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Services

Welcome Nursing Facility Providers!

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

September 2, 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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Reminder:

Obtaining N95 Masks

N95 masks will be shipped to 215 NF from national stockpile starting tomorrow.

Texas does not have a shortage of N95 masks.

To obtain N95 masks, submit a request to your Hospital Preparedness Program Provider.

Please contact your LTCR Region if:

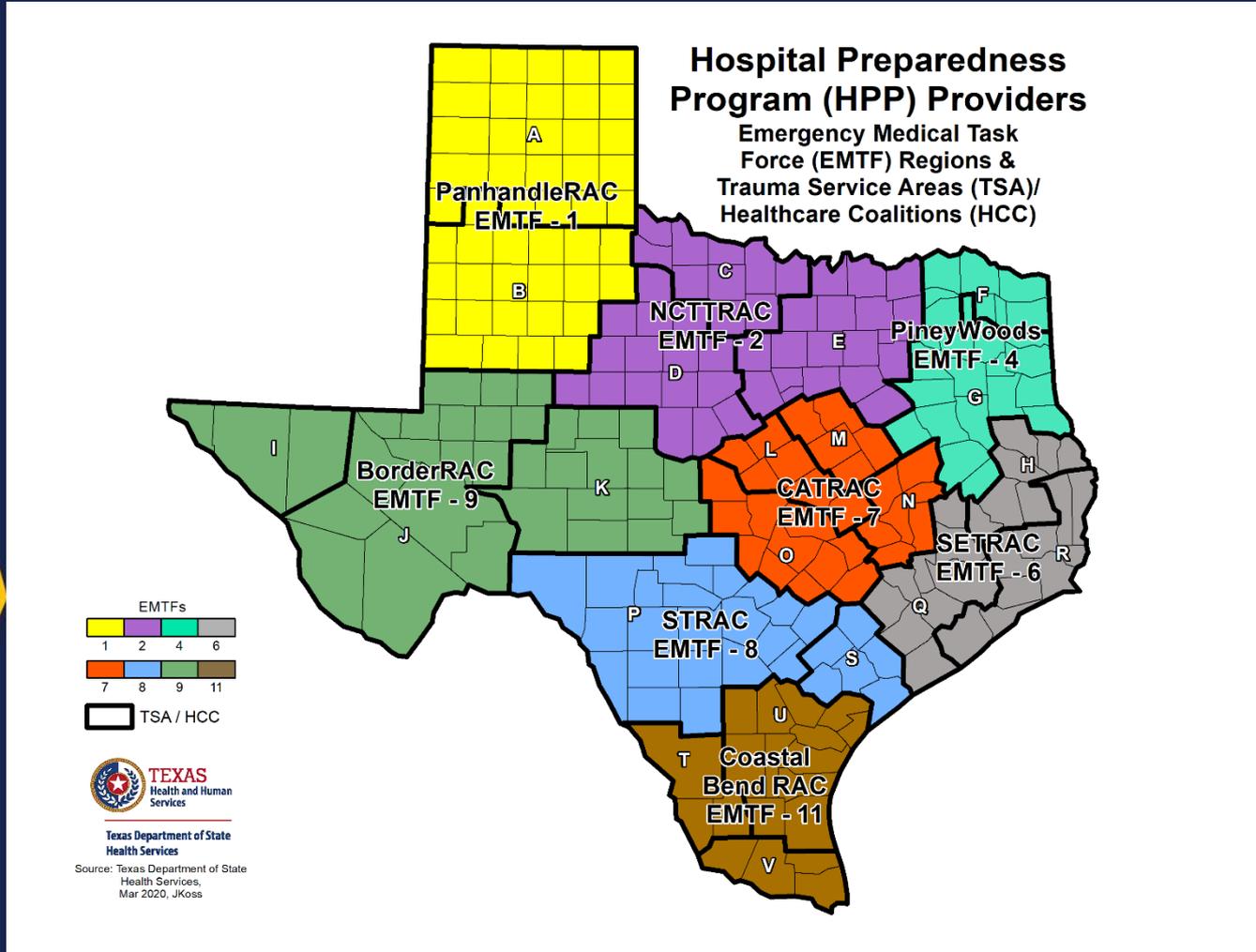
- If you are told your facility is not eligible to receive PPE
- If you are told that the Hospital Preparedness Program Provider does not have N95 masks to distribute



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Reminder: Obtaining N95 Masks

Hospital Preparedness Program Providers by region



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Reminder: Obtaining N95 Masks

Contact for Hospital Preparedness Program Providers.

