

Coronavirus (COVID-19)  
Assisted Living Facility  
Weekly Frequently Asked Questions

On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. Governor Abbott also directed state agencies to restrict visitors to assisted living facilities (ALFs) and other long-term care facilities to protect those most vulnerable to COVID-19 infection.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ALFs via a regularly updated Frequently Asked Questions (FAQs) document.

With each update, this document will be arranged by date, and **if guidance changes from a previous week's FAQs, it will be noted in red font under that earlier FAQ.** 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](mailto:PolicyRulesTraining@hhsc.state.tx.us).

July 21, 2020

**Where can I find current up to date information on outbreaks, trends and information on COVID cases in the state?**

Answer: DSHS has created a [COVID-19 Dashboard](#) which provides data which are updated daily and include datasets such as:

- Number of Cases per County
- Fatalities over Time by County
- Estimated Cases over Time by County
- Cumulative Tests over Time by County
- COVID-19 Hospitalizations over Time by Trauma Service Area (TSA)
- COVID-19 Outbreaks in Long-term Care Facilities
- U.S. Cases, Date and Surveillance
- COVID-19 Forecast (National and State)

**Is there any guidance for ALFs with residents in memory care who are unable or refuse to wear a facemask and have difficulty understanding social distancing recommendations?**

Answer: The CDC has released some helpful guidance for ALFs with individuals with cognitive disabilities who are having a difficult time following recommended infection prevention practices such as social distancing,

washing their hands, avoiding touching their face, and wearing a cloth face covering for source control:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

**When residents leave the facility to go to an essential medical appointment do they have to be quarantined when they return?**

Answer: Not necessarily. A resident who leaves the facility to go to an essential medical appointment will have the same status with regard to COVID when they return as they did when they went to the medical appointment. In other words, if they were COVID negative upon departure and they return without fever or other symptoms or new COVID diagnosis, then they do not need to be kept separate from residents who have not left the facility. If the resident was positive or probable for COVID when they went to the appointment or received a positive diagnosis for COVID during their absence, then the facility is required to follow or resume its protocol regarding a COVID positive or probable resident, including quarantining the resident. Facility staff should encourage all returning residents to practice good hand hygiene, avoid crowds, wear a facemask or cloth face covering any time they are out of their room, and maintain all social distancing protocols.

**Can ALF residents leave to see family and if so, do they have to be quarantined when they come back?**

Answer: HHSC still recommends that facilities continue to strongly encourage residents to leave the facility only for essential medical appointments and to practice good hand hygiene, avoid crowds while outside the facility, and wear a facemask or cloth face covering any time they are not able to keep a social distance of six feet from another individual.

The facility must have and implement a written procedure for a resident who leaves the facility for anything other than an essential medical appointment. This procedure should include screening the resident immediately upon return by taking their temperature and asking whether they came in contact with a person who is COVID-19 positive or showed symptoms of the virus and then monitoring them at least daily for fever and other symptoms of COVID-19 for the next 14 days. During this time, the resident's movement in the facility should be limited to areas separate from those occupied by residents who have not left the facility.

**Can an ALF admit new residents during at this time?**

Answer: An ALF can admit new residents if the ALF is able to meet the prospective resident's needs and has sufficient staff to care for the resident without negatively impacting the level of care that staff is able to provide to current residents. ALFs must have and implement a written policy for admitting new residents during the COVID pandemic including knowing where the new resident was living prior to being admitted, such as home, with a family member, or a hospital. The new resident must be screened for symptoms and quarantined for the first 14 days, during which time the facility should monitor the new resident for fever and other symptoms of COVID at least daily.

The ALF is required to comply with §553.41(c) Resident assessment, §553.41(d) Resident policies, §553.41(e) Admission Policies, and, in addition, the requirements for admissions in §553.53 if admitting a resident with Alzheimer's or related disorders into a certified Alzheimer's ALF or unit.

**Are we allowed to hire a moving company to move residents into or out of the facility?**

Answer: Yes, you can. According to the Texas Division of Emergency Management under the US Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (CISA) Guidance on Essential Critical Infrastructure Workforce, "workers responsible for the movement and provision of household goods" are listed as essential critical infrastructure workers. The link to the full document is below. The facility should screen such workers prior to their entering the facility for fever and other symptoms of COVID-19 as it would any vendors.

[https://www.cisa.gov/sites/default/files/publications/Version\\_3.1\\_CISA\\_Guidance\\_on\\_Essential\\_Critical\\_Infrastructure\\_Workers.pdf](https://www.cisa.gov/sites/default/files/publications/Version_3.1_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers.pdf)

**Can family members of a resident moving in or out of the facility be considered the "moving company" and thereby be allowed into the facility for that purpose only?**

Answer: No. The CISA Guidance on Essential Critical Infrastructure Workforce (referenced above) applies only to employees and cannot be applied to family members for the purpose of creating an exception. Moreover, if facilities were to allow this, it could cause contention among other individuals who would like to be considered an exception to the rule.

**Can COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?**

Answer:

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food, it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. Throughout the day use a tissue to cover your coughing or sneezing, and wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of poor survivability of coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

Learn what is known about the [spread of COVID-19](#).

**Which products are the most effective for disinfecting and sanitizing surfaces to prevent the spread of COVID-19?**

Answer: The CDC maintains a list, called List N, of products that meet the EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19. The EPA updates the list with additional products as needed. You can download List N here:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

May 20, 2020

**Where can we go to find the most up-to-date guidance and information from HHSC about the COVID-19 Pandemic? May we share COVID-19 information from HHSC with family?**

Answer: HHSC has created a document called the Texas Health and Human Services [COVID-19 Response](#) for Assisted Living Facilities. This document is available on the HHSC [home page](#) for assisted living facilities at the link titled, "COVID-19 Response Plans for ALFs." It is updated as information and guidance changes, as this pandemic is an ever-evolving situation. You are welcome and encouraged to share this and any other general information and guidance HHSC puts forth regarding COVID-19.

## **May ALF residents go to hair and nail salons now that the state is allowing these establishments to open?**

Answer: In light of the higher risks associated with COVID-19 infection for individuals over the age of 65, Governor Abbott, in his May 5, 2020, Executive Order [GA-21, "strongly encouraged" people in that age category](#) "to stay at home as much as possible; to maintain appropriate distance from any member of the household who has been out of the residence in the previous 14 days; and, if leaving the home, to implement social distancing and to practice good hygiene, environmental cleanliness, and sanitation."

Consistent with the Governor's order, HHSC recommends that facilities continue to strongly encourage residents to leave the facility only for essential medical appointments, and to remind residents who do leave the facility to continue to follow [CDC guidance](#) on how to protect themselves and others by practicing social distancing and the protective personal hygiene habits. More specifically, when residents must leave the facility, remind them to:

- wash their hands or use hand sanitizer after touching any surface and before returning to the facility;
- avoid touching their face, particularly with unwashed hands;
- avoid crowds;
- stay at least six feet (about two arms' length) away from other people; and
- wear a face mask, if possible, while outside the facility and remove and, if it is washable, launder it upon re-entry to the facility.

