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Services

Welcome Nursing Facility Providers!

**COVID-19 Updates and Q&A with LTCR
and DSHS
October 7, 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

Phone: 512-438-3161

COVID-19 Q&A

Panelist

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

- Introduction and overview
- Reminders and updates



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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."



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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.



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Resident Right to Vote

CMS issued [QSO-21-02](#) affirming a resident's right to vote.

NFs should have a plan to ensure residents can exercise either right to vote, whether in-person or by mail.

Applications for voting by mail must be received by the [Early Voting Clerk](#) October 23rd.

[Application for a Ballot by Mail \(PDF\)](#).
[Helpful Hints on Voting Early by Mail](#)



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CMP Funds for Plexiglass & Tents

NFs may apply for up to \$3,000 of CMP funds to obtain:

- Plexiglass booths/barriers or
- Tents to accommodate outdoor visitation

Facilities can apply here:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities/civil-money-penalty-funds-nf-projects>



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Visitation Webinar

Overview of COVID-19 NF Visitation Rules Webinar

The purpose of this webinar is to provide an overview of the visitation rules and to discuss practical implementation of them in NF's.

October 8th
2:00pm – 4:00pm

[Register here](#)

Can also be located on the NF Provider Portal under "News & Alerts"



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COVID-19 Q&A

Panelist

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

- Visitation Reminders



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Reminder: Visitation Requirements

[CMS QSO 20-39](#) states that NFs **must** allow visitation for residents.

Failure to do so would

- constitute a potential violation of Resident Right to Visitors (42 CFR 483.10(f)(4))
- be subject to citation and enforcement actions

To accommodate visitation, facilities must be in compliance with [Expansion of Reopening Visitation Emergency Rule](#).



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Reminder: Essential Caregiver Visitation

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.

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



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Reminder: Essential Caregiver Visitation

Examples of visit restrictions that might be a violation of a resident's rights:

- Restricting visit frequency - e.g., only permitting three visits per week for the entire facility
- Restricting visit duration - e.g., less than an hour, such as 15 minutes once a week
- Only allowing visitation during standard business hours or days, or during limited times - e.g., Monday – Friday or 9AM-11AM

Essential caregiver visitation, like all visitation, must be person-centered.



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Reminder: Essential Caregiver Visitation

Essential caregiver visitation does not require staff monitoring.

Essential caregivers may assist a resident with ADLs and with dining, but are not required to do so.

ADLs must be documented, including what type of assistance the essential caregiver is providing. Additionally, the facility is still responsible for ensuring the resident receives the care they need and ensuring all applicable delegation rules and other applicable state or federal requirements are followed.



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Reminder: Visitation Requirements

All NFs **must** allow the following visitation:

- Closed window visits – permitted for all residents, any *COVID-19 status*
- End-of-life visit - permitted for all residents, any *COVID-19 status*
- Essential caregivers – permitted *for all residents without an active COVID-19 infection*

All NFs **may allow** the following visitation:

- Salon Services Visit (*for COVID-19 negative residents*)



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Reminder: Visitation Requirements

Facilities must develop and enforce salon services visitation policies and procedures, (which are similar to essential caregiver visitation) and include:

- Testing strategy
- Salon service visitors must have a negative COVID-19 test result no more than 14 days before first visit
- Training on PPE usage and infection protocol in accordance with CDC guidance
- A written agreement with the salon service visitor to follow all infection control protocols and visit policies.



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Reminder: Visitation Requirements

All NFs that meet requirements for general visitation **must** allow the following visitation all residents who are COVID-19 negative:

- Outdoor visits
- Open window visits
- Vehicle parades
- Plexiglass indoor visits
 - Requires approval from the Life Safety Code Program Manager
 - Not allowed in counties with a >10% COVID-19 positivity rate



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Indoor Visitation Requirements

All NFs that meet requirements for general visitation must permit indoor plexiglass visitation unless the NF is located in a county with a $>10\%$ positivity rate.

NFs in counties with $<10\%$ positivity rate must obtain the plexiglass booth/barrier necessary to accommodate indoor visitation with a plexiglass booth or barrier

NFs in counties with $>10\%$ positivity rate must include a plan for indoor visitation with a plexiglass booth or barrier when positivity rate falls below 10%



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Attestation Form - 2194

The attestation process helps ensure that all NFs are offering visitation and are moving forward with offering the required visitation at the highest level of visitation permitted in each NF.

