

Intermediate Care Facility (ICF) Frequently Asked Questions

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

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

This FAQ document was revised on August 3rd, 2022.

With each update, new questions will be identified with the date that they were added. If guidance changes, it will be identified in red font as added or deleted text. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or LTCRPolicy@hhs.Texas.gov.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 among agency clients and staff. The guidance provided is based on requirements governing Intermediate Care Facility's in [26 Texas Administrative Code \(TAC\), Chapter 551](#), as well as best practice, DSHS, and CDC recommendations.

NOTE: All ICF providers are responsible for monitoring the following websites for changes to guidance and requirements:

[The Health and Human Services Commission](#)

[The Texas Department of State Health Services](#)

[The Centers for Disease Control and Prevention](#)

[The Centers for Medicare and Medicaid Services](#)

Table of Contents

TABLE OF CHANGES	5
Infection Control and Personal Protective Equipment	7
What is the minimum cleaning schedule for a residence?	7
What documentation regarding cleaning and disinfecting procedures will be required in the home?.....	7
How can an ICF provider determine if a disinfectant product will actually kill the COVID-19 virus?.....	7
There are so many hand sanitizers available. Are they all safe and effective?	7
Do staff members and individuals have to wear face masks?.....	7
How do providers get more personal protective equipment (PPE)?.....	7
What do you mean by full PPE?.....	8
When should staff wear full PPE?.....	8
In the absence of N95 respirator availability, can KN95 respirators be used in the care of clients with confirmed or suspected COVID-19?.....	8
Do individuals need to wear a mask when not in their bedrooms?.....	8
If individuals live in the same house, do they need to physical distance?.....	8
COVID-19 Screening and Documentation	9
What is the HHSC guidance on screening criteria?.....	9
What constitutes a positive screening? When someone meets only one criterion/symptom (such as a cough with no other symptoms) or when they meet multiple criteria? ... Error! Bookmark not defined.	
What is the purpose of screening?.....	Error! Bookmark not defined.
Does screening for the staff and individuals need to be documented every time it occurs?	Error! Bookmark not defined.
Are staff required to take a surveyor’s temperature before entering the home?.....	Error! Bookmark not defined.
Will a new enrollment need to have a COVID-19 test prior to placement visits?.....	Error! Bookmark not defined.
Individuals Leaving the Home	9
Can an individual leave the home if they choose to?	9
Can an individual who is COVID positive be restricted from activities outside the home?	9
Can individuals attend day habilitation?	9
What actions must a provider take if an individual chooses to leave (i.e., for a family visit, to work, day habilitation or otherwise)?	9
Activities: Holidays & Beyond	10
Can facilities plan group activities?.....	10
Can facilities use volunteers?	10
Can individuals receive deliveries (e.g., food, flowers, packages)?.....	10
Quarantine	11
Do individuals who have been vaccinated against COVID-19 have to be quarantined?	11
Can an individual be tested for COVID-19 to shorten the quarantine period?	12
If an individual has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?.....	12
What is the expectation for quarantine after an individual who had COVID-19 passes the	

90-day time frame? Is it different for vaccinated and un-vaccinated individuals?	14
What quarantine options apply to staff?	14
What is the return to work criteria for DSP with COVID-19?.....	15
What is the return to work criteria for DSP with COVID-19 if they are asymptomatic and have received their booster vaccine dose?	16
Visitation	18
[What type of visits must an ICF allow?.....	18
[Who can be an essential caregiver and what is an essential caregiver visit?].....	18
What is expected of an ICF provider in order to permit essential caregiver visits?.....	18
Can an individual or their representative change their designated essential caregiver?.....	19
Can visitors bring food for an individual?	19
COVID-19 Testing	20
How can I obtain BinaxNow testing kits?	20
How can I obtain testing supplies without a CLIA Waiver?	20
How often does ICF staff need to be tested, if at all?	21
Reporting COVID-19 Cases.....	23
Why must providers contact their local health department or DSHS if the lab that completed testing has already completed notification?	23
Do facilities need to report an individual who has been exposed? Can an individual refuse to be tested and self-isolate?	23
If an individual has tested positive for COVID-19 in the hospital, is the facility required to notify the local health department?.....	23
Which individuals are considered to have “unknown COVID-19 status”?	Error! Bookmark not defined.
What information needs to be reported regarding a positive COVID-19 case? Do facilities need to provide notification for probable cases?	Error! Bookmark not defined.
Staffing Considerations	24
Can a facility temporarily consolidate if there is a staffing shortage?.....	24
Vaccinations	25
Is the COVID-19 vaccine mandatory?	25
Are ICFs required to offer the COVID-19 vaccine?	25
What education do ICFs have to provide regarding the vaccination?	25
How should ICFs document vaccination education?.....	25
Who should providers contact with state specific questions about the COVID-19 vaccine?.....	25
What kind of vaccine resources are available?.....	25
Reporting COVID-19 Vaccinations	Error! Bookmark not defined.
Do ICF providers have to report when individuals and staff receive the COVID-19 vaccination?	Error! Bookmark not defined.
Surveys and Residential Visits	26
Will facilities receive notification prior to a recertification survey?.....	26
Will facilities be cited for non-compliance with emergency rules prior to their effective date?	26
Will providers need to provide PPE to surveyors?.....	26
How will the CMS QSO 21-21 change the survey process?.....	26
Resources	27

