



Home and Community-based Services and Texas Home Living Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all HCSSAs via this regularly updated Frequently Asked Questions (FAQs) document. This FAQ document was revised and reorganized on October 05, 2020.

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 Home and Community-based Services and Texas Home Living in [40 Texas Administrative Code \(TAC\), Chapter 9](#), as well as best practice and CDC recommendations.

All HCS and TxHmL 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](#)

The questions in this FAQ are grouped into the following categories:

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Visitation

Is an HCS residence required to offer visitation?

No. A program provider can choose whether to offer visitation and which types of visitation to offer. The program provider must consider the layout of the residence; local restrictions, including homeowners' association covenants; and staffing.

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

Answer: 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 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.

Do essential caregivers have to take a COVID test before each visit?

Answer: 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.

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

Answer: Individuals will designate two essential caregivers who will be trained by the program provider on PPE use, infection control, and the testing requirement.

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

Answer: 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.

Does the HCS attestation form need to be completed every 14-days?

Answer: 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, and the residence must stop allowing expanded visitation.

Who needs to complete an attestation form?

Answer: The attestation form is for 3-person residences and 4-person residences. This does not apply to host home, companion care, or own home family home residences. You can find the attestation form attached to [Provider Letter 20-40](#).

By when and to whom do attestation forms need to be submitted?

Answer: The attestation form must be completed prior to allowing expanded visitation. The attestation form does not need to be submitted to HHSC but a current copy must be kept in the residence. If the residence no longer meets the criteria for expanded visitation, the attestation is no longer in effect, and the residence must stop offering expanded visitation. The residence must complete a new attestation form once the criteria are met again.

Surveys and Residential Visits

Will program providers receive notification prior to a recertification survey?

Answer: We are continuing to provide a courtesy notification regarding upcoming recertification surveys when we are able to do so.

What happens if a surveyor is denied access to a HH/CC residence?

Answer: If a 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.

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

Answer: Emergency rules are effective the date they are posted, and Waiver Survey & Certification (WSC) can only cite providers for non-compliance once a rule has become effective.

Will providers need to provide PPE to surveyors?

Answer: 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?

Answer: §9.198(m) states the provider must encourage isolation to the extent possible. Remember that this is isolation, not seclusion. In general, isolation is required when the individual's COVID-19 status is unknown. If the program provider knows the individual's status (e.g., the program provider staff accompanied the individual the entire time and observed proper infection control procedures being followed), the individual's status has not changed from when they left the residence, and isolation would not be expected. If the program provider does not know whether infection control procedures were followed throughout the visit, the individual's status has changed to unknown, and the individual must be isolated to the extent possible.

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

Answer: 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 SPT 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?

Answer: WSC is discouraging attending off-site day habilitations at this time as stated in PL 20-22. The discouraging of attending day habilitation does not mean to prohibit the individual from attending.

Day habilitation sites should follow GA-31, 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-31, all Texans are highly encouraged to minimize social gatherings and in-person contact with those not in the same household; therefore, individuals are discouraged from leaving the household.

If an individual chooses to leave a residence for any purpose after being informed of the risks, the program provider must screen the individual upon return to the residence. The direct care staff who work in the residence should encourage physical distancing, disinfect high touch surfaces, and actively monitor all individuals in the residence. If possible, the individual should wear a mask as long as it is tolerated, they are able to remove it independently, and it is not contraindicated.

COVID-19 Screening and Documentation

What are the screening criteria?

Answer: 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;
- 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?

Answer: 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.

Do TxHmL individuals need to be screened during each service date?

Answer: §9.597(c)(3) states that service providers must screen individuals for the criteria identified in the rule before providing services.

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

Answer: An agency'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?

Answer: 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?

Answer: Yes. Every required screening must be documented.

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

Answer: The screening requirements pertain to all HCS residences, which includes HHCC. 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?

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

Infection Control

What is the minimum cleaning schedule for a residence?

Answer: 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?

Answer: 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?

Answer: [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?

Answer: 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.

Does HHSC have any guidance on the use of UV-C lights for disinfecting purposes?

Answer: 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)?

Answer: 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 a 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.

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

Answer: HHCS 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 is the program provider's responsibility for ensuring HH/CC residences have PPE?

Answer: 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?

Answer: 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?

Answer: 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?

Answer: 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 living in a 3- or 4-person residence need to wear a mask when not in their bedrooms?

Answer: If individuals are around members of a singular household, the mandatory mask requirement is not applicable. For 3- and 4-person residences with staff who come in and out of the household, but are not members of the household, they would need to follow [CDC guidance related to health care workers](#).

Is a CFC provider required to wear a mask?

Answer: If non-members of the household are coming in and out, they would need to follow CDC guidance related to health care workers [<https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>].

If individuals and staff are attending events in the public, the mandatory mask requirement would need to be followed.

Reporting COVID-19 Cases

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

Answer: Yes, it is the provider's responsibility to ensure the local health department or DSHS is notified. See §9.198(d)(1).

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

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

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

Answer: 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?

Answer: No, only confirmed positive cases must be reported. Individuals retain the right, per §9.173, 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?

Answer: Yes, it is the provider's responsibility to ensure the local health department or DSHS is notified. See §9.199(d)(1). DSHS has stated on calls that they would rather have it reported twice than it go unreported.

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

Answer: 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:

- 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

Program providers do not need to provide identifying information pertaining to staff members. Probable cases also are not required to be reported,

Resources

Where should providers go for COVID-19 information?

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

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

Answer: The following are ways to access DSHS information and staff:

- DSHS website: <http://dshs.texas.gov/coronavirus>
- DSHS Contact Information: If you have any questions or would like more information about COVID-19, contact DSHS by email or by phone 24/7:
 - Email: coronavirus@DSHS.texas.gov
 - Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- 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?

Answer: 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/t7OH8ORr5Jg>

Clean Hands - <https://youtu.be/xmYMUly7qiE>

Closely Monitor Residents for COVID-19- <https://youtu.be/1ZbT1Njv6xA>

Keep COVID-19 Out!- <https://youtu.be/7srwrF9MGdw>