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 HCS program providers via this updated Frequently Asked Questions (FAQs) document.

This FAQ document was revised on February 2, 2021.

With each update, new FAQs will be added. If guidance changes, it will be identified as revised. Questions regarding these FAQs can be directed to Long-term Care Regulation Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us. It is recommended that the e-mail contain “HCS” or “TxHmL” in the subject line.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 (coronavirus) among individuals receiving services and staff members. The guidance provided is based on requirements governing Home and Community-based Services (HCS) and Texas Home Living (TxHmL) in 40 Texas Administrative Code (TAC), Chapter 9, which includes the emergency rules for HCS and TxHmL, as well as best practice and Centers for Disease Control and Prevention (CDC) recommendations.
All HCS and TxHmL program 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

Is an HCS residence required to offer visitation?
The emergency rules state that the program provider may allow persons providing critical assistance, including essential caregivers, along with personal visitors to enter the residence if they pass the screening criteria.

Can individuals have family members and friends come to the home?
Each individual can permanently designate two people as “essential caregivers.” The essential caregiver can be a family member, friend, volunteer, or a community member. Essential caregivers can visit an individual in their bedroom but must use appropriate PPE. Only one essential caregiver can visit an individual at a time. They must be screened and escorted in/out of an individual’s room to limit exposure to other individuals. [However, if the essential caregiver has signs or symptoms of COVID-19 or a positive COVID-19 test within the previous ten days, or the individual is currently positive for COVID-19, the visit must be rescheduled].

[Can someone besides an essential caregiver visit an individual?]
[Under expanded visitation, individuals may have personal visitors at their residence who are not designated as “essential caregivers.” Personal visitors do not require any specific training like an essential caregiver must undergo; however, they must still wear appropriate PPE at all times. Personal visitors are not allowed in an individual’s bedroom and are prohibited from physically touching the individual. The personal visitor(s) must be screened in accordance with 40 TAC §9.198(c) for COVID-19 by the program provider before the visit. If the personal visitor meets any of the screening criteria, he or she must leave the residence and reschedule the visit. Personal visitors are only allowed if the residence qualifies for expanded visitation and has a current attestation form. See What types of visitation can an HCS residence offer?]

What is expanded visitation?
[Expanded visitation in an HCS residence means allowing personal visits between individuals and non-essential caregivers. Without expanded visitation, non-essential caregivers can only visit an individual through a closed window, where the visitor is outside and the individual is inside.]

What does a program provider need to do if they want to offer expanded visitation?
The criteria for expanded visitation are listed on the attestation form found in Provider Letter 20-40. When the residence wants to offer expanded visitation, the program provider will need to fill out this attestation form, which states:

(1) there have been no confirmed or probable cases of COVID-19 for at least 14 consecutive days among staff or individuals;
(2) the residence has access to sufficient staff/service providers and PPE to provide essential care and services to the individuals living in the residence;
(3) the service back-up plan for host home services has been evaluated and determined to be viable at the time of review;
(4) the program provider has a plan to respond to new confirmed or probable cases of COVID-19 in the residence; and
(5) the emergency preparedness plan required by 40 TAC §9.178(d) (relating to Certification Principles: Quality Assurance) has been updated to address COVID-19.
If the provider cannot attest to the above criteria, it cannot allow expanded visitation.]
Who needs to complete an expanded visitation attestation form?
The program provider fills out the attestation form. The attestation form is 3-person residences and 4-person residences. This does not apply to host home/companion care and own home/family home residences. You can find the attestation form attached to Provider Letter 2020-40.

Does the HCS attestation form need to be completed every 14 days?
The attestation form does not need to be completed every 14 days. However, if at any time after the attestation form is completed, the residence no longer meets the criteria for expanded visitation, the attestation is no longer in effect. At that point, the residence must stop allowing expanded visitation. This does not apply to essential caregiver visits, end of life visits, and closed window visits.

When does the program provider complete another attestation form?
The attestation form stays in effect until there is an outbreak of COVID-19 at the residence. An outbreak is defined in rule as “one or more confirmed or probable cases of COVID-19 identified in either an individual or paid or unpaid staff.” The residence must complete a new attestation form once the expanded visitation criteria are met again.

Where does the attestation form go?
The current attestation must be kept at the HCS residence.