Where should providers go for COVID-19 information?27
How do I get in touch with the Department of State Health Services (DSHS)?.....27
Where can I find more information about COVID-19 funds?27
Are recordings of the HHSC ICF webinars on the HHSC website?27
Resources related to PPE:27
Additional Resources28

TABLE OF CHANGES

Date	Change	Comments
4/1/2021	Rearranged sections. Added "Quarantine" section. Changes to pages 7, 9, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 28, 30, 31	Edited to include new revised Expansion of Reopening Visitation Requirements rules
7/29/2021	Changes to pages 6, 7, 8, 9, 10, 11, 12, 16, 25, 27, and 29.	Edited to include the most updated guidance from HHSC and CDC.
10/05/2021	Updated resource information and changes to CDC quarantine guidance. Added CMS QSP 21-21 information. Changes to pages 13, 19, 26, 29, 30, 31, and 32.	Edited to include current information for testing, vaccination, funding and general resources as well as changes to CDC quarantine guidance and CMS QSO 21-21.
10/26/2021	Changes to pages 17, 19, 20, 21, and 25	Edited to include revised COVID-19 Expansion of Reopening Visitation Emergency Rules for ICFs/IID
12/07/2021	Changes to page 8	Edited to include revised ICF COVID-10 Provider Response Mitigation Rules for ICFs/IID
1/7/2022	Changes to pages 12, 16, 26, and 27.	Changes made to reflect the most updated CDC guidance.
1/14/2022	Left additions from 1/7/2022 updated and made additional changes to pages 12, 16-18, 24, 26-27, 28-29, and 34.	Changes made to reflect the most updated guidance regarding staffing shortages, testing supplies and consolidation of group homes.
4/18/2022	Changes to pages 6, 7, 8, 11, 12, 19, 21, 22, 24, 25, 35, and 48	Edited to include revised ICF COVID-10 Provider Response Mitigation Rules for ICFs/IID and updates to information regarding staffing shortages.
5/5/2022	Removed information for staffing shortage requests.	
6/17/2022	Revised visitation to reflect new rules in 26 TAC 570.611. Removed the resource provided through TDEM for facility cleaning and disinfection relating to COVID-19.	Changes made to reflect the new visitation requirements for essential caregivers, end of life, and religious counselor visits.

Date	Change	Comments
8/3/2022	Emergency rules for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions that contain the COVID-19 requirements for mitigation expired August 3.	26 TAC 551.46 was removed. Reporting positive COVID-19 cases to HHSC is no longer required. Facilities may use guidance from CMS, CDC, and DSHS to develop their infection control policies.

Infection Control and Personal Protective Equipment

What is the minimum cleaning schedule for a residence?

The CDC recommends that cleaning should be done “frequently” but provides no specific minimum cleaning schedule requirements.

What documentation regarding cleaning and disinfecting procedures will be required in the home?

ICF surveyors will request documentation pertaining to infection control policies, including staff training and implementation of appropriate policies.

How can an ICF provider determine if a disinfectant product will actually kill the COVID-19 virus?

[List N](#) on the Environmental Protection Agency’s website contains disinfectants for use against COVID-19. A provider can search the list by entering the product’s EPA registration number, which is found on the product’s label.

There are so many hand sanitizers available. Are they all safe and effective?

No. The Food and Drug Administration (FDA) has posted [updates on hand sanitizers consumers should not use](#). Hand sanitizers must have a final concentration of 80% ethanol or 75% isopropyl alcohol to be effective against COVID-19.

Do staff members and individuals have to wear face masks?

[A facility must establish, implement, enforce, and maintain an infection prevention and control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Policies may include the use of PPE and face masks.] An ICF may use DSHS, CDC guidance and the CMS QSO 21-14 to help develop facility policy.

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

Providers should first try to get PPE through their normal supply chain or through other available resources. Some resources are local partners or stakeholders, the Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

If an provider cannot get PPE from vendor(s) and have exhausted all other options, they should contact the [Regional Advisory Council](#) for their service area. Additionally, the Texas Division of Emergency Management (TDEM): <https://tdem.texas.gov/> can assist. ICF providers should also document any attempts they make at obtaining PPE.

What do you mean by full PPE?

As per the CDC, full PPE means gloves, gown, surgical or procedure mask, and face shield or goggles. If the client is positive for COVID- 19 or suspected positive, then an N95 respirator is used instead of a surgical or procedure mask.

When should staff wear full PPE?

