Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTSCR and DSHS
June 30, 2021

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Webinar Schedule Change

Starting July 1, the Nursing Facility Provider Webinars will change to a monthly schedule. Webinars will be held the second Wednesday of every month.

Consequently, the next NF Provider Webinars will be held:

• July 14th
• August 11th
• September 8th

As always, we will send notifications for the webinars through GovDelivery alerts and post them on the Nursing Facility Provider Portal.
HHSC is extending the survey deadline so NFs can express their interest in becoming an examination clinical site. HHSC encourages NFs that are Nurse Aide Training and Competency Evaluation Programs or Nurse Aide Competency Evaluation Programs and would like to partner with a NATCEP to be an examination clinical site for individuals who do not work for their facility to complete a short survey. Large numbers of temporary nurse aides are beginning the process of becoming certified using the HHSC transition plan in PL 2021-19 (PDF), and many will need an examination clinical site.

(Cont. on next slide)
Survey – Becoming CNA Clinical Site

If you are interested, take the short survey(link is external) by July 9, 2021. HHSC will publish a list of NFs willing to be a clinical site for individuals who do not work in their facility.
CMS issued [Quality Safety & Oversight Memo QSO-20-41-ALL Revised](#). The memo gives more guidance to providers on full-scale exercise requirements that are part of CMS regulations for emergency preparedness.

NFs are exempted from completing a required full-scale exercise for the 2021 cycle based on a provider’s activation of their emergency plan.

This exemption does not apply to the exercise of choice. NFs should still follow all other emergency preparedness guidance in the [State Operations Manual, Appendix Z](#).
NF Construction Guidance

NFs may allow contractors enter the facility to perform upgrades to the facility, including cosmetic upgrades.

Contractors are included in the definition of ‘Providers of essential services per the Expansion of Reopening Visitation Emergency Rule

Contractors entering the facility would fall under the same screening, PPE, and testing requirements as staff.

See QSO 20-38-NH for more information on staff COVID-19 testing requirements.
COVID-19 Q&A

Panelist

Christine Riley
Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
CMS Testing Requirement Aid

HHSC has created a Testing Flow Chart that summarizes the CMS COVID-19 testing requirements for providers, as outlined in CMS QSO-20-38-NH.

The Testing Flow Chart can be found on the Nursing Facility Provider Portal in the COVID-19 Resources section.
DSHS COVID Resources

Reminder: the Department of State Health Services (DSHS) hosts a webpage with several resources for tracking COVID-19 hotspots in the state.

https://dshs.texas.gov/coronavirus/AdditionalData.aspx

Resources include daily updates for COVID-19 data by county, COVID-19 vaccine distribution data, and statewide trends.
In late May 2021, the FDA authorized an additional monoclonal antibody treatment, Sotrovimab.

• Similar to the other available monoclonal antibody treatments, Sotrovimab is for the treatment of mild-moderate COVID-19 in those 12 years of age and older who are at risk of progressing to severe COVID-19

• [FDA Authorized Additional Monoclonal Antibody for Treatment of COVID-19](#)

*(cont. on next slide)*
Therapeutics Updates

Earlier this month, the FDA revised their EUA for Regeneron’s COVID-19 monoclonal antibody combination product casirivimab and imdevimab.

• The revised EUA includes a new dosing regimen (1200 mg vs. 2400 mg) and allows a new route of administration (subcutaneous injection or infusion).

See Monoclonal Antibody COVID-19 Infusion for more information.
What to do if I received my second dose of the COVID-19 vaccine too early / too late?

If you received the second dose of the Moderna or Pfizer vaccine before or after the scheduled timeline, **do not repeat vaccine doses**.

For reference:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th># of doses</th>
<th>Interval between doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNtech</td>
<td>2</td>
<td>3 weeks (21 days)</td>
</tr>
<tr>
<td>Moderna</td>
<td>2</td>
<td>4 weeks (28 days)</td>
</tr>
<tr>
<td>Janssen</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Second doses of the Pfizer or Moderna vaccine administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid.

If the second dose of the Pfizer or Moderna vaccine is administered earlier than the 4-day grace period, do NOT repeat the dose. Report error to VAERS, even if the NF did not administer the vaccine.

If the second dose is administered more than 42 days after the first dose, do NOT repeat dose. This deviation from CDC guidance does not require VAERS reporting.

See this [CDC guide](https://www.cdc.gov/vaccines) and [COVID-19 Vaccines](https://www.cdc.gov/covid-19/vaccines) for more information.
NF COVID-19 Vaccine Requirements

State rules do not prohibit a facility from making COVID-19 vaccination a condition of employment; that is a decision a facility should make in consultation with its legal counsel and human resources professionals.

