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**Welcome to the**

**ALF Provider**

**Webinar with LTCR**

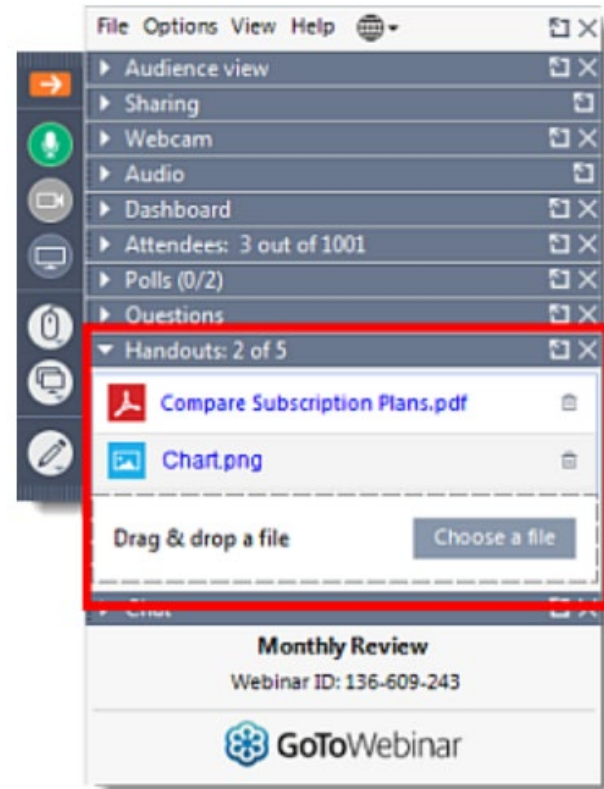
**October 11, 2023**



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# Handout

A pdf version of this presentation is available in the **Handout** section of your control panel. Save the file to your computer to view or print later.





# ALF Resources

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[ALF Provider Portal](#) - Find answers to most common questions

Resources and tools for ALFs:

- [Frequently Asked Questions for ALF Providers](#)
- [Provider Communications](#) – Alerts and PLs

Blackboard Connect - Refer to [PL 2022-32](#)



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# HHSC Phishing Email Alert

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Please be aware of a possible phishing email that providers may have received. HHSC is in the process of issuing an alert via gov.delivery.

HHSC is aware that an unauthorized third party impersonating the agency sent an email requesting the verification/update of information related to Long-term Care licensure.

This is not a legitimate request from HHSC. If you clicked the link to verify/update information and entered any information into a webpage, we recommend you reset your password immediately.

HHSC does not request verification or information update via third party email addresses or websites

# Infection Prevention and Control

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## REMINDER

### [26 TAC §553.261\(f\)](#)

Facilities must establish, implement, enforce, and maintain infection prevention and control policy and procedure to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

- [Infection Prevention and Control Measures for Common Infections in LTC Facilities](#)
- [Infection Control Basics and PPE Training for Essential Caregivers](#)



# Standard Precautions

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Standard precautions used for all resident care protect staff from infection and prevent the spread of infection among residents and staff:

- Practicing [Hand Hygiene](#)
- Implementing the use of [Personal Protective Equipment](#) (PPE) when exposure to infectious material is expected
- Following [Respiratory Hygiene and Cough Etiquette procedures](#)
- Implementing correct [Disinfection and Sterilization](#) of instruments and devices.
- Handling [Textiles and Laundry](#) carefully
- Following [Safe Injection Practices](#) and [Sharps Safety](#)

Refer to CDC webpage for [Standard Precautions](#) for detailed information.

# Notifiable Conditions to DSHS

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Per [26 TAC §553.261\(f\)\(3\)](#), facilities are required to report to the local health authority or DSHS if there is no local health authority when your facility has a positive case of a reportable condition including COVID.

Reportable conditions include COVID-19, diphtheria, measles, smallpox, tuberculosis, and yellow fever.