## **May an ALF allow a person to come into the facility to provide haircuts and nail services, so residents do not have to leave the facility for these services?**

Answer: No, not at this time. A persons providing haircuts, pedicures, or similar services would not be providing "critical assistance," as described in the Governor's Executive Order GA-21 and previous orders, and 26 Texas Administrative Code §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19, available on the HHSC website's [home page](#) for ALFs. As a result, they would fall within the Governor's prohibition on visitors to ALFs.

## **Are staff allowed to give perms or haircuts to residents?**

Answer: Yes, in general, if a staff member is willing and able to perform these services and the resident is willing to accept the service from a staff member, it is likely permissible. In providing any service to a resident, ALF

staff members must adhere to the facility's infection control policies and procedures established under 26 TAC §553.41(n)(1) "to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection," including COVID-19. Appropriate infection control includes the use of proper PPE when performing a service that puts the staff member in close proximity to a resident.

The Texas Department of Licensing and Regulation (TDLR) is the agency responsible for licensing and regulation of cosmetology and barbering. Questions relating to specific proposed practices and arrangements, setting, licensure requirements, and applicable law can be directed to TDLR's [Cosmetology licensing program](#).

### **May an ALF continue to offer group activities for residents?**

Answer: Yes, ALFs may offer opportunities for virtual group activities and may continue to offer in-person activities that are planned to safeguard the health and safety of residents, as well as staff. An example of an activity planned to promote participants' mutual safety might be one in which participants wear facemasks; everyone maintains social distancing by staying or being organized to keep at least six feet apart from one another; and the activity is conducted in a group of no more than 10 people, including staff. At the same time, to minimize the risk of COVID-19 infection, while offering residents the benefits of the ALF's activities program, an ALF and its residents should balance activity planning and attendance with the Governor's recommendation for persons over 65 to stay at home as much as possible.

### **When will family members of residents be allowed to visit their loved ones in the facility again?**

Answer: The most recent orders from the Governor extends the restrictions of all visitors to long-term care facilities except for those visitors providing critical assistance, as further explained in 26 Texas Administrative Code §553.45, Emergency Rule for Assisted Living Facility Response to COVID-19.

### **May family members bring things, such as a cell phone, toiletries or groceries, to a resident in an ALF if they don't physically enter the facility, but meet with a staff member outside to drop off the items?**

Answer: Yes. HHSC suggests that the facility establish procedures for a family member to call to make arrangements for drop-off, with agreement to appropriate disinfection before staff brings the items into the facility.

### **What if an ALF has a resident for whom it is dangerous or impractical to wear a face covering when one would otherwise be called for, because of a mental or cognitive disability, a behavioral disorder, or another condition, such as a co-occurring psychiatric disorder, it is dangerous or impractical for the resident to wear a face covering?**

Answer: If you have a resident who does not have symptoms of COVID-19, and for some reason is not able to wear a face covering when one is otherwise called for, document the reason, and try to ensure that the resident follows the additional guidelines for controlling the spread of COVID-19, such as social distancing and frequent hand washing. Document any special exceptions or accommodations that the ALF deems necessary to

protect the well-being or safety of a resident in your facility, as well as any additional measures taken to account for any added risks to others that may be posed by the exception or accommodation.

**If an ALF has no positive or presumptive cases of COVID-19, can staff wear cloth masks in order to preserve their supply PPE in the event that someone in the facility later contracts the virus?**

Answer: Per the CDC, cloth facemasks are not considered to be PPE, so ALFs should avoid staff use of cloth facemasks. However, if the facility has a low supply of PPE and there is no COVID-19 infection present in the facility, cloth face coverings are better for source control than no face covering. Contact the ALF's local health department or DSHS for assistance if the ALF has a shortage of PPE, without an adequate supply source. If the ALF is not able to get more PPE, document the shortage and inability to find a supply source, and document that the decision for staff to use cloth facemasks due to the shortage.

**What if an ALF has N95 respirators but cannot find anyone to perform fit tests for staff? May the ALF still use the N95 respirators?**

Answer: Guidance from the CDC regarding N95 respirators states they should be fit-tested. The CDC also acknowledges that a fit test may not always be possible during the COVID-19 pandemic. [Proper Respirator Use for Respiratory Protection Preparedness](#) is available from the CDC. Some manufacturer(s) of N95 respirators produce video guidance for training employees to properly fit the and perform user seal checks for their equipment. [One such video was created by 3M](#). The Occupational Safety and Health Administration (OSHA) also has a [Respirator Fit Testing Video](#) available if fit-testing is unavailable. If an ALF is unable to get its staff fit-tested and decides to use the N95 respirators, document that the ALF tried to obtain test kits or a testing specialist to perform fit tests and was not able to, and the specific steps the ALF took to train the employees to fit the masks properly.

OSHA's [Respiratory Protection eTool](#) is another resource available to ALFs for N95 respirator and fit-testing information and resources.

**Is it mandatory that an ALF follow DSHS guidance regarding when and how an employee can return to work?**

Answer: DSHS developed its strategies for healthcare personnel with confirmed COVID-19 returning to work based on current CDC guidance.



While neither is mandatory, they provide guidance to aid ALFs in fulfilling their [obligation to protect their residents from the spread of disease infection](#).

**Where should providers send questions prior to the ALF COVID-19 FAQ Webinars, so HHSC staff might be able to answer them during the next webinar?**

Answer: Due to the limited time for the presentation of each webinar, submit questions in advance to [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us).  
[Go to this page](#) on the HHSC website to sign up for upcoming webinars.

May 4, 2020

**When can a provider employee return to work after being diagnosed with COVID-19?**

Answer: The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in context of local circumstances, and HHSC reminds providers that every employee, facility, and resident population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy** – the employee can return when three conditions have been met:
  - a. Fever-free without the use of fever reducing medication **AND**
  - b. Cough and shortness of breath have improved **AND**
  - c. Negative results from at least two consecutive FDA Emergency Use Authorized molecular assay for COVID-19 that were taken at least 24 hours apart
2. **Non-test-based strategy** – the employee can return when two conditions have been met:
  - a. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
  - b. At least seven days have passed since symptoms first appeared

If the employee had a positive COVID-19 test but never showed symptoms, the CDC recommends excluding them from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test.

After the employee returns to work, both the provider and the employee must take necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from

contact with severely immunocompromised residents until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

**Note:** If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with the diagnosis.

**If the facility has a confirmed COVID-19 case, does the corporate office report it to the local health department in the county of the corporate office or of the facility?**

Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county where the individual is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc.

**If an ALF resident tests positive for COVID-19, how do we handle staff quarantine?**

Answer: Providers will have to determine what kind of exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the high- or medium-risk category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) for full details.

**What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or the local health department come to the facility to assist?**

Answer: The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance.

HHSC will serve as the lead state agency in the state's response to an LTCF COVID-19 event. HHSC actions will include:

- Development of testing recommendations, in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME)
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC will coordinate formation of the Texas COVID-19 Assistance Team – ALF (TCAT-ALF). This team will include representatives from HHSC, DSHS, local health departments (as applicable) and emergency management (as applicable). This team will assist facilities with management of a COVID-19 event through provision of SMEs, resource request management, and support to facility actions through initial response activation. The TCAT-ALF will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See [COVID-19 Response for Assisted Living Facilities](#) for more information.