The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccines are approved through the FDA’s emergency use authorization (EUA). EUAs do not affect a business’s ability to require vaccinations for employees.
COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation
Quarantine Guidance Review

Per the **COVID-19 Response Emergency Rule** NFs are still required to cohort residents by COVID-19 status, which includes:

- COVID-19 negative
- Unknown COVID-19 status (Quarantine)
- COVID-19 Positive (Isolation)

Residents identified as having Unknown COVID-19 status must be quarantined **per CDC guidance**. Per CDC guidance some residents may not need to be quarantined, depending on certain factors.

*(cont. on next slide)*
Quarantine Guidance
Review

Unknown COVID-19 status is defined as a resident who:

• Is newly admitted or readmitted
• Has left the facility overnight
• Has had known exposure or close contact with a person who is COVID-19 positive
• Is exhibiting symptoms of COVID-19 while awaiting test results.

Per CDC guidance, depending on certain factors, quarantine might not be recommended. (cont. on next slide)
Quarantine Guidance Review

NFs will have to determine whether the resident is **fully-vaccinated** or recovered from COVID-19 in the past 90 days (Recovered).

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Vaccinated or Recovered</th>
<th>Unvaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Admitted/Readmitted</td>
<td><strong>No Quarantine</strong></td>
<td>Quarantine</td>
</tr>
<tr>
<td>Left Overnight</td>
<td><strong>No Quarantine</strong></td>
<td>Quarantine</td>
</tr>
<tr>
<td>Known Exposure or close contact</td>
<td>Quarantine</td>
<td>Quarantine</td>
</tr>
<tr>
<td>Symptomatic while Awaiting Test Results</td>
<td>Quarantine</td>
<td>Quarantine</td>
</tr>
</tbody>
</table>
Per CDC guidance, NFs cannot use COVID-19 testing as a basis for quarantine decisions.

Residents who meet the criteria for being quarantined must be quarantined even if the resident has a recent COVID-19 negative test result.

NFs also cannot quarantine residents who do not need to be quarantined per CDC guidance. Doing so could be considered unnecessary isolation of a resident.
Quarantine Guidance Review

For residents who require quarantine:
The CDC still endorses the 14-day quarantine period, but has also provided alternate options:

• 10-day quarantine, without testing
• 7-day quarantine, with a negative COVID-19 test result on or after day 5

See CDC guidance: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing
State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
• Statewide email: ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet, 737-704-9075 (or) patty.ducayet@hhs.Texas.gov

Bi-Weekly Facebook Live Q&A for Families of LTC Residents: Every other Wednesday (on weeks with no NF Provider webinar), 12:15 to 12:45 https://www.facebook.com/texasLtcombudsman?f ref-ts
NORC at the University of Chicago is studying State Long-Term Care Ombudsman Programs. It is looking for facility staff performing any function to take part in a one-time, 45 minute focus group to give feedback on the Ombudsman Program. Participants will receive a gift card for their time.

Contact: Kim Nguyen

• Nguyen-kim@norc.org
TMF Health Quality Institute
CMS Quality Improvement Organization

Susan Purcell, RN, CPHQ
Project Director
New Vaccination Resources

• **Nursing Home Vaccine Administration Records for Staff and Residents | Agency for Healthcare Research and Quality (ahrq.gov)**

• Includes:
  
  • **COVID-19 Vaccination Tracking Tool for Use in Nursing Homes**
  
  • **Resident Vaccine Administration Record for COVID-19**
  
  • **Staff Vaccine Administration Record for COVID-19**
NHSN Q&A

Q: Is there a limit of time to edit data in NHSN. Is it alright if we make edits for 2 weeks ago, or is there a cut-off?

A: Neither NHSN nor CMS have posted limits on data correction timing.

TIP: correct your data the next week or it will risk getting behind and therefore invalid.
NHSN RESOURCES

• TMF NHSN resources: NHSN Resources

• CDC NHSN COVID19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

• Available through the CMS Quality, Safety & Education Portal (QSEP).

• Can be completed on a cell phone

• Frontline nursing home staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic

• 3 hours total training time

• Management staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic
  Module 6: Basic Infection Control
  Module 7: Emergency Preparedness and Surge Capacity
  Module 8: Addressing Emotional Health of Residents and Staff
  Module 9: Telehealth for Nursing Homes
  Module 10: Getting Your Vaccine Delivery System Ready

• 4 hours total training time
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

Texas
Total Number of Individuals that Completed QSEP Training Staff & Management Combined

19.32% of all staff completed training (6/9/21)
Reach out to us at: nhnetwork@tmf.org to submit requests for assistance with NHSN reporting problems or quality improvement assistance.
COVID-19 Q&A

Panelist

Christine Riley
Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
Can NFs require that staff receive the COVID-19 vaccine?

State rules do not prohibit a facility from making COVID-19 vaccination a condition of employment; that is a decision a facility should make in consultation with its legal counsel and human resources professionals. The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccines are approved through the FDA’s emergency use authorization (EUA). However, the EUA does not affect a business’s ability to require vaccination for employees.
Q&A

Regarding facemask and physical distancing requirements for unvaccinated residents, how do residents know who is vaccinated?

