

Intermediate Care Facility (ICF) 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 ICF's via this regularly updated Frequently Asked Questions (FAQs) document.

This FAQ document was revised on April 1, 2021.

With each update, new questions will be identified with the date that they were added. If guidance changes, it will be identified in red font as added or deleted text. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or LTCRPolicy@hhs.Texas.gov.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 among agency clients and staff. The guidance provided is based on requirements governing Intermediate Care Facility's in [26 Texas Administrative Code \(TAC\), Chapter 551](#), as well as best practice and CDC recommendations.

NOTE: All ICF providers are responsible for monitoring the following websites for changes to guidance and requirements:

[The Health and Human Services Commission](#)

[The Texas Department of State Health Services](#)

[The Centers for Disease Control and Prevention](#)

[The Centers for Medicare and Medicaid Services](#)

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Date	Change	Comments
4/1/2021	Rearranged sections. Added "Quarantine" section. Changes to pages 7, 9, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 28, 30, 31	Edited to include new revised Expansion of Reopening Visitation Requirements rules

Infection Control and Personal Protective Equipment

What is the minimum cleaning schedule for a residence?

The CDC recommends that cleaning should be done “frequently” but provides no specific minimum cleaning schedule requirements.

What documentation regarding cleaning and disinfecting procedures will be required in the home?

ICF surveyors will request documentation pertaining to infection control policies, including staff training and implementation of appropriate policies.

How can an ICF provider determine if a disinfectant product will actually kill the COVID-19 virus?

[List N](#) on the Environmental Protection Agency’s website contains disinfectants for use against COVID-19. A provider can search the list by entering the product’s EPA registration number, which is found on the product’s label.

There are so many hand sanitizers available. Are they all safe and effective?

No. The Food and Drug Administration (FDA) has posted [updates on hand sanitizers consumers should not use](#). Hand sanitizers must have a final concentration of 80% ethanol or 75% isopropyl alcohol to be effective against COVID-19.

How do providers get more personal protective equipment (PPE)?

Providers should first try to get PPE through their normal supply chain or through other available resources. Some resources are local partners or stakeholders, the Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

If an provider cannot get PPE from vendor(s) and have exhausted all other options, they should contact the [Regional Advisory Council](#) for their service area. Additionally, the Texas Division of Emergency Management (TDEM): <https://tdem.texas.gov/> can assist. A provider also can request PPE through TDEM’s STAR program. The [State of Texas Assistance Request \(STAR\) User Guide](#) provides instructions for submitting a request. ICF providers should also document any attempts they make at obtaining PPE.

How much PPE should a provider have on hand when a surge outbreak occurs?

HHSC requires a provider maintain at least a two-week supply of PPE at all times. Shortages of PPE can happen at any time, so agencies should be mindful to conserve supplies when possible.

What do you mean by full PPE?

Full PPE means gloves, gown, surgical or procedure mask, and face shield or goggles. If the

client is positive for COVID- 19 or suspected positive, then an N95 respirator is used instead of a surgical or procedure mask.

When should staff wear full PPE?

Staff should wear full PPE when an individual has COVID-19, is awaiting test results for COVID-19, meets a screening criterion, or the tasks being performed would result in aerosolizing of droplets, such as breathing treatments. In these situations, staff must wear full PPE even if the individual is asymptomatic.

In the absence of N95 respirator availability, can KN95 respirators be used in the care of clients with confirmed or suspected COVID-19?

The FDA issued an emergency use authorization (EUA) for certain KN95 respirators. Agencies can use a KN95 respirator in the care of clients with confirmed or suspected COVID-19 if the respirator is listed on [Appendix A: Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China \(Updated: August 14, 2020\)](#).

Do individuals need to wear a mask when not in their bedrooms?

All individuals who are not ill should wear a cloth face covering for source control, [if tolerated,] whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

If individuals and staff are attending events in the public, [the individual should wear a face covering, if tolerated.]

If individuals live in the same house, do they need to physical distance?

An ICF/IID must ensure clients the opportunity to participate in social, religious, and community group activities. However, the provider has the responsibility of ensuring that infection prevention and control measures are followed.

In the facility, this includes:

- staff and other persons entering the facility are screened prior to entry
- individuals wear a facemask or face covering if tolerated
- staff and individuals perform proper hand hygiene
- staff and individuals follow cough and sneeze etiquette
- individuals maintain physical distancing (maintaining at least six feet of distance between themselves and other individuals)
- only individuals who have COVID-19 negative status or who have recovered from COVID-19 participate in group activities
- individuals who are under transmission-based precautions (COVID-19 positive or unknown COVID-19 status) do not participate in group activities

Shared items are not used during group activities. Examples:

- playing basketball where the ball is shared between individuals during the game and without cleaning and sanitization occurring between each person touching the basketball, or
- crafts where the supplies are all passed around.

COVID-19 Screening and Documentation

What are the screening criteria?