- Panhandle RAC: (806) 322-1290
www.panhandlerac.com
- North Central Texas Trauma RAC: (817) 608-0390
www.ncttrac.org
- Piney Woods RAC: (903) 593-4722 www.RAC-G.org
- SouthEast Texas RAC: (281) 822-4444
www.setrac.org
- Capital Area Trauma RAC: (512) 926-6184
www.catrac.org
- Southwest Texas RAC: (210) 233-5850
www.strac.org
- Far West Texas & Southern New Mexico (DBA BorderRAC): (915) 838-3200 www.bodderrac.org
- Coastal Bend Regional Advisory Council (361) 929-5401 www.cbrac.org



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Reminder: Relief Fund Application Extension

The deadline to apply for the Federal CARES Act Provider Relief Fund, Phase 2 General Distribution Funding, has been extended to **Sunday, September 13th, 2020.**

Interested providers are encouraged to apply.

More [information on both programs is available here](#)



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Reminder: Doctors Without Borders

Doctors Without Borders is offering comprehensive, hands-on infection control assistance to certain Texas nursing facilities.

Assistance from Doctors without Borders is completely free and confidential. Facilities may schedule an assessment by contacting:

Whitney Ward
Emergency Coordinator, Texas
USA COVID-19 Response
Doctors Without Borders
Email: msfocb-usa-emco@brussels.msf.org
Cell: 917 451 0464



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Nursing Facilities During Hurricane Laura

HHSC LTCR would like to compliment the providers who had to undergo evacuation during Hurricane Laura.

All facilities appeared to have their preparedness plans in order and executed the evacuations well.

Great job!!!



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Point-of-Care Testing Calls

Facilities receiving point-of-care (POC) testing machines may receive calls from multiple entities with questions regarding their machines.

HHSC LTCR is conducting call downs to providers regarding POC testing machines. The POC manufacturers are calling providers as well.



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CMS Testing Rules

CMS issued [QSO 20-38-NH](#) announces the publication of a new rule for COVID-19 testing requirements

Testing requirements are organized into three categories

- Testing based on triggers
- Testing due to an outbreak
- Routine testing



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CMS Testing Rules

Testing Based on Triggers

- Any staff with signs or symptoms of COVID-19 **must be tested** and restricted from work
- Residents with signs or symptoms of COVID-19 **must be tested**



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CMS Testing Rules

Testing due to an outbreak

- An 'outbreak' occurs when a staff member or any resident tests positive for COVID-19
- This does not include residents who were admitted with COVID-19.

After an outbreak

- All staff and residents should be tested
- Staff and residents who initially test negative should be retested every 3 to 7 days until no new cases are identified for at least 14 days from first positive result



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CMS Testing Rules

Routine Testing:

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week
High	>10%	Twice a week

Facilities should:

- refer to the county positivity rate in the previous week
- monitor their county positivity rate every other week
- CMS publishes the county positivity rates at: [Nursing Home Data](#), under the COVID-19 Testing section.



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CMS Testing Rules

Additional Guidelines:

- Point-of-care (POC) testing kits are sufficient for all CMS testing requirements
- Facilities that do not have the ability to conduct POC testing must have arrangements with a laboratory that can quickly perform large amounts of tests (results must be received within 48 hours of testing)
- Facilities unable to arrange with a laboratory that meets the above requirements should document all actions taken to arrange testing



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CMS Test Reporting Rules

CMS released [QSO-20-37-CLIA, NH](#) introducing the new COVID-19 test reporting rules issued 8/25.

