Test (POCT) Reporting Tool for COVID-19 Webinar

- **Date:** Thursday, Jan 14, 2021  
  **Time:** 11:00 AM – 12:15 PM ET

- **Register in advance for the webinar:**  
  [https://cdc.zoomgov.com/webinar/register/ WN_qsltX2jvScc5FkNa-yytogexternal icon](https://cdc.zoomgov.com/webinar/register/ WN_qsltX2jvSCc5FkNa-yytogexternal icon)
NHSN Vaccine Reporting Modules

Two modules available now:

1. Weekly Influenza Vaccination Data Reporting
   Master website link for this module: https://www.cdc.gov/nhsn/ltc/vaccination/index.html

2. Weekly COVID-19 Vaccination Reporting
   • Master website link for this module: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html
   • Please send any questions via e-mail to: nhsn@cdc.gov with ‘Weekly COVID-19 Vaccination’ in the subject line.

Weekly reporting is currently optional for both modules.
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
January 21\textsuperscript{st} – TMF LTC

Connect:

Get the Facts About COVID Vaccination

- Dr. Russell Kohl MD, FAAP will present information on the COVID Vaccine and be available for Q & A.

- Both an Administrator and a resident about their path to the vaccine.

- Link to the webinar registration: https://tmf.webex.com/tmf/onstage/g.php?MTID=e1fdec197861d5d7fe6990c9d010dfd9
COVID-19 Q&A

Panelist

Heidi Lizyness
Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Questions from last week
Question:
Could we possibly get more BinaxNOW COVID-19 Ag Cards?

Answer:
Testing supplies should be obtained through your normal distribution methods or directly from manufacturers. Facilities unable to find testing supplies through their typical supply chain may contact their local health department.

The local health department will not be able to provide testing supplies, but may be able to assist in identifying alternative distributors or manufacturers. (Cont. on next slide)
Answer (Cont.):

Qualifying facilities can still request BinaxNOW cards for testing essential caregivers, as outlined in [PL 2020-49](#). Facilities must meet the following criteria to qualify:

- be located in a county where the COVID-19 positivity rate is >10% and in a rural area where there are limited free test sites available;
- have a current CLIA Certificate of Waiver;
- attest to only use the test kits to test essential caregivers;
- not be part of a large corporation;
- adhere to training and reporting requirements as listed in [PL 2020-49](#).
Questions?

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
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Thank you!

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