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 January 12, 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 PolicyRulesTraining@hhsc.state.tx.us.

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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Visitation

Do I have to be approved for Phase 1 visitation before I can be approved for expanded visitation?
No, an ICF is not required to be approved for Phase 1 visitation before applying for expanded visitation approval. The expanded visitation rules replace Phase 1 visitation rules, meaning the Phase 1 visitation rules are no longer in effect. ICFs must submit LTCR Form 2195 to be approved by HHSC before they can permit all types of visitation in accordance with the expanded visitation rules. ICFs with previous 2194 approval that hasn’t been cancelled, rescinded or withdrawn do not have to submit a new 2195, but must submit the required documentation for indoor visits with a plexiglass barrier.

Am I required to permit visitation or is it voluntary? What types of visits require an ICF to apply for visitation designation?
It is required. Rules require an ICF to permit visitation in accordance with the expanded visitation rules and CMS guidance. There are eight different types of visitation required by the expanded visitation rules; some of the visitation types require an ICF to receive approval (visitation designation) from HHSC, while others do not require approval from HHSC.

Note: ICFs must submit LTCR Form 2195 to HHSC before they can permit all types of visitation in accordance with the expanded visitation rules. ICFs with previous 2192/2194 approval that hasn’t been cancelled, rescinded or withdrawn do not have to submit a new 2195, but must submit the required documentation for indoor visits with a plexiglass barrier.

The expanded visitation rules define each visit type and detail the specific requirements for each visit type. Visitation types that do not require visitation designation:
- closed window visits, for all individuals
- end-of-life-visits, for all individuals at end-of-life
- essential caregiver visits, for all individuals who have COVID-19 negative or unknown COVID-19 status
- salon services visits, for all individuals who have COVID-19 negative status

Visitation types that do require visitation designation:
- open window visits
- outdoor visits
- indoor visits with a plexiglass barrier
- vehicle parades

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, is attached to provider letter 20-43. You can find all ICF provider letters on the ICF Provider Portal, located under the “Communications” section.

See PL 20-43 for details.

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, one at a time. These visits will be by appointment, provided the individual is not COVID-19 positive. Visitors will need to use appropriate PPE, be screened, and then escorted into and out of the individual’s room.

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, sign or symptoms of COVID-19, or a positive COVID-19 test result within the last 10 days;
- the essential caregiver is not visiting an individual who has COVID-19 positive status;
- the essential caregiver provides documentation of a negative COVID-19 test result from within the last 14 days and follows the testing strategy developed by the ICF;
- 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 maintains physical distance from all other individuals and staff in the facility.

Do essential caregivers have to take a COVID test before each visit?
Essential caregivers must have a negative COVID-19 test performed no more than 14 days before the first visit, unless the program provider chooses to perform a rapid test prior to entry. The essential caregiver does not have to have a test prior to any visit other than the first visit. An ICF is not required to pay for or provide a COVID-19 test for essential caregivers. An ICF should inform the essential caregiver of the available options and allow them to choose the option that works best for them. Additionally, an ICF must include a testing strategy as part of their policies and procedures related to essential caregiver visits.

Is there a specific kind of test that is needed for the essential caregiver? Antibody, PCR, antigen?
[The essential caregiver visitor must:
  • have had a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the ICF performs a rapid test prior to entry into the facility; and
  • any FDA approved antigen or PCR test is acceptable; but
  • an antibody test is not acceptable.
A list of FDA approved diagnostic tests for COVID-19 can be found here.]

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 the testing requirement.

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 time frame.]

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.

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.]

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, as long as 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 immunocompromised:

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.

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 individuals.

Do ICF staff have to monitor an essential caregiver visit? [Do ICF staff have to monitor other types of visits?]
No, essential caregiver visits are not required to be monitored by ICF staff. However, the provider has a responsibility to ensure that the essential caregiver understands and will comply with the essential caregiver visitation rules and facility policies. The essential caregiver must sign an agreement to follow the visitation rules and facility policies. Also, the provider must escort the visitor to and from the visitation area.