For the full list of reportable conditions and when to report: [Notifiable Conditions | Texas DSHS](#)

**Reminder:** ALFs are **not** required to report positive COVID cases to HHSC through complaint and incident intake.

# Technical Memoranda

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- [TM 2023-01, Protection of Cooking Operations in Large Type B ALFs](#)
- [TM 2023-02, Life Safety Code Inspection, Testing, and Maintenance](#)
- [TM 2022-02 \(Revised\), Protection of Cooking Operations in Small Type A, Small Type B, and Large Type A ALFs](#)





# TM 2023-01

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## [TM 2023-01, Protection of Cooking Operations in Large Type B ALFs](#)

This technical memorandum provides guidance on the interpretation of, and compliance with, the requirements for protection of cooking operations in **large Type B ALFs**.

Guidance based on the following:

- Where is the cooking equipment located?
- Does cooking operation prepare meals for more than 30 residents?
- Is cooking operation open to corridor?



# TM 2023-02

## TM 2023-02, Life Safety Code (LSC) Inspection, Testing, and Maintenance (ITM)

This technical memorandum provides guidance on the interpretation of, and compliance with, the requirements for ITM of systems and equipment in ALFs.

- Local Fire Marshal Inspection
- Fire Alarm System
- Fire Sprinkler System
- Portable Fire Extinguishers
- Gas Pressure Test
- Annual Gas Heating Equipment Check
- Emergency or Standby Generator
- Cooking Operations
- Elevators
- Boilers

# Revised TM 2022-02

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Revised TM 2022-02, Protection of Cooking Operations in Small Type A, Small Type B, and Large Type A ALFs (dark red text is a change from previously published version).

This technical memorandum provides guidance on the interpretation of, and compliance with, the requirements for protection of cooking operations in **small Type A, small Type B, and large Type A ALFs**.

Guidance regarding:

- Cooking operations
- Living units with independent cooking equipment
- Self-closing or automatic closing doors



# Rules Update

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ALF Reorganization – 30-day Public Formal Comment in Dec 2023

- Anticipated effective date May 2024



Spring 2024 policy guidance to include:

- Provider letters
- Crosswalks
- Webinars/Training



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# Rules Update

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ALF legislative implementation rules -  
Informal Comment due Oct. 20

[Comment on Proposed and Draft Rules | Texas Health and Human Services](#)

Send comments to: [HHSCLTCRRules@hhs.texas.gov](mailto:HHSCLTCRRules@hhs.texas.gov)

# Expedited PPE Delivery for LTC Providers



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## Statewide PPE Delivery for LTC Providers

Expedited delivery of PPE is available for a limited time through the Texas Division of Emergency Management.

These items include surgical masks, N95 masks, KN95 masks, gloves, hand sanitizer and disinfectant wipes. Each of these items has a specific shelf life. **Include the specific quantity for each item requested**, (for example, 1,000 medium gloves, 100 N95 masks, etc.).

LTC providers who have a current need for these specific resources can submit requests by visiting [star.tdem.texas.gov](http://star.tdem.texas.gov) and selecting the "Statewide PPE" button.

The generic passcode for the inventory listed above is 112518. Items are available on a first-come, first-served basis. This system is only to be used on a one-time basis for expedited PPE only.

# 2023 Hurricane Season

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**Reminder:** Atlantic hurricane season runs June 1–Nov. 30.

Facilities must follow emergency preparedness rules in [26 TAC §553.275](#) and their own internal emergency preparedness policies and procedures.

Providers affected by an adverse event, such as severe weather, or expect they will need to temporarily exceed capacity due to a disaster, should contact their HHSC [LTC Regulatory regional office](#).

# Extreme Weather Preparedness

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## Extreme Weather Preparedness

Reminder for ALFs to review and update safety procedures and emergency plans for extreme weather. Emergency plans for extreme weather should include the facility's plan to address:

- Power loss
- Water and food needs
- Communication to families and staff
- Staffing shortages
- Sheltering in place and evacuation as applicable





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# Risk Assessment

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Determine all the disasters that can affect your facility, not just extreme weather and hurricanes.

Include in your risk assessment:

- Natural and man-made disasters;
- Intentional and unintentional disasters;
- Internal and external disasters; and
- Disasters that might occur with or without warning.