The attestation form is a consolidated way for each NF to submit the applicable information about their own facility.



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Form 2194

SECTION 1: FOR ALL FACILITIES (ALF, ICF, NF)

Instructions: Submit Form 2194 to your Regional Director to request designation as a visitation facility. You must wait for approval prior to implementing new expansion of reopening visitation protocols.

<https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers>

Facility Type:	<input type="checkbox"/> ALF Complete sections 1 & 2 of this form.	<input type="checkbox"/> ICF Complete sections 1 & 2 of this form.	<input type="checkbox"/> NF Complete sections 1 & 3 of this form.
Facility Name:	Facility #/ID#:		
Contact Name:	Contact #:		
Contact's Email:			
Address:			
Facility's County:			
Visitation Designation requested:	List each wing, unit, area, or building for which you are requesting visitation designation below.		



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What type of visitation are you requesting?

- Indoor plexiglass booth visitation only
 - Outdoor visitation only
 - Indoor plexiglass booth and outdoor visitation  **3A**
- Must select indoor and outdoor option if filling out Section 3A

Form 2194

For NFs located in a county with >10%

What type of visitation are you requesting?

- Indoor plexiglass booth visitation only
- Outdoor visitation only NF located in county with a ___% COVID-19 positivity rate. Plan attached.
- Indoor plexiglass booth and outdoor visitation

Add This Note

Submit NF plan for accommodating indoor visitation with a plexiglass booth or barrier once positivity rate reaches <10% upon submission of Form 2194 or within 5 days of submission.



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Form 2194

~~SECTION 2: FOR ALF and ICF ONLY~~

SECTION 3: FOR NF ONLY

SECTION 3A: For NFs that meet visitation designation criteria.
I hereby attest that:

SECTION 3B: For NFs that DO NOT meet visitation designation criteria.
I hereby attest that:

SECTION 3C. Signature and HHSC Review.
Name and title of NF administrator providing attestation:|



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Form 2194

A NF filling out Section 3A must include:

- Facility map with COVID-19 cohort areas indicated
- Picture of plexiglass barrier as installed in the facility, including its location in the facility

A NF filling out Section 3B must include:

- Facility map with COVID-19 cohort areas indicated
- A plan to meet the visitation designation criteria—submit within 5 days of submitting completed 2194



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COVID-19 Testing

Testing strategies for essential caregivers and salon service providers may be fulfilled using the following

- PCR Tests
 - Generally, these are only available for individuals experiencing symptoms
- Antigen Tests
 - These are generally available for any individual, regardless of symptoms

Antibody tests are not acceptable to fulfill testing requirements



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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/>



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COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and
Local Health Operations
DSHS



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COVID-19 Q&A

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 to submit requests for assistance with NHSN reporting problems.

Project ECHO

(Extension for Community Health Outcomes)

- Supported by Agency for Healthcare Research and Quality (AHRQ)
- In collaboration with the ECHO Institute at the University of New Mexico Health Sciences Center (UNMHSC) and Institute for Healthcare Improvement (IHI)
- Leverage technology via Zoom meetings to share quality improvement expertise and learn from infection control experts
- For more information contact nhnetwork@tmf.org



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State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412

Statewide email:

ltc.ombudsman@hhsc.state.tx.us

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

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>

Ombudsman Concerns

- Lack of communication
- Short visits, only 15 or 30 minutes
- Very frequent testing strategy
- Brief time before testing expires
- Testing unavailable or too costly – consider offering free POC testing
- Facilities not establishing Essential Caregiver policies and allowing access



COVID-19 Q&A

Panelist

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

- CMS Testing Requirement Q&A
- Questions from last week



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Testing Q&A – General

Question:

What if staff is on vacation when testing is done?

Answer:

If an employee is on vacation when staff testing is done, the employee should be tested as soon as they return from vacation and then tested with the rest of the staff afterward. A NF should document the reasons an employee was not tested.



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Testing Q&A – General

Question:

Is testing required for all staff or just direct care staff?

Answer:

Per the CMS rules and guidance, testing is required for all staff, including individuals providing services under arrangement and volunteers.



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Testing Q&A – General

Question:

Does a nursing facility need to re-test residents and staff if they have had a previous positive result and are no longer considered contagious?

