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**Welcome Nursing Facility Providers!**

**COVID-19 Updates and Q&A with LTCR  
and DSHS  
September 16, 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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# PL 20-37: Reporting Requirements

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[PL 20-37](#) was issued to provide a summary of all federal and state COVID-19 reporting requirements. Requirements include:

- Reporting new/additional COVID-19 cases
- Weekly reporting to NHSN
- Reporting to residents, resident representatives, and resident families
- COVID-19 test reporting
- Death reporting



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# Testing Through Omnicare

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Facilities requesting COVID-19 testing through Omnicare should contact their LTCR Regional Director.

Facilities should not contact Omnicare directly to request testing services.

Some regions are using an online survey tool (Survey Monkey) for requesting testing through Omnicare. However, this is not a state-wide practice.



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# Reminder: Test Reporting Requirements

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The grace period for reporting test data ends on 9/23. Facilities must be in compliance with test reporting requirements after that date. See [QSO-20-37-CLIA](#) and [this link](#) for more information



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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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# 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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# County Positivity Rates

Facilities may use county-issued COVID-19 positivity rates instead of the county positivity rates posted by CMS so long as:

- The county-issued rates are updated at the same frequency as the CMS file (weekly).
- The facility documents the county rate, the date in which the rate was acquired, and cite the source of the county rate.
  - The facility may print the data for the documentation.
- When the facility makes the decision to use CMS or county-issued data, the facility must continue to use only that source going forward.



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# Point-of-Care Antigen Test Contents

Facilities receiving a POC antigen test will receive a one-time shipment with the following:

- 1-2 testing instrument(s)



BD Veritor Plus System



Quidel Sophia 2

- Diagnostic COVID-19 Test kits



BD Veritor SARS-CoV-2 test kit



Quidel SARS-CoV-2 test kit



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# Point-of-Care Antigen Test Contents

A test kit includes supplies to conduct individual tests. The number of tests a facility receives is based on CMS's estimated testing need.

- Small facilities – 150 tests
- Small-medium facilities – 240-250 tests
- Medium facilities – 325-330 tests
- Large facilities – 600 tests
- Major outlier facilities – 900+ tests
  - These facilities will also receive an additional testing instrument
- Note: BD Veritor kits have 30 tests per kit and Quidel Sophia 2 kits have 25 tests per kit
- See the [CMS FAQ](#) for more information on POC antigen tests



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# Obtaining Additional Testing Supplies

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Facilities should go through the test manufacturer or their distributor for additional testing supplies for POC antigen testing machines.

In the event that additional test supplies will not be received in time, facilities should reach out to their local health department to assist with identifying alternative testing.

Facilities should not attempt to obtain testing supplies from their local health departments or through the STAR process/rapid response teams.



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# Infection Control Protocol: Voting

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If a NF is transporting a resident to and from the voting place and:

- ensures all staff know and follow all infection control protocols, including:
  - PPE for staff, facemask or face covering for resident, physical distancing, hand hygiene and cough and sneeze etiquette
- ensures residents follow infection control protocols
- determines there is no reason to suspect the resident had contact with someone with COVID-19

Then the resident can be assumed to have the same COVID-19 status when they return to the facility after voting.



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# Infection Control Protocol: Voting

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If a resident is transported to and from the voting place by others (family, friends, public transport):

- the resident will have to be considered unknown COVID-19 status and be quarantined for 14 days upon their return



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# Visitation Currently Allowed in All Facilities

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The following visitation is allowed in all nursing facilities and does not require Phase 1 visitation designation:

- Closed window visits
- End-of-life visit
  - Facilities should consider all necessary infection control protocol as advised in [QSO-20-14](#)



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# Resident IPC Education Measures

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For residents who refuse compliance with COVID-19 infection control practices, we recommend facilities take the following steps:

- Educate resident (and resident's family/representative if possible) on risks and infection control best practices
- Engage with Ombudsman to have a conversation with resident(s)
- Contact your Facility Liaison, at your regional survey office
  - You may also contact your Program Manager or regional leadership
- Be sure to document all steps taken



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# Resident IPC Education Measures

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If all previous steps have been taken, facilities may consider the following:

- Create a resident / resident representative attestation form regarding the risks to their behavior
  - Consult with legal counsel if necessary
  - Language must be easily understood
- File the attestation in the resident's record.