[A facility must establish, implement, enforce, and maintain an infection prevention and control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Policies may include that staff should follow CDC and DSHS guidance for the] appropriate [use of] PPE based on the cohort with which they work.

In the absence of N95 respirator availability, can KN95 respirators be used in the care of clients with confirmed or suspected COVID-19?

The FDA issued an emergency use authorization (EUA) for certain KN95 respirators. Agencies can use a KN95 respirator in the care of clients with confirmed or suspected COVID-19 if the respirator is listed on [Appendix A: Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China \(Updated: August 14, 2020\)](#).

Do individuals need to wear a mask when not in their bedrooms?

[Executive Order GA-36](#) prohibits governmental entities, such as HHSC, from mandating face coverings in response to the COVID-19 disaster.

[A facility must establish, implement, enforce, and maintain an infection prevention and control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.] An ICF may use DSHS, CDC guidance, and the CMS QSO 21-14 to help develop facility policy.

If individuals live in the same house, do they need to physical distance?

As per the most updated DSHS and CDC guidance:

- If all individuals around the home or van are fully vaccinated, then they may choose to have close contact.
- If unvaccinated individuals are present, then unvaccinated individuals should physically distance from others.

COVID-19 Screening and Documentation

What is the HHSC guidance on screening criteria?

[A facility must establish, implement, enforce, and maintain an infection prevention and control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Policies may include screening individuals, staff, and visitors.]

Individuals Leaving the Home

Can an individual leave the home if they choose to?

A individual is not prohibited from leaving the facility. However, the ICF has a responsibility to ensure the individual is making an informed decision. Specifically, the ICF must ensure the individual understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19.

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

If individuals test positive for COVID-19, they are highly encouraged to follow all isolation recommendations from their physician, local public health authority, DSHS, and the CDC to reduce the risk of spread.

Facilities should provide increased education and training on infection control procedures. If an individual refuses to comply with doctor's orders, an IDT meeting can be held to discuss options to best meet the health and safety needs of the individual. The facility should document the additional training and support provided to assist the individual in maintaining proper isolation.

Can individuals attend day habilitation?

Yes, an individual may attend day habilitation if they choose to do so.

What actions must a provider take if an individual chooses to leave (i.e., for a family visit, to work, day habilitation or otherwise)?

Individuals taking social excursions outside the facility should still be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces.

They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, physical distancing, and hand hygiene.

If they are visiting friends or family in their homes, they should follow CDC recommendations for [visiting with others in private settings](#).

Activities: Holidays & Beyond

Can facilities plan group activities?

As per the most updated DSHS and CDC guidance, the following apply.

- If all individuals participating in the communal dining (or group activity) are fully vaccinated, then they may choose to have close contact.
- If unvaccinated individuals are present, then unvaccinated individuals should physically distance from others.

Per CMS, DSHS and CDC, the safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility.

Can facilities use volunteers?

Facilities may use volunteers to provide supplemental tasks to the facility, such as assisting with cleaning and sanitizing. Facilities may also use volunteers to host or assist with facility-coordinated group activities (e.g., high school choir, bingo with individuals, book club). However, the facility cannot rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services.

- Volunteers that enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency.
- Volunteers that only enter a facility to host or assist with facility-coordinated group activities must receive training on infection prevention and control standards.

Can individuals receive deliveries (e.g., food, flowers, packages)?

Individuals may receive items from family members or otherwise have items delivered, including food, flowers, and packages. For items delivered outside of a personal visit, ICFs should designate an area outside of the facility to receive deliveries. ICF staff would retrieve the items, bring them inside, and disinfect them prior to delivering the items to the individuals. Facilities should follow CDC guidance for appropriate disinfecting guidelines, depending on what the items are.

For handling non-food items, CDC recommends hand washing after handling items delivered or after handling mail. Per CDC, although COVID-19 can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. It may be possible to get COVID-19 by touching an object that has the virus on it and then touching your mouth, nose, or eyes, but this is not thought to be the main way the virus spreads.

An important thing to remember is that individuals have a right to privacy with their mail per federal and state rule.

Quarantine

Do individuals who have been vaccinated against COVID-19 have to be quarantined?

[A facility must establish, implement, enforce, and maintain an infection prevention and control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Policies may include procedures to separate those who are ill from those who are not ill and transmission-based precautions.]

CDC guidance has revised the quarantine time frame and its [Infection Control After Vaccination](#) recommendation related to quarantine and individuals who are vaccinated for COVID-19.

According to the CDC, a fully vaccinated person refers to someone who is:

- at least 2 weeks following receipt of the second dose in a 2-dose series, or
- at least 2 weeks following receipt of one dose of a single-dose vaccine

The CDC now recommends the following for ***asymptomatic individuals who are fully vaccinated***:

Quarantine is no longer recommended for asymptomatic fully vaccinated individuals who were exposed to COVID-19 or those individuals who have had COVID-19 infection in the prior 90 days. This includes new admissions, readmissions, and individuals who have been gone overnight. These individuals may be admitted into or return to the COVID-19 negative cohort.