The COVID-19 screening criteria are as follows:

1. The following COVID-19 symptoms and any additional signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing):
 - fever (100.4 and above as measured with a thermometer);
 - chills;
 - [new or worsening] cough, sore throat, shortness of breath, or difficulty breathing;
 - fatigue, muscle, or body aches;
 - headache;
 - new loss of taste or smell;
 - congestion or runny nose;
 - nausea or vomiting; and
 - diarrhea.
2. Unprotected 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 a respiratory illness.

What constitutes a positive screening? When someone meets only one criterion/symptom (such as a cough with no other symptoms) or when they meet multiple criteria?

Any single criterion that is met results in a positive screening. Please note that a screening needs to be based on any of the symptoms that are NEW to the person being screened. People can experience some of the listed symptoms on a regular basis. The screening should only identify NEWLY experienced symptoms, as in those within the last 48 hours.

Does a provider have to screen for all criteria? Can a provider just ask about signs and symptoms? Can temperature alone suffice as screening?

A provider's screening must address all screening criteria every time a screening is performed. Each screening criterion must be asked of the individual being screened.

What is the purpose of screening?

The purpose and the timing of the screenings are to prevent the potential spread of COVID-19 among staff and individuals.

Does screening for the staff and individuals need to be documented every time it occurs?

Yes. Every required screening must be documented.

Are staff required to take a surveyor's temperature before entering the home?

The screening requirements pertain to all ICF residences, which includes staff. One of the requirements is that the service provider screen for a fever, which is best determined by taking the person's temperature. For staff, that includes being screened at least once per shift.

Will a new enrollment need to have a COVID-19 test prior to placement visits?

HHSC is not requiring COVID-19 tests prior to pre-placement visits. However, screening prior to entry must be completed.

Individuals Leaving the Home

Can an individual leave the home if they choose to?

A resident is not prohibited from leaving the facility. However, the ICF has a responsibility to ensure the resident is making an informed decision. Specifically, the ICF must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. If the resident makes an informed decision and chooses to leave the facility to enjoy some bowling or other activities with their loved ones, the ICF must also educate the resident about infection control and prevention procedures, including:

- wearing a facemask or face covering if tolerated
- performing hand hygiene
- cough and sneeze etiquette
- physical distancing (maintaining at least six feet of distance between themselves and others)
- being aware of others who may potentially or actually have COVID-19
- reporting any contact with another person who may potentially or actually have COVID-19 to the ICF

Can an individual who is COVID positive be restricted from activities outside the home?

If individuals test positive for COVID-19, they are highly encouraged to follow all isolation recommendations from their physician, local public health authority, DSHS, and the CDC to reduce the risk of spread.

Program providers should provide increased education and training on infection control procedures. If an individual refuses to comply with doctor's orders, an IDT meeting can be held to discuss options to best meet the health and safety needs of the individual. The program provider should document the additional training and support provided to assist the individual in maintaining proper isolation.

Can individuals attend day habilitation?

Yes, an individual may attend day habilitation if they choose to do so. If physical distancing is not maintained at the day habilitation program, the program provider must determine if they would like to contract with that provider or determine what other options might be available if the individual wishes to attend.

DSHS has released [the DSHS Checklist for Day Habilitation Sites](#) to provide guidance during the pandemic.

What actions must a provider take if an individual chooses to leave (i.e., for a family visit, to work, day habilitation or otherwise)?

[The CDC continues to encourage minimizing] social gatherings and in-person contact with those not in the same household. However, an ICF must ensure clients the opportunity to participate in social, religious, and community group activities. Facilities must educate the

individual on the risks associated with different activities. If an individual makes an informed decision to leave the facility, the facility must educate the individual (and the person accompanying the individual if possible) about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the individual;
- performing hand hygiene;
- cough and sneeze etiquette;
- physical distancing (meaning maintaining at least six feet of distance between themselves and others);
- being aware of others who may potentially have COVID-19 or are confirmed to have COVID-19; and
- reporting any contact with another person who potentially has COVID-19 or are confirmed to have COVID-19 to the facility.

For individuals who leave a facility to go out into the community, the facility will have to determine if the individual meets any of the criteria for “unknown COVID-19 status”, which include:

- spending one or more nights away from the facility; or
- having exposure or close contact with a person who is COVID-19 positive; or
- having exposure or close contact with a person who is exhibiting symptoms of COVID-19 while awaiting test results.

Note: If the individual meets any of these criteria the individual will need to quarantine upon return to the facility according to CDC guidelines.

See the [Quarantine](#) section for more information related to quarantine and CDC guidance.

Activities: Holidays & Beyond

Can facilities plan group activities?