- Any facility that performs or analyzes every test intended to detect or diagnose COVID-19, all results for everyone tested must be reported in a format and frequency determined by the secretary (An FAQ document with more information should be published this week)
- Failure to report test results will result in a condition level violation of the CLIA regulation and can result in a Civil Money Penalty as required under CFR §§ 493.1804 and 493.1834.



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CMS Test Reporting Rules (State Rules)

All parties performing COVID-19 testing in the state of Texas must comply with the Governor's executive order requiring submission of all test reports (positive, negative, or indeterminate) to DSHS and the local health department. Please see [this link](#) for further information.

Reporting can be done electronically. Providers need to register at [this link](#) and will receive further instructions.



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CMS Test Reporting Rules (CLIA Waivers)

For facilities receiving Point-of-Care Antigen Test Kits from US HHS:

- Facilities will need to be CLIA certified or receive a waiver
- Facilities can apply for a CLIA waiver with [Form CMS-116](#) to your [regional licensing group](#)
- Please note that NFs should fill out section 1 by selecting “Other Changes (Specify)” and fill in “COVID 19 NH” to alert the State Agency that your application is a part of the HHS effort.”



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CMS Rules – Q&A

Question:

When does the CMS-mandated testing requirement go into effect?

Answer

The rules are effective as of September 2, 2020 and surveyors will begin surveying for compliance with the requirement on that date.

Starting September 2, surveyors will begin looking for compliance for testing. This includes documentation of actual testing and/or efforts being made to start testing as required. *(Cont. on next slide)*



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CMS Rules – Q&A

Facilities that currently do not have point-of-care testing should be able to provide documentation of all efforts taken to obtain machines, supplies, or contracts with labs in order to start testing.

Facilities should document every effort they make to be in compliance with testing rules. This includes documenting

- who they are calling/contacting to obtain testing capabilities,
- what they are being told,
- when they apply for a CLIA waiver,
- whether they have been identified for receiving a machine, etc.



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CMS Rules – Q&A

Question:

Can a NF use the rapid point-of-care (POC) diagnostic testing devices for weekly staff and resident testing? If the results from the antigen test are negative, is a PCR test required?

Answer

Yes, a nursing home may use the rapid POC diagnostic testing devices for staff or resident testing. Please note: per [QSO 20-38](#), CMS does not recommend that nursing homes test residents on a weekly basis unless there is an outbreak in the facility.
(Cont. on next slide)



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CMS Rules – Q&A

CMS defines an outbreak as: “a new COVID-19 infection in any healthcare personnel or any [nursing home-onset](#) COVID-19 infection in a resident.”

If an antigen test result is negative and there is no known exposure and no symptoms present, a nursing home 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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CMS Rules – Q&A

Question:

Does a nursing home 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. *(Cont. on next slide)*



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CMS Rules – Q&A

However, if staff or a resident becomes symptomatic within the three-month timeframe, the NF must test the staff or resident. Also, if more than three months have passed since symptom onset, NF must resume testing staff and residents based on the indicators described in QSO 20-38.

A person is considered recovered when they meet the CDC criteria for returning to work or for the discontinuation of transmission-based precautions.

This also applies for testing to meet/maintain requirements for Phase 1 visitation. However, facilities must document each instance.



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CMS Rules – Q&A

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, NFs without the ability to conduct COVID-19 POC testing should have arrangements with a laboratory to conduct tests to meet the testing requirements. *(Cont. on next slide)*



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CMS Rules – Q&A

Laboratories that can quickly process large numbers of tests with rapid reporting of results (must be within 48 hours) should be selected to rapidly inform infection prevention initiatives to prevent and limit transmission.



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CMS Rules – Q&A

Question:

What if we can't find a laboratory that can quickly process large numbers of tests with rapid reporting results?

Answer

If a facility cannot find a laboratory that meets testing requirements due to community testing supply shortages, or limited access, the facility should have documentation of its efforts to obtain quick turnaround test results with laboratories and contact with the local and state health departments.