Reminder: There may be circumstances when Transmission-Based Precautions (quarantine) for these individuals might be recommended (e.g., individual is moderately to severely immunocompromised, if the initial diagnosis of COVID-19 might have been based on a false positive test result).

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

An individual who leaves the facility, who is not gone overnight and who did not have contact with others who may potentially have COVID-19 or are confirmed to have COVID-19, does not have to be quarantined upon returning to the facility.

Quarantine is no longer recommended for individuals who leave the facility and returned when they have been fully vaccinated against COVID-19.

For ***individuals who are not fully vaccinated for COVID-19***, please note that while the CDC still endorses a 14-day quarantine period, they offer options to reduce quarantine time. Local public health authorities make the final decisions about how long quarantine should last (or DSHS region if there is no local health department), based on local conditions and needs. Options for reduced quarantine include:

- Stopping quarantine after day 10 without testing
- Stopping quarantine after day 7 after receiving a negative test result (test must occur on day 5 or later)

A provider may choose to follow the new CDC guidance related to a shortened quarantine period. Consult with your local health department on if either of these quarantine options may be used with facility staff and individuals.

Note: Individuals stopping quarantine should continue to be watched for symptoms until 14 days after exposure. If they have symptoms, then they should immediately be isolated and the local public health authority or healthcare provider should be contacted. Follow all recommendations from the CDC on when to quarantine.

Can an individual be tested for COVID-19 to shorten the quarantine period?

The CDC revised its guidance regarding quarantine time frame. While the CDC still endorses a 14-day quarantine period, the CDC now recommends two additional options for how long quarantine should last. Based on local availability of viral testing, for people without symptoms quarantine can end:

- On day 10 without testing, or
- On day 7 after receiving a negative test result (the test must occur on day 5 or later).

[CDC guidance](#) has revised the quarantine time frame and its [Infection Control After Vaccination](#) recommendation related to quarantine and individuals who are vaccinated for COVID-19.

If an individual has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?

If a individual recently tested positive for COVID-19 and has met the criteria for the discontinuation of transmission-based precautions, the individual does not need to be quarantined upon readmission to the facility for the remainder of this 90-day period, if the individual remains asymptomatic.

HHSC and DSHS recommend that all individuals who are positive for COVID-19 stay in isolation until they meet the criteria for the [discontinuation of transmission-based precautions](#). These criteria indicate that at least 10 days must pass before an individual can stop self-isolation. In some cases, up to 20 days might be needed before transmission-based precautions can be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status might need a longer isolation period than the 10-day minimum.

Once the individual has recovered by meeting all criteria to discontinue isolation, it is not necessary to quarantine the individual upon return to the facility.

DSHS and CDC indicates that people who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 90 days *as long as they remain asymptomatic*. Therefore, if a individual has recovered from COVID-19 within the previous 90 days, he or she does not have to be quarantined. The individual can return to the non-quarantine area of the facility (e.g., cold zone or COVID-19 negative cohort area) upon admission,

readmission, or return to the facility.

The facility still needs to consider what additional precautions it should take for such individuals, such as whether staff will wear full PPE when caring for individuals who have recently recovered from COVID-19. The facility also can quarantine these individuals out of an abundance of caution if it has reasonable health and safety concerns. Additionally, as the individual approaches 90 days since illness onset, the facility should consider recent actions or interactions of the individual, such as participation in high-risk activities or contact with persons who are confirmed or suspected of having COVID-19. This will help the facility determine the need for quarantine, as the 90-day timeframe is not an absolute guarantee against transmission and long-term care individuals are a high-risk population.

DSHS and CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19. At this time, DSHS and CDC cannot say for certain that there is no chance of reinfection in the 90-day post recovery period. However, DSHS and CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

If a recovered individual experiences COVID-19 symptoms at any point during the 90-day post recovery period, he or she would need to be tested, quarantined, or isolated, depending on test result, as well as evaluated by an attending physician to determine whether it is a case of reinfection with COVID-19 or another illness.

Please see the CDC's [When to Quarantine](#) and [Reinfection](#) for more information.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Individuals with [mild to moderate](#) illness who are not severely immunocompromised:

1. At least 10 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last* fever without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved

Note: For individuals who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Individuals with [severe to critical illness](#) or who are severely immunocompromised¹:

1. At least 10 days and up to 20 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last* fever without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved.

4. Consider consultation with infection control experts.

Note: For **severely immunocompromised** individuals who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

What is the expectation for quarantine after an individual who had COVID-19 passes the 90-day time frame? Is it different for vaccinated and un-vaccinated individuals?

Even during the 90-day proposed immunity period, there is no guarantee that one will not get COVID-19.

According to the CDC's "[When to Quarantine](#)," anyone who has surpassed their 90-day post recovery period after having had COVID-19 should still quarantine, if exposed to the virus, or symptomatic. The 90-day timeframe is not an absolute guarantee against transmission and long-term care individuals are a high-risk population.

