Welcome ICF/IID Providers!

COVID-19 Updates and Q&A with LTC Regulation and DSHS

August 10, 2020

For more information:
Email: PolicyRulesTraining@hhsc.state.tx.us
Phone: 512-438-3161
COVID-19 Updates

Panelist

Kirsten Notaro, MA
ICF Policy Specialist
Policy, Rules and Training
Long-term Care Regulation

• Introductions
• Updates
Reminder

GovDelivery

• GovDelivery is an email and electronic notification system that will notify you anytime information is posted.

• You can register for GovDelivery notifications by clicking on this [GovDelivery Sign-up Link](#) and following the instructions for signing up for notifications.
Please read and review *frequently*. Keep a copy on hand at all times. COVID-19 Response for ICF
HHSC Resumes Survey Activity for ICF and HCSSA Providers

Effective Aug. 4, 2020:

All survey activity will resume, including recertification surveys for both health and life safety code. All survey activity includes licensure surveys, follow-ups, complaint and incident investigations, and CHOW visits.

Providers that are past or close to the end of their certification period will be scheduled first.
# CMS 1135 Waivers

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<tr>
<td>483.430(c)(4)</td>
<td>W185:</td>
<td>483.430(d)(3)</td>
<td>W187:</td>
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<td>The facility must provide sufficient support staff so that direct care staff are not required to perform support services to the extent that these duties interfere with the exercise of their primary direct client care duties.</td>
<td>Direct care staff must be provided by the facility in minimum ratios of direct care staff to clients</td>
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<td>483.420(a)(11)</td>
<td>W136:</td>
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<td><em>State and Federal restrictive measures should be made in the context of competent, person-centered planning for each client.</em></td>
<td>The facility must ensure clients have the opportunity to participate in social, religious, and community group activities</td>
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## CMS 1135 Waivers

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<tr>
<td>483.430(e)(1)</td>
<td>W189:</td>
<td>483.430 (e)(2)</td>
<td>W190:</td>
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<td><em>CMS is waiving, in-part, the requirements related to routine staff training programs unrelated to the public health emergency.</em></td>
<td>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</td>
<td>*We are not waiving these requirements as we believe the staff ability to develop and implement the skills necessary to effectively address clients' developmental, behavioral and health needs are essential functions for an ICF/IID. CMS is also not waiving initial training for new staff hires or training for staff around prevention and care for the infection control of COVID-19. It is critical that new staff gain the necessary skills and understanding of how to effectively perform their role as they work with this complex client population and that staff understand how to prevent and care for clients with COVID-19.</td>
<td>For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental needs</td>
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<td>W191:</td>
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<td>W192:</td>
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<td>For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs</td>
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<td>For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs</td>
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<td>483.430(e)(3)</td>
<td><strong>W193:</strong> Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</td>
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<td>483.430(e)(4)</td>
<td><strong>W194:</strong> Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</td>
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<td>483.440(a)(1)</td>
<td><strong>W196</strong>: Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.</td>
<td>483.440(c)(1)</td>
<td><strong>W206</strong>: Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to - i) Identifying the client’s needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and ii) Designing programs that meet the client’s needs.</td>
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<td><em>“CMS is waiving those components of beneficiaries’ active treatment programs and training that would violate current state and local requirements for social distancing, staying at home, and traveling for essential services only.”</em></td>
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COVID-19 Updates

Panelist

Department of State Health Services Representative

• Updates
COVID-19 Q&A

Panelist

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

• Updates
COVID-19 Q&A

Panelist

Dana Williamson
Director, Policy Development and Support Medicaid/CHIP

• Updates
COVID-19 Updates

Panelist

Mary Valente, MPAff, LBSW, SMQT, CMDCP
Policy Development Support Office
1915(b) Waivers Support
ICF/IID Medicaid Policy Specialist
1915(c) Waivers Special Projects

- Updates
- Q&A
COVID-19 Updates

Panelist

Melodee Duesing
ICF Training Specialist
Policy, Rules and Training
Long-term Care Regulation
COVID-19 Updates

Panelist

Kirsten Notaro, MA
ICF Policy Specialist
Policy, Rules and Training
Long-term Care Regulation
COVID-19 Q&A

Question:
The CDC released new guidance saying that testing was NOT the recommended strategy for clearing health care personnel to work. Is HHSC going to update their guidance?

Response:
The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient’s severity of illness and if they are severely immunocompromised.¹

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable COVID-19 RNA but are no longer infectious.
Non-Test Based (individuals) Cont.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with *mild to moderate illness* who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with *severe to critical illness* or who are severely immunocompromised¹:

- At least 20 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For severely immunocompromised¹ patients who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.
COVID-19 Q&A

Question:
Can you please clarify the Non-Test Based strategies (aka Symptom-based strategy) for Staff to Return to Work?

Response:
DSP with mild to moderate illness who are not severely immunocompromised:

• At least 10 days have passed since symptoms first appeared and
• At least 24 hours have passed since last fever without the use of fever-reducing medications and
• Symptoms (e.g., cough, shortness of breath) have improved

Note: DSP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
Non-Test Based (Staff) Cont.

DSP with severe to critical illness or who are severely immunocompromised:

At least 20 days have passed since symptoms first appeared
At least 24 hours have passed since last fever without the use of fever-reducing medications and
Symptoms (e.g., cough, shortness of breath) have improved

Note: DSP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

After returning to work, HCP should:
Wear a facemask for source control at all times while in the healthcare facility unless otherwise directed by the facility's current infectious disease prevention and control policies.
Non-Test Based (Staff) Cont.

After returning to work, HCP should:

Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.

A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.

Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.
Questions?

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