ICFs planning group activities, including holiday meals, should follow the guidance below:

- Group activities should be for COVID-19 negative individuals
- Maintain physical distancing of at least 6 feet between each individual
- Perform hand hygiene before and after activity
- Staff wear facemasks, and individuals wear facemasks or face coverings if tolerated
- Do not use shared items
- Clean and sanitize the activity area and all items used before and after each activity

Individuals have the right to make the informed decision to leave the facility for a holiday activity. ICFs should educate individuals (or individual families if possible) about risks and infection control protocol, including:

- Avoiding large group gatherings
- Avoiding having a buffet-style meal
- Do not include persons with signs or symptoms of COVID-19 in gatherings
- Wear facemasks as much as possible (or as tolerated for the individual)
- Ensure frequent and proper handwashing

CDC recommends that those with increased risk of severe illness from COVID-19 avoid in-person gatherings. **[Individuals who leave the facility must be considered to have “unknown COVID-19 status” and quarantined according to the CDC guidance if they:]**

- Have been gone overnight; or
- Had exposure or close contact with a person who is COVID-19 positive, or who was exhibiting symptoms of COVID-19 while awaiting test results

For more information on when to quarantine, see [Individuals Leaving the Home](#)

What guidance has LTCR released in regard to group activities?

LTCR issued [PL 20-53](#) on November 20, 2020 and can be used as a general reference through the duration of the public health emergency, the COVID-19 pandemic.

- PL 20-53 outlines provider responsibilities for resident activities, including communal dining and holiday related activities.
- Specific stipulations on the use of volunteers and guidance on protocol for individuals who leave a facility are also included.

Can facilities use volunteers?

Facilities may use volunteers to provide supplemental tasks to the facility, such as assisting with cleaning and sanitizing. Facilities may also use volunteers to host or assist with facility-coordinated group activities (e.g., high school choir, bingo with individuals, book club). However, the facility cannot rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services.

- Volunteers that enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency.
- Volunteers that only enter a facility to host or assist with facility-coordinated group activities must receive training on infection prevention and control standards.

Providers should refer to [PL 20-53](#) for volunteer screening and testing requirements.

Can individuals receive deliveries (e.g., food, flowers, packages)?

Individuals may receive items from family members or otherwise have items delivered, including food, flowers, and packages. For items delivered outside of a personal visit, ICFs should designate an area outside of the facility to receive deliveries. ICF staff would retrieve the items, bring them inside, and disinfect them prior to delivering the items to

the individuals. Facilities should follow CDC guidance for appropriate disinfecting guidelines, depending on what the items are.

[For handling non-food items, CDC recommends hand washing after handling items] delivered or after handling mail. Per CDC, although COVID-19 can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. It may be possible to get COVID-19 by touching an object that has the virus on it and then touching your mouth, nose, or eyes, but this is not thought to be the main way the virus spreads.

An important thing to remember is that individuals have a right to privacy with their mail per federal and state rule.

[Quarantine]

Do individuals who have been vaccinated against COVID-19 have to be quarantined?

[CDC guidance has revised the quarantine time frame and its Infection Control After Vaccination recommendation related to quarantine and individuals who are vaccinated for COVID-19.]

[According to the CDC, a fully vaccinated person refers to someone who is:

- at least 2 weeks following receipt of the second dose in a 2-dose series, or
- at least 2 weeks following receipt of one dose of a single-dose vaccine]

[The CDC now recommends the following for ***asymptomatic individuals who are fully vaccinated:***]

[Quarantine is no longer recommended for individuals if they are fully vaccinated and have not had prolonged close contact with someone with a COVID-19 infection in the prior 14 days. This includes new admissions, readmissions, and individuals who have been gone overnight – as long as the individual did not have prolonged close contact with someone with a COVID-19 infection. These individuals may be admitted into or return to the COVID-19 negative cohort.]

[Close contact = within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period.]

[Fully vaccinated individuals who are considered “unknown COVID-19 status” should quarantine following prolonged close contact with someone with a COVID-19 infection. These individuals should be cared for using recommended Transmission-Based Precautions. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.]

[Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated residents following prolonged close contact with someone with COVID-19 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.]

Do individuals need to be quarantined for 14-days every time they leave their residence?

[An individual who leaves the facility, who is not gone overnight and who did not have contact with others who may potentially have COVID-19 or are confirmed to have COVID-19, does not have to be quarantined upon returning to the facility.]

[Quarantine is no longer recommended for individuals who leave the facility and returned when they have been fully vaccinated against COVID-19 unless the individual had prolonged close contact with someone with a COVID-19 infection in the prior 14 days.]

[For ***individuals who are not fully vaccinated for COVID-19,*** please note that while the CDC still endorses a 14-day quarantine period, they offer options to reduce quarantine

time. Local public health authorities make the final decisions about how long quarantine should last (or DSHS region if there is no local health department), based on local conditions and needs. Options for reduced quarantine include:

- Stopping quarantine after day 10 without testing
- Stopping quarantine after day 7 after receiving a negative test result (test must occur on day 5 or later)

A provider may choose to follow the new CDC guidance related to a shortened quarantine period. Consult with your local health department on if either of these quarantine options may be used with facility staff and residents.

Note: Individuals stopping quarantine should continue to be watched for symptoms until 14 days after exposure. If they have symptoms, then they should immediately be isolated and the local public health authority or healthcare provider should be contacted. Follow all recommendations from the CDC on when to quarantine.

Can an individual be tested for COVID-19 to shorten the quarantine period?