What quarantine options apply to staff?

[A facility must establish, implement, enforce, and maintain an infection prevention and control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Policies may include return-to-work criteria for staff.]

The criteria for when an employee can return to work depends on whether the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or whether the employee has been exposed to COVID-19 and requires quarantine.

Follow the CDC's [Potential Exposure at Work/Return to Work Criteria](#) when an employee has confirmed or probable COVID-19 and requires isolation.

To determine whether an employee had potential exposure at work to someone with confirmed COVID-19 and must be excluded from work and quarantined, read the CDC's [Potential Exposure at Work](#) risk assessment tool.

Per the latest CDC guidance, DSP who have received all COVID-19 vaccine doses, including a booster dose, do not have to be restricted from work, as long as they have a negative antigen or PCR test on days 2 and days 5-7 after the exposure (day 0).

All other DSP who are not boosted (vaccinated or unvaccinated, including those within 90 days of prior infection) must quarantine for:

- at least 10 days since the date of exposure (day 0) and the DSP remains asymptomatic; OR
- at least 7 days since the date of exposure (day 0), the DSP remains asymptomatic, and the DSP tests negative via antigen or PCR test. The DSP should be tested within 48 hours prior to returning to work (in anticipation of testing delays).

The provider must determine what steps are necessary to protect the health and safety of

the individual in quarantine, as well as the health and safety of other employees and individuals. If an employee returns to work following a reduced quarantine period, facilities can require the employee to wear full PPE regardless of where the individual works in the ICF, or limit work activities. Facilities can utilize other precautions or restrictions to minimize the risk of viral transmission.

What is the return-to-work criteria for DSP with COVID-19?

[CDC recommends] DSP with mild to moderate illness who are not severely immunocompromised can return to work:

- At least 7 days if a negative antigen or PCR test is obtained within 48 hours prior to returning to work have passed since symptoms first appear (or 10 days if testing is not performed or if a positive test at day 5-7) **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

DSP with severe to critical illness and who are *not* moderately to severely immunocompromised can return to work:

- In general, when 20 days have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and there is an improvement of symptoms.
- The test-based strategy as described for moderately to severely immunocompromised DSP can be used to inform the duration of isolation.

DSP who are moderately to severely immunocompromised may test positive beyond 20 days after symptom onset or, for those who are asymptomatic throughout their infection, the date of their first positive viral test:

- Use of a test-based strategy as described in Interim Guidance for Managing Healthcare Personnel can be used to inform the duration of isolation.
- Consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

In some instances, a test-based strategy could be considered for discontinuing transmission-based precautions earlier than if the symptom-based strategy were used. A test-based strategy could also be considered for some DSP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist about the DSP being infectious for more than 20 days.

The criteria for the test-based strategy are:

DSP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive PCR tests at least 24 hours apart

DSP who are not symptomatic:

- Results are negative from at least two consecutive PCR tests at least 24 hours apart.

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 that diagnosis.

What is the return-to-work criteria for DSP with COVID-19 if they are asymptomatic and have received their booster vaccine dose?

DSP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. At this time, boosted staff with higher-risk exposures who are asymptomatic do not need to be restricted from work, as long as they test negative immediately (but not earlier than 24 hours after the exposure, and, if negative again 5-7 days after exposure).

Higher-risk exposure refers to exposure of an individual’s eyes, nose, or mouth to material potentially containing COVID-19, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual.

Work restrictions staff with higher-risk exposures should still be considered for:

- Staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment).
 - These conditions might impact the level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.
- Staff who have traveled.
 - DSP with travel or community exposures should consult their occupational health program for guidance on need for work restrictions. In general, HCP who have had prolonged close contact with someone with COVID-19 in the community (e.g., household contacts) should be managed as described for higher-risk occupational exposures.

Fully vaccinated and boosted people who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including testing for COVID-19, if indicated.

Visitation

HHSC ICF COVID-19 Expansion of Reopening Visitation Rules expired on June 16, 2022. However, effective June 1, 2022, HHSC adopted rules related to essential caregivers and in-person visitation of religious counselors. For more information about these rules see [PL 2022-13](#).

ICFs may use a variety of resources to create policies and procedures to continue to allow visitation in their facilities including CMS QSO 21-14, DSHS, and CDC.

What type of visits must an ICF allow?

In accordance with 26 TAC §570.611, during a declared disaster an ICF must permit:

- essential caregiver visits;
- a religious counselor to visit an individual at the request of the individual; and
- end-of-life visits and immediately communicate any changes in an individual's condition that would qualify the individual for end-of-life visits to the individual's representative.]

Who can be an essential caregiver and what is an essential caregiver visit?

An essential caregiver is a family member, friend, guardian, volunteer, or other person designated for in-person visits by an individual or the individual's guardian or legally authorized representative (LAR).

An essential caregiver visit is an in-person visit between an individual and a designated essential caregiver.]