**Will HHSC continue to perform surveys/investigations?**

Answer: Long-term Care Regulatory (LTCR) will continue to investigate complaints and incidents (such as ANE), but surveys and investigations will be triaged at the immediate threat level. A streamlined infection control review tool will be used during these surveys, regardless of immediate threat allegation.

Additionally, LTCR will continue to conduct initial surveys.

**What is the best thing to do for facilities that have staff that go to multiple facilities?**

Answer: On April 17, 2020, Governor Abbott issued an [executive order](#) stating long-term care facilities should minimize the movement of staff between facilities whenever possible.

**Can ALFs prohibit residents from attending routine doctor visits?**

Answer: Ask residents not to leave the facility except for medically necessary purposes. Program providers can work with the resident to reschedule appointments for non-critical services, including routine doctor or therapy visits, or arrange for those services to be delivered through a method other than an in-person visit, such as by telephone, telemedicine, Skype etc.

**Can ALF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) as a group so long as there are 10 or fewer?**

Answer: CDC recommends the cancelation of all group activities. However, residents can go outside within a protected area – defined as an area restricted only to ALF residents and staff – if fewer than 10 people are in the area and they are all practicing social distancing (at least six feet between each person).

**Can residents receive visitors and visit on ALF property but only outside?**

Answer: No. On March 19, 2020, Governor Abbott issued an [executive order](#) stating people shall not visit long-term care facilities unless to provide critical services. For more information see [PL 20-23](#).

**Are ALF residents, not suspected of having COVID-19, required to wear masks while they are receiving care or when out of their rooms?**

Answer: Have residents wear a cloth face covering or facemasks whenever they are leaving their room, are in a setting in which increases the likelihood of coming within 6 feet of staff or other residents, are being provided care, or are leaving the facility for a procedure.

The purpose of having residents wear facemasks or cloth face coverings is to prevent the spread of coronavirus by resident unknown to have COVID-19.

For more information regarding cloth face coverings visit:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

**Where can I find available information on Facemasks and**

**Respirators?** Answer: HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](#).

**Can COVID-19 be transmitted through food?**

Answer: The CDC states that there is no evidence of transmitting the disease through food. For more information refer to the [CDC's Food Safety and Coronavirus Disease 2019 \(COVID-19\)](#).

**How can I sign up for email alerts from Texas Health and Human Services?**

Answer: Please visit the following link and select the topics you are interested in receiving alerts for:  
<https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

**How to put on (don) and take off (doff) PPE gear:**

More than one donning and doffing method may be acceptable. The CDC provides guidance on [how to properly don and off PPE gear](#) and the [sequence for putting on PPE](#).

April 8, 2020

**Should ALF residents be confined to their rooms?**

Answer: If a resident is presumptive or confirmed to have COVID-19, then they should be confined to separate, well-ventilated areas such as private rooms with doors closed and private bathrooms (as possible). To avoid spread of COVID-19, facilities should do the following:

- Cancel communal dining and all group activities, such as internal and external group activities.
- Implement active screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.

**If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering an ALF?**

Answer: ALFs should not require screening of emergency services personnel in the event of an emergency.

**Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into an ALF?**

Answer: Yes. These are considered essential services, and these vendors should be granted access if they are screened and follow the appropriate CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](#) and [CDC guidance](#).

### **How do ALFs get personal protective equipment (PPE)?**

Answer: Providers must have personal protective equipment available. You should try to get PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.

Providers who are having difficulty getting PPE should follow national guidelines for optimizing their current supply of PPE or identify the next best option to care for people receiving services from the provider while protecting staff. If providers are unable to get PPE for reasons outside their control, providers should document their attempts to obtain it to present to HHSC surveyors if requested.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

#### **Resources:**

- State of Texas Assistance Request (STAR)
- Public Health Region  
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations  
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management:  
<https://tdem.texas.gov/>

### **How can ALFs protect their staff?**

Answer: Facilities must ensure they have an Emergency Preparedness Plan that addresses all required elements as addressed in 26 TAC [§553.44](#) including:

- Universal precautions by using PPE supplies, conservation strategies, and strategies to address possible shortages
- Staffing and contingency plans
- Provisions of health and safety services such as dialysis, oxygen and hospice
- Ensuring uninterrupted supplies such as linen, food, medications and other needed supplies

Facilities must comply with all infection control requirements as required in 26 TAC [§553.41\(n\)](#), including:

- Reinforcing strong hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes and use of hand sanitizer
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility
- Regularly disinfect all workspaces such as nurse's stations, phones, and internal radios
- Actively and consistently monitor residents for potential symptoms of respiratory infections

The CDC provides additional guidance on [how to clean and disinfect different surfaces throughout the facility](#).

Facilities should have PPE available, be equipped with soap, hand sanitizer and any other disinfecting agents to maintain a healthful environment and provider staff with adequate office supplies to avoid sharing.

### **How do providers report confirmed cases of COVID-19?**

Answer: Contact the local health authority or the Department of State Health Services (DSHS). **It is not necessary to double report a confirmed case to both the local health authority and DSHS.** DSHS maintains a list of [local disease reporting contacts and links](#), as well as links to applicable legal requirements and general reporting instructions on its website.

In addition, an ALF must report to HHSC as a self-reported incident each confirmed case of COVID-19 in staff and individuals receiving services from the provider and any client who dies from COVID-19-related causes. A confirmed case is considered a critical incident. Providers must notify HHSC through [TULIP](#) or by calling Complaint and Incident Intake (CII) at 1-800-458-9858.

### **If a resident with presumptive or confirmed COVID-19 is being transferred to another healthcare facility does the ALF need to inform the receiving facility?**

Answer: Yes, the ALF must inform the receiving healthcare facility that the resident is presumptive or confirmed to have COVID-19.

### **Where do ALF providers go for COVID-19 information?**

Answer: Reliable sources of information include:

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

**Is there a checklist available for ALFs that will help assess and improve our preparedness for responding to COVID-19?**

Answer: Yes, CDC's [COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#) identifies key areas that ALFs should consider in their COVID-19 planning. This tool can be used to self-assess the strengths and weaknesses of current preparedness efforts. This checklist highlights important areas to review.

**Why can't I visit my loved one who is an ALF resident?**

Answer: Per Governor Abbott's March 19, 2020, [Executive Order No. 3](#), ALF providers must prohibit all visitors not providing critical assistance given the significant health and safety risk to medically fragile residents posed by COVID-19.

During this time, the facility should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to promote ongoing contact between residents and their loved ones. For additional information please refer to [PL 20-23](#).

**When considering exceptions for end of life, does it apply to the relatives or loved ones of those residents who are under hospice care or only those are actively dying?**

Answer: Facilities should decide on a case-by-case basis when a resident is near the end of life and follow CMS and CDC guidance for visitation. See [QSO-20-14-NH](#) and [CDC guidance](#).

**If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care can that person continue to treat ALF residents or are they prohibited from doing so for 14 days?**

Answer: An ALF employee or essential visitor, that is providing services while using the appropriate PPE, is not prohibited from providing services to additional residents while being consistent with the CDC guidelines. If an employee has unprotected exposure, then the facility must make the decision to isolate the staff member while they monitor the signs and symptoms of the infection, also consistent with CDC guidelines, or ensure the employee goes home to self-quarantine.