The CDC revised its guidance regarding quarantine time frame. While the CDC still endorses a 14-day quarantine period, the CDC now recommends two additional options for how long quarantine should last. Based on local availability of viral testing, for people without symptoms quarantine can end:

- On day 10 without testing, or
- On day 7 after receiving a negative test result (the test must occur on day 5 or later).

[CDC guidance has revised the quarantine time frame and its Infection Control After Vaccination recommendation related to quarantine and individuals who are vaccinated for COVID-19.]

If a resident has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?

If a resident recently tested positive for COVID-19 and has met the criteria for the discontinuation of transmission-based precautions, the resident does not need to be quarantined upon readmission to the facility for the remainder of this 90-day period, if the resident remains asymptomatic.

HHSC and DSHS recommend that all residents who are positive for COVID-19 stay in isolation until they meet the criteria for the discontinuation of transmission-based precautions. These criteria indicate that at least 10 days must pass before an individual can stop self-isolation. In some cases, up to 20 days might be needed before transmission-based precautions can be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status might need a longer isolation period than the 10-day minimum.

Once the resident has recovered by meeting all criteria to discontinue isolation, it is not necessary to quarantine the resident upon return to the facility.

The [CDC](#) now indicates that people who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 90 days *as long as they remain asymptomatic*. Therefore, if a resident has recovered from COVID-19 within the previous 90 days, he or she does not have to be quarantined. The resident can return to the non-quarantine area of the facility (e.g., cold zone or COVID-19 negative cohort area) upon admission, readmission, or return to the facility.

The facility still needs to consider what additional precautions it should take for such residents, such as whether staff will wear full PPE when caring for individuals who have recently recovered from COVID-19. The facility also can quarantine these individuals out of an abundance of caution if it has reasonable health and safety concerns. Additionally, as the individual approaches 90 days since illness onset, the facility should consider recent actions or interactions of the individual, such as participation in high-risk activities or contact with persons who are confirmed or suspected of having COVID-19. This will help the facility determine the need for quarantine, as the 90-day timeframe is not an absolute guarantee against transmission and long-term care residents are a high-risk population.

The CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19. At this time, the CDC cannot say for certain that there is no chance of reinfection in the 90-day post recovery period. However, the CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

If a recovered individual experiences COVID-19 symptoms at any point during the 90-day post recovery period, he or she would need to be tested, quarantined, or isolated, depending on test result, as well as evaluated by an attending physician to determine whether it is a case of reinfection with COVID-19 or another illness.

Please see the CDC's [When to Quarantine](#) and [Reinfection](#) for more information.

Additional information from the CDC's [Discontinuation of Transmission Based Precautions](#):

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

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

1. At least 10 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last* fever without the use of fever-reducing medications; **and**
3. 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 can 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:

1. At least 10 days and up to 20 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last fever* without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved.
4. Consider consultation with infection control experts.

Note: For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Visitation

Am I required to permit visitation or is it voluntary? What types of visits require an ICF to apply for visitation designation?

[For **ICFs that have offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate**, indoor visits, outdoor visits, end-of-life visits, and visits of persons providing critical assistance, including essential caregivers for individuals, are required.]

[If a facility **has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff**, the facility must allow limited personal visitation. In this case, an ICF must receive an approved general visitation designation from HHSC before it can begin permitting:

- outdoor visits,
- indoor plexiglass visits,
- open window visits, and
- vehicle parades,
- and must allow these types of visits upon receiving an approved visitation designation.]

Note: these visits types are available for all individuals who have COVID-19 negative status

I can't find the attestation form to request visitation designation. How can I get a copy of the form?

[The attestation form, [LTCR form 2195](#), **has been updated.**] You can find all ICF provider letters on the [ICF Provider Portal](#), located under the "Communications" section.

How should I submit LTCR form 2195 to the regional director? Is it okay to fax or mail the form?

You should email the completed form to the [Regional Director](#) for the [region in which your facility is located](#). You should not fax or mail the completed form, as it could delay receipt of the form. Most HHSC regional staff are currently teleworking and might not be in the office to receive a faxed or mailed form.

After an ICF submits LTCR form 2195 to the regional director, how soon will the ICF be notified of a decision? How will HHSC notify the ICF?

HHSC will notify the ICF of approval or denial within three days of the ICF submitting a complete LTCR form 2195 (attestation form). The regional director or their designee will notify the ICF via email.

How do I appeal a decision on the visitation attestation form?

If you would like to appeal the decision, resubmit the attestation form with additional information to the Regional Director.

Can individuals have family members and friends come to the home?

Each individual can designate two essential caregivers. The essential caregiver can be a family member, friend, volunteer, or other outside source. [Essential caregivers will then be allowed to the visit an individual in their room, outdoors, or in another area of the facility that limits the essential caregiver's movement throughout the facility. The individual may be any COVID-19 status including COVID-19 negative, COVID-19 unknown, or COVID-19 positive.] Visitors will need to use appropriate PPE and be screened prior to the visit.

An individual can receive visitors who are not essential caregivers when they have a COVID-19 negative status. The visit can take place indoors or outdoors in accordance with visitation rule requirements.

Does the program provider need to meet the criteria for designation to provide expanded general visitation to be able to allow essential caregivers?