What kind of visitation can an HCS residence offer?
HCS can offer the following types of visitation:

1. Closed window visit—A visit where the individual and personal visitor are separated by a closed window and the personal visitor does not enter the residence. An attestation form is not required.
2. Open window visit—A visit where the individual and personal visitor are separated by an open window. An attestation form is required.
3. Outdoor visit—A visit where the individual and personal visitor(s) meet in dedicated outdoor space. An attestation form is required.
4. Plexiglass indoor visit—A visit where the individual and the personal visitor are both inside the residence but separated by a plexiglass barrier. An attestation form is required.
5. Vehicle parade—A personal visit where the individual remains outdoors on the residence’s property and a personal visitor drives past in a vehicle. An attestation form is required.

*An essential caregiver and end-of-life visitor can visit the individual inside the residence and the individual’s bedroom without a plexiglass booth. Additionally, essential caregiver or end-of-life visits are not part of the expanded visitation; therefore, an attestation form is not required to allow these types of visitation.*

Does the program provider need to meet the criteria for expanded visitation to be able to allow essential caregivers?
No. A residence does not have to meet the criteria for expanded visitation to allow essential caregivers, end-of-life visits, or closed window visits.
**Do essential caregivers have to take a COVID-19 test before each visit?**

[The emergency rule does not mandate that an essential caregiver take a COVID-19 test prior to each visit. However, the essential caregiver must not participate if he or she has signs and symptoms of COVID-19 infection, a positive COVID-19 test result within the previous 10 days, signs or symptoms of other communicable diseases, or has an active COVID-19 infection.]

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

Essential caregiver training should include proper PPE use, infection control, hand hygiene and cough/sneeze etiquette. [The provider can use the Infection Control Basics & Personal Protective Equipment (PPE) for Essential Caregivers located on the HCS Provider Portal COVID-19 page as a training resource.]

**Does an essential caregiver have to wear a mask if they are in the individual's bedroom?**

Yes. The essential caregiver visitor must wear a facemask and any other PPE in accordance with CDC guidance and the program provider’s policy while in the residence.
**Surveys and Residential Visits**

**Will program providers receive notification prior to a recertification survey?**
Waiver Survey and Certification (WSC) is continuing to provide a courtesy notification regarding upcoming recertification surveys when it is feasible to do so.

**What happens if a surveyor is denied access to a HH/CC residence?**
If an HHCC service provider refuses to allow a surveyor to enter the home, the surveyor will coordinate with the program provider to discuss infection control procedures to allow for a safe entry into the home. Per Chapter 49 requirements, a program provider must allow HHSC staff access to all individuals and service locations. [Additionally, emergency rule 40 TAC §9.198(c)(3) states that a program provider should not prohibit a person with legal authority to enter if they are performing official duties unless they meet any of the screening criteria in 40 TAC §9.198(c)(2).]

**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 WSC can only cite program providers for non-compliance once a rule has become effective.

**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

Do individuals need to be quarantined for 14-days every time they leave their residence?
[Emergency rules issued for the HCS program do not require that an HCS provider quarantine an individual.]

[The program provider must isolate individuals when they have a confirmed COVID-19 or probable COVID-19 status. However, it does not apply to individuals who are considered COVID-19 negative.] Isolation is defined in rule as “that separate persons who are sick to protect those who are not sick.” [The HCS COVID-19 Response Plan contains a graphic regarding isolation and CDC recommendations for isolation duration based on a symptom-based strategy.]

Can an individual who is COVID-19 positive be restricted from activities outside the home?
If an individual test positive for COVID-19, they are highly encouraged to follow all isolation recommendations from their physician, local public health authority, Department of State Health Services (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 SPT meeting can be held to discuss how to meet the health and safety needs of the individual. The program provider should document the additional training and support provided to the individual to maintain proper isolation.

Can a program provider restrict individuals from attending day habilitation?
[A program provider cannot restrict an individual from attending a day habilitation but can only contract with a day habilitation service provider that is in compliance with the most current guidance from DSHS for day habilitation sites.]

The program provider must facilitate discussion related to informed consent and document an individual’s informed decision to return to outside day habilitation; this includes discussion on available options and alternatives, risks of attending day habilitation, PPE, hygiene, and physical distancing.

What actions must a provider take if an individual chooses to leave (e.g., for a family visit, to work, or otherwise)?
[The individual can leave the residence. However, the provider must ensure the individual is making an informed decision. Specifically, the provider must ensure the individual understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. The provider should educate the individual 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 might, or actually have, COVID-19, and
- reporting to the providers any contact with others who might, or actually have, COVID-19.]

