Coronavirus (COVID-19)
Day Activity Health Services
Weekly Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

In response, the Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all Day Activity and Health services (DAHS) providers via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, this document will be arranged by date, and if guidance changes from a previous week’s FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

April 27, 2020

Where do DAHS providers go for COVID-19 information?

Answer: Reliable sources of information include:

- The Centers for Disease Control and Prevention
- The Centers for Medicare and Medicaid Services
- The Texas Department of State Health Services
- The Health and Human Services Commission

Are inspections/surveys still being done for license issuance, renewal, and recertification? Are investigations still being done based on complaints?

Answer: PL 20-21 addresses that Governor Abbott suspended various laws to provide that application submission and processing timeframes include the flexibility to extend licenses while a late application is being processed.
Any license existing at the time of the disaster declaration is in effect until HHSC requires renewal. HHSC will communicate with providers concerning their next renewal.

The rules and statutes listed in PL 20-21 are suspended until terminated by the Office of the Governor or until the March 13, 2020, disaster declaration is lifted or expires.

Initial inspections are still being conducted. However, renewal and recertification inspections are not being conducted.

Complaint investigations triaged at a level of immediate threat or harm to an individual’s health and safety are being conducted. Other complaint investigations may be conducted, but investigations triaged at a level of immediate threat or harm are being prioritized.

In addition, HHSC is conducting focused infection control inspections to review policies and procedures related to infection control, including social distancing. Some of the other items being observed are things such as signage at the entrances to the facility and how the facility is screening clients and staff.

**Do we have to provide masks and gloves for clients?**

**Answer:** Please refer to [PL 20-14](#). A DAHS facility must have written policies for the control of communicable diseases in employees and clients. These policies should be updated to align with current CDC guidance and address the use of personal protective equipment (PPE). Clients should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).

**If a client’s family member has tested positive, what are guidelines for this client or person?**

**Answer:** The facility must ensure it screens all staff and individuals each day and throughout the day in accordance with the CDC guidelines. If the facility believes a client has been infected, they need to ensure the client
doesn’t attend the DAHS until the person is symptom free. The facility could use the CDC guidance for returning employees as a guide for allowing clients back to the DAHS on a regular basis.

**When can a provider employee return to work after being diagnosed with COVID-19?**

**Answer:** The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy (CDC preferred)** – The employee can return when three conditions have been met:
   a. Fever-free without the use of fever-reducing medication **AND**
   b. Cough and shortness of breath have improved **AND**
   c. Negative results from at least two consecutive FDA Emergency Use Authorized molecular assays for COVID-19 that were taken at least 24 hours apart

2. **Non-test-based strategy (if test-based cannot be used)** – The employee can return when two conditions have been met:
   a. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
   b. At least seven days have passed since symptoms first appeared

If the employee had a positive COVID-19 test but never showed symptoms, the CDC recommends excluding them from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test.

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after
illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

**Note:** If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee’s return to work on the specific diagnosis.

**How do providers report confirmed cases of COVID-19?**

**Answer:** Contact the local health department, or the Department of State Health Services (DSHS) if there is no local health department. It is not necessary to double report a confirmed case to both the local health department and DSHS. You are advised to report to the local health entity. For a list of local health entities and public health offices refer to [https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/](https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/)

In addition, the DAHS must report confirmed case of COVID-19 in staff and individuals receiving services from the provider as a self-reported incident. A confirmed case is considered a critical incident. Providers must notify HHSC through TULIP or by calling Complaint and Incident Intake (CII) at 1-800-458-9858.

**Is regulatory/licensing/contracting talking about other service options for DAHS facilities?** Considering that our clients are being told to stay at home by CDC/local health authorities/governor. Also considering that most of these clients depend on DAHS facilities for meals, transportation, medicine administration and shopping tasks.

**Answer:** PRT has not expanded service options beyond those defined in the [TAC 98](https://tac.state.tx.us). For reimbursement questions relating to transportation or taking clients on shopping tasks, please contact your normal contracting office. If you desire to administer medication in a resident’s home, we can assist you with information for pursuing a separate HCCSA license. Please refer to [TAC 558](https://tac.state.tx.us).
Are all DAHS facilities going to be forced to close?