Due to the evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and your local



public health department to reduce the risk of spreading the virus to residents served.



# Find a Nursing Home

Choosing a nursing home is an important decision. There may be other long-term services and supports that fit your needs such as receiving care in your home. If you decide that a nursing home is the right choice, here are some resources to help find a facility that best meets your needs.

## Locate a facility and explore options.

- Check with your family and friends. Ask about their experiences with nursing homes.
- Contact the Long-Term Care Ombudsman Program in your area and ask for a list of facilities.
  - ▶ To find a program near you, call **800-252-2412**.
  - ▶ Enter your five digit ZIP code to be directed to an ombudsman in your area.
  - ▶ Or use the "*Find an LTC Ombudsman in Your Area*" feature on the Office of the State Long-Term Care Ombudsman website at [apps.hhs.texas.gov/news\\_info/ombudsman/](https://apps.hhs.texas.gov/news_info/ombudsman/).
- Ask an ombudsman about complaints in your nursing home top choices.
- Review federal data on nursing homes at *Nursing Home Compare* at [medicare.gov/NursingHomeCompare](https://medicare.gov/NursingHomeCompare).
  - ▶ This website provides current facility inspection results from nursing homes participating in Medicare and Medicaid.
  - ▶ An ombudsman can help you understand the facility survey results.
- Visit the Texas Health and Human Services *Long-Term Care Provider Search* at [apps.hhs.texas.gov/LTCSearch](https://apps.hhs.texas.gov/LTCSearch).
- Read the *Consumer Guide to Choosing a Nursing Home* at [nursinghomeaction.org/public/50\\_156\\_455.cfm](https://nursinghomeaction.org/public/50_156_455.cfm). A printable PDF is available.

## Visit the nursing home.

- Take a tour of the nursing home.

- Go back unannounced one or more times, including mealtimes, evenings and weekends.
- Talk to current residents and any family or friends who may be visiting.
- Ask to review the facility's most recent survey reports.
  - ▶ A survey report provides information about a facility's state inspection.
  - ▶ An ombudsman can help you understand a survey report.
- Determine how far the nursing home is from your family and friends and how easy it will be for them to visit you.

## Explore nursing home services and costs.

- What services are included in the rate you will pay?
- What is the cost of additional services or assistance offered at the facility?
- Do you need specialized care? If yes, ask the facility if it provides the care you require.
- Is there an additional cost for transportation and under what circumstances do fees apply?

## Explore options to pay for your care.

- What payer sources does the facility accept?
  - ▶ For example, do they accept Medicare, Medicaid, private pay only (payments using your money)?
  - ▶ Do they accept long-term care insurance?
  - ▶ Note: **Medicare does not pay for long-term living and care at a nursing home.** Medicare pays for rehabilitation at a nursing home under some circumstances.
- Learn about and apply for benefits like Medicaid.
  - ▶ Visit the *Your Texas Benefits* website at [yourtexasbenefits.com](http://yourtexasbenefits.com).
  - ▶ If you don't have computer access, call **2-1-1**. Choose Option 1 to find long-term services in your area. Choose Option 2 for help with state benefits like Medicaid.
- Contact an Area Agency on Aging benefits counselor for free advice.
  - ▶ Call **800-252-9240**.
  - ▶ Enter your five digit ZIP code to be directed to your local AAA.
  - ▶ Or find the *AAA Directory* at [apps.hhs.texas.gov/contact/aaa.cfm](http://apps.hhs.texas.gov/contact/aaa.cfm).
  - ▶ A benefits counselor can tell you about eligibility requirements for Medicaid.

- Visit the Office of the State Long-Term Care Ombudsman *Paying for Care* webpage at [apps.hhs.texas.gov/news\\_info/ombudsman/financing.html](https://apps.hhs.texas.gov/news_info/ombudsman/financing.html).
- Contact your long-term care insurance provider, if applicable. Ask if and when your policy pays for nursing home care and what you need to do to start using it.

## **Ask about facility and resident policies.**

- What is the facility policy about administering CPR to residents?
- Under what circumstances can you be asked to leave?
- Ask to review the facility's resident handbook or resident policies.
- What if you have a conflict with another resident or a staff member?
- How can you file a complaint, if needed?

## **Ask about staffing and staff training.**

- How many residents are assigned to each aide or nurse?
  - This is also called the staff-to-resident ratio.
  - How do they determine the number of staff required on each shift?
- Will the same aides be consistently assigned to you on each shift?
  - This is a best practice in resident care.
- What training and experience do nursing home staff have?
- If the facility offers specialized care, what specialized training do staff receive to assist residents requiring this type of care?
- How much experience does the nursing home have in providing the services you require?

## **Ask how your needs, routines and preferences will be met.**

- What preferences or routines are important to you?
  - For example, do you like staying up late at night or eating breakfast late?
  - Do you like bathes instead of showers?
  - Ask how staff will meet those needs, preferences and routines.
- Can you share a room with the person of your choice as long as that person agrees?

## Helpful resources

- AARP, Nursing Homes: What to Ask - Checklist: [assets.aarp.org/external\\_sites/caregiving/checklists/checklist\\_nursingHomes.html](https://assets.aarp.org/external_sites/caregiving/checklists/checklist_nursingHomes.html).
- Centers for Medicare & Medicaid Services (CMS), Your Guide to Choosing a Nursing Home or Other Long-Term Services & Supports (Free PDF download): [www.medicare.gov/Pubs/pdf/02174-Nursing-Home-Other-Long-Term-Services.pdf](https://www.medicare.gov/Pubs/pdf/02174-Nursing-Home-Other-Long-Term-Services.pdf) call **800-633-4227**. TTY users can call **877-486-2048**.
- The National Consumer Voice Piecing Together Quality Long-Term Care: A Consumer's Guide to Choices and Advocacy (Free PDF download): [theconsumervoice.org/uploads/files/long-term-care-recipient/piecing-together-quality-long-term-care\\_\(1\).pdf](https://theconsumervoice.org/uploads/files/long-term-care-recipient/piecing-together-quality-long-term-care_(1).pdf).

*Based on "Choosing a Nursing Home" by The Consumer Voice.*



# Find an Assisted Living Facility

Choosing an assisted living facility is an important decision. Other long-term services and supports may fit your needs, like receiving care in your home. However, if you decide that an assisted living facility is the right choice, these resources will help you find one that best meets your needs.

## Locate a facility and explore options.

- Check with your family and friends. Ask about their experiences with assisted living facilities.
- Contact the Long-Term Care Ombudsman Program in your area and ask for a list of facilities.
  - ▶ To find a program near you, call **800-252-2412**.
  - ▶ Enter your five digit ZIP code to be directed to an ombudsman in your area.
  - ▶ Or use the "*Find an LTC Ombudsman in Your Area*" feature on the Office of the State Long-Term Care Ombudsman website at [apps.hhs.texas.gov/news\\_info/ombudsman/](https://apps.hhs.texas.gov/news_info/ombudsman/).
- Ask an ombudsman about complaints in your assisted living facility top choices.
- Visit the Texas Health and Human Services *Long-Term Care Provider Search* at [apps.hhs.texas.gov/LTCSearch](https://apps.hhs.texas.gov/LTCSearch).