What is expected of an ICF provider in order to permit essential caregiver visits?

An ICF/IID must:

- develop a visitation policy that permits an essential caregiver to visit the individual for at least two hours each day;
- have procedures in place to enable physical contact between the individual and the essential caregiver;
- develop safety protocols for essential caregiver visits. The safety protocols may not be more stringent for essential caregivers than safety protocols for staff; and
- obtain the signature of the essential caregiver certifying that the essential caregiver will follow the ICF/IID's safety protocols for essential caregiver visits.

Can a facility refuse to designate an essential caregiver or revoke someone's status as an essential caregiver?

An individual, or the individual's legally authorized representative (LAR), if the individual is unable, has the right to designate at least one essential caregiver.

A facility cannot prohibit in-person visitation with an essential caregiver for more than 14

consecutive days, or more than a total of 45 days in a calendar year. A facility may revoke an essential caregiver designation if the caregiver violates the facility's safety protocols.

How would an essential caregiver appeal a revocation of a person's designation as an essential caregiver?

If an ICF/IID revokes a person's designation as an essential caregiver, the individual or the individual's legally authorized representative has the right to immediately designate another person as the essential caregiver.

Within 24 hours after the revocation, the ICF must inform the individual or the individual's LAR, in writing, of the right to an appeal the revocation and the procedures for filing an appeal with the Texas Health and Human Services Commission (HHSC) Appeals Division by:

- email at OCC_Appeals_ContestedCases@hhs.texas.gov; or
- mail at HHSC Appeals Division, P.O. Box 149030, MC W-613, Austin, TX 78714-9030.

The ICF must comply with a hearing officer's decision regarding an appeal of an essential caregiver revocation.

Can an individual or their representative change their designated essential caregiver?

Yes, the individual or their representative may change the designated essential caregiver.

Can visitors bring food for an individual?

Visitors can bring outside food for an individual. Individuals may eat or drink during visitation.

The facility should refer to CDC guidance on [Food Safety](#) for food brought in from the outside for an individual. From the [CDC's food safety](#) webpage:

- The risk of infection by the virus from food products, food packaging, or bags is thought to be very low.
- Currently, no cases of COVID-19 have been identified where infection was thought to have occurred by touching food, food packaging, or shopping bags.
- Do NOT use disinfectants designed for hard surfaces, such as bleach or ammonia, on food packaged in cardboard or plastic wrap.
- After handling food packages and before eating food, always wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

COVID-19 Testing

How can I obtain BinaxNow testing kits?

All long-term care providers can now request free BinaxNOW COVID-19 POC antigen test kits. The requested test kits can now be used to test any individuals, including residents, staff, and visitors.

To request consideration for the free BinaxNOW POC antigen COVID-19 test kits, an NF, ALF, ICF/IID, HCS program provider, or HCSSA must complete the Attestation for Free Test Kits, [LTCR Form 2198](#). An NF, ALF, ICF/IID, or HCS program provider must submit the completed attestation to the HHSC Regional Director or designee for the region in which the provider is located.

The Regional Director or designee will elevate the completed attestation form to the State Operations Center in TDEM. Staff from HHSC Long-term Care Regulation (LTCR) and the TDEM will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the provider to support the attestation.

The attestation criteria require a NF, ALF, ICF/IID, HCS, and HCSSA program to:

- have a current Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver or a CLIA laboratory certificate;
- administer the test only by provider staff who successfully complete training provided by [Abbott Laboratories](#) or who are clinicians with appropriate education and training;
- follow all reporting requirements associated with the use of the Binax cards; and
- report test results appropriately.

Any provider that meets the requirements listed above is eligible to request free BinaxNOW COVID-19 POC antigen test kits.

A provider must have a current CLIA Certificate of Waiver or a CLIA laboratory certificate before it can receive and administer the free BinaxNOW COVID-19 tests. To obtain a CLIA Certificate of Waiver for the free BinaxNOW COVID-19 tests, complete [Form CMS-116](#) available on the [CMS CLIA website](#) or on the [HHSC Health Care Facilities Regulation - Laboratories webpage](#) found under the Application header. Email the form to the regional CLIA licensing group via the [HHSC HCF Regulation - Laboratories webpage](#).

Providers that have existing CLIA Certificates of Waivers and are using a waived COVID-19 test are not required to update their CLIA Certificates of Waiver. As defined by CLIA, waived tests are categorized as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." The [Food and Drug Administration](#) determines which tests meet these criteria when it reviews a manufacturer's application for a test system waiver.

This information can be found in [PL 2020-49 \(PDF\)](#).

How can I obtain testing supplies without a CLIA Waiver?

To request consideration for free testing supplies, an ALF, ICF/IID, HCS, HCSSA, or TxHmL

program provider must complete the Attestation for Requesting Testing Supplies: For Providers Without a CLIA Waiver, Form 2199, and submit it to the HHSC Regional Director or designee in the region in which the provider is located. The Regional Director or designee will elevate it to the State Operations Center. Staff from HHSC Long-term Care Regulation (LTCR) and HHSC Contiguity and Emergency Management will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the provider to support the attestation.

