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**Welcome Nursing Facility Providers!**

**COVID-19 Updates and Q&A with LTCR  
and DSHS  
October 14, 2020**

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us)

Phone: 512-438-3161

# COVID-19 Q&A

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## Panelist

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

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- Introduction and overview
- Reminders and updates



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# Reminder

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## 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."



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# CMS/CDC NF COVID-19 Training

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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<sup>th</sup>.

[Register Here](#) for future Q&A webinars.



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# NF Webinar: Managing COVID-19

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The purpose of this webinar is to inform and prepare NF in a specific area where COVID-19 is surging. During the webinar we will review area specific data, community/area resources and highlight specifics of the NF COVID-19 Response Plan.

1. Managing the COVID-19 Crisis in the Greater DFW Area  
October 15, 1:30 p.m.  
[Register for the webinar here.](#)
2. Managing the COVID-19 Crisis in Harris Co. and Surrounding Areas  
October 20, 10:00 a.m.  
[Register for the webinar here.](#)



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# NF Webinar: Managing COVID-19

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The purpose of this webinar is to inform and prepare NF in a specific area where COVID-19 is surging. During the webinar we will review area specific data, community/area resources and highlight specifics of the NF COVID-19 Response Plan.

3. Managing the COVID-19 Crisis in Hidalgo Co. and Surrounding Areas  
October 23, 2:00 p.m.

[Register for the webinar here.](#)

4. Managing the COVID-19 Crisis in McClennan Co. and Surrounding Areas  
October 26, 10:00 a.m.

[Register for the webinar here.](#)



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# Updated FAQs

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Updated FAQs have been published to the [NF Provider Portal](#), under COVID-19 Resources.

[Frequently Asked Questions about COVID-19](#)

FAQs specific to testing requirements and visitation rules will be published soon.



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# October 8 Updates

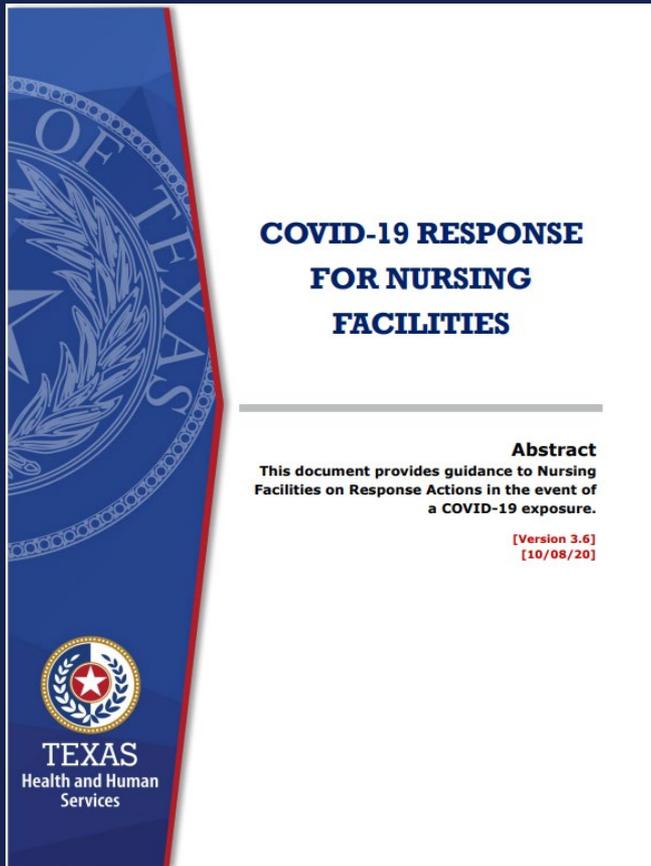
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## Version 3.6

### COVID-19 Response for Nursing Facilities



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#### 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 3.6]  
[10/08/20]

# October 8 Updates

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## Updates Include:

- Incorporates guidance from [expansion of reopening visitation rules](#) and updated CMS guidance per [QSO-20-39](#)
- Incorporates additional guidance related to CMS testing requirements
- Clarifies that all residents should wear a facemask when leaving their rooms, if tolerated
- Updated resources and CDC infographics



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# Register to be a COVID-19 Vaccine Provider

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NF are encouraged to enroll in DSHS Immunization program to be eligible to administer COVID-19 vaccines, once available.

To enroll register at [EnrollTexasIZ.dshs.texas.gov](https://EnrollTexasIZ.dshs.texas.gov). To review all provider requirements and for more information, see the DSHS [Provider Vaccine Information](#) page.

COVID-19 Registration Support email: [COVID19VacEnroll@dshs.texas.gov](mailto:COVID19VacEnroll@dshs.texas.gov)

COVID-19 Vaccine Provider Hotline: 877-835-7750, Monday-Friday 8am-5pm



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# Register to be a COVID-19 Vaccine Provider

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Enrollment as a COVID-19 vaccine provider is part of the overall planning and preparation for distribution and administration of the COVID-19 vaccine.

