Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
March 3, 2021

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
COVID-19 Q&A

Panelist

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

Texans are urged to fill out the Texas Division of Emergency Management’s State of Texas Assessment Tool to help state officials identify damages that occurred during the recent winter storm.

Texans are also encouraged to pass this survey on to family, friends and organizations who live and operate in counties not currently declared for federal assistance. Click here to check your county's status.

Texans who live in current disaster-declared counties can apply for disaster assistance at disasterassistance.gov.
COVID-19 Vaccination Input

HHSC is asking nursing facilities to complete a short survey about your interest in having another COVID-19 vaccination clinic. Please complete the survey by 9:00 a.m. Thursday, March 4, 2021.

HHSC will use this feedback to identify evolving needs and inform future initiatives.

You can take the survey here.
Resident Stimulus Payments

If a resident receives money from the recent Economic Impact stimulus payment, that money can be used, gifted, or donated the same way as any other money the resident receives.

The following IRS webpages includes helpful information related to Economic Impact stimulus payments.

See the following webpages for more information:

[IRS Dec. 29th News Release](#)
[IRS June 16th News Release](#)
Overview & Reminders

Resident Care During COVID-19
Communal Dining & Activities

Communal dining and group activities are encouraged (with appropriate infection control measures) for:

• COVID-19 negative residents
• Residents who have fully recovered from COVID-19

Facilities must ensure:

• Physical distancing of at least 6ft
  • Resident roommates can sit together
• Adhering to hand hygiene
• Frequent cleaning and disinfecting of common/high-touch areas

See [NF COVID-19 Response Plan](#)
Activities

NFs should encourage residents to participate in activities (in line with appropriate infection prevention and control measures).

See 26 TAC §554.702 for more information.

NFs should encourage residents who do not have active COVID-19 infection to participate in activities.
Activities

NFs that participate in the Music & Memory program should consider:

• Refreshing education about the M&M Program,
• Updating resident playlists as applicable,
• Updating iPods/devices as needed.

For more information on the M&M program, or to sign up for the M&M program, visit this QMP webpage.
Cohorting

NFs should have plans in place for moving resident possessions when moving residents to a different room for cohorting purposes.

Plans should consider:

- Asking the resident about which possessions they would like moved
- How to address possessions that are not moved (i.e. labeling, storing)
- How to handle possessions that are lost/stolen.

See 26 TAC §554.416 for more information
Supporting resident mental health is imperative, especially when implementing infection prevention and control measures.

Things to consider:

- How am I communicating with residents?
- How are we establishing an environment that promotes respect, dignity, and resident self-esteem?
- How are we educating residents on infection prevention and control measures?
Resident Well-Being Training

HHSC is developing a training focused on supporting resident well-being during COVID-19. Facilities are encouraged to participate.

Topics include:

• Mental health & trauma-informed care
• Communal dining and activities
• Handling resident possessions during cohorting

Sign-up information for the training will be shared soon.
Visitation Reminders

All NFs must permit visitation to the highest degree permitted for their facility as required under the Expansion of Reopening Visitation Emergency Rule.

All NFs must permit:
- essential caregiver visits
- end-of-life visits
- closed window visits

All NFs must make all efforts to become approved for general visitation designation, and permit general visitation per the emergency rules.

Providers can be cited for non-compliance with the COVID-19 visitation requirements.
Visitation Reminders

The visitation rules require a NF to:

• offer visitation to the highest degree permitted
• submit an attestation form to request visitation designation
• make every effort to meet the criteria for visitation designation
Visitation Rule Overview

Visitation Required in All Facilities regardless of presence of COVID-19 in the facility or community

For Any COVID-19 status:
- Essential caregiver visits
  *(Except residents with an active COVID-19 infection)*
- End-of-life visits
- Closed window visits
### Visitation Rule Overview

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<th>Visitation Required: NFs in a county with a less than 10% COVID-19 positivity rate:</th>
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Visitation Reminders

Facilities may use volunteers to assist with visitation, such as:

• Screening visitors
• Escorting visitors to visitation areas
• Monitoring visits

Certain training requirements apply to volunteers in NFs, see PL 2020-53 for additional guidance on the use of volunteers.

Volunteers must be tested at the same frequency as staff, see QSO 20-38.
Visitation Reminders

All NFs must still allow essential caregiver visitation for COVID-19 negative and unknown COVID-19 residents, even after an outbreak.

NFs with a Visitation Designation must allow all applicable forms of visitation, even in the event of an outbreak in the COVID-19 positive and unknown COVID-19 cohorts.