## Visit the assisted living facility.

- Take a tour of the assisted living facility.
- Go back unannounced one or more times, including mealtimes, evenings and weekends.
- Talk to current residents and any family or friends who may be visiting.
- Ask to review the facility's most recent survey reports.
  - ▶ A survey report provides information about a facility's state inspection.
  - ▶ An ombudsman can help you understand a survey report.

- Determine how far the assisted living facility is from your family and friends and how easy it will be for them to visit you.

## Explore assisted living facility services and costs.

- Ask for and review the facility's resident contract or resident agreement.
  - What is included in the rate you will pay? For example, is room and board, cable, assistance with dressing or bathing or help managing medications included?
- Ask for and carefully review the facility's disclosure form.
  - Under what circumstances can you be asked to leave?
- What is the cost of additional services or personal assistance?
  - Ask the facility for a list of services provided and their cost.
  - How are these fees determined?
- Do you need specialized care?
  - If yes, ask if the facility provides the care you require and the cost.
- How often does the facility offer opportunities to go on outings or take you to medical appointments?
  - Is there an additional cost for transportation and under what circumstances do fees apply?
- What activities do they offer?
- Is the assisted living Alzheimer certified?
  - If yes, does the facility have a secure or locked unit?
  - If the facility does not have a secure or locked unit, does it use a departure warning system like WanderGuard?

## Explore options to pay for your care.

- What payer sources does the facility accept?
  - For example, does the facility accept private pay only (payments using your money)?
  - Do they accept *Veterans Aid and Attendance* or long-term care insurance benefits?
  - Note: **Medicare does not pay for assisted living.**
- What happens if your money runs out while living in the assisted living?
  - Does the facility participate in Medicaid?
  - If the facility says you can stay and use Medicaid funds for the entire length of your stay, get the answer to you in writing.
- Learn about and apply for benefits like Medicaid.

- ▶ Visit the *Your Texas Benefits* website at [yourtexasbenefits.com](http://yourtexasbenefits.com).
- ▶ If you don't have computer access, call **2-1-1**. Choose Option 1 to find long-term services in your area. Choose Option 2 for help with state benefits like Medicaid.
- Contact an Area Agency on Aging benefits counselor for free advice.
  - ▶ Call **800-252-9240**.
  - ▶ Enter your five digit ZIP code to be directed to your local AAA.
  - ▶ Or find the *AAA Directory* at [apps.hhs.texas.gov/contact/aaa.cfm](http://apps.hhs.texas.gov/contact/aaa.cfm).
  - ▶ A benefits counselor can tell you about eligibility requirements for Medicaid.
- Visit the Office of the State Long-Term Care Ombudsman *Paying for Care* [apps.hhs.texas.gov/news\\_info/ombudsman/financing.html](http://apps.hhs.texas.gov/news_info/ombudsman/financing.html).
- Visit the U.S. Department of Veterans Affairs *Aid and Attendance* [benefits.va.gov/pension/aid\\_attendance\\_housebound.asp](http://benefits.va.gov/pension/aid_attendance_housebound.asp).
- Contact your long-term care insurance provider, if applicable. Ask if and when your policy pays for assisted living and what you need to do to start using it.

## **Ask about facility and resident policies.**

- What is the facility policy about administering CPR to residents?
- Under what circumstances can you be asked to leave?
- Ask to review the facility's resident handbook or resident policies.
- What if you have a conflict with another resident or a staff member?
- How can you file a complaint, if needed?

## **Ask about facility staff and training.**

- How many residents are assigned to each aide or nurse?
  - ▶ This is also called the staff-to-resident ratio.
  - ▶ How do they determine the number of staff required on each shift?
- Will the same aides be consistently assigned to you on each shift?
  - ▶ This is a best practice in resident care.
- What training and experience do the facility staff have?
- If the facility offers specialized care, what specialized training do staff receive to assist residents requiring this type of care?
- How much experience does the assisted living facility have in providing the services you require?



## **Ask how your needs, routines and preferences will be met.**

- What preferences or routines are important to you?
  - For example, do you like staying up late at night or eating breakfast late?
  - Do you like bathes instead of showers?
  - Ask how staff will meet those needs, preferences and routines.
- Can you share a room with the person of your choice as long as that person agrees?

## **Helpful resources**

- AARP, *Assisted Living: Weighing the Options*:  
[aarp.org/caregiving/basics/info-2017/assisted-living-options.html](http://aarp.org/caregiving/basics/info-2017/assisted-living-options.html).
- The National Consumer Voice *Piecing Together Quality Long-Term Care: A Consumer's Guide to Choices and Advocacy*:  
[theconsumervoice.org/uploads/files/long-term-care-recipient/piecing-together-quality-long-term-care\\_\(1\).pdf](http://theconsumervoice.org/uploads/files/long-term-care-recipient/piecing-together-quality-long-term-care_(1).pdf).

*Based on "How to Select an Assisted Living Facility" by The Consumer Voice.*

Long-term care residents'

# Medicaid and stimulus checks 2020

For Medicaid-eligible residents of a nursing or  
assisted living facility and their family members



## Will a stimulus check affect a resident's Medicaid eligibility?

The IRS defines the stimulus check as a tax rebate that will not be counted as income or resources if it is spent within 12 months from receipt. If funds remain unspent after 12 months, the unspent funds will be counted as a resource. Medicaid is automatically extended for all current Medicaid-eligible individuals. Anyone who currently has benefits will not be denied during this period.

Medicaid spending rules still apply as these funds will be calculated in a "look-back period." Keep all receipts of expenses, especially for purchases over \$200.

## Will the stimulus check count as applied income?

No. As a tax rebate, the individual stimulus check will not be calculated as applied income in a nursing facility or copayment or room and board in an assisted living facility. A person's applied income or copayment amount will not be changed by the stimulus check.

## Questions?

Contact the  
Office of the State  
Long-Term Care  
Ombudsman at  
**800-252-2412** or  
**ltc.ombudsman@  
hhsc.state.tx.us.**

This information is provided by the State Long-Term Care Ombudsman  
Program who are advocates for long-term care residents.



TEXAS  
Health and Human  
Services



## Who decides how a resident spends the money?

A resident has a right to manage his or her money or choose who manages it. If a resident chooses someone to manage their money, that person has a responsibility to spend the money on the resident's basic needs, including health care and clothing, before spending on other things the resident wants. If a facility manages the resident's money in a trust fund, the resident must approve each withdrawal from the trust fund account.

If a facility or facility staff member is acting as a representative payee for a resident, the representative payee manages only a resident's Social Security or Supplemental Security Income (SSI). The stimulus check is not Social Security or SSI.

### Examples of allowable spending:

- Dental care, sitter care or an assistive device not covered.
- Tablet, phone, TV, Wi-Fi, reading material.
- Clothing, shoes, hygiene supplies, haircuts.
- Minifridge, snacks.
- Burial plan and burial items allowed by Medicaid.
- Personal non-medical outings transport.
- Expenses for moving into the community.