# Risk Assessment (Cont)

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Consider questions such as:

- Can a fire in a nearby house or building spread to your facility?
- Can a wildfire reach your facility?
- Is your facility near a site that has hazardous materials (such as a chemical, nuclear, or industrial plant)?
- Do vehicles or trains transport hazardous materials (such as chlorine gas) near your facility?
- What is your plan if your facility computer system is affected by cyber-terrorism or a computer virus?

# Risk Assessment (Cont)

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Consider questions such as:

- Is there a natural gas pipeline near your facility?
- Can a disaster leave your facility surrounded by polluted water?
- Is your facility in a concentrated urban environment that might be the target of airborne bio-terrorism?
- Are you located in a flood zone area?
- Have you planned for an epidemic, air contamination or infestation?
- Are you in a hurricane evacuation zone? (To find out whether you are in a hurricane evacuation zone, dial 211.)

# Emergency Preparedness Reminders

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Although generators are not required, facilities with generators should perform any maintenance or needed testing. This will ensure the equipment functions in case of power loss.

It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing.

# Emergency Preparedness Reminders (Cont)

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Facilities in multi-story buildings should review any other needed measures as well.

- Can all residents evacuate if the elevators don't work?
- Do you have a place on each floor where residents can gather?

# Emergency Preparedness Reminders (Cont)

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Have a plan in place for how to move residents around or out of the building if there is a loss of power or other identified need to move to a safer location.

- What will you do if the facility loses power and the AC goes out?

# Emergency Plan Review

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A facility must review its emergency preparedness and response plan **at least annually** and after the following events:

- To reflect changes in information, including when an evacuation waiver is approved;
- Within 30 days following a disaster or emergency;
- Within 30 days after a drill if a shortcoming is identified; and
- Within 30 days after a change in facility policy or HHSC rule that would impact the plan.

**When was the last time you reviewed your plan?**

# Emergency Preparedness Regional Office Contact

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Facilities should contact their local [LTC Regulatory regional office](#) if they are impacted by an adverse event caused by severe weather — such as flooding, power loss, etc.

This communication is especially critical if a facility is projected to exceed its licensed capacity due to accepting residents that have been evacuated from another facility.

All requests to exceed licensed capacity must be made through the regional office and approved by the Deputy Associate Commissioner of Survey and Compliance.





# Webinar Recordings and PDFs

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## Where can I find previous webinars?

Recordings and PDFs of previous ALF webinars are available from the [ALF Portal](#).

Past webinars are listed in the **Webinars** section.

Access the slides and a recording of the last webinar below:

- [July 12, 2023 - ALF Provider Webinar \(PDF\)](#)
- [July 12, 2023 - ALF Provider Webinar Recording](#)

Next scheduled webinar: January 17, 2024

# Training Opportunities

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Long-term Care Regulation staff and program providers are invited to attend upcoming trainings.

Please visit the [Provider Joint Training website](#), for a full listing of joint training opportunities and course descriptions.

**Reminder** - verify if registering for a webinar or in-person class. If you register for any classes and cannot attend, please cancel your registration.



# TULIP Support

To contact TULIP support and report technical issues, click on the TULIP Login link in the **red** box from the [ALF Portal](#).

The screenshot shows the Texas Health and Human Services website. The header includes the state logo and navigation menus for Services, Providers, Business, Regulations, About, Newsroom, and Contact. A search bar is located in the top right. The breadcrumb trail reads: Home > Search Providers > Long-term Care Providers > Assisted Living Facilities (ALF). The main content area is titled "Assisted Living Facilities (ALF)" and includes a section "What is an Assisted Living Facility?" with a definition and a list of facility types (Type A and Type B). Below this is a "Provider Communications" section with a link to news and information letters. On the right side of the page, there are three call-to-action boxes: a blue box for "Questions about enrolling?", a red box for "Visit the Texas Unified Licensure Information Portal (TULIP) website" (with a "TULIP Login" button), and a green box for "Civil Money Penalty (CMP) Reinvestment Program". A red arrow points from the text above to the red box.



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# TULIP Support

On the TULIP website, click on the link for Long Term Care technical support issues.