See PL 2020-44 for more information.
Visitation Reminders

Testing strategies for essential caregivers and salon service providers are not required to be at the same frequency as staff testing requirements.

NFs may set testing frequencies at the same rate as staff testing requirements, but may not make testing requirements so restrictive as to prevent essential caregivers from visiting residents.
COVID-19 Testing

The Texas Division of Emergency Management created a webpage to locate testing centers throughout the state.

You can find the interactive map with this link

The interactive map can also be found at http://tdem.texas.gov/covid-19/
Visitation Reminders

Essential caregiver requirements, as described in the NF visitation emergency rules, enhance CMS’ compassionate care visits as described in QSO-20-39.

Facilities will be adhering to both state and federal requirements by ensuring that essential caregiver visits are available to all residents who do not have an active COVID-19 infection.

See PL 2020-44 and the state and CMS visitation guidance table for more information.
COVID-19 Q&A

Panelist

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

Scenario-based information
What is Considered an Outbreak?

An outbreak of COVID-19 is defined as a one or more laboratory confirmed cases of COVID-19 infection in any healthcare personnel (HCP) or any nursing home onset COVID-19 infection in a resident.

HCP includes all staff working in the facility. Per CMS QSO 20-38, facility staff includes employees, consultants, contractors, volunteers, nurse aide students, nursing students, and caregivers who provide care and services to residents on behalf of the facility.
What is Considered an Outbreak?

For residents: Nursing home-onset COVID-19 infections must originate in the nursing facility more than 14 days after admission to be considered an outbreak.

For example, a current resident (who is past their 14 day post admission period) and who was in the COVID negative area, moved to unknown, and then tested positive IS considered outbreak.

This definition does not include:

• residents who were known to have COVID-19 infection upon admission and were placed on transmission-based precautions
• residents who were placed on transmission based precautions upon admission and developed COVID-19 infection within 14 days after admission.

These exceptions would not constitute outbreak criteria.
What is Considered an Outbreak?

For HCP: A recent positive COVID-19 test would be considered an outbreak for the facility, if the HCP was at work during their infectious period.

Based on the CDC definition of close contact, if the infected HCP was at the facility any time during the two days before their positive test result, or two days before symptom onset, then they were at the facility during their infectious period and that would be considered an outbreak.

However, if the HCP tests positive, but has not been at the facility for more than two days before their positive test result, or two days before symptom onset, then that does not qualify as an outbreak.
What is Considered an Outbreak?

Additional items to consider:

Screening criteria: According to the NF Mitigation and COVID-19 Response Rule, anyone who has had a positive COVID-19 test result in the last 10 days must not be allowed to enter the NF, except as a resident.

Even if a HCP recently tested positive, but the positive test did not constitute an outbreak (because the HCP was not at the facility during their infectious period), they must still adhere to the screening criteria in the rule and isolate until they meet the return to work criteria.
What is Considered an Outbreak?

Additional items to consider:

Identification of close contacts: In any outbreak scenario, the facility would need to identify who was a close contact of the infected person.

A close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period, starting from 2 days before illness onset (or 2 days before test specimen collection for asymptomatic individuals), until the time the infected individual is isolated.
What is Considered an Outbreak?

Additional items to consider:

Testing Process: The testing process also needs to be considered, in conjunction with all other outbreak considerations. Facilities should be taking into account if the staff member was in the building during their infectious period. For facilities that conduct their own COVID-19 testing, the following should also be considered:

• What is the testing process? (before, during, after)
• When is testing conducted? (ex. before staff member’s shift, during their shift)
• Where is testing conducted? (ex. outside the facility, specific area of the facility, multiple areas)
• Did the infected individual have any interaction or close contact with others at any point during the testing process?
What is Considered an Outbreak?

Outbreak testing: If an outbreak is identified, the facility must adhere to the outbreak testing requirements outlined in QSO 20-38, which include the testing of all residents and staff every 3-7 days until no new infections occur for a period of at least 14 days since the most recent positive result.

Outbreak testing requirements pertain to all residents and staff in the entire facility, not just the residents and staff on the affected unit.
What is Considered an Outbreak?

**Reporting**: Not every new case of COVID-19 constitutes an outbreak. New cases may arise:

- as part of an existing outbreak,
- if a new resident tests positive within their first 14 days of admission, or
- if a HCP tests positive but was not working at the facility during their infectious period.

