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. If guidance changes from a previous week's FAQs, it will be noted in red font under that earlier date. 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 FAQ document and other policy guidance by HHSC Long-term Care Regulatory, such as Provider Letters 20-16 and 20-21, relates to state licensing standards and requirements governing Home and Community Support Services Agencies (HCSSAs) in 26 Texas Administrative Code (TAC), Chapter 558. HCSSAs that participate in Medicare or contract for Medicaid or other programs must also follow applicable federal regulations, applicable state program rules and contracts, and policy guidance for their contracted programs, including guidance related to reimbursement requirements.

May 21, 2020

Resource: The Occupational Safety and Health Administration Respiratory Protection eTool provides N95 respirator and fit-testing information and resources.

Can orientation for unlicensed staff be conducted via telephone?
Answer: This is permissible, but the agency must determine whether the orientation is appropriate to be conducted by telephone or whether video communication is needed, so that demonstration of an assigned task can be seen. An agency will need to document that the call/communication took place (date, time, length of call) and what was covered during the call. This information needs to be in the HCSSA's staffing records to show what was done, what was discussed, and what orientation was provided according to the tasks that the staff would perform.

Can an agency conduct initial visits via telehealth and telemedicine?

Answer: Yes, but an agency must determine whether the use of telehealth or telemedicine for the initial visit would be appropriate on a case-by-cases basis, according to the client's needs and circumstances and the agency's policies and procedures. See below for a response that addresses hospice start of care more specifically.

Can a hospice agency use telehealth and telecommunication to perform start-of-care on new hospice patients?
Answer: From a licensing standpoint, HHSC would allow the use of telehealth and telecommunication to start care so a new hospice client can receive services as quickly as possible, as long as an in-person initial assessment is not essential.

Whether the use of telehealth or telecommunication to start care for a new client would be appropriate would depend on the client's needs. For example, even if a prospective client has a legally authorized representative who can provide informed consent, an in-person visit might nonetheless be called for if a client's age or condition would prevent meaningful client participation or impede a client's understanding of information provided at admission.

The prospective client also might have recently left a hospital, so starting hospice for an individual in a significantly deteriorated physical condition might require in-person assessment and interaction.

These and other relevant factors would be important for an agency to consider. The criteria established by emergency rule 26 TAC §558.408 would then guide subsequent visits as well.

Can telehealth be done by a licensed vocational nurse, or does it require a registered nurse?
Answer: The Texas Board of Nursing regulates nursing licensure, standards of conduct, and scope of practice. Board of Nursing rules are in Title 22, Texas Administrative Code, Part 11, and the Board of Nursing website has a web page specific to licensed vocational nurse (LVN) practice that addresses a variety of scope of practice issues, including LVN's performing telephonic nursing. It also has a page with topic-based contact information. S&CC 07-08 provides additional information specific to HCSSAs.

Does telehealth require an order?
Answer: A health professional providing health services by telehealth is subject to the standard of care that would apply to providing the same health care service or procedure in an in-person setting. If a physician's order is required for the service, it is required regardless of whether the service is in person or delivered by telehealth. In addition, delivery of services by telehealth might require additional orders or specification of parameters within an order to account for the method of providing the service (i.e., via telecommunications).

Can an agency use cloth masks when standard personal protective equipment is not available?
Answer: An agency should be using commercially-produced personal protective equipment (PPE) for staff even when no confirmed or suspected COVID-19 is present, based on the risks associated with the service provided and the risk to the client. If no PPE is available, a cloth face covering is better for source control than

no face covering. The client can be using cloth or homemade masks based on the availability of PPE and the condition of the client and others in the home environment. The following link provides CDC guidance for optimizing PPE and equipment: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Can staff and clients wear cloth masks for routine home care in situations with no suspicion of COVID-19?
Answer: Yes, but only if nothing else is available. HHSC also encourages the use of face shields and eye protection in such a situation. See the response to the previous FAQ.

Many providers have tried to report their COVID-19 patients to their local health departments without success. The local health departments are refusing to take their information. Are they aware that is part of our requirement? Why are they refusing to accept the information? Agencies are documenting their attempts to report but wanted to know if there is anything else HHSC would recommend?
Answer: Each local health department should have a specific unit or phone number for reporting notifiable diseases. Each local health entity should have an epidemiologist who is doing surveillance for COVID-19 who should take your calls. If this is not successful, a required report should be made to DSHS by email at coronavirus@dshs.state.tx.us.