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## Texas Unified Licensure Information Portal (TULIP)



Log in

[Forgot your password?](#)

[Not a Member?](#)

*This application works only in Google Chrome browser*

### TULIP Technical Support Issues?

Please [Click here](#) for more details on reporting LONG TERM CARE and HCR technical support issues.

Please [Click here](#) for more details on reporting OCCUPATIONAL LICENSURE technical support issues.

TULIP Technical support hours of operation - Monday-Friday 7:00 AM to 5:00 PM

### TULIP, is an online system for submitting LONG TERM CARE license applications:

- Nursing Facilities (NF)
- Assisted Living Facilities (ALF)
- Day Activity Health Services Facilities (DAHS), including Individualized Skills and Socialization
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Prescribed Pediatric Extended Care Centers (ICF/IID)
- Home and Community Support Services Agencies (HCSSA)

### LONG TERM CARE [USER GUIDE](#).

### TULIP, is an online system for submitting OCCUPATIONAL LICENSURE applications:

- **Verify License:** [CLICK HERE](#)
- Nursing Facility Administrators (NFA) [NFA USER GUIDE](#).
- Certified Nurse Aides (CNA) [CNA USER GUIDE](#).
- Medication Aides (MA) [MA USER GUIDE](#).
- Nurse Aide Training and Competency Evaluation Program (NATCEP) [NATCEP USER GUIDE](#).
- MA Schools [MA School USER GUIDE](#).



# TULIP Support

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When reporting technical issues, providing the following information will help expedite a resolution to your problem:

- Provide detailed description of the question/problem
- Include USERID, Facility license number, application number, form number, etc.
- Include screenshots if possible\*
- Provide call-back number to discuss the issue

**\*DO NOT INCLUDE PERSONALLY IDENTIFIABLE INFORMATION , HIPAA PROTECTED INFORMATION, OR OTHER PROTECTED DATA**

# TULIP Credentialing Grace Period



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## TULIP Credentialing Grace Period Extended

Nurse Aides (NAs), Medication Aides (MAs), Nursing Facility Administrators (NFAs), and Nurse Aide Training Competency Evaluation Programs (NATCEPs) are now required to use the new credentialing system in the Texas Unified Licensure Information Portal (TULIP) for licensing certification or permitting activities.

**Note:** HHSC is extending a grace period for all NAs, MAs, NFAs and NATCEPs to allow users time to learn and understand the new credentialing system. All NAs certifications, MA permits, NFA licenses and NATCEP approvals active on June 16, 2023, will be considered active until April 30, 2024.

- For registration issues in TULIP, [email TULIP\\_Support@hhsc.state.tx.us](mailto:TULIP_Support@hhsc.state.tx.us).
- For NA questions, [email NurseAideRegistry@hhs.texas.gov](mailto:NurseAideRegistry@hhs.texas.gov).
- For MA questions, [email Medication Aide Program@hhs.texas.gov](mailto:Medication_Aide_Program@hhs.texas.gov).
- For NFA questions, [email nfa\\_licensing\\_program@hhs.texas.gov](mailto:nfa_licensing_program@hhs.texas.gov).
- For NATCEP questions, [email Regulatory NATCEP@hhs.texas.gov](mailto:Regulatory_NATCEP@hhs.texas.gov).



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# LTC Ombudsman

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**Patty Ducayet**

**State Long-term Care Ombudsman**

Telework Phone: (512) 438-4356

[https://apps.hhs.texas.gov/news\\_info/ombudsman/](https://apps.hhs.texas.gov/news_info/ombudsman/)

**Statewide Contact for an LTC  
Ombudsman:**

Phone: (800) 252-2412 or

Email: [ltc.ombudsman@hhs.texas.gov](mailto:ltc.ombudsman@hhs.texas.gov)

# Gov Delivery Provider Alerts



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Sign up for GovDelivery:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

- Under 'Provider Alerts'
- Check 'Assisted Living Facilities (ALF) Resources'

Provider Alerts

- Aging and Disability Resource Centers (ADRCs)
- Assisted Living Facilities (ALF) Resources
- Assisted Living and Residential Care (ALRC) Resources
- Community Attendant Services (CAS)