The attestation criteria require an ALF, ICF/IID, HCS, HCSSA, or TxHmL program provider to:

- have a current GenBody-100 COVID-19 Test Administrator Course certificate provided by Prepare Texas;
- ensure tests are only administered by individuals who successfully complete the GenBody-100 COVID-19 Administrator Courses provided by PreparingTexas.org;
- follow all reporting requirements associated with the use of the testing supplies; and
- report test results appropriately.

Any provider that meets the requirements listed above is eligible to request testing supplies. Currently, the tests being provided are GenBody, but this may change.

To enroll in the GenBody-100 COVID-19 Test Administrator Course providers must:

- Go to www.preparingtexas.org and create an account.
 - Please note, each account/username is intended for ONE individual.
 - A provider may have more than one individual signed up on behalf of the provider.
 - Be sure to fill in the information accurately, as this information will be used when creating an account on app.txrapidtest.org.
- The individual who will administer the test will select the GenBody-100 COVID-19 Test Administrator Course and enroll to view the instructional videos. (For additional instructions and resources, please refer to the COVID-19 Rapid Test Courses & Resources document.)
- Once the individual has successfully completed the training course, the individual will receive a certificate and receive access to the TX Rapid Test App.
- Please note:
 - it will take about 30 minutes to receive access to the TX Rapid Test App after receiving a certificate; and
 - when creating an account on TX Rapid Test App an individual must use the same email address that was provided for the preparingtexas.org account.

This information can be found in [PL 2022-09](#).

How often does ICF staff need to be tested, if at all?

[A facility must establish, implement, enforce, and maintain an infection prevention and

control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Policies may include a testing strategy.]

According to the CDC, for an individual, visitor, or staff with confirmed COVID-19 who developed symptoms, the exposure window is considered to be 2 days before symptom onset.

- ❖ If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test. ICF/IID should consult with their local health department for assistance with determining the date of exposure.

Reporting COVID-19 Cases

[Do facilities need to report COVID-19 cases to HHSC?

No. Facilities no longer have to report COVID-19 cases to HHSC CII; however, a facility must immediately report the name of any resident of a facility with a reportable disease, as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Diseases) to the city health officer, county health officer, or health unit director having jurisdiction, and implement appropriate infection control procedures as directed by the local health authority.]

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

Per DSHS, the information must be reported by the provider, regardless of whether the lab reports. This is in order to link the report to the geographical area where the person lives, which may be different than where the testing occurs. This enables accurate tracking and analysis, as well as the appropriate deployment of resources.

If providers suspect a case of COVID-19, they should contact the local health department/authority, or DSHS if a local health department is not available. Test results from the local health department do get reported to DSHS. The notification to the LHD is sufficient.

Can an individual refuse to be tested and self-isolate?

Individuals retain the right to make decisions on their own health care, including refusing testing. Decisions related to their medical needs must be discussed with their physician and their LAR (if appropriate).

If an individual has tested positive for COVID-19 in the hospital, is the facility required to notify the local health department?

Yes, it is the provider's responsibility to ensure the local health department or DSHS is notified. DSHS has stated on calls that they would rather have it reported twice than it goes unreported.

Staffing Considerations

Can a facility temporarily consolidate if there is a staffing shortage?

The following is guidance regarding temporary closures:

- If the licensed provider is going to be temporarily closed for an extended period of time, contact LTCR Licensing and Credentialing at [LTC ALF ICF Licensing@hhs.texas.gov](mailto:LTC_ALF_ICF_Licensing@hhs.texas.gov)
- If the licensed provider is going to be closed for short period of time (i.e. 24/48 hours, weekend), contact the regional office ([Regional Director](#) and Program Manager).
- If two licensed ICF/IID providers are consolidating facilities and the this will place the provider over capacity at the facility they are consolidation to, contact LTCR Survey Operations at lcrsurveyoperation@hhs.texas.gov. This section is responsible for approving the temporary increase in licensed capacity. This information will be provided to LTCR Licensing and Credentialing.

When consolidation ends:

- Contact the regional office ([Regional Director](#) and Program Manager); and
- Contact LTCR Survey Operations at lcrsurveyoperation@hhs.texas.gov.

Vaccinations

Is the COVID-19 vaccine mandatory?

HHSC does not have the authority to require an individual or facility staff get the COVID-19 vaccine. An ICF must offer a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and document each individual's choice to vaccinate or not vaccinate. Nothing in HHSC rules prohibit an ICF from making a COVID-19 vaccination a condition of employment. However, any facility that wishes to include a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

Are ICFs required to offer the COVID-19 vaccine?

As per [QSO 21-21](#), the ICF/IID must offer the vaccine unless it is medically contraindicated, or the client or staff member has already been immunized.