NFs will have to operationalize the new guidance related to communal dining and activities as appropriate. CMS and CDC encourage facilities to educate residents on these updated guidelines and to follow the guidance appropriate to their vaccination status.

(Cont. on next slide)
Q&A

Regarding facemask and physical distancing requirements for unvaccinated residents, how do residents know who is vaccinated?

A resident can choose to disclose their vaccination status to other residents. However, a facility cannot require a resident disclose their vaccination status to other residents. A facility also cannot prohibit a resident from partaking in certain activities (i.e. communal dining or group activities) based on a resident’s vaccination status.
Reminders

**GovDelivery Alerts**
Don’t forget to sign up for GovDelivery alerts https://service.govdelivery.com/accounts/TXHHS/C/subscriber/new
Select “Nursing Facility Resources” as a topic option to receive webinar updates.

**CMS/CDC COVID-19 Training**
CMS is offering free online training for nursing facilities related to COVID-19
Click here to view currently available pre-recorded trainings.
Facilities also have access to the CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management
Reminders

Hurricane and Flooding Readiness Webinars for LTC Providers

These webinars cover requirements about the development of emergency preparedness plans with a focus on hurricanes and flooding.

Topics include risk assessment, the three phases of emergency preparedness, and the eight core functions required for an emergency plan.

• Thursday, July 8 | 2 -3:30 p.m.  
  Register for the webinar.
• Tuesday, July 13 | 10 -11:30 a.m.  
  Register for the webinar.
Reminders

CNA Symposium Webinar Recordings.


For CNAs, this offering may meet some, but not all, of the annual in-service requirements. No CE is offered to licensed nurses, administrators or social workers for viewing these videos.

Email nurseaideregistry@hhsc.state.tx.us with questions.
Questions?

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
Thank you!

For more information:
Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161
Long-Term Care Ombudsman Program
Outcome Evaluation

On behalf of the Administration for Community Living (ACL), NORC at the University of Chicago is conducting an evaluation to assess the effectiveness of Long-Term Care Ombudsman Programs (LTCOPs) in carrying out its responsibilities. Five State LTCOPs are participating in the study to help understand the program’s relationship with residents, family members, facility staff and stakeholders, as well as its impact on residents’ well-being and long-term care practices.

STUDY GOALS

The outcome evaluation of the LTCOP offers a unique opportunity for programs to hear directly from residents, family members, facility staff, and partners to gain insights about their programs’ strengths and weaknesses. The analysis of these and other data will enable programs to identify areas to support program planning and improvements as well as the strategic investment of resources.

PROTECTING YOUR PRIVACY

Participation in the data collection is voluntary and your responses will be kept private. The study is not part of an audit or a compliance review and information identifying individuals or facilities will not be shared outside of the NORC project team.

CONTACT

Kim Nguyen, Ph.D., Evaluation Project Director
nguyen-kim@norc.org 301-634-9495

Primary Data Collection: Residents

NORC will hold 2 focus groups with residents of nursing homes and 2 focus groups with residents of board and care homes.

Each focus group will include 6 – 8 residents who are familiar with the program.

Focus groups will last approximately 45 minutes.

Topics to be discussed include: understanding of program; Ombudsman’s role; interaction with Ombudsman; resident and family councils; resident rights; assistance with complaints; and program strengths and challenges.

Participants will receive an UberEats or DoorDash gift card.

Focus groups will take place during summer 2021.
Long-Term Care Ombudsman Program Outcome Evaluation

On behalf of the Administration for Community Living (ACL), NORC at the University of Chicago is conducting an evaluation to assess the effectiveness of Long-Term Care Ombudsman Programs (LTCOPs) in carrying out its responsibilities. Five State LTCOPs are participating in the study to help understand the program’s relationship with residents, family members, facility staff and stakeholders, as well as its impact on residents’ well-being and long-term care practices.

STUDY GOALS

The outcome evaluation of the LTCOP offers a unique opportunity for programs to hear directly from residents, family members, facility staff, and partners to gain insights about their programs’ strengths and weaknesses. The analysis of these and other data will enable programs to identify areas to support program planning and improvements as well as the strategic investment of resources.

PROTECTING YOUR PRIVACY

Participation in the data collection is voluntary and your responses will be kept private. The study is not part of an audit or a compliance review and information identifying individuals or facilities will not be shared outside of the NORC project team.

CONTACT

Kim Nguyen, Ph.D., Evaluation Project Director
nguyen-kim@norc.org / 301-634-9495

Primary Data Collection: Facility Staff

NORC will hold 2 focus groups with facility staff of nursing homes and 2 focus groups with facility staff of board and care homes.

Each focus group will include 3 – 8 facility staff who are familiar with the program.

Focus groups will last approximately 30-45 minutes.

Topics to be discussed include: understanding of program; Ombudsman’s role; interaction with Ombudsman; impact on facility practices and residents; program strengths and challenges; areas for further support.

Participants will receive a Target or Walmart gift card.

Focus groups will take place during summer 2021.