Governor Abbott’s Executive Order No. GA–14, relating to statewide continuity of essential services and activities during the COVID-19 disaster, did not explicitly shut down DAHS facilities. It stated that essential services, including long-term care services, may continue to be provided and cites to federal guidance on essential services. This federal guidance defining essential services is found in the Essential Critical Workforce list. The list includes the following:

- **Healthcare/Public Health.** Examples include: Workers in other medical and biomedical facilities (including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long-term Care, Nursing Care Facilities, Organ Pharmacies, procurement organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers, and retail facilities specializing in medical good and supplies).

- **Residential/Shelter Facilities and Services.** Examples include: Workers in dependent care services, in support of workers in other essential products or services; workers who support food, shelter, and social services, and other necessities of life for needy groups and individuals, including in-need populations and COVID-19 responders (including travelling medical staff); workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.

While HHSC acknowledges a DAHS facility may provide essential services, only the specific facility knows whether the services it provides are essential services as identified in Executive Order No. GA-14. This means the decision to close or remain open should be considered on a case-by-case basis, dependent upon the clients served; the facility location; whether social distancing is available to all clients served; and other factors specific to the facility. The facility may need to adjust its operations, including limiting the number of clients receiving services, to ensure that social distancing and other precautions can be maintained.
Note that GA-14 states that “any conflicting order issued by local officials...to the extent that such a local order restricts essential services” is superseded by the EO. If a local authority is attempting to restrict your DAHS by local order, we recommend you reach out to your own legal counsel to determine if the local order is appropriate and enforceable. We do not recommend that you refuse to comply with the direction or order of any government official. We recommend you cooperate with local officials and seek legal counsel.

**How many clients can we serve?**

**Answer:** A DAHS facility can serve clients as long as they ensure adequate staffing and have enough space in the building to practice social distancing. If the building is not large enough to support the number of clients being served while practicing social distancing techniques among staff and clients, the facility will need to make adjustments. This can include altering schedules for clients so a limited number of clients are served on specific days or shortening client hours so more clients can be served on a daily basis. If a DAHS facility has a census greater than 10, the facility should limit meal times and activities to smaller groups to maintain safe distance among staff and clients where possible.

**Can a DAHS facility alter its hours of operation and if so, must it notify HHSC?**

**Answer:** A contracted DAHS facility should contact HHSC or the managed care organization, as appropriate, to discuss altering hours. A licensed-only DAHS facility is not prohibited by rule and can alter hours of operation as long as clients and staff are notified of the change.

**What is “social distancing”?**

**Answer:** The CDC states that Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms’ length) from other people
• Do not gather in groups
• Stay out of crowded places and avoid mass gatherings

In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

When COVID-19 is spreading in your area, everyone should limit close contact with individuals outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you have no symptoms. Social distancing is especially important for people who are at higher risk of getting very sick.

Can a DAHS provide services to clients in their homes?

Answer: Services provided to a client in their home may not be considered DAHS services and could therefore conflict with home health licensure rules. If you are a contracted DAHS facility, you should contact your contracting entity for questions regarding specific services and whether or not they are considered reimbursable DAHS services.

We can assist you with information for pursuing a separate HCCSA license. Please refer to TAC 558.

Who do we contact with questions about reimbursement?

Answer: You would need to contact your contracting entity or managed care organization for questions regarding reimbursement. Long-term care policy, rules and training cannot answer questions about this issue.
Who do we notify if our DAHS decides to close?

**Answer:** If a DAHS provider decides to close, it must notify the regional program manager, who will then notify HHSC long-term care licensing. Providers must also report the facility closure in TULIP and contact their contracting entity, if appropriate.

Who can enter a DAHS facility?

**Answer:** Per Governor Abbott’s March 19, 2020, Executive Order No. 3, DAHS providers must prohibit all visitors not providing critical assistance, given the significant health and safety risk to medically fragile clients posed by COVID-19. Visitors who provide critical assistance can include the following:

- Persons who provide essential services such as doctors, nurses, home health staff whose services are necessary to ensure client care is provided and to protect the health and safety of clients being served.
- Individuals with legal authority to enter such as HHSC surveyors, whose presence is necessary to ensure the DAHS is protecting the health and safety of clients and providing appropriate care.