Isolation is the practice that separates those who are sick from those who are not sick. Rules require the provider to isolate individuals with confirmed or probable COVID-19 within the residence if possible. If the individual’s status has not changed from when they left the residence, isolation would not be expected. HHSC rules require the provider to screen individuals when they return to the residence.]

A program
provider cannot prohibit an individual who lives in the residence to return, even if the individual meets any of the screening criteria.
COVID-19 Screening, Testing, and Documentation

What is the screening criteria?
The COVID-19 screening criteria is:
• fever, defined as a temperature of 100.4 Fahrenheit or above;
• signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
• any other signs and symptoms identified by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at cdc.gov;
• 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, unless the visitor is seeking entry to provide critical assistance; or
• has a positive COVID-19 test result from a test performed in the last 10 days.
HHSC also recommends following the latest DSHS and CDC guidance.

What signs and/or symptoms must the program provider look for when asking a visitor to leave the residence and reschedule? When a visitor meets only one criterion/symptom (such as a cough with no other symptoms) or when they meet multiple criteria?
If any one single criterion is met, the visitor must be asked to leave and reschedule the visit.

Does a provider have to screen for all criteria? Can a provider just ask about signs and symptoms? Can temperature alone suffice as screening?
The program provider’s screening must address all screening criteria every time a screening is performed. Each screening criterion must be asked of the person 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 screening must be documented at the time it has been completed.

Are providers required to take a surveyor’s temperature before allowing them to enter the home?
Yes. A provider should screen surveyors prior to entering the residence. A program provider shall not prohibit entry of persons with legal authority to enter when performing their official duties, unless they do not pass the screening criteria.

[Does a host home/companion care provider have to maintain a visitor screening log?]
[Yes. Per 40 TAC §9.198(c)(1), a residence includes host home/companion care homes unless otherwise specified. Rule also provides that a program provider must screen all visitors outside of the residence prior to entry and maintain a visitor screening log, which must include the name of each person screened, the date and time of the screening, and the results of the screening.]

Will a new enrollment need to have a COVID-19 test prior to placement visits?
HHSC does not require a COVID-19 test prior to pre-placement visits. However, screening prior to entry must
Can an individual refuse to be tested [for COVID-19] and self-isolate?
An individual has the right to refuse a COVID-19 test. [According to rule 40 TAC §9.173, individuals have the same rights and responsibilities exercised by people without disabilities, including the right to refuse a COVID-19 test.]

[Can a program provider offer tours for prospective individuals?]
[PL 2020-57 recommends that individuals participate in virtual residence tours when possible. However, a program provider could provide a combination of virtual and in-person tours if appropriate transmission-based precautions are taken for each tour, and the provider has been approved for general visitation.]

[Does HHSC require staff working in an administrative office take temperatures of visitors and staff?]
[If program providers operate day habilitation at their business/office site, they must screen individuals, staff, and visitors. However, if day habilitation is not conducted at the business/office, the emergency rules do not apply to this setting.]

[Does HHSC require staff in an administrative office wear a face covering?]
[HHSC recommends following CDC guidance as it will provide infection control practices for an administrative office. Additionally, Executive Order GA-29 mandates every person in Texas shall wear a face covering over the nose and mouth when inside a commercial entity or other building or space open to the public, or when in an outdoor public space, whenever it is not feasible to maintain six feet of physical distancing from another person not in the same household.]

[Does a program provider have to follow local town or city direction regarding testing and screening or can they follow HHSC rule no matter what local authority direction may be?]
[HHSC Emergency Rules 40 TAC §§9.198(p), 9.199(k) and 9.597(h) state that if there is a more restrictive order or directive set forth by another applicable authority, including local entities, the program provider must comply with that order/directive.]

[Do all persons residing in a Host Home/Companion Care residence need to be screened every time they return to the residence?]
[There is no requirement that additional persons residing in the home be screened or submit the screening results to the program provider. Rules 40 TAC §§9.198(c) and 9.198(e)(9) require screening of visitors and of individuals receiving HCS program services.]

[If an individual leaves and returns to the home, the provider must screen the individual in accordance with the screening criteria outlined in rule. The COVID-19 screening criteria are:

- fever, defined as a temperature of 100.4 Fahrenheit or above;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- any other signs and symptoms identified by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at cdc.gov;
- 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, unless the visitor is seeking entry to provide critical assistance; or
- has a positive COVID-19 test result from a test performed in the last 10 days.]
[Does a provider have to screen individuals in the residence?]
[A program provider must screen individuals for signs and symptoms of COVID-19 at least twice a day.]
What is the minimum cleaning schedule for a residence?
[Rule 40 TAC §9.198 does not specify a specific number of times the home must be cleaned but directs program providers to develop and implement a policy that prescribes a cleaning and disinfecting schedule for the residence and is routinely updated to reflect CDC and DSHS guidance. Rule 40 TAC §9.199(h)(8) also states that a program provider needs to clean the visitation area, furniture, and all other items before and after a visitor comes to the residence. The provider should schedule visits to allow adequate time for sanitation.]