### Medicaid rules for spending:

- Must spend in 12 months or it will be counted in the resource limit.

## Residents and Families

Stimulus checks started being distributed in mid-April. They will be sent the same way that Social Security and SSI checks are currently sent. Action is only required by a resident who does not receive Social Security or SSI and who did not file a tax return in 2018 or 2019. They can check the IRS website for instructions. Full vendor residents who do not receive either Social Security or SSI can register on the IRS website.

### Make sure all new purchases are:

- Marked with the resident's name. For clothing, mark inside of collar or waistband.
- Recorded on the resident's inventory sheet with the facility, in case the purchased item is lost.
- Allowable by Medicaid. Have the facility's business office check with a Medicaid representative BEFORE purchasing.
- Supported with receipts. Give a copy of all receipts to the business office. Any expense over \$200 will likely need to be explained to Medicaid when renewing your application.

More information about the stimulus check can be found on the IRS website at [irs.gov/coronavirus/non-filers-enter-payment-info-here](https://irs.gov/coronavirus/non-filers-enter-payment-info-here).

COVID-19  
Nursing Facility (NF)  
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 and directed state agencies to restrict visitation at nursing facilities (NFs) to protect those most vulnerable to COVID-19. In addition, the Centers for Medicare and Medicaid Services (CMS) [directed](#) all NFs to restrict visitation and allow access only to staff or other individuals providing critical services.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all NFs via a regularly updated Frequently Asked Questions (FAQs) document.

With each update, information in this FAQ document will be arranged by date, and if guidance changes from previous FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us).

At the bottom of this document, you will find a list of reliable sources of information that we urge you to check regularly, as they are updated often.

These frequently asked questions are published to offer providers resources to consult when they are making decisions. They are guidance, recommendations, and best practices that LTC Regulation has collected for the convenience of the providers, to assist in decision making related to the health and safety of residents during this unprecedented time.

June 21-27, 2020

**I'm required to submit COVID-19 death report data to the National Healthcare Safety Network system. Do I still have to submit COVID-19 and non-COVID-19 death reporting data to HHSC?**

Response: Yes. NFs are required to submit death reports to HHSC within ten working days after the last day of the month via [TULIP](#). NFs must report all deaths that occur within the facility and those that occur within 24 hours after transferring a resident to a hospital from the NF. NFs can be cited for failing to submit timely and accurate death report information to HHSC.

See [PL 20-08](#), THSC §[260A.016](#), §[19.606](#) and §[19.1010](#) for details.

**Which residents are considered to have “unknown COVID-19 status”?**

- New admissions
- Readmissions
- Residents who have spent one or more nights away from the facility

**Which residents can be cohorted?**

Nursing facility residents need to be cohorted with residents who have the same COVID-19 status.

Facilities should be prepared to have three categories of residents for cohorting purposes:

1. Residents without COVID-19 (confirmed negative, recovered, and meet all CDC criteria to discontinue transmission-based precautions, not showing symptoms)
2. Residents with confirmed cases of COVID-19
3. Residents with unknown COVID-19 status and possible cases of COVID-19 or awaiting test results

**If a resident is in a quarantine period and then gets a new roommate, does the first resident’s quarantine period start over when the new roommate is admitted?**

No. Residents who are in the 14-day quarantine and monitoring period do not have to start the quarantine and monitoring time over if a roommate with unknown COVID-19 status is brought in at a later date, unless the roommate later tests positive for COVID-19. If either resident later tests positive, the 14-day quarantine and monitoring period starts again the day of the diagnosis.

**If a resident leaves the facility for a medically necessary appointment and returns the same day, is the resident considered to have unknown COVID-19 status, and do they need to be quarantined?**

No. Residents who leave the facility for medically necessary appointments and return the same day are not considered to have unknown COVID-19 status. Rather, their COVID-19 status is the same as it was when they left the facility for their appointment, and they can return to their assigned room. These residents should wear face coverings, as tolerated, while out of the facility.

**Can testing be used to verify COVID-19 status and decrease the number of days a resident is required to be quarantined and monitored?**

No. All residents who have unknown COVID-19 status must be quarantined and monitored for the full 14-day period. Testing is not an option for decreasing the 14-day time period.

**What PPE should be used by staff caring for residents with unknown COVID-19 status?**

Staff caring for residents with unknown COVID-19 status should wear all CDC

recommended PPE (N95s, eye protection, gloves and gowns – facemasks for droplet protection can be used if N95s are not available).

**Does the guidance provided by the Special Infection Control Assessment (SICA) team supersede the COVID-19 Response for Nursing Facilities?**

No. Guidance by SICA teams does not supersede the [COVID-19 Response for NFs](#). SICA guidance is an additional, consultative resource to assist providers with best practices. Questions regarding information provided by SICA teams can be sent to the Regional Director of your area.

**Should hospice workers be allowed to enter nursing facilities?**

Yes. Per the HHSC emergency rule in Title 40, Chapter 19, §19.2801(b)(1), hospice workers are considered essential and can be allowed to enter NFs if they pass screening.

**When is visitation going to be allowed again?**

Answer: We are actively working with our partners (DSHS, TDEM, and the Office of the Governor) to issue a reopening plan to allow personal visitors.

**Is there a statewide prohibition for new admissions if a facility has a positive case?**

No. While local orders related to NF admissions might apply in parts of the state, there is not a statewide or federally mandated prohibition on new admissions for facilities that have COVID-19 cases. Facilities should continue to admit anyone they would normally admit but with all appropriate precautions.

**If a resident is admitted from the hospital and is designated as having “unknown COVID-19 status,” are they allowed to go to therapy?**

Yes. The resident can go to therapy. The NF should have a plan to ensure the resident does not have contact with COVID-19 positive or COVID-19 negative residents; the resident should wear a facemask or face covering while out of the bedroom; and infection control measures should be followed to disinfect the therapy room and all equipment before and after each use.

**Are dentists considered essential visitors?**

Yes. Dentists are considered essential. They can provide routine and emergency services within a facility as long as they enter with appropriate PPE and pass screening.

**Can facilities apply for money to buy communication devices to help residents stay connected with family and friends. How do I apply?**

Answer: All nursing facilities are encouraged to apply for up to \$3,000 per facility in federal Civil Money Penalty (CMP) funds. These funds are to be used for the purchase

of communication devices to aid in connecting residents with their loved ones during the COVID-19 pandemic. Use awarded funds to buy items such as tablets, webcams, headphones, and certain accessories. [Visit the CMP webpage and read the Special Application Period for Communicative Devices in Nursing Facilities section](#) for complete details and an application.

**It has taken my facility more than 14 days to receive test results. How do I treat that resident and those around them?**

Answer: Because a resident with unknown COVID-19 status should have been in quarantine pending the result of the test and might have recovered, receiving a positive result 14 days after the test was taken decreases the utility of that result.

For a person whose test comes back positive: whether a staff member or resident, the facility must ensure that person has met the criteria to discontinue isolation. The CDC [criteria to discontinue transmission-based precautions](#) or [return to work criteria](#) can be symptom-based (i.e., 10 days since symptom onset AND at least 72 hours of no fever/improving symptoms) or test-based (i.e., at least two subsequent negative PCR tests). If the person was asymptomatic for the entire duration, they can use a time-based strategy (i.e., 10 days from the time of the positive test) to end their isolation period.