[Staff supervision is also not required for end-of-life or salon visits. However, staff supervision is required for all outdoor visits and all indoor visits with a Plexiglass barrier. The intent of the supervision is to ensure individuals and visitors are following the applicable requirements in the expanded visitation rules.]

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.
- An essential caregiver visiting an individual with unknown COVID-19 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 individuals 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. Visits must be scheduled in advance and are by appointment only. 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, the ICF must now allow plexiglass indoor visits upon receiving an approved visitation designation and in accordance with the requirements on next slide.

- 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 a specific size.
- It can be any layout and size that aids in infection prevention and control. 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
  - offers access to the rest of the facility or contact between the visitors and other individuals

During the 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 while in the facility
- individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit
- 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
Is staff supervision required for inside or outside visitation?  
Yes, staff supervision is required for all outdoor visits and all indoor visits with a Plexiglas barrier. Staff supervision is not required for end-of-life, essential caregiver or salon services visits. The intent of the supervision is to ensure individuals and visitors are following the applicable requirements in the expanded visitation rules.

Can an ICF implement only portions of the expanded visitation? For instance, may a facility only allow general visitation and not essential caregivers?  
No, an ICF may not limit the types of visitation they permit and must allow all types of visitation in accordance with the expanded visitation rules.

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, the ICF must allow open window visits upon receiving an approved visitation designation and in accordance with the following information.

The individual must have COVID-19 negative status. During the 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
• individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit
• both the visitor and the individual practice proper hand hygiene

Did the new expanded emergency rules change visitation requirements for vehicle parades? Yes, the ICF must allow a vehicle parade upon receiving an approved visitation designation and in accordance with the following information.

The individual must be COVID-19 negative.

The ICF must provide a comfortable and safe outdoor visiting area for vehicle parades, considering outside air temperatures and ventilation.

During a vehicle parade, the ICF must ensure:
• visitors must remain in their vehicles throughout the parade
• physical distancing of at least six feet is maintained between individuals throughout the parade
• individuals are not closer than 10 feet to the vehicles for safety reasons
• individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit

Did the new expanded emergency rules change visitation requirements for outdoor visits? Yes, the ICF must allow an outdoor visit upon receiving an approved visitation designation and in accordance with the following information.

The individual must be COVID-19 negative. During an outdoor 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
• individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit
• both the visitor and the individual practice proper hand hygiene

[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.}
[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. Per the COVID-19 Response Rule, individuals who leave the facility must be placed in the ‘unknown COVID-19 status’ and quarantined for 10 days upon return 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

Quarantine can end after day 7 if an individual received a COVID-19 test and the results are negative AND if no symptoms were reported during the daily monitoring. The test may be completed within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than day 7.]

[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 utilize volunteers?]
Facilities may use volunteers to provide supplemental tasks to the facility, such as:
  • monitoring visits between individuals and family members,
  • escorting essential caregivers, and
  • 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.]
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.
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?
Although not encouraged, yes, an individual may attend day habilitation if they choose to do so. Day habilitation sites should follow GA-30, which outlines physical distancing recommendations. 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)?
Per GA-30, all Texans are highly encouraged to minimize 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.]

[An individual who leaves the facility, is not gone overnight and 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. This is regardless of an individual’s means of transportation.]

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

[Unless the individual is gone overnight, is a new admission, is a readmission or the facility has reason to believe that the individual was exposed to COVID-19, the facility does not have to quarantine (separate) them when they return to the facility.

[Please note that while the CDC still endorses a 14-day quarantine period, they now 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.
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:
   - fever (100.4 and above as measured with a thermometer);
   - chills;
   - 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.
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.
[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. ]
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 recommends 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 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 mandatory mask requirement would need to be followed.

[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.]
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”?
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?]**
LTCR 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
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

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:
  - Email: coronarvirus@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.
- 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.