What should we do if the agency is unsuccessful in maintaining or hiring staff to provide care to a COVID-positive client?
Answer: First, consult and follow the standard backup services policy required of every agency under 26 TAC §558.290, as well as additional backup planning developed as part of the required emergency preparedness and response plan, which includes a continuity of operations plan. Under §558.290, backup services can be provided by an agency employee, a contractor, or, if the requirements of that section are otherwise met, the client's designee who is willing and able to provide the necessary services. An agency can also make other arrangements that are consistent with applicable HCSSA licensing requirements and exemptions under Health and Safety Code §142.002 and §142.003.

If the client's health, safety, or medical needs warrant it, or pursuant to physician orders, the discharge or transfer of the client might be necessary, though notice must be made to any client physician involved in the agency's care. If an agency still has staffing shortages after following these measures, the agency should document the staffing deficiency and its attempts to follow these policies and plans, including appropriate client transfers and discharges, and make sure the attending physician is aware of the situation.

Does HHSC have any guidance for PAS agencies with respect to their unlicensed staff wearing full PPE when they are not medically trained to don and doff PPE appropriately?
Answer: If unlicensed staff at a PAS agency need to use full PPE, the PAS agency must ensure staff are trained in how to put on and take off PPE properly. The CDC has information about how to put on and take off PPE to minimize infection transmission (see https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-

ppe.html). Also consult and follow provisions for this type of training in the HCSSA's infection control policies.

Below are several other helpful "mini webinars" from the CDC:

- Sparkling Surfaces - https://youtu.be/t7OH8ORr5Ig
- Clean Hands - https://youtu.be/xmYMUly7qiE
- Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA
- Keep COVID-19 Out! https://youtu.be/7srwrF9MGdw

Some assisted living facilities and intermediate care facilities for individuals with an intellectual disability or related conditions are requiring HCSSA staff to wear full PPE to provide essential services, even though the facility's own staff are only wearing a mask. Are there any HHSC guidelines requiring this when there are no active COVID-19 cases?
Answer: HHSC expects staff in these facilities to wear masks and use other PPE as appropriate to the care and services being delivered. HHSC does not prescribe the details of facility policies and procedures that are developed consistent with applicable guidelines and requirements. Within these parameters, agencies and facilities can collaborate about how best to address their respective needs, responsibilities, and expectations so that both can effectively serve and protect all of their clients.

Please note that 26 TAC §558.408(c), Emergency Rule for HCSSA Response to COVID-19, requires agency staff entering a licensed facility to follow the infection control protocols of that facility.

Are clients allowed to transfer to another agency during the COVID-19 epidemic?
Answer: Yes. A client can request transfer or discharge at any time. However, services might not always be available from another agency or service provider.

Return to work question: If an employee reports symptoms of COVID-19, but is never tested for the virus, what is the criteria for return to work?
Answer: DSHS has developed return-to-work criteria. Refer to DSHS Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation.

After exposure, then self-quarantine, does an employee need a medical release to return to work?
Answer: The agency's own policy would govern requirements for a medical release.

Can we use electronic signatures, or just not get signatures for initial visits and assessments?
Answer: For any documentation requiring a signature, an electronic signature is acceptable as long as it contains adequate security and authentication measures to reliably identify the signer and securely transmit the signature. For documentation relating to an initial visit and assessment that does *not* require signature, documentation of required components and indication of the client's understanding is sufficient.

Are telehealth visits approved only for suspected or confirmed positive COVID-19 clients who don't need an essential service, or are they now being encouraged for all clients?
Answer: Telehealth and telecommunication visits can be used for any client, as appropriate to the visit being conducted and services being provided.

Are recordings of the weekly HCSSA webinars on the HHSC website?
Answer: Yes, recorded webinars are available on the HHSC website on the HCSSA home page.

Should home health agency staff be restricted from accessing patients in assisted and independent living facilities?
Answer: CMS does not regulate these facilities. HHSC regulates assisted living facilities (ALFs), but it does not regulate independent living facilities. Home health agencies (HHAs) should coordinate with assisted living and independent living facilities to ensure care is provided in an appropriate and safe manner for HHA clients who are residents of such facilities.