No. A residence doesn't have to meet the criteria for expanded visitation to allow essential caregivers, end-of-life visits, or closed window visits. Rather, an ICF must permit essential caregiver visits under the following conditions:

- the essential caregiver passed the screening, does not have an active COVID-19 infection, or sign or symptoms of COVID-19;
- the ICF has developed and implemented essential caregiver visitation policies in accordance with the expanded visitation rules;
- the essential caregiver has provided written agreement to follow the visitation policies;

- the essential caregiver has been trained by the ICF on infection control and visitation policies and procedures;
- the ICF has approved or provided the essential caregiver's facemask and any other appropriate PPE;
- the essential caregiver wears the facemask and any other appropriate PPE the entire time they are in the facility; and
- the essential caregiver **[does not need to maintain physical distance between themselves and the individual they are visiting but must maintain physical distance from all other persons in the facility during the essential caregiver visit.]**

What kind of training does the provider have to give the essential caregiver?

Individuals will designate two essential caregivers who will be trained by the program provider on PPE use, infection control, and **[facility visitation policy and procedures.]**

HHSC published the [Infection Control Basics & Personal Protective Equipment \(PPE\) for Essential Caregivers](#). This document meets the requirements for training of essential caregivers in intermediate care facilities.

Can an individual or their representative change their designated essential caregiver?

Yes, the individual or their representative may change their designated essential caregivers.

If an essential caregiver takes an individual to a medical appointment, will the individual's COVID-19 status change?

No, the individual's COVID-19 status would not change. However, the essential caregiver must:

- receive training from the ICF on the infection prevention and control procedures and the ICF's essential caregiver policies and procedures
- follow all of the infection prevention and control procedures and the ICF's essential caregiver policies and procedures
- ensure the individual follows all applicable infection prevention and control procedures and the ICF's essential caregiver policies and procedures
- notify the ICF if there was reason to believe the individual has been exposed to someone with COVID-19

What steps should we take if an essential caregiver was in the facility for visitation and then tests positive for COVID-19? Is it considered an outbreak?

The essential caregiver may not visit while they have signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases. The person they were visiting must be quarantined according to CDC guidance and monitored for signs and symptoms of COVID-19. [CDC guidance](#) has revised the quarantine requirements and time frames.

Since the essential caregiver is not considered an employee or an individual, a positive test for COVID-19 is not considered an outbreak. The essential caregiver rules require the essential caregiver to not have contact with other individuals or staff. However, if the ICF

has concerns there was contact with other individuals or staff, the ICF should follow facility policy and CDC guidance.

Note: an outbreak is defined as one or more laboratory confirmed cases of COVID-19 identified in ICF staff, or one or more laboratory confirmed facility-acquired cases of COVID-19 identified in an individual.

Where can an essential caregiver visit occur?

The visit may occur in the individual's bedroom, outdoors or any other designated visitation area in the ICF that limits visitor movement through the facility and interaction with other [persons in the facility.]

Do ICF staff have to monitor an essential caregiver visit? Do ICF staff have to monitor other types of visits?

[No. Staff are no longer required to monitor or escort any types of visitor in the facility.]

What PPE is required for the essential caregiver? If they have a cloth covering, should we supply them with a facemask?

Per the expanded visitation rules, essential caregivers must "wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the facility." In addition, a facility must approve the visitor's facemask and any other appropriate PPE or provide an approved facemask and other appropriate PPE.

- An essential caregiver visiting an individual with COVID-19 negative status is required to wear facemask. [For individuals who rely on lip reading or facial cues for communication needs, the essential caregiver may use a face mask with a clear screen over the mouth.]
- An essential caregiver visiting an individual with unknown COVID-19 [or COVID-19 positive] status is required to wear facemask, gown, gloves, and goggles or a face shield per CDC recommendations and facility policy.

What accommodations should be made for individuals who share a bedroom with a roommate?

If an individual shares a bedroom with another individual, the essential caregiver visit can still occur in an individual's bedroom. However, an individual still has the right to privacy during visitation. If there are concerns with the visit occurring while the roommate is present, then the essential caregiver visit should be accommodated in a designated visitation area. Keep in mind, the essential caregiver visitor must maintain at least six feet of physical distance from the other [persons] in the facility and may not provide care or support to other individuals.

Can facilities designate the days and length of visits?

Yes, an ICF must limit the number of visitors and the length of time per visit. Visitation

appointments must be scheduled to allow time for cleaning and sanitization of the visitation area between visits. Visits are permitted only where adequate space is available that meets criteria and when adequate staff are available to monitor visits.

Did the new expanded emergency rules change visitation requirements for plexiglass indoor visits?

[Yes. For **ICFs that have offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate**, a plexiglass barrier is no longer required for indoor visits.]

[If a facility **has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff**, upon receiving an approved visitation designation and in accordance with the requirements in the expanded visitation rules, an ICF must allow indoor plexiglass visits for all individuals who are COVID-19 negative. Prior to using the plexiglass barrier or booth, the ICF must submit a photo of it and its location in the facility for approval from HHSC. The plexiglass barrier or booth is not required to be constructed with three sides or to meet size specifications. It can be any layout and size that aids in infection prevention and control and is approved by HHSC.]