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CMS Rules – Q&A

Question:

What is a laboratory?

Answer

Under the Clinical Laboratory Improvement Amendments (CLIA), a laboratory is defined as a facility that performs applicable testing on materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or assessment of the health of, human beings.



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CMS Rules – Q&A

Question:

What is a waived test (regarding CLIA waivers)?

Answer

As defined by CLIA, waived tests are categorized as “simple laboratory examinations and procedures that have an insignificant risk of an erroneous result.” The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews manufacturer’s applications for test system waiver.



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CMS Rules – Q&A

Question:

Can a nursing facility perform tests other than waived tests if they have a Certificate of Waiver?

Answer

No, only those tests that are CLIA-waived can be performed by a laboratory (a NF) with a Certificate of Waiver.



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CMS Rules – Q&A

Question:

The FDA has issued an approved emergency use authorization for the Abbott BinaxNOW COVID-19 rapid antigen test. Is this as an acceptable diagnostic screening product?

Answer

Yes, the Abbot BinaxNOW rapid antigen test is an acceptable diagnostic screening product. The Abbott BinaxNOW test is an FDA emergency use authorization approved antigen test, just like the BD Veritor and Quidel COVID-19 test devices that are being provided to nursing homes.



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CMS Rules – Q&A

Question:

Where can I find more information about POC diagnostic testing devices?

Answer

[CMS has published FAQs](#) related to COVID-19 testing at SNF/NF, which includes:

- Identification of providers receiving POC diagnostic testing devices
- the timeline and prioritization for receiving the device
- training resources
- safety considerations
- storage and shelf-life
- CLIA



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CMS Rules – Q&A

Question:

If the 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-NH, 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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CMS Rules – Q&A

- If the county positivity rate **increases** to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above 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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COVID-19 Q&A

Panelist

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



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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

Susan Purcell, BS, RN, CPHQ

Project Director/Regional Task Lead –
Nursing Home Quality Improvement

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.



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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,

(or) patty.ducayet@hhsc.state.tx.us



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

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



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Mini Training

Panelists

Samantha Chase
Joint Training Specialist
Policy, Rules, & Training/Regulatory Services
Division

Cindy Crim
Joint Training Specialist
Policy, Rules, & Training/Regulatory Services
Division



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COVID-19 Q&A

Panelist

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

-
- Questions from last week



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COVID-19 Q&A

Question:

Are hospice providers considered essential?

Answer:

Yes, hospice providers are considered essential per the [emergency rules issued on April](#), which allows them to enter facilities. However, facilities will have to decide on a case-by-case basis if a hospice worker is providing critical assistance or essential services, which would be based on the specific circumstances of the visit. *(Cont. on next slide)*



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COVID-19 Q&A

For example, a hospice worker providing assistance with ADLs or bathing may not be considered essential or critical, while providing pain management at end-of life might be.

If a facility chooses to not allow a hospice worker into the facility to perform non-critical services, the facility must provide those services instead. The decision, reasoning, and arrangements for providing these services must be documented.

Please note that hospice providers who regularly enter a facility will be considered “staff” for the purposes of testing requirements implemented by CMS and for Phase 1 visitation rules.



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COVID-19 Q&A

Question:

Can a facility take 2 to 3 residents for a van drive if proper social distancing and infection control is practiced?

Answer:

If social distancing of at least 6 ft can be maintained and infection control measures ensured, then it may be allowed on a case-by-case basis to take residents with COVID-19 negative status on a van ride.

Residents would have to meet the social distancing requirements for group activities:
(Cont. on next slide)



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COVID-19 Q&A

- Limit the number of people in an area of the facility participating in an activity to a number that will ensure social distance is maintained at all times.
- Maintain social distancing of at least 6 feet between each resident.
- Staff and residents perform appropriate hand hygiene before and after each activity.
- Staff wear facemasks and residents wear facemasks or face coverings.
- Do not use shared items.
- Clean and sanitize the activity area and all items used before and after each activity



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Questions?

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Thank you!

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