Coronavirus (COVID-19)  
Home and Community Support Services Agencies (HCSSAs), except Hospice Inpatient Units  
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.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all HCSSAs via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, this FAQ 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.

Please note that this policy guidance by HHSC Long-term Care Regulatory, such as Provider Letters 20-16 and 20-21, relates to requirements in rules governing licensing standards for HCSSAs (26 TAC, Chapter 558). HCSSAs that contract for Medicaid programs and other programs must also follow policy guidance of their contracted programs, including guidance related to reimbursement requirements.

April 23, 2020

How do I get in touch with the Department of State Health Services (DSHS)?
Answer: The following are ways to access DSHS information and staff:
DSHS website: http://dshs.texas.gov/coronavirus
DSHS Contact Information: If you have any questions or would like more information about COVID-19, contact DSHS by email or by phone 24/7:
  Email: coronavirus@dshs.texas.gov
  Phone:* Dial 2-1-1, then choose Option 6.
  *If you experience difficulty when dialing 2-1-1, please email at address above.

For assistance from local health entities, see the listing of local health entities by county at Coronavirus Disease 2019 (COVID-19) Local Health Entities.

Did DSHS update its guidance for public home health service providers?  
Answer: Yes, it was updated on April 15, 2020. On the DSHS Coronavirus/ Hospitals & Healthcare Professionals webpage, there is a link for the updated home health service providers at DSHS COVID-19 Guidance for Public Health Home Service Providers (PDF, V.3.0, updated 4/15/2020).
Can a HCSSA see a client whose physician is licensed in a bordering state, or does the physician have to be licensed in Texas?
Answer: A HCSSA can see a client whose physician is licensed in a bordering state. The definition for physician in 26 TAC §558.2(92) includes a physician licensed in Texas, Arkansas, Louisiana, New Mexico, or Oklahoma, as well as those commissioned or contracted and serving in the United States uniformed services or Public Health Service.

Should an agency report to HHSC if an agency staff or agency client tests positive for COVID-19?
Answer: No. However, an agency should report a COVID-19 positive case to the local health department in the county of residence or location for the client. If there is not a local health department, the report should be made to DSHS. (See above for DSHS contact information.)

How does an agency with multiple branch offices in a large service area report cases of COVID? Can our corporate office just report all cases to DSHS?
Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county of residence or location for the client or individual. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc.

Is a HCSSA required to report confirmed cases to both local health department and to DSHS offices?
Answer: You do not need to, nor should you, report a confirmed case to both the local health department and DSHS offices. You are advised to report to the local health entity, and if there is not a local health authority, to report to DSHS. Here again is the list of local health entities and public health offices for your convenience. https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/

How should an agency deal with clients with suspected COVID-19 cases in their homes as far as post mortem care?
Answer: Please see the CDC Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19, March 2020 (Interim Guidance) at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. This guidance includes information for loved ones who have questions about funerals, touching their loved one after the person is deceased, transportation, etc.

Can an agency accept a client who has tested positive for COVID-19 or is suspected of having COVID-19?
Answer: Yes. HCSSAs are a great line of defense for keeping people out of the hospital system. As with any new client who has a communicable disease or infection, an agency should follow its own protocols, CDC, and DSHS protocols, when accepting and providing care to that client.

Is there a specific teaching form recommended or can our agency use one we have developed?
Answer: HHSC does not have specific client education documents. An agency’s governing body or administrator should develop procedures with the best guidance available from the CDC, local, state and federal health departments, and relevant regulations.

An agency should dispel myths related to such things as handmade sanitizers (they are not effective or recommended by the CDC), fever point, social distancing, keeping themselves safe, and agency empowerment. For example, agencies can refuse visits by families, neighbors, and agency staff. Agency staff can also provide accurate information about testing in the area, the need to stay in isolation or quarantine as appropriate, and the conditions under which a person might need to be hospitalized.

Some family members and caregivers are asking about facemasks and respirators and other PPE. Does an agency have a responsibility to provide PPE to family members assisting the client considering limited PPE resources?
Answer: An agency’s first priority is safely providing services to as many of its clients as possible, and that means ensuring staff have access to PPE. Information about facemasks and respirators is available at COVID-19: Facemasks & Respirators Questions & Answers and can be shared with family members and caregivers.

Our agency is having difficulty meeting our frequency of visits as outlined in the plan of care, care plan, or individual service plan. How should we handle this?
Answer: If you are unable to meet the frequency of visits outlined in the plan, update the plan and then document why you are unable to meet its requirements at this time. Be sure to let your client/family/caregiver know of the change and why.