This is not an exhaustive list of what would NOT constitute an outbreak. While these examples may not constitute an outbreak, positive cases should still be reported in accordance with [PL 20-37: Reporting Guidance for Long-term Care Providers](#).
What is Considered an Outbreak?

**Reporting:** For HHSC reporting, nursing facilities are required to report to HHSC Complaint and Incident Intake (CII) within 24 hours of:

- a facility’s first positive case of COVID-19 in a resident or staff member, or
- a new positive case of COVID-19 in a resident or staff member after a facility has been without a new case of COVID-19 in a resident or staff member for 14 days or longer.
What is Considered an Outbreak?

Reporting: A facility must not report any additional COVID-19 positive cases to HHSC CII after the first positive case has been reported, unless the facility has been COVID-19 free for 14 days.

Additionally, the reportable events do not include a resident who was admitted to the facility with an active COVID-19 infection or a resident who developed COVID-19 within 14 days of being admitted to the facility. See [PL 2021-04 HHSC COVID-19 Reporting Process](#) for more information.
What is Considered an Outbreak?

Implications on visitation: An outbreak in the facility does not stop all visitation.

Per the Nursing Facility COVID-19 Expansion of Reopening Visitation Emergency Rule, if the outbreak occurs in the area of the facility that accommodates residents who are COVID-19 negative, then the facility must notify their Regional Director and that area no longer meets visitation criteria.

In this scenario, visits which requires visitation designation must be cancelled until the negative area is approved for visitation again. However, visits that do NOT require visitation designation may continue.
What is Considered an Outbreak?

Implications on visitation:
If a positive case is identified in the warm unit or among residents who are in quarantine, then the positive resident must be moved to the isolation unit until they meet the criteria to discontinue transmission based precautions. An outbreak in the warm unit/quarantine zone does NOT affect the facility’s visitation designation.
What is Considered an Outbreak?

Implications on visitation:
Visits that do not require visitation designation:

• closed window visits for all residents
• end-of-life-visits for all residents
• essential caregiver visits for all residents who are not COVID-19 positive, must have policies in place
• salon services visits for all residents who are COVID-19 negative, must have policies in place
What is Considered an Outbreak?

Implications on visitation:
Visits that do require designation:
• open window visits
• outdoor visits
• indoor visits with a plexiglass barrier
• vehicle parades
Scenario #1

An asymptomatic staff member who works on a PRN or “as needed” basis tests positive on February 20. The last time they worked at the facility was on February 16.

How does the facility proceed?
Scenario #1

Facilities must consider the following when encountering a new COVID-19 case:

• Identify Close Contacts
• Outbreak Testing
• Reporting
• Visitation Implications
Scenario #1

Scenario:
An asymptomatic staff member who works on a PRN or “as needed” basis tests positive on February 20.
The last time they worked at the facility was on February 16.

Identify close contacts:
Based on the CDC’s definition of close contacts, this staff member was not at the facility during their infectious period because they were asymptomatic and it has been more than 2 days since their positive test result.
Scenario #1

**Outbreak testing:**
not warranted per CDC definition of close contact. This staff member was not at the facility during their infectious period because they were asymptomatic and it has been more than 2 days since their positive test result.

**Scenario:**
An asymptomatic staff member who works on a PRN or “as needed” basis tests positive on February 20. The last time they worked at the facility was on February 16.
Scenario #1

Scenario:
An asymptomatic staff member who works on a PRN or “as needed” basis tests positive on February 20.
The last time they worked at the facility was on February 16.

Reporting:
Report new case to NHSN (or DSHS if unable to report to NHSN) and LHD.
If the facility did not have any COVID-19 cases in the past 14 days, this case would also need to be reported to HHSC.
Scenario #1

Scenario:
An asymptomatic staff member who works on a PRN or “as needed” basis tests positive on February 20.
The last time they worked at the facility was on February 16.

Reporting (cont.):
If the facility was the entity to conduct the testing: Report positive test result to NHSN (or DSHS if unable to report to NHSN) and LHD.
Scenario #1

Visitation implications:
This scenario does not constitute an outbreak; restrictions on visitation are not warranted.

Scenario:
An asymptomatic staff member who works on a PRN or “as needed” basis tests positive on February 20.
The last time they worked at the facility was on February 16.
Scenario #2

A staff member worked on February 8, developed respiratory symptoms on February 9, and tested positive on February 12.

The staff member was not at work on the 9th, 10th or 11th.