HHAs provide essential health-care services in a variety of community-based settings, including assisted and independent living facilities, and residents of an ALF have a statutory right to contract with an HHA. Moreover, if HHA staff are appropriately wearing PPE and do not meet criteria for prohibiting their access to their clients in the facility, then allowing a resident to receive visits from HHA staff providing critical assistance is consistent with an ALF resident's rights.

See 26 TAC §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19 and 26 TAC §558.408, Emergency Rule for HCSSA Response to COVID-19. Under these emergency rules, agencies can collaborate with facilities about how best to address their respective provider needs, responsibilities, and expectations so that both are able to effectively serve and protect their clients.

If a client's physical condition requires staff to be very close to provide services (transfer, feed, bathe), what mask does the client and the staff need to wear?
Answer: If a client has COVID-19, an agency should ensure staff use an N95 respirator, with proper fit-testing. Also, an agency should ensure, for any client, that staff use an N95 respirator for all procedures and activities where there is potential for the client to aerosolize the virus. Otherwise, a surgical mask is appropriate. The client should wear a face mask or cloth mask that fits appropriately.

If the client is medically compromised and readily subject to illness, must an agency provide to the client a similar mask as the attendant is wearing?
Answer: An agency's policies govern this issue.

Should HCSSA staff be using PPE for client personal care (personal hygiene, showers, cooking), if the client doesn't have COVID-19 symptoms?
Answer: An agency should supply and train staff to use PPE appropriate to the situation and services being delivered. If staff is providing only tasks where social distancing can be maintained (e.g., cooking, cleaning), they can wear less PPE,

such as only gloves, or even none – as long as effective, frequent hand-washing and sanitation are observed.

However, consistent with Governor Abbott's Executive Order GA-21, staff are *encouraged to wear face coverings* to reduce the asymptomatic spread of COVID-19, even outside the social distancing area.

Is an agency required to provide a mask to a staff person providing personal care services to a client without COVID-19 symptoms or diagnosis?
Answer: Agency must provide all necessary PPE for attendants to do their jobs safely.

Does an agency whose office staff are not teleworking need to supply its office staff with masks?
Answer: Yes, if the office staff will be accepting visitors and having face-to-face contact with clients in the office. Some localities require masks for all individuals when outside their home.

Do audit surveys focused on infection control apply to PAS agencies?
Answer: Yes, in accordance with 26 TAC §558.285, all agencies must adopt and enforce infection control policies. Since a personal assistance services (PAS) agency does not provide clinical services, their policies will differ from those of a home health or hospice agency. HHSC has developed an Infection Control Probe Tool for PAS agencies to review the effectiveness of their infection control policies. Long Term Care Regulation survey staff will use these prompts to conduct infection control focused surveys. HHSC encourages all PAS agencies to use the tool to determine whether their infection control policies and procedures prevent and control the spread of communicable diseases such as COVID-19.

Are PAS agencies responsible for ensuring their staff have thermometers?
Answer: Yes. A PAS agency must ensure its staff have a working thermometer.

If someone in the client's household tests positive for COVID-19 and the doctor has recommended that everyone in the household and the HCSSA's staff serving the client be on 14-day self-quarantine, is the agency required to send other staff to provide service to the client?
Answer: The agency should evaluate whether in-person services within the 14-day quarantine timeframe are essential. If they are, assign another staff member to provide the services using appropriate PPE.

How long are we allowed to do telecommunication in place of in-person visits?
Answer: That is unknown as this time. HHSC will keep HCSSAs informed of waivers and exceptions through required rule-related notifications in the *Texas Register,* GovDelivery announcements, provider letters, and HCSSA home page postings.

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 May 7, 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 5/7/2020) under "Infection Control".

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: DSHS has developed return-to-work criteria. Refer to DSHS Strategies for Healthcare Personnel with Confirmed COVID-19 to Return to Work from Home Isolation.

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:
  - that the site is temporarily closed; and
  - 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: 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.

Do hospices have to provide all core services?

Answer: Yes, but considering the circumstances, you might need to look at this on a case-by-case basis. You can ask what is critical and essential today for the patient. It is possible another staff person seeing the patient on a particular day could meet the client's needs that another 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.

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 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

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 (e.g., wound care). Refer to CDC guidelines for optimization of PPE.

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.