CMS’s QSO 20-20-All memo mentioned a self-assessment infection control checklist. Where can I find this checklist?
Answer: CDC’s infection control assessment tools can be used for all agency categories to the extent applicable to its services and clientele. The CDC developed these tools to assist health departments in assessing infection prevention practices and to guide quality improvement activities (e.g., by addressing identified gaps). The tools also can be used by to conduct internal quality improvement audits.

When can a provider staff 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.

What are CMS’s emergency declaration blanket waivers related to OASIS?
TX OASIS coordinators are providing CMS information to help home health agencies access information due to the COVID-19 public health emergency affecting how providers meet the CMS OASIS Conditions of Participation. Register here for CMS News Updates to stay current on information that might affect a certified home health agency.

CMS also is providing relief to home health agencies on the timeframes related to OASIS transmission through the following actions:
• Extending the 5-day completion requirement for the comprehensive assessment to 30 days.
• Waiving the 30-day OASIS submission requirement. Delayed submission is permitted during the public health emergency.

Read the emergency waivers released by CMS related to COVID-19. For full details on certified home health agencies and how the waivers affect OASIS, Initial Assessments, and home health agency supervision, please review the List of Blanket Waivers (PDF).

On April 7, 2020, CMS posted a letter to clinicians. The PDF summarizes actions CMS has taken to ensure clinicians have the most flexibility to reduce unnecessary barriers to providing patient care during the unprecedented outbreak of COVID-19.

Contact the Texas OASIS help desk at 833-769-1945 regarding OASIS and iQIES OASIS related issues.

The following FAQs are specific to hospice operations:

If a hospice agency is doing virtual interdisciplinary team (IDT) meetings, can they get the required signatures of attendees at a later time or write down the attendees’ names and write a note that these were the people present?
Answer: Signatures are still required; however, an agency can use electronic signature, if available, or can obtain signatures at a later date. The agency should document its efforts to obtain signatures.

If a hospice client wants to be screened for COVID-19, is this considered aggressive treatment? Do we have to discharge the client?
Answer: There is not CMS guidance at this time, but from a licensing standpoint, if testing is available then an agency is not required to discharge because this is a public health measure. The process is determined by your local health authority and the physician.

As a hospice agency, we anticipate needing to pull staff from our alternate delivery site (ADS) to work at our main site because of staffing issues. Can we temporarily alter or halt hours at our ADS?
Answer: Yes, a hospice agency can temporarily close its ADS during this pandemic in accordance with the agency’s policies. The agency must:
• forward its office phone to the main site or to a teleworking staff during office hours; and
• post a notice on the front door of the ADS stating:
  o that the site is temporarily closed; and
  o the phone number to call during site hours.
The agency does not need to notify HHSC of the temporary ADS closure.

What if a certified hospice is unable to meet the requirements related to volunteers?
Answer: CMS is waiving the requirement at 42 CFR §418.78(e) that hospices are required to use volunteers (including at least 5% of patient care hours). It is
anticipated that hospice volunteer availability and use will be reduced related to COVID-19 surge and potential quarantine.

**How else can hospices help beyond taking care of their own patients?**

*Answer:* Hospices can reach out to their fellow hospices to see if there is a need or a hospice could offer to share its volunteers.

**Hospice agencies are still having trouble seeing clients in a nursing facility (NF) or an assisted living facility (ALF). What can we do?**

*Answer:* First, ensure that you are coordinating care with the facility and that you are talking about your role as an essential health care provider for the specific hospice patient. Show the facility the applicable provider letter (*PL20-11* for NF, *PL20-23* for ALF) that authorizes you as an essential provider can enter the facility. Hospice agencies should have conversations with the IDT to determine strategies for accessing and treating patients in facilities. Agencies should discuss the need for amended agreements or contracts with facilities for back up services.

**What about the requirement for a hospice agency to have an RN visit with a hospice client every 2 weeks? Does the visit have to be face-to-face?**

*Answer:* From a licensing perspective, the hospice agency may conduct the RN visit by phone based on the client’s situation. An agency may need to be creative. If a nurse has to visit to provide an essential care service, then the hospice might be able to combine the visits, moving the visit timeframe so that there are fewer visits to the client’s home. In a NF, a hospice agency may be able to use the RN at the NF to do assessment tasks while communicating by phone with the hospice RN. The hospice agency could develop policies and procedures that work effectively for the agency and the agency’s clients.

**Could a hospice agency amend its contract with an NF so that the NF RN would be responsible for meeting the needs of the hospice’s clients during an emergency?**

*Answer:* Yes, contracts may be amended, but only:
- as appropriate to the needs of the hospice’s clients;
- if the NF is able and willing to take on the responsibility; and
- if the hospice and NF are able to coordinate care.