How does the facility proceed?
Scenario #2

Facilities must consider the following when encountering a new COVID-19 case:

• Identify Close Contacts
• Outbreak Testing
• Reporting
• Visitation Implications
Scenario #2

Scenario:
A staff member worked on February 8, developed respiratory symptoms on February 9, and tested positive on February 12.
The staff member was not at work on the 9th, 10th or 11th.

Identify close contacts:
The facility would need to identify all close contacts of the infected individual starting two days before symptoms onset (February 7). Close contacts would need to quarantine per CDC guidance.
Scenario #2

Outbreak testing:
This scenario constitutes an outbreak because the staff member was at the facility on the day before symptoms began.

Conduct outbreak testing per CMS requirements in QSO 20-38: Test of all residents and staff every 3-7 days until no new infections occur for a period of at least 14 days since the most recent positive result.

Scenario:
A staff member worked on February 8, developed respiratory symptoms on February 9, and tested positive on February 12. The staff member was not at work on the 9th, 10th or 11th.
Scenario #2

Scenario:
A staff member worked on February 8, developed respiratory symptoms on February 9, and tested positive on February 12.
The staff member was not at work on the 9th, 10th or 11th.

Reporting:
Report new case to NHSN (or DSHS if unable to report to NHSN) and LHD.
If the facility did not have any COVID-19 cases in the past 14 days, this case would also need to be reported to HHSC.
Scenario #2

Scenario:
A staff member worked on February 8, developed respiratory symptoms on February 9, and tested positive on February 12.
The staff member was not at work on the 9th, 10th or 11th.

Reporting (cont.):
If the facility was the entity to conduct the testing: Report positive test result to NHSN (or DSHS if unable to report to NHSN) and LHD.
Scenario #2

Visitation implications:

If this staff member worked on the COVID-19 negative unit, visits which require a visitation designation must be cancelled until the negative area is approved for visitation again.

If this staff worked in the COVID-19 positive or unknown units, restrictions on visitation are not warranted.

Scenario:
A staff member worked on February 8, developed respiratory symptoms on February 9, and tested positive on February 12.

The staff member was not at work on the 9th, 10th or 11th.
Per this CMS Q&A document:

Should facilities always perform outbreak testing for all residents and staff when a new COVID-19 infection is identified?

In general, yes. However, there may be limited situations where it would be acceptable to not test all residents and staff that previously tested negative. For example, if the individual staff member was not exposed at work, but rather, was exposed to COVID-19 outside of work (e.g., a wedding, on vacation), and they did not enter the nursing home while potentially infectious, then additional interventions and testing at the facility would not be necessary while the staff member was restricted from the facility.
Outbreak Related Questions from CMS

Per this CMS Q&A document:

Some staff or care providers do not come into the facility each week; do I have to test them at the same frequency as all staff? For example, do they need to come into the facility just to be tested?

It is important to remember that our requirements and policies are aimed broadly at reducing the risk of transmission of COVID-19, and facilities should implement these policies to the best of their ability. For example, staff that do not work in the facility routinely do not need to come into the facility just to be tested. In these scenarios, facilities can fit these staff into their testing schedule the next time they enter the facility.

(Cont. on next slide)
Outbreak Related Questions from CMS

A similar approach should be applied to how quickly facilities test staff who come to the facility infrequently. Ideally, these staff should be tested and obtain results prior to entering the facility.

However, if that is not possible, such as due to a delay in test results, facilities may allow staff who do not have signs or symptoms of COVID-19 and have not had any known exposure to COVID-19 to enter the facility and work until test results are available, as long as staff have appropriate PPE and follow infection control protocols.
COVID-19 Q&A

Panelist

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

Panelist

Michelle Dionne-Vahalik, DNP, RN
Associate Commissioner
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
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INTERACT® Certified Champion
Healthcare Quality Improvement Specialist
TMF Health Quality Institute
State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
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COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy, Rules and Training
Long-term Care Regulation
Reminders

GovDelivery Alerts
Don’t forget to sign up for GovDelivery alerts https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new
Select “Nursing Facility Resources” as a topic option to receive webinar updates.

CMS/CDC 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
Reminders: Upcoming Webinars

Managing the COVID-19 Crisis:

• Greater DFW Area - March 5, 2021; 1:00 p.m. Register for the webinar.

• Greater Houston Area - March 9, 2021; 2:30 p.m. Register for the webinar.

Emergency Preparedness Webinar

• March 5, 2021; 1:30 – 4:30 p.m. Register for the March 5 webinar.

• March 16, 2021; 1:30 – 4:30 p.m. Register for the March 16 webinar.
Questions?

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