Receive e-mail notification for:

- Provider Alerts
- Webinar Notices
- Provider Letter Notices





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# General Q&A

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# How to Contact

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## **Jennifer Morrison, Manager**

[Jennifer.morrison@hhs.texas.gov](mailto:Jennifer.morrison@hhs.texas.gov)

## **LTCR Policy Mailbox**

[LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov)

## **ALF Provider Portal**

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/assisted-living-facilities-alf>



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# **Plan of Correction vs Plan of Removal**

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# Plan of Correction

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**Plan of Correction** – upon receiving HHSC Form 3724 (Statement of Licensing Violations and Plan of Correction), the facility must submit an acceptable plan of correction to the regional office within a specified time frame

# Root Cause Analysis

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3724 Review Statement of Violations:

What happened?

What are the systems, processes or policies contributed to the failure?



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# Five Components (POC)

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1. What corrective action will the provider take for the residents affected by the violation?
2. How will the provider identify other residents who might be affected by the violation?
3. What measures or systemic changes will the provider put in place to prevent recurrence of the violation?
4. How will the provider monitor the corrective action to ensure full correction and prevent recurrence?
5. When will the corrective action be completed?



# Dates and Details

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- The POC must contain sufficient detail to show the facility has a complete plan to correct the non-compliance and prevent recurrence.
- Corrective action dates should be no longer than 45 days from receipt of the 3724, and at least one date after exit from the inspection. If the provider has an extraordinary circumstance that is going to prevent correction within 45 days, they must notify the HHSC Program Manager for their facility as soon as possible.



# LTCR Requirements

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- Provider must sign and date the POC
- POC must address the five components.
- Each citation must have a POC and HHSC must accepted all POCs for violations to be considered cleared.



# Evidence of Correction

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- Maintain evidence of correction.
- Provide specifics about training conducted as part of POC.
- Identify persons or staff position responsible for corrections.

# Do's and Don'ts of POC

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## DO:

- Cater each POC to the non-compliance identified in the Statement of Violations
- Provide exact dates for expected completion
- Complete corrective actions in the timeframes agreed upon in the POC.
- Upon receipt of the notice of acceptable POC, submit any evidence requested by HHSC within the timeframe specified in the notice.

# Do's and Don'ts of POC

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## **DON'T:**

- Use general statements that the provider “has complied” or “will comply”.
- Fail to look at systems or address each finding.
- Dispute citations in the POC.
- Make a complaint against a surveyor or the survey process in the POC.



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# Appeal Rights

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- Submitting a POC does not limit a provider's appeal rights.
- Submitting a POC is required, whether or not a provider plans to appeal the findings.
- Submitting a POC stating "IDR" or "appeal" is not acceptable.
- Timeframes must be followed regardless of whether a provider appeals the findings.

# Timeframe Reminders

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- Rule for POCs: 26 TAC §553.82
- At exit: surveyor provides preliminary findings and leaves checklists
- 10 working days after final exit: HHSC provides HHSC-3724
- 10 working days after receiving HHSC-3724: facility submits acceptable POC



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# Plan of Removal

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**Plan of Removal –**  
developed by the facility to  
describe how the facility  
plans to remove an  
immediate threat situation

# POC vs POR

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- A POC is how the provider will correct the noncompliance in response to violations on a 3724. It includes the 5 criterion.
- A POR is how the provider will immediately remove non-compliance that is causing a situation that could result in harm, impairment or death (Immediate Threat). A POC will still be required once the 3724 is received.

# Plan of Removal Basics

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- Surveyor must request a POR.
- The POR documents immediate action a provider will take to prevent serious harm, impairment or death from occurring.
- POR does not have to completely correct all non-compliance.
- POR does not have specific criterion
- HHSC LTCR must accept POR before IT is lowered



# POR Important Notes

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- Must document all steps taken to protect the health and safety of the residents.
- Must be implemented immediately.
- Must be specific to show how immediacy of situation is being removed.
- Must maintain evidence of steps being taken and will be monitored by survey staff.



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# **POC/POR Questions?**

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**Thank you!**

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