[The plexiglass barrier or booth must not be installed in an area of the facility where it:

- blocks or obstructs a means of egress (e.g., exit door, hallway or the way out of a room);
- blocks or interferes with any fire safety equipment or system; or
- minimizes access to the rest of the facility or contact between the visitors and other individuals.]

[During an indoor plexiglass visit, the ICF must ensure:

- physical distancing of at least six feet is maintained between individuals and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit. For individuals who rely on lip reading or facial cues for communication needs, the visitor may use face masks with a clear screen over the mouth.;
- individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.]

For indoor visitation with a plexiglass barrier, could the barrier be a moveable screen that is properly sanitized between visitors and moved room to room? Or is one designated public space or privacy in-room visits, if single occupancy, preferred?

The expanded visitation rules do not require an indoor visit with a plexiglass barrier to be

accommodated in a specific location. An indoor visit with a plexiglass barrier is a personal visit between an individual and one or more personal visitors, during which the individual and the visitor are both inside the facility but separated by a plexiglass barrier and the individual remains on one side of the barrier and the visitor remains on the opposite side of the barrier. An ICF may choose to operationalize the visit in a way that works best for the individuals, visitors and facility, while ensuring the core principles of COVID-19 infection prevention are followed.

Is staff supervision required for inside or outside visitation?

[No. Staff are no longer required to monitor or escort any types of visitor in the facility regardless of whether the facility has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff.]

Can an ICF implement only portions of the expanded visitation? For instance, may a facility only allow general visitation and not essential caregivers?

No. [ICFs that have offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate must allow essential caregiver visits, end-of-life visits, indoor visits, and outdoor visits.]

[A facility that has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff, must allow limited personal] visitation in accordance with the expanded visitation rules [and the facility visitation designation status.]

The ICF may be exempted from indoor or outdoor visitation if approved by HHSC.

If the ICF determines they are unable to meet one or more of the visitation requirements the facility must include a justification for the exemption on the COVID-19 Status Attestation Form 2195 to request an exemption to certain types of visitation.

If approved by HHSC, an ICF might be exempted from one or more of the following visitation types:

- indoor plexiglass visits
- outdoor visits
- vehicle parades
- open window visits

An ICF may not request, and HHSC will not approve an exemption for the following visitation types:

- essential caregiver visits
- end-of-life visits
- closed window visits

Did the new expanded emergency rules change visitation requirements for open window

visits?

[Yes. If a facility ***has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff***, visitation designation is still required for open window visits for all individuals with a COVID-19 negative status.]

[If an ICFs ***has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate***, visitation designation is not required but the option for open window visits is required for all individuals with a COVID-19 negative status.]

Did the new expanded emergency rules change visitation requirements for vehicle parades?

[Yes. If a facility ***has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff***, visitation designation is still required for vehicle parades for all individuals with a COVID-19 negative status.]

[If an ICFs ***has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate***, visitation designation is not required but the option for vehicle parades is required for all individuals with a COVID-19 negative status.]

Did the new expanded emergency rules change visitation requirements for outdoor visits?

[Yes. If a facility ***has not offered at least one complete series of a one- or two-dose COVID-19 vaccine to individuals and staff***, visitation designation is still required for outdoor visitation for all individuals with a COVID-19 negative status.]

[If an ICFs ***has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate***, visitation designation is not required but the option for outdoor visitation is required for all individuals with a COVID-19 negative status.]

Can visitors bring food for an individual?

Visitors are not prohibited from bringing in outside food for an individual, and individuals may eat or drink during visitation. However, visitors (including essential caregivers) may not eat or drink with an individual during the visit as it would require the visitor to remove their facemask.

The facility should refer to CDC guidance on [\[Food Safety for food brought in from the outside for an individual. From the CDC's food safety webpage\]](#):

- The risk of infection by the virus from food products, food packaging, or bags is thought to be very low.
- Currently, no cases of COVID-19 have been identified where infection was thought to have occurred by touching food, food packaging, or shopping bags.
- Do NOT use disinfectants designed for hard surfaces, such as bleach or ammonia, on food packaged in cardboard or plastic wrap.

- After handling food packages and before eating food, always wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

What are the rules regarding salon services visitors?

[An ICF can allow a salon services visitor to enter the facility to provide services to an individual with COVID-19 negative status regardless of whether the facility offered vaccinations.

A salon services visit is not allowed if the visitor has signs or symptoms of COVID-19 or an active COVID-19 infection.

A salon service visit is permitted for all individuals with COVID-19 negative status.

The salon services visit may occur outdoors, in the individual's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other persons in the facility.

Salon services visitors do not have to maintain physical distancing between themselves and each individual they are visiting, but they must maintain physical distancing between themselves and all other persons in the facility.

The individual must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.]