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# COVID-19 Q&A

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## Panelist

Catherine Anglin  
Senior Policy Specialist  
Policy, Rules and Training  
Long-term Care Regulation

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- Announcement



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# NHSN Reporting

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Per the NHSN module:

Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios.

The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.



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# COVID-19 Q&A

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## Panelist

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



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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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## Panelist

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



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# State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412

Statewide email:

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

State Ombudsman: Patty Ducayet,

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



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Updates:

Voter Information for Residents and Long-Term Care Facilities

<https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/voting-info-ltc-residents-families.pdf>

# Mini Training

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## Panelists

Megan Mace

Samantha Chase

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Joint Training Specialists

Policy, Rules, & Training/Regulatory Services  
Division



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# COVID-19 Q&A

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## Panelist

Christine Riley  
Nurse III / Clinical Policy Specialist  
Long-term Care Regulation

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- Questions from last week



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# COVID-19 Q&A

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## Question:

Are STAR and RAC separate ways to request PPE?

## Answer:

Reaching out to your Regional Advisory Councils (RACs) or making a State of Texas Assistance Request (STAR) are two different ways to request PPE when facing a shortage. Facilities seeking PPE should contact the RAC before making a STAR request.

For RAC contacts for additional PPE/COVID-19 Resources please [view contact list](#). (Cont. on next slide)



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If you can't get PPE and have exhausted all other options, send an official request to your local office of emergency management via the State of Texas Assistance Request (STAR) process. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

Additionally, please note that a facility must exhaust all of their typical supplier options before proceeding with requesting PPE through a RAC or STAR process.



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# COVID-19 Q&A

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## Question:

If a staff member has been working with a non-COVID cohort, but then is pulled to work in a warm or hot zone, how long must the facility wait before they return to the cold cohort?

## Answer:

According to the [emergency mitigation rules](#), facilities shouldn't change the cohort an employee works in unless it is absolutely necessary to maintain adequate staffing. If moving an employee from one cohort to another as described above is necessary, the facility should take the following precautions: (cont. on next slide)



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# COVID-19 Q&A

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When working with unknown COVID-19 status (“warm”) cohorts or COVID-19 positive (“hot”) cohorts, it is imperative that the staff member wear the required full PPE (N95 mask, face shield, goggles, gown, and gloves), practice hand hygiene, and avoid prolonged close contact to anyone.

[Current CDC guidance](#) defines prolonged close contact as 15 minutes or more of being within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of a person with confirmed COVID-19. (Cont. on next slide)



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The staff member should be closely monitored for signs and symptoms of COVID-19 at least each shift (per current requirements).

Per [CDC guidance](#), a staff member should be excluded from work for 14 days if any time one of the following occurred:

- Prolonged exposure to someone with COVID-19 while the staff member was not wearing a facemask or respirator
- Prolonged exposure to someone with COVID-19 and who was not wearing a face covering while the staff member did not have eye protection (cont. on next slide)



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# COVID-19 Q&A

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- The staff member was not wearing full PPE while performing an aerosol generating procedure within 6 feet of someone with confirmed COVID-19

If the staff member becomes symptomatic after working with an unknown COVID-19 or COVID-19 positive cohort, the staff member must immediately contact the facility, arrange for testing, and follow the [CDC return to work criteria](#) accordingly.



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# COVID-19 Q&A

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## Question:

If a facility is already reporting POC antigen test results through SAMS, do they still need to report through their local health department?

## Answer:

Yes. Per the Governor's [executive order](#), any facility performing COVID-19 testing needs to report the test results to the LHD (or DSHS if there is no LHD). Facilities must register through the website provided in [PL 20-37](#) (here's a [link](#)). (Cont. on next slide)



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# COVID-19 Q&A

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Your local health department reports testing information to the CDC, which covers federal reporting requirements. This means that by reporting to your local health department, you will cover both state and federal reporting requirements and should no longer have to report to the CDC through SAMS.



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# Questions?

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# Thank you!

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