**Can a certified hospice use telehealth?**

*Answer:* The CMS waivers allow for telehealth services to be provided to patient’s receiving routine home care, if it is feasible and appropriate to do so. It also allows for the face-to-face encounters for purposes of patient recertification for the hospice benefit. If you have questions about payment, reach out to their fiscal intermediary for guidance. For HIPPA Guidance, go to: [https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html).

**Do hospices have to provide all core services?**
Answer: Yes, but considering the circumstances, you may need to look at this on a case-by-case basis. You may need to ask what is critical and essential today for the patient. It’s possible another staff person seeing the patient on a particular day and could meet the client’s needs that the other professional normally does.

**Would it be possible to use a long-term care registered nurse to complete the nurse’s 15-day visit?**
Answer: Yes, review and update (as necessary) your agreement with the facility to ensure roles are updated and clear.

**Is a hospice aide or certified nurse aide (CNA) considered a provider of essential services?**
Answer: This is determined on a case-by-case basis depending on what the aide is doing for the hospice client.

**Are nursing facilities and hospitals being asked to identify COVID symptoms when making referrals to hospice?**
Answer: Yes, hospitals know to do this. And it is not unique in this pandemic. A referral to hospice at any time should identify all signs, symptoms, and issues going on with a potential client. It’s important when communicating and coordinating care.

**Can a nursing facility insist on a negative COVID-19 test before accepting a hospice client even if the client has been at home, doesn’t have symptoms, hasn’t been exposed to anyone who tested positive, and doesn’t meet the criteria for being tested?**
Answer: A nursing facility should not require a COVID-19 test in such a situation, especially since testing should only be done in response to a physician’s order.

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**April 10, 2020**

**How do HCSSAs get more personal protective equipment (PPE)?**
Answer: Providers should first try to get PPE through their normal supply chain or through other available resources. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

If providers cannot get PPE from vendor(s) and have exhausted all other options, ask your local office of emergency management to request some on your behalf using the STAR system. Please note that this is not a guarantee of receiving it. Supplies of PPE might be insufficient to meet demand.

For the most current guidance on the use of PPE and how to conserve it, access resources from [DSHS](http://www.dshs.wa.gov) and CDC. The CDC COVID-19 website has sections for [health care professionals](https://www.cdc.gov/coronavirus/2019-ncov/index.html) and [health care facilities](https://www.cdc.gov/coronavirus/2019-ncov/health-care-professionals/index.html).
The CDC also has specific information relating to:
- Healthcare Supply of PPE
- Strategies to Optimize PPE and Equipment
Where should HCSSA 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

To practice social distancing, can a HCSSA temporarily close its office and arrange for its office staff to telework?
Answer: Yes, the HCSSA can temporarily close its office to walk-in traffic during this pandemic in accordance with the agency’s policies. The HCSSA must:
- Forward its office phone to a teleworking staff during office hours; and
- Post a notice on the front door of the office stating:
  - that the office is temporarily closed to lessen the spread of COVID-19; and
  - the phone number to call during office hours.
The HCSSA does not need to notify HHSC of the temporary office closure.

Are activities of daily living (ADLs) considered essential services?
Answer: Services on the individual service plan (ISP), such as meal prep, bathing, and dressing, could be considered essential services if the client does not have anyone else to help them with those services. ADLs should be evaluated on a case-by-case basis for each client to determine if the visit is essential for that client’s health and safety. If the client has family members sheltering with them, daily meal prep might not be an essential task if the family member is handling meals. Laundry might be postponed if the client can wait or a household member can do the task.

We must take into consideration that we are to implement the governor’s order to limit contact with others. If a visit can be rescheduled or done by virtual format, the agency should do that. Agency staff should speak with the client and family members about their situation and, using best judgement and weighing the risks, determine what are essential and non-essential services.

Can supervisory visits be conducted by phone or video conferencing?
Answer: Yes. Supervisory visits determined to be non-essential can be conducted via phone or video conferencing.

Regarding the second screening criterion in PL 20-16 that states “contact in the last 14 days with someone who has a confirmed diagnosis of COVID-
19, is under investigation for COVID-19, or is ill with respiratory illness” – Don’t you mean “unprotected contact”? Answer: Yes, we mean unprotected contact. It was not the intent of the guidance to prohibit an employee who is providing services while using the appropriate PPE and following infection control procedures from providing services to additional clients while being consistent with the CDC guidelines. If an employee has unprotected exposure in or outside of work, however, the agency must isolate the staff member and monitor the signs and symptoms of the infection consistent with CDC guidelines.