We do not know when the first vaccine supplies will arrive. There is also the possibility of LTC facilities working with pharmacies or special vaccine teams. These arrangements are still under review.

In the meantime, each facility should sign up for their own agreement to be a vaccine provider in order to be as prepared as possible to administer vaccine to staff and residents in a timely manner.



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# CDC Guidance for POC Antigen Tests

- Testing symptomatic residents/staff

Positive Result	Negative Result
<ul style="list-style-type: none"><li>- No confirmatory test necessary</li></ul>	<ul style="list-style-type: none"><li>- Conduct RT-PCR immediately</li><li>- Separate resident/exclude staff until confirmatory test result</li></ul>

- Testing asymptomatic staff in a facility without an outbreak

Positive Result	Negative Result
<ul style="list-style-type: none"><li>- Conduct RT-PCR immediately</li><li>- Exclude staff from work until confirmatory test result</li></ul>	<ul style="list-style-type: none"><li>- No confirmatory test necessary</li></ul>

- Testing asymptomatic staff/residents in response to an outbreak should be considered presumptive



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# Antigen Tests – False Positives

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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
- Follow [CDC guidance](#) for when to confirm point-of-care antigen tests (see next slide)



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# Antigen Tests – False Positives

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If a resident is placed in the isolation unit and then later found to not be COVID-19 positive, the resident should not be placed back into the COVID-19 negative unit.

The resident is considered to have been exposed, and should therefore be considered to have “unknown COVID-19 status” and placed in 14-day quarantine.



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# Reminder: Antigen Test Result Reporting

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Per Governor Abbott's [executive order](#), all NFs performing POC antigen tests must submit daily reports of test result information to DSHS and their local health department.

DSHS/LHDs reports this information to the CDC, which covers the facility's federal reporting requirement. So the facility will not need to report test results to NHSN.

Weekly NHSN reports are still required for all NFs.



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# Abbott BinaxNOW COVID-19 Tests

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In September, US HHS began shipping Abbott BinaxNOW point-of-care tests to NFs, prioritizing those in counties with high COVID-19 positivity rates.

If your facility has been identified to receive Abbott BinaxNOW tests, you may contact Abbott directly for questions regarding your shipment.

[ARDxUSGovernmentSupport@abbott.com](mailto:ARDxUSGovernmentSupport@abbott.com)  
or 1-877-441-7440



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# Reminder: Essential Caregiver Visitation

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Residents have a right to receive visitors, including essential caregiver visitation.

NFs must make all efforts to ensure that essential caregiver visitation is accessible to all residents without active COVID-19 infection.

Essential caregiver visitation must be scheduled in such a way that essential caregivers are reasonably able to participate in visitation

Failure to do so might constitute a violation of a resident's right to receive visitors.



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# Residents Who Leave a Facility

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A resident who leaves the facility, is not gone overnight and did not have contact with others who may potentially or actually have COVID-19, does not have to be quarantined upon returning to the facility.

This is regardless of a resident's means of transportation.

All residents and their loved ones are encouraged to follow infection control and prevention procedures to increase their own personal safety while they are enjoying time in the community or going to medical appointments.



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# Residents Who Leave a Facility

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If a resident makes an informed decision to leave the facility to enjoy an activity with their loved ones, or for a medical appointment, the NF must educate the resident about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the resident
- performing hand hygiene
- cough and sneeze etiquette
- physical distancing (maintaining at least six feet of distance between themselves and others)

*Additional examples on next slide*



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# Residents Who Leave a Facility

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Additional infection control and prevention procedures:

- being aware of others who may potentially or actually have COVID-19
- reporting any contact with another person who may potentially or actually have COVID-19 to the NF



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# Residents Who Leave a Facility

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NFs should inquire as to how the appointment or outing went by asking the resident specific questions upon return.

These questions could include:

- Were you in any crowded spaces?
- Were you in any situation where you were unable to maintain a physical distance of at least 6 feet from someone who was not wearing a facemask?
- Did you knowingly encounter anyone who tested positive for COVID-19 within the last 14 days?
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19?



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# Construction During COVID-19

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Facilities may allow construction to occur at a facility if it is considered critical assistance, and necessary to the health and safety to the residents, under the expanded reopening visitation rule.

For example, repairing a roof damaged from a hurricane or a floor damaged from flooding would be necessary.

Renovations for alter the appearance of the facility for the purposes of “sprucing up” the facility would not be considered critical assistance at this time.



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# COVID-19 Q&A

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## Panelist

David Gruber  
Associate Commissioner for Regional and  
Local Health Operations  
DSHS



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# COVID-19 Q&A

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## Panelist

Melody Malone, PT, CPHQ, MHA, CDP,  
CADDCT

Healthcare Quality Improvement Specialist



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TMF Health Quality Institute, the CMS-designated Quality Improvement Network – Quality Improvement Organization (QIN-QIO) for Texas, Arkansas, Mississippi, Nebraska, Puerto Rico, and US Virgin Islands

Email [nhnetwork@tmf.org](mailto:nhnetwork@tmf.org) to submit requests for assistance with NHSN reporting problems.