Any positive result reflects possible transmission within the facility and should prompt repeat testing at the facility. Facilities should work with their local health authorities to develop a plan for retesting.

**If the lab results come back positive for a staff member, but more than 14 days have passed since the test was administered, does the staff member still have to self-quarantine?**

Answer: A positive COVID-19 result, even if it comes late, reflects possible transmission of the virus within the facility and should prompt repeat testing at the facility.

In addition, the person who tested positive, whether it is a staff member or resident, will not require continued isolation if the person has met the criteria to discontinue isolation. The criteria to discontinue isolation can be symptom-based (i.e., 10 days since symptom onset AND at least 72 hours of no fever/improving symptoms) or test-based (i.e., at least two subsequent negative PCR tests). If the person was asymptomatic for the entire duration, they can use a time-based strategy (i.e., 10 days from the time of the positive test) to end their isolation period.

**Can newly admitted residents who are asymptomatic be tested for COVID-19 instead of having to be in quarantine for 14 days?**

Answer: No. New admissions, readmissions, and other residents with unknown COVID-19 status must remain in quarantine and be monitored for signs and symptoms of COVID-19 for a full 14 days. [CDC guidance](#) does not provide an exception to quarantine based on testing results.



**For new and re-admits who are quarantined for 14 days, are they considered to be suspected of having COVID-19 and treated as positive, even if they have no signs or symptoms, and do staff have to wear an N95 mask?**

Answer: No. Residents who are in 14-day quarantine because they are newly admitted or readmitted to the NF are considered to have “unknown” COVID-19 status. DSHS describes “unknown COVID-19 status” as people who have not yet been diagnosed with COVID-19 but might have been exposed, especially during times of localized or widespread COVID-19 transmission within the facility or community from where the patient is transferring, and could therefore be within the incubation phase of the infection. Staff providing care to residents with unknown COVID-19 status should wear all CDC recommended PPE, including N95s (or facemasks for droplet protection if N95s are not available), eye protection, gloves and gowns.

**If a resident receives dialysis or regular eye injections outside the facility, should they be quarantined for 14 days after each visit?**

Answer: No. A resident receiving regular medically necessary services outside the facility does not have to be quarantined when they return. Residents who must regularly leave the facility for medically necessary purposes should wear a facemask whenever they leave their bedroom, including for procedures outside of the facility. They should also continue to practice social distancing.

If PPE supply allows, consider having staff wear all recommended PPE (gown, gloves, eye protection, N95 respirator, or facemask if not available) for the care of these residents, regardless of the presence of symptoms.

The CDC’s [Nursing Home Infection Prevention Assessment Tool for COVID-19](#) provides guidance and recommended prevention measures for situations like this where the resident leaves the facility regularly for medically necessary reasons.

**If a facility is having trouble registering or submitting data to the National Healthcare Safety Network (NHSN) system, will there be any extensions on the deadlines to submit our reports? We have heard that some facilities have been cited for failure to submit their data.**

Answer: Questions about the reporting requirements should be directed to [NH\\_COVID\\_Data@cms.hhs.gov](mailto:NH_COVID_Data@cms.hhs.gov).

Questions about the NHSN system and enrollment should be directed to [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

In addition, the following information can assist providers with challenges they have with COVID-19 reporting to NHSN:

1. The first step is enrolling your facility in National Healthcare Safety Network (NHSN) <https://www.cdc.gov/nhsn/ltc/covid19/enroll.html>
  - a. Here is slide set for enrolling in NHSN



<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/covid19-enroll-508.pdf>

2. Next, review the COVID-19 module overview presentation  
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/lcf-covid19-module-508.pdf>
3. Utilize the NHSN forms to gather data to be entered into NHSN
  - a. Resident Impact and Facility Capacity:  
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.144-res-blank-p.pdf>
  - b. Staff and Personnel Impact:  
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.145-staff-blank-p.pdf>
  - c. Supplies and Personal Protective Equipment:  
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.146-supp-blank-p.pdf>
  - d. Ventilator Capacity and Supplies:  
<https://www.cdc.gov/nhsn/pdfs/covid19/lcf/57.147-vent-blank-p.pdf>

For additional resources, visit the CDC NHSN LTCF COVID-19 website:  
<https://www.cdc.gov/nhsn/lcf/covid19/index.html>

April 5-11, 2020

### **When can a provider employee return to work after being diagnosed with COVID-19?**

Answer: The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy** – The employee can return when three conditions have been met:
  - a. Fever-free without the use of fever-reducing medication **AND**
  - b. Cough and shortness of breath have improved **AND**
  - c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19
2. **Non-test-based strategy** – The employee can return when two conditions have been met:
  - a. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
  - b. At least seven days have passed since symptoms first appeared

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. The employee should wear a facemask at all times while in the health care facility until all symptoms are completely resolved or until 14 days after illness onset, whichever

is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures, including hand hygiene, respiratory hygiene, and cough etiquette.

**Note:** If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee's return to work on recovery criteria related to the specific diagnosis.

#### Resources

- Centers for Disease Control and Prevention (CDC) guidance on [healthcare professionals returning to work](#)
- CDC recommendations on [infection control](#)

#### **Are private sitters considered essential care staff if residents have dementia diagnosis and high risk for falls?**

Response: Providers will have to determine if they consider private sitters essential *other* health care workers as described in [QSO-20-14-NH](#). If so, these workers may be permitted to come into the facility as long as they are screened and meet the CDC guidelines for health care workers.

#### **I have a CMA (med aide) whose certification has expired. She has not been able to renew because all facilities are closed. Can she still work and pass meds or not? Is there a waiver?**

Response: Yes. Any license existing at the time of the disaster declaration is in effect until HHSC requires renewal. See full details at [PL 20-21](#) and [PL 20-26](#)

#### **What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or local health department come to the facility to assist?**

Response: The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance. The facility must report every confirmed case of COVID-19 to HHSC and their local health department (LHD), or DSHS in jurisdictions where there is no LHD. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health department by phone. You can find contact information for your local/regional health department here:

<https://www.dshs.state.tx.us/rls/localservices/default.shtm?terms=local%20health%20entities> Work with your local health department to complete the COVID-19 case report form if and when necessary.

HHSC will serve as the lead state agency in the state's response to an LTC COVID-19 event. HHSC actions may include:

- Development of testing recommendations, in consultation with DSHS
- Ensuring appropriate/assistance with patient movement

- Providing subject matter experts (SME): LTC, HAI, epidemiology
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC coordinates the formation of a Texas COVID-19 Assistance Team – LTC (TCAT-LTC). This team will include representatives from HHSC, DSHS, local health department (as applicable) and emergency management (as applicable.) This team will assist facilities with management of a COVID-19 event through provision of SMEs, resource request management, and support to facility actions through initial response activities. The TCAT-LTC will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See [COVID-19 Response for Long-term Care Facilities](#) for more information

### **How can I sign up for email alerts from Texas Health and Human Services?**

Response: Please visit the following link and select the topics you are interested in: <https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

### **Do dietary staff need to be wearing facemasks at all times or can they remove in kitchen?**

Response: The CDC recommends personal protective equipment in resident areas and facemasks at all times in non-resident areas such as kitchens. See the [CDC page](#) for long-term care facilities for complete information.