What documentation regarding cleaning and disinfecting procedures will be required in the home?
WSC surveyors will request documentation pertaining to infection control policies, including staff training and implementation of appropriate policies.

How can an HCS provider determine if a particular 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 program 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 CDC recommends using hand sanitizers the contain [at least 60% alcohol.] Additionally, the Food and Drug Administration (FDA) has posted updates on hand sanitizers consumers should not use.

Does HHSC have any guidance on the use of UV-C lights for disinfecting purposes?
HHSC recommends following CDC guidance for Cleaning and Disinfection Your Facility under Alternative Disinfection Methods. That guidance recommends the use of only List N surface disinfectants, and it states, with respect to alternative disinfection methods, such as UV-C lights:

“The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19. CDC only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.”
**Personal Protective Equipment - Supplies**

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

Program 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, or Healthcare Coalition.

If a program 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/](https://tdem.texas.gov/) can assist. A program provider also can request PPE through TDEM’s State of Texas Assistance Request (STAR) program. The State of Texas Assistance Request (STAR) User Guide provides instructions for submitting a request.

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

HHSC recommends a program 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 is the program provider’s responsibility for ensuring HH/CC residences have PPE?

The HH/CC must have PPE available, but it is not the provider’s responsibility to provide it. The program provider needs to ensure the HH/CC has it available.
**Personal Protective Equipment - Use**

**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 here.

**Do individuals living in a three-person or four-person HCS residence need to wear a mask when not in their bedrooms?**
[According to 40 TAC §9.199(c)(5), an individual must wear a face mask or face covering over both their nose and mouth (if tolerated) during an essential caregiver visit. Additionally, the program provider must educate individuals on infection prevention, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette. Also, a program provider must encourage physical distancing, defined as maintaining six feet of separation between persons and avoiding physical contact.]

**Are host home/companion care providers are required to wear a mask in the home?**
40 TAC §9.198(b)(7) defines a residence as a host home/companion care home, three-person, or four-person residence, as defined by the HCS Billing Guidelines, unless otherwise specified. As such, infection control requirements apply to a host home/companion home. 40 TAC §9.198(e)(5) provides that “a program provider must require staff to wear a mask or cloth face covering over both the nose and mouth if not providing care to an individual with COVID-19, or appropriate PPE as defined by CDC if providing care to an individual with COVID-19.”]
[Do individuals who live in a host home/companion home have to wear a mask when not in their rooms? Per 40 TAC §9.198(e)(3) and (4), a program provider must educate staff and individuals on infection prevention, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette. Also, a program provider must encourage physical distancing, defined as maintaining six feet of separation between persons and avoiding physical contact.]

If individuals and staff are attending events in the public, are masks required? Per GA-29, every person in Texas shall wear a face covering over the nose and mouth when inside a commercial entity or other building or space open to the public, or when in an outdoor public space, wherever it is not feasible to maintain six feet of physical distancing from another person not in the same household.

Is a cloth mask considered PPE? Per CDC guidance, a cloth facemask is not considered PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended. However, a cloth face covering can be used when providing care to an individual who does not have COVID-19 per 40 TAC §9.198(e)(5)
Reporting COVID-19 Cases

What are the reporting requirements for HCS program providers, including HH/CC providers?

According to rule 40 TAC §9.198(d)(1), program providers must notify the following departments/individuals within 24 hours of becoming aware of an individual or staff member with confirmed COVID-19:

1. Local health department, or DSHS if there is no local health department;
2. HHSC via encrypted or secure email to waiversurvey.certification@hhsc.state.tx.us within 24 hours of becoming aware of an individual or staff member with confirmed COVID-19;
   - If a program provider is not able to send a secure or encrypted email, the program provider should request a secure link by emailing waiversurvey.certification@hhsc.state.tx.us. A program provider is not required to provide identifying information of a staff member to HHSC when reporting a positive COVID-19 test result and must comply with applicable law regarding patient privacy;
3. An individual’s legally authorized representative (LAR) if the individual is confirmed to have COVID-19, or if the presence of COVID-19 is confirmed in the residence;
4. Any individual who lives in the residence and his or her LAR, if the program provider is aware of probable or confirmed cases among program provider staff or individuals living in the same residence.