Due to the ever-changing information that we are all receiving, an agency must continue to follow the most current guidance as provided by Health and Human Services Commission (HHSC), the Centers for Disease Control (CDC), the Department of State Health Services (DSHS), and your local public health department to reduce the risk of spreading the virus to individuals served.

Can we discharge a hospice client for cause if the facility in which the resident resides won’t let us in? Answer: Yes. The discharge should be discussed with the client, client’s family or legally authorized individual, and the client’s attending physician. Prior to discharge, the hospice should communicate with the facility to explain the nature of essential hospice services for the client.

Some staff have badges, and some do not; can they carry a letter on the company letterhead to assist in identification? Answer: Yes. An agency should have procedures for non-badge holders to identify themselves to facility staff and to law enforcement. A letter on company letterhead would work for this purpose.

Can the hospice social worker and chaplain reports be done via chat/audio/video using the hospice nurse or the long-term care nurse working for the facility? Answer: Yes. These reports can be done as part of an agency’s agreement with the facility.

Do we still have to conduct visits if we need PPE and none is available? Answer: No. In situations where a client or household member has failed a COVID screening, HCSSA staff are not required to conduct visits without PPE when it is unavailable. Essential visits that are not conducted must be documented along with justification for the visit not occurring. Also, the client’s attending physician must be notified of the missed visit.

Does screening of the client and household members need to be documented every time it occurs? Answer: Yes, screening and its documentation is always necessary.

Do our aides need to wear PPE regardless of presence of any infection or signs and symptoms? Answer: PPE should be used only if the client or a household member meets any of the screening criteria, unless use of PPE is appropriate to the service being provided
**What happens to our clients when unlicensed attendants are under a shelter-in-place order?**

**Answer:** Most local shelter-in-place orders provide exceptions for health care staff. All HCSSA licensed categories provide health care services, and licensed staff and attendants are essential health care personnel. Agencies are encouraged to issue name badges or letters on company letterhead identifying staff as a provider of health care in a client’s home.

**What should an agency do if attendants refuse shifts? We do not have enough staff due to daycare closures, illness, and exposure risks.**

**Answer:** This is where the agency’s emergency preparedness and response plan is essential. Implement the agency’s staff back-up plans, such as having arranged for a household member to provide services in an emergency. The household member would have agreed and been trained for an emergency such as a pandemic. Ultimately, an agency must document all its efforts to ensure adequate staff and that services are provided to clients. An agency also must communicate with the client’s physician related to any missed visits.

**What if our clients are asking for a postponement of their visits? Can we do telecommunication visits?**

**Answer:** Yes, non-essential services can be provided via telecommunication visits. The client always has the option to refuse a visit or request postponement. An agency must document a client’s refusal or postponement request.

**For client screening, is it a positive screening if they meet only one criterion/symptom (such as a cough with no other symptoms), or do they need to meet multiple criteria?**

**Answer:** Yes. Any single criterion that is met results in a positive screening.

**Is an agency able to extend the date of a supervisory visit if the client is quarantined due to COVID19?**

**Answer:** Yes, the visit can be extended.

**Some parents of CLASS waiver recipients are still requesting specialized therapies. Is a specialized therapy (such as Music Therapy, Recreation Therapy, Aquatic Therapy and Massage Therapy) essential?**

**Answer:** Specialized therapies continue if the client’s service planning team determines the therapy is an essential service. The determination and justification for the determination must be documented.

**Does our ability to do telehealth instead of face-to-face visits apply only if the client or household member answered yes to one of the screening questions?**

**Answer:** No, HHSC encourages agencies to limit contact as much as possible.

**Does an agency have to continue to provide services to a client who is diagnosed with COVID-19?**

**Answer:** If the service is determined to be an essential service, yes, the HCSSA must provide it unless a household member is willing and able to provide the service or some of the services. Preventing hospitalization should be the goal, if
possible. With the agreement of the client, agency staff can enter the home. However, the agency must adhere to all CDC guidelines for the use of PPE, such as goggles, masks, gloves, and disposable gowns.

The agency must reschedule all non-essential services to a time when the client has been fever-free for at least 24 hours without the aid of medications to reduce fever.

If the client lives with someone who has tested positive for COVID-19 and the entire household is quarantined, is the agency still responsible to provide the service?

Answer: Yes, essential services must be provided if PPE is available. If the client has someone in the home who has been trained to provide these services and is willing and able to do so, the agency can use this back-up arrangement as long as it is documented. Use of such a back-up scenario also should be discussed prior to implementation of an agency’s emergency preparedness plan.

If PPE is not available and someone in the home cannot provide the service, the agency must document why the visit was not conducted. Also, the client’s attending physician must be notified of the missed visit.