This is addressed in Provider letter 20-14 and in 40 TAC 98.65, Emergency Rule for Day Activity and Health Services Response to COVID-19.

Are DAHS facilities required to screen everyone who comes into the building?

A DAHS must develop written policies for the control of communicable diseases in employees and clients, which include COVID 19 and provision of a safe and sanitary environment for clients and their families. Temperature checks should be performed, and hand sanitizer should be available to all.
Provider letter 20-14 directs DAHS facilities to take precautions and screen all persons prior to entry, including clients and staff. Visitors providing critical assistance must be screened as required by 40 TAC 98.65 prior to being permitted to enter the DAHS facility.

If there is a fire or medical emergency, do emergency responders need to be screened before entering a DAHS?

Answer: A DAHS provider should not require screening of emergency services personnel responding to an emergency.

Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a DAHS?

Answer: Yes. These are considered essential services, and the vendors are permitted to enter as a visitor providing critical assistance. These vendors should be granted access if they are screened and follow appropriate CDC guidelines for transmission-based precautions.

Emergency Rule §98.65 states that a day activity and health services facility may allow entry of persons providing critical assistance, unless the person meets one or more of the following screening criteria:

(1) Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;

(2) Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness; or

(3) International travel within the last 14 days to countries with ongoing community transmission.

What do I do if I cannot find PPE?

Answer: DAHS providers who are having difficulty obtaining PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for clients receiving services while protecting staff.
If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them. For the most current guidance on the use of PPE and how to conserve it, access resources from DSHS and CDC.

The CDC COVID-19 website has sections for health care professionals and health care facilities. The CDC also has specific information relating to:

- Healthcare Supply of PPE
- Strategies to Optimize PPE and Equipment
- Strategies to Optimize Eye Protection
- Strategies to Optimize Isolation Gowns
- Strategies to Optimize Face Masks
- Strategies to Optimize N-95 Respirators
- Crisis Alternate Strategies for N-95 Respirators

**Requesting PPE through Local Emergency Management**

STAR is a system operated by the Texas Department of Emergency Management that allows local emergency coordinators to request equipment and supplies. By working through your local emergency management officials, you can ask them to initiate a STAR request.

**Requesting PPE through a Regional Advisory Council (RAC)**

Each of the 22 RACs in Texas is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can contact their RAC to request PPE.

**Are staff required to use full PPE when providing care to clients?**

**Answer:** Standard precautions specific to COVID-19, such as wearing gloves when providing direct care, should be followed when caring for any client, regardless if they are showing symptoms. If a client has a temperature less than 100°F and shows no symptoms consistent with COVID-19, then full PPE is not required. However, until the client is determined to be without such symptoms, staff should wear appropriate PPE for the client encounter.
Can clients still participate in social activities while at the DAHS?

Answer: DAHS facilities should limit activities to groups of 10 or fewer to maintain social distance among staff and clients. Playing cards, board games, craft supplies, and other shared objects must be properly sanitized before and after each use. Clients must be free of symptoms of COVID-19 or other respiratory infection before being allowed to participate. There should be 6 feet of space between everyone involved in the activity, and participating individuals should wear gloves and masks if available.

In an event that an outbreak happens at another DAHS in the area, will we be informed about the situation so that we may prepare and take the necessary measures?

Answer: DAHS providers can contact the local health authority for information regarding confirmed COVID-19 cases in the immediate area. DSHS has created a COVID-19 case dashboard that includes the number of COVID-19 confirmed cases in Texas by county.

Will HHSC continue to perform surveys?

Answer: HHSC long-term care regulatory will continue to investigate complaints and incidents. Surveys and investigations classified at the immediate threat level will be prioritized. An infection control review will be conducted during all surveys and investigations.

Who do DAHS providers notify if there is a staff member or client with a confirmed case of COVID-19?

Answer: DAHS providers should contact the local health department, or the Department of State Health Services if there is no local health department, if a client or DAHS employee has a confirmed case of COVID-19. In addition, providers must report the incident of COVID-19 to HHSC’s Complaint and Incident Intake either by phone at 1-800-458-9858 or online via the incident submission portal in TULIP.