[The ICF must develop and enforce salon services visitation policies and procedures, which include:

- a testing strategy for salon services visitors;
- a written agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements;
- training each salon services visitor on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- a requirement that the salon services visitor must wear a facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the ICF;
- expectations regarding using only designated entrances and exits as directed;
- limiting visitation to the area designated by the facility;]

[The ICF must:

- inform the salon services visitor of applicable policies, procedures, and requirements;
- approve the visitor's facemask or provide an approved facemask;
- maintain documentation of the salon services visitor's agreement to follow the applicable policies, procedures, and requirements;
- maintain documentation of the salon services visitor's training;
- document the identity of each salon services visitor in the facility's records and

verify the identity of the salon services visitor; and

- maintain a record of each salon services visit, including:
 - the date and time of the arrival and departure of the salon services visitor;
 - the name of the salon services visitor;
 - the name of the individual being visited;
 - attestation that the identity of the salon services visitor was confirmed; and
 - prevent visitation by the salon services visitor if the individual has an active COVID-19 infection.]

[The facility may cancel the salon services visit if the salon services visitor fails to comply with the facility's policy regarding salon services visits or applicable requirements in this section.]

COVID-19 Testing

Where can I find the attestation form to request free COVID-19 testing kits?

Texas is distributing test kits to certain ICF providers located in counties where the COVID-19 positivity rate is greater than 10 percent. The [attestation form](#) includes instructions on how to proceed with the request.

Where do I find the BinaxNOW training information?

The [BinaxNOW training link](#) is required for staff who do not have medical training and will be administering the COVID-19 test using the BinaxNOW Ag card. As part of the request for free BinaxNOW test kits, providers will confirm that staff performing the COVID-19 tests have completed [the BinaxNOW COVID-19 Ag Card training](#).

What is the purpose of the attestation form?

The purpose is to provide a process to request a possible resource for limited circumstances. The limitations are in place to help prioritize requests.

What if I don't meet the attestation criteria?

If a provider does not meet the attestation criteria, they can still submit the form and make a case and it will be evaluated.

What is the definition of a large corporation?

Typically, a large corporation is 20+ facilities/agencies.

Who do I submit the attestation form to?

The attestation form must be submitted to the RD in the region in which the facility is located. The RD will then route the form to the State Operations Center.

How often does ICF staff need to be tested, if at all?

ICF/IID facilities must develop a testing strategy for facility staff. To determine testing frequency, facilities should consider factors such as the frequency of activities, frequency of volunteer visits, county positivity rate, and other factors specific to their facility or community.

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, are considered staff. Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, who tests positive for COVID-19 or develops signs and symptoms of COVID-19 within 48 hours of visiting the facility is considered an outbreak in the facility.

According to the CDC, for a resident, visitor, or staff with confirmed COVID-19 who developed symptoms, the exposure window is considered to be 2 days before symptom onset.

- ❖ If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test. ICF/IID should consult with their local health department for assistance with determining the date of exposure.

Reporting COVID-19 Cases

Why must providers contact their local health department or DSHS if the lab that completed testing has already completed notification?

Per DSHS, the information must be reported by the provider, regardless of whether the lab reports. This is in order to link the report to the geographical area where the person lives, which may be different than where the testing occurs. This enables accurate tracking and analysis, as well as the appropriate deployment of resources.

If providers suspect a case of COVID-19, they should contact the local health department/authority, or DSHS if a local health department is not available. Test results from the local health department do get reported to DSHS. The notification to the LHD is sufficient.

Do program providers need to report an individual who has been exposed? Can an individual refuse to be tested and self-isolate?

No, only confirmed positive cases must be reported. Individuals retain the right to make decisions on their own health care, including refusing testing. Decisions related to their medical needs must be discussed with their physician and their LAR (if appropriate).

If an individual has tested positive for COVID-19 in the hospital, is the program provider required to notify the local health department?

Yes, it is the provider's responsibility to ensure the local health department or DSHS is notified. DSHS has stated on calls that they would rather have it reported twice than it goes unreported.

Which individuals are considered to have "unknown COVID-19 status"?

[Regardless of vaccination status,] individuals in the following categories are considered to have unknown COVID-19 status:

- New admissions
- Readmissions
- Individuals who have spent one or more nights away from the facility
- Individuals who have had known exposure or close contact with a person who is COVID-19 positive
- Individuals who are exhibiting symptoms of COVID-19 while awaiting test results

What information needs to be reported regarding a positive COVID-19 case? Do program providers need to provide notification for probable cases?

Yes. ICFs must report the first confirmed case of COVID-19 in staff or residents, as well as the first confirmed case of COVID-19 after a facility has been without new cases for 14 days or more to HHSC as a self-reported incident within 24 hours of the confirmed positive result.

The reports should include all information a facility would include in any self-reported

incident. The 3613-A should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:

- via TULIP
- by email at ciiprovider@hhsc.state.tx.us
- by fax at 877-438-5827

Vaccinations

What do providers need to know about flu vaccine allocations?