Additionally, a program provider must not release personally identifying information regarding confirmed or probable cases of individuals or staff.

What is the reporting criteria for individuals in Own Home/Family Home?

The alert posted on April 9, 2020, states program providers should report confirmed cases for all individuals receiving HCS program services. This includes individuals living in Own Home/Family Home settings.

Why must program 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 program provider, regardless of whether the lab reported the information. This links 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.

Does a program provider need to report an individual who has been exposed?

No. Only confirmed COVID-19 positive cases must be reported.
**What information needs to be reported regarding a positive COVID-19 case?**
Program providers must submit the following information to waiversurvey.certification@hhsc.state.tx.us for confirmed COVID-19 cases in both staff members and individuals receiving services [in a secure email]:

- Provider name
- Component code & contract number
- Number of staff testing positive
- Number of individuals testing positive
- CARE ID for individual(s)
- Number of individuals testing positive currently at home
- Number of individuals testing positive currently in the hospital

**Do program providers need to provide notification for probable cases?**
Probable cases are not required to be reported.
Do TxHmL individuals need to be screened during each service date?

Service providers must screen individuals before providing service in accordance with 40 TAC §9.597(c)(3). If the individual fails screening, the service provider must not provide services and must immediately notify the program provider.

Screening criteria are as follows:

- fever, defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- any other signs and symptoms as outlined by CDC in Symptoms of Coronavirus at cdc.gov; and
- 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, unless the visitor is seeking entry to provide critical assistance; or
- has a positive COVID-19 test result from a test performed in the last 10 days.

Who is required to wear a mask [in an Own Home Family Home setting]?

If non-members of the household are coming in and out, they should be encouraged to follow CDC guidance related to health care workers.

[Per 40 TAC §9.597(e)(1), a program provider must educate staff and individuals on infection prevention, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette. A program provider must encourage physical distancing during service delivery to the extent possible and encourage the use of masks and gloves if more direct support is needed.]

What is the reporting criteria for TxHmL providers?

[According to rule 40 TAC §9.597(d), it is the provider’s responsibility to notify the following departments/individuals within 24 hours of becoming aware of an individual or staff member with confirmed COVID-19:

1. Local health department, or the DSHS if there is no local health department;
2. HHSC via encrypted or secure email to waiversurvey.certification@hhsc.state.tx.us within 24 hours of becoming aware of an individual or staff member with confirmed COVID-19;
   - If a program provider is not able to send a secure or encrypted email, the program provider should request a secure link from HHSC by emailing waiversurvey.certification@hhsc.state.tx.us. A program provider is not required to provide identifying information on a staff member to HHSC when reporting a positive COVID-19 test result and must comply with applicable law regarding patient privacy;
3. An individual’s legally authorized representative (LAR) if the individual is confirmed to have COVID-19, or if the presence of COVID-19 is confirmed in the residence;
4. Any individual who lives in the residence and his or her LAR, if the program provider is aware of probable or confirmed cases among program provider staff or individuals living in the same residence.

Additionally, a program provider must not release personally identifying information regarding confirmed or probable cases of individuals or staff.]
Vaccinations

[What do providers need to know about flu vaccine allocations?]

[LTCR issued PL 20-50 on November 17, 2020:

- DSHS provided 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; and
- Includes training and education 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 is as follows:

- 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; and
- 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. HHSC rules do not prohibit a program provider from making a COVID-19 vaccination a condition of employment. However, any program provider 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 specific questions about the COVID-19 vaccine?]

[Providers can contact DSHS directly at Vaccine.LTCF@dshs.texas.gov for questions related to vaccine distribution.

For more information about the COVID-19 vaccine, please see the DSHS COVID-19 Vaccine Information page and the CDC COVID-19 Vaccine Information page.]
Quarantine or Isolation: What’s the difference?
Centers for Disease Control and Prevention

Where should program 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

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: coronavirus@DSHS.texas.gov
  - Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- 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 HCS webinars on the HHSC website?
Yes, recorded webinars are available on the HHSC website on the HCS home page.

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.

Below are several other helpful “mini webinars” from the CDC:
Sparkling Surfaces - https://youtu.be/t7OH80Rr5Ig
Clean Hands - https://youtu.be/xmYMUly7qiE
Closely Monitor Residents for COVID-19 - https://youtu.be/1ZbT1Njv6xA