### **What is the best thing to do for facilities that have staff that go to multiple facilities?**

Response: Health care personnel (HCP) who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases. Facilities must screen all HCP at the beginning of their shift for fever and respiratory symptoms. Facilities must take HCPs temperature and document absence of shortness of breath, new or change in cough, and sore throat. If an HCP is ill, the HCO should don a facemask and leave the workplace. Facilities should also use the [CDC's exposure risk assessment table](#) for guidance on how to handle staff that have had different levels of exposure to COVID-19 cases.

### **Do you know if there is any consideration for pregnant employees?**

Response: The CDC indicates that they do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result.

It is always important for pregnant women to protect themselves from illnesses because pregnant women are known to have a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza. Pregnant women should protect themselves from COVID-19 by:

- Avoiding people who are sick or who have been exposed to the virus.
- Cleaning their hands often using soap and water or alcohol-based hand sanitizer.
- Cleaning and disinfecting frequently touched surfaces per [CDC guidance](#).

See the [CDC's page regarding pregnancy](#) for more information.

March 22-28, 2020

**Do NFs need to report to HHSC when there is a case of COVID-19 in the facility?**

<added> Response: Yes. NFs should report when COVID-19 is confirmed in a resident, employee, or visitor to HHSC as a self-reported incident. The reports should be made via [TULIP](#) or called into **1-800-458-9858** and include all information a facility would include in any self-reported incident. The 3613-A should also be completed and submitted. <added>

**Can NF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) so long as there are 10 people or fewer?**

Answer: CMS recommends the cancelation of all group activities. However, residents can go outside within an area restricted only to NF residents and staff – if fewer than 10 people with the same COVID-19 status are in that area *and* they are all practicing social distancing (at least six feet between each person). See [QSO-20-14-NH](#)

**Can residents receive visitors and visit on NF property but only outside?**

Answer: No. On March 19, 2020, Governor Abbott issued an [executive order](#) stating people shall not visit NFs or retirement or long-term care facilities unless to provide critical assistance. [PL 20-11](#).

**If a NF resident tests positive for COVID-19, how do we handle staff quarantine?**

Answer: Providers will have to determine what kind of exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the *high- or medium-risk* category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the *low-risk* category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) and [CMS COVID-19 Long-Term Care Facility Guidance](#) for full details.

**Can we have group games for residents if they are more than 6 feet apart in NFs?**

Answer: CMS recommends the cancelation of all group activities. However, activities that consist of fewer than 10 people with the same COVID-19 status, and that follow all social distancing and recommended hygiene practices are acceptable. See [QSO-20-14-NH](#)

**Can NFs still have volunteers?**

Answer: No. Per Governor Abbott's March 19 executive order, access to NFs can be granted only to people providing critical assistance, including staff, and they all must be fully screened for any fever or respiratory symptoms. See [QSO-20-14-NH](#) and [PL 20-11](#).

**Do end-of-life circumstances apply to anyone receiving hospice services?**

Answer: No. While HHSC emergency rules do list hospice workers as essential, the rules also say NFs must comply with any more restrictive direction issued by executive order or another applicable authority. Since CMS does not use the term "hospice" when describing allowable visitation in end-of-life situations, facilities should decide on a case-by-case basis when a resident receiving hospice services is near the end of life and follow CMS and CDC guidance for visitation. See [QSO-20-14-NH](#) and [CDC guidance](#).

**Do NFs need to call ahead to the hospital if they are transferring a resident with respiratory symptoms?**

Answer: Yes. NFs should work closely with local hospitals and health authorities to share all information needed to protect residents, health care workers, and hospital patients.

**The form attached to [PL 20-11](#) is confusing. Should NFs admit residents from the hospital if they are suspected or confirmed to have COVID-19?**

Answer: Yes. The form is intended to help a NF determine whether it can safely meet the needs of a resident coming from the hospital. The NF must serve the resident if it has the resources and ability to meet the resident's needs, such as available isolation rooms, sufficient PPE, and sufficient staff to care for residents under transmission-based precautions. See [QSO-20-14-NH](#) and [CDC guidance](#).

**Where can I get my COVID-19 Medicaid questions answered?**

Answer: Managed Care Organizations can email [MCO\\_COVID-19\\_Inquiries@hhsc.state.tx.us](mailto:MCO_COVID-19_Inquiries@hhsc.state.tx.us). All others can email [Medicaid\\_COVID\\_Questions@hhsc.state.tx.us](mailto:Medicaid_COVID_Questions@hhsc.state.tx.us).

**Should a NF readmit a resident who has been hospitalized when the resident is released from the hospital?**

Answer: Yes. A NF should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, the individual should be admitted under transmission-based precautions for COVID-19. If a NF is unable to comply with the requirements for transmission-based precautions, readmission must wait until transmission-based precautions can be discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).

**Note:** Per [CMS guidance](#), NFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, the NF should dedicate a unit/wing exclusively for any residents coming in or returning from the hospital. This can serve as a step-down unit where a resident should remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).

NFs are encouraged to use the Hospital to Post-Acute Care Facility Transfer COVID-19 Assessment form when assessing their ability to meet the needs of a resident who is coming into the NF from a hospital or emergency room. If the assessment indicates a resident is presumptive or confirmed to have COVID-19, the receiving NF should use that information to determine whether it has sufficient staff, PPE, and room to quarantine and properly care for the resident. See [PL 20-11](#).

**Should NF residents be confined to their rooms?**

Answer: If a resident is under transmission-based precautions, the individual should be confined to his or her room. CMS has also directed the following:

- Cancel communal dining and all group activities, such as internal and external group activities.
- Implement active, daily screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.

See CMS [QSO-20-14-NH](#) and CMS SOM [Appendix PP](#), F880.

**Is it okay for family members to do laundry for residents and leave it at the front door? If so, how do they get the laundry?**

Answer: It is not recommended. NFs are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible. See guidance in CMS SOM [Appendix PP](#), F880.

**If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering a NF?**

Answer: The required screenings do *not* apply to emergency services personnel entering the facility in an emergency such as a fire or a resident requiring life-saving actions. See [CDC guidance](#), CMS [QSO-20-14-NH](#), [<added> CMS COVID-19 Long-Term Care Facility Guidance <added>](#) and CMS SOM [Appendix PP](#), F880.

**Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a NF?**

Answer: Yes. These are considered essential services, and these vendors may be granted access to the facility if they are properly screened and follow all appropriate CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](#), [<added> CMS COVID-19 Long-Term Care Facility Guidance <added>](#) and [CDC guidance](#).

**How do nursing facilities get personal protective equipment (PPE)?**

Answer: Providers should work with their local health departments and emergency management if they need PPE:

- Public Health Region  
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations\_  
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management:  
<https://tdem.texas.gov/>

**Where do NF 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](#)
- [<added> CMS COVID-19 Long-Term Care Facility Guidance <added>](#)