LTCCR issued PL 20-50 on November 17, 2020

- DSHS is providing a one-time-only allocation of adult influenza vaccine doses through the Adult Influenza Vaccine Initiative to target high risk populations disproportionately affected by or at risk for COVID-19.
- Includes individuals and staff of long-term care facilities, who are also at risk for contracting the influenza virus.
- Includes training and education provided to staff and access to an automated vaccine ordering and reporting system, all at no additional cost to providers.

Providers enrolled in this initiative must register and report doses administered in the Texas Immunization Registry (ImmTrac2). The Provider enrollment process:

- Complete enrollment and obtain your ImmTrac2 Organization Code.
- Complete Module 10 of the CDC "You Call the Shots" Training.
- Complete the Adult Influenza Vaccine Initiative Provider Agreement form.
- Agree to screen for patient eligibility and maintain screening records.
- Agree to maintain vaccine safety and inventory.

Is the COVID-19 vaccine mandatory?

The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccine is approved through the FDA's emergency use authorization (EUA). Receiving a COVID-19 vaccine is voluntary. Nothing in HHSC rules prohibit an ICF from making a COVID-19 vaccination a condition of employment. However, any facility that wishes to include a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

Who should providers contact with state specific questions about the COVID-19 vaccine?

Providers should contact DSHS at:

COVID-19 Registration Support

Email: COVID19VacEnroll@dshs.texas.gov

Toll-Free: (877) 835-7750

[Where can I find details on upcoming DSHS vaccination clinics?

The Department of State Health Services (DSHS) has created a [website](#) of upcoming COVID-19 vaccination clinics being hosted by the DSHS Public Health Regions. This website is not inclusive of all vaccine opportunities in a community but is an additional resource for those seeking vaccine appointments.]

Reporting COVID-19 Vaccinations

[Am I supposed to report when individuals and staff receive the COVID-19 vaccination?]

[In accordance with emergency rules at 26 TAC §551.48, ICF facilities except SSLCs must report the following data to HHSC within 24 hours of completing a round of vaccinations:

- Aggregate numbers of staff – including employees, contractors, and volunteers – who received their first dose of a two-dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine;
- Aggregate numbers of staff – including employees, contractors, and volunteers – who received their second dose of a two-dose COVID-19 vaccine;
- Aggregate numbers of residents who received their first dose of a two- dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine; and
- Aggregate numbers of residents who received their second dose of a two-dose COVID-19 vaccine.]

[What kind of guidance has been provided for the reporting process?]

[Method: HHSC has developed a Survey Monkey tool to collect this information. HHSC issued an alert containing the survey link on February 12, and the link to the ICF survey is posted on the ICF provider portal under the COVID-19 resource accordian. You can access the ICF survey at <https://www.surveymonkey.com/r/95FQ52S>.]

[Multiple locations: Submit a separate survey for each license number. For example, a provider that owns multiple licenses would submit separate surveys for each license.]

[Frequency: Complete the survey only when you have information to report (e.g., when a round of vaccines is administered to staff or residents. On days when no vaccines are administered, you do not need to complete the survey. *Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each previous separate round.]*

[First report: If a round of vaccinations was administered before the effective date of this letter, submit a report to capture those vaccinations.]

[Parameters: Reports are for a given round of vaccinations administered by the facility or a pharmacy partner. Do not provide cumulative numbers. In other words, do not include totals from previous reports in a new report. Only report vaccinations occurring on site at the facility; do not include vaccinations that occurred at an off-site pharmacy, doctor's office, local mass vaccination clinic, etc.]

Surveys and Residential Visits

Will program providers receive notification prior to a recertification survey?

No. At this time, all regular survey activity has resumed as usual.

Will program providers be cited for non-compliance with emergency rules prior to their effective date?

Emergency rules are effective the date they are posted, and Long Term Care Regulation (LTCR) can only cite providers for non-compliance once a rule has become effective and if the surveyor identifies the non-compliance before the provider does. The effective date can be found at the start of the document.

Will providers need to provide PPE to surveyors?

HHSC will supply surveyors with appropriate PPE for the specific situation. Surveyors will follow infection control guidelines while on site. Program provider staff who are present for survey must follow their infection control policies and wear appropriate PPE as necessary.

Resources

Where should providers go for COVID-19 information?

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](#)
- [The ICF Provider Portal](#)
 - o [COVID-19 Response for ICF/IIDs](#)

How do I get in touch with the Department of State Health Services (DSHS)?

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:
 - o Email: coronarvirus@DSHS.texas.gov
 - o Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- See the listing of local health entities by county at [Coronavirus Disease 2019 \(COVID-19\) Local Health Entities](#).
- See the listing of DSHS Regional Offices [at Public Health Regions](#).

Are recordings of the HHSC ICF webinars on the HHSC website?

Yes, recorded webinars are available on the HHSC website on the [ICF Provider Portal](#).

Resources related to PPE:

For N95 respirator and fit-testing information and resources: [Occupational Safety and Health Administration Respiratory Protection eTool](#)

The CDC also has specific information relating to:

- [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](#)

Information about facemasks and respirators is available at [COVID-19: Facemasks and Respirators Questions and Answers](#) and can be shared with family members and caregivers.