Answer:

No. Per CMS [QSO 20-38](#), staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within three months after symptom onset. However, if staff or a resident becomes symptomatic within the three-month timeframe, the nursing facility must test the staff or resident. *(Cont. on next slide)*



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Testing Q&A – General

Answer (Cont.):

Also, if more than three months have passed since symptom onset, nursing facilities must test staff and residents based on the indicators described in QSO 20-38.



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Testing Q&A – General

Question:

If the required frequency for staff testing changes based on an increase or decrease in the county positivity rates, how soon do we need to change to the new testing frequency?

Answer:

Per [QSO 20-38](#), the provider should begin testing all staff at the frequency prescribed in the Routine Testing table based on the county positivity rate reported in the past week. *(Cont. on next slide)*



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Testing Q&A – General

Answer (Cont.):

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the Routine Testing Table as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.



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Testing Q&A – Testing Resources

Question:

Where do providers find community prevalence/positivity data to determine how often staff must be tested?

Answer:

The information can be found on the [CMS COVID-19 nursing home data](#) website.



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Testing Q&A – POC Antigen Tests

Question:

If the results from the antigen test are negative, is a PCR test required?

Answer:

If an antigen test result is negative and there is no known exposure and no symptoms present, a nursing facility can proceed under the assumption that the negative test is accurate. If an antigen test is negative and there is known exposure and/or symptoms, the test result must be verified with a PCR test.



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Testing Q&A – POC Antigen Tests

Question:

If a nursing facility hasn't received their POC testing device yet, do they still have to test residents and staff for COVID-19?

Answer:

Yes, a nursing facility is still required to test residents and staff for COVID-19. Per [QSO 20-38](#), nursing facilities without the ability to conduct COVID-19 POC testing should have arrangements with a laboratory to conduct tests to meet the testing requirements.



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COVID Q&A

Question:

I have both my parents in a nursing facility and they share a room together. Can ONE essential caregiver visit both parents at the same time in their shared room?

Answer:

If the essential caregiver (EC) is the EC for both parents then yes. Otherwise, an essential caregiver must maintain physical distancing between all other residents and staff.



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COVID Q&A

Question:

The Salon Service Visits are discussed as it relates to a contracted /outside provider. If the facility employs a licensed stylist, do we have to have the agreement and visit logs since the stylist is already our employee?

Answer:

Yes, the employee must still follow all the rules related to salon service visitation. This would include a signed agreement and documentation of infection control prevention and PPE training. *(Cont. on next slide)*



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COVID Q&A

Answer (Cont.):

The NF would still need a separate log for the salon services employee that captures all the required information in section (q)(G) of the [visitation rules](#) (i.e. which residents received services and the arrival and departure information).

The NF will not have to confirm the identity of the salon services provider since the employee's information is already known.



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COVID Q&A

Question:

Is there a 2194 form that NFs can use to type in the Visitation Plan due to the Regional Director by 10/9?

Answer:

There is not a form or prescribed format for the visitation plan described in section 3B of [form 2194](#). A NF may submit the plan in a separate document or write it directly into the form by converting from PDF to a Word document. Form 2194 is due by all NFs by October 9th.



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COVID Q&A

Question:

If our positivity rate is greater than 10% but we are in a "yellow" category, may we allow indoor plexiglass visits?

Answer:

Yes, NFs may follow the color-category assigned by CMS-issued positivity rates for determining whether they must exclude indoor visitation. This means that indoor visitation would be excluded for any NF in the "red" category.



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COVID Q&A

Question:

The guidance states we are to educate the essential visitors and visitors on proper PPE use and information on signs and symptoms of COVID. Do you recommend we conduct a competency based activity as we do with our staff?

Answer:

This is recommended but not required under the [Expansion of Reopening Visitation Emergency Rule](#). Ultimately, the facility must ensure the essential caregiver understands the required information so that they can comply with the rules.



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COVID Q&A

Question:

Regarding the requirement for having separate staff. Does a facility have to have a separate staff for the “unknown COVID-19 cohort”?

Answer:

Yes, however if the NF does not have enough staff to staff all three cohorts, they may share staff between COVID-19 positive and unknown COVID-19 cohorts so long as all proper donning/doffing requirements are met and all necessary infection control protocols are followed.



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Mini Training

Panelists

Karen Keller

Joint Training Specialist

Policy, Rules, & Training/Regulatory Services
Division

Samantha Chase

Joint Training Specialist

Policy, Rules, & Training/Regulatory Services
Division



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Questions?

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Thank you!

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