# State Long-Term Care Ombudsman Program

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Statewide phone: 800-252-2412

Statewide email:

[ltc.ombudsman@hhsc.state.tx.us](mailto:ltc.ombudsman@hhsc.state.tx.us)

State Ombudsman: Patty Ducayet,  
737-704-9075 (or)

[patty.ducayet@hhsc.state.tx.us](mailto:patty.ducayet@hhsc.state.tx.us)



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

<https://www.facebook.com/texasltcombudsman?ref-ts>

# COVID-19 Q&A

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## Panelist

Terry Hernandez  
PASRR Program Manager  
IDD and Behavioral Health Services

- IL 20-41: Preadmission Screening and Resident Review (PASRR) Evaluations: Use of Telephone Interviews or Videoconferencing



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# COVID-19 Q&A

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## Panelist

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

- Questions from last week



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# COVID Q&A

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## Question:

If we provide a location, with an entrance where essential caregivers do not come into halls and location and where resident can be brought to for visit, would that meet the requirements as long as there are no specific person centered needs that can only be met in resident rooms?

## Answer:

Yes, essential caregiver visits may occur in the resident's bedroom, outdoors or any other designated visitation area on the NF campus that limits visitor movement through the facility and interaction with other residents. *(Cont. on next slide)*



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# COVID Q&A

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## **Answer (Cont.):**

However, if a resident requests essential caregiver visitation to occur in the resident's room, then the facility must allow for essential caregiver visitation in the resident's room.



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# COVID Q&A

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## **Question:**

What do we do if someone who wants to be an essential caregiver cannot wear a face mask for medical reason? Will a face shield only be sufficient?

## **Answer:**

No, face shields are for eye protection, not for mouth or nose protection. Essential caregivers must be able to comply with all PPE requirements in order to participate in essential caregiver visitation. Additionally, all indoor, outdoor and open window visits require the visitor wear a facemask. Facemasks are not required for closed window visits and vehicle parades.



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# COVID Q&A

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## Question:

What if we haven't received your plexiglass barrier yet? - It is on order but hasn't arrived. Can we submit a picture of the product and then an additional one once it is here and installed?

## Answer:

This would have to be determined by the facility's Regional Director. In this instance, we would encourage a facility to contact their [Regional Director](#) and Life Safety Code Program Manager.



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# COVID Q&A

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## Question:

For outdoor visitation, can we substitute staff monitoring of visitation by separating the resident and visitor by a small fence? If not allowed, can we deny visitation?

## Answer:

No, staff monitoring of outdoor visitation is required. Per the visitation rules, NFs must allow outdoor visitation if approved for a visitation designation. A NF may choose to operationalize the visit in a way that works best for the residents, visitors and facility.



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# COVID Q&A

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## Question:

If a facility with an expanded visitation designation has an outbreak, must the salon services also stop or may they continue?

## Answer:

Salon Service visits do not require a visitation designation so the visits would not have to be cancelled. Salon service visits are only allowed for COVID-19 negative residents and is the only visitation that is optional for facilities under the expanded reopening visitation rules.



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# COVID Q&A

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## Question:

Since Clergy are allowed into the centers now, can they conduct services as long as social distancing is maintained?

## Answer:

Per [QSO 20-39](#), health care workers and other providers of services, including clergy, must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. *(Cont. on next slide)*



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# COVID Q&A

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## Answer (Cont.):

Church services may occur as long as they adhere to the core principles of COVID-19 infection prevention, outlined in QSO 20-39. This type of group activity is allowed for residents who have fully recovered from COVID-19 and for those not in isolation for observation or with suspected or confirmed COVID-19 status. Physical distancing among residents, appropriate hand hygiene, and the use of face coverings must also be ensured during any group activity.



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# COVID Q&A

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## Question:

We are not using the red bags for COVID positive or quarantine units for trash according to CDC guidelines. Do we need to continue to use biohazard boxes for the disposal of PPE or for collecting the residents clothing?

## Answer:

The handling of general waste for residents with confirmed or suspected COVID-19 should be handled the same way it is handled for other residents without COVID-19.



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# COVID Q&A

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## Answer (Cont.):

COVID-19 waste is not considered biohazard and does not need to be in red bags, per CDC and DSHS. Rather, it can be discarded as regular trash. The [CDC indicates](#) that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. This means PPE, trash, and food can be placed in regular trash and linens can be handled with routine procedures, unless your facility has other COVID-19 policies and procedures for handling potentially infectious waste.



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# COVID Q&A

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## Answer (Cont.):

The following items are the only items that should be considered biohazard regulated waste and require biohazard disposal procedures:

- liquid or semi-liquid blood or other potentially infectious materials (OPIM);
- items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIM.



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# Questions?

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For more information:

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Phone: 512-438-3161



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# Thank you!

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For more information:

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