What education do ICFs have to provide regarding the vaccination?

CMS issued [QSO 21-21](#) on August 23, 2021. The QSO outlines new requirements for educating clients or client representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offering the vaccine.

How should ICFs document vaccination education?

ICFs should reference [QSO 21-21](#) regarding new federal requirements created around the COVID-19 vaccine. The formal education and offering of the vaccine only needed to be documented once the CMS-3414-IFC rule went into effect on May 21, 2021.

Who should providers contact with state specific questions about the COVID-19 vaccine?

Providers should contact DSHS at:

COVID-19 Registration Support

Email: COVID19VacEnroll@dshs.texas.gov

Toll-Free: (877) 835-7750

What kind of vaccine resources are available?

Providers have multiple options that include:

- Calling 844-90-TEXAS to ask for a Mobile Vaccination Team to come out to your facility; and
- Contacting DSHS to [become a COVID-19 vaccinator](#) or to [ask for COVID-19 vaccine](#).

Surveys and Residential Visits

Will facilities receive notification prior to a recertification survey?

No. At this time, all regular survey activity has resumed as usual.

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

Emergency rules are effective the date they are posted, and Long-Term Care Regulation (LTCR) can only cite providers for non-compliance once a rule has become effective and if the surveyor identifies the non-compliance before the provider does. The effective date can be found at the start of the document. [At this time, there are no active ICF/IID emergency rules related to COVID-19.]

Will providers need to provide PPE to surveyors?

HHSC will supply surveyors with appropriate PPE for the specific situation. Surveyors will follow infection control guidelines while on site. Facility staff who are present for survey must follow their infection control policies and wear appropriate PPE as necessary.

How will the CMS QSO 21-21 change the survey process?

As per the [QSO](#), to determine compliance with these new requirements, surveyors will request a facility point of contact to provide information on how clients, client representatives, and staff are educated about and offered the COVID-19 vaccine, including samples of educational materials. Surveyors will also request a list of clients and staff and their COVID-19 status. Surveyors will select a sample of clients and staff to review records and conduct interviews to confirm clients and staff were educated on and offered the COVID-19 vaccine following the new requirements. The education and offering of the vaccine only needs to be documented since the CMS-3414-IFC rule went into effect on May 21, 2021. Noncompliance related to the new requirements for educating and offering COVID-19 vaccination to clients and staff will be cited at W-tags 500-507.

Resources

Where should providers go for COVID-19 information?

Reliable sources of information include:

- [The Texas Department of State Health Services](#)
- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Health and Human Services Commission](#)
- [The ICF Provider Portal](#)
 - [COVID-19 Response for ICF/IIDs](#)
- [CMS QSO 21-21](#) (new federal requirements)

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

The following are ways to access DSHS information and staff:

- DSHS website: <http://dshs.texas.gov/coronavirus>
- DSHS Contact Information: If you have any questions or would like more information about COVID-19, contact DSHS by email or by phone 24/7:
 - Email: coronarvirus@DSHS.texas.gov
 - Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- See the listing of local health entities by county at [Coronavirus Disease 2019 \(COVID-19\) Local Health Entities](#).
- See the listing of DSHS Regional Offices [at Public Health Regions](#).

Where can I find more information about COVID-19 funds?

Federal [COVID-19 Local Fiscal Recovery Funds](#) are being distributed to Texas cities and counties. HHSC urges LTCR providers that need COVID-19 resources to use the following resources:

- Contact your city, county, or [regional advisory council](#) to find out if resources or funds will be available for health care staffing support, testing services, individual, or site assessment, and disinfecting services as these resources are no longer available through HHSC.

Are recordings of the HHSC ICF webinars on the HHSC website?

Yes, recorded webinars are available on the HHSC website on the [ICF Provider Portal](#).

Resources related to PPE:

For N95 respirator and fit-testing information and resources: [Occupational Safety and](#)

[Health Administration Respiratory Protection eTool](#)

The CDC also has specific information relating to:

- [Strategies to Optimize PPE and Equipment](#)
- [Strategies to Optimize Eye Protection](#)
- [Strategies to Optimize Isolation Gowns](#)
- [Strategies to Optimize Face Masks](#)
- [Strategies to Optimize N-95 Respirators](#)

Additional Resources

Long-term care providers can request:

- COVID-19 mobile vaccine clinics for residents and staff
- BinaxNow testing kits. [Read PL 2020-49](#) for details.
 - Process for Requesting Testing Supplies for Providers Without a CLIA Waiver. Read [PL 2022-09](#) for details.
- PPE (providers should exhaust all other options before request)
- Healthcare-associated infection and epidemiological support

To Request Support:

- To initiate a request for COVID-19 support described above, [contact the HHSC LTCR Regional Director](#) in the region where the facility is located.
- HHSC LTCR staff are responsible for initiating a State of Texas Assistance Request on behalf of the long-term care provider.

This information can be found at this [alert](#) on the ICF Provider Portal.