Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS

September 8, 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
NF Provider Webinars are held on a monthly basis. The next webinar will be held October 13th.

The recording and slides from today’s webinar will be posted to the Nursing Facility Provider Portal and sent out via GovDelivery alerts.

They are typically posted/sent out within a few days after each webinar.
If your facility is impacted by severe weather, or is in an area under mandatory evacuation orders, contact the HHSC LTCR Regional Director in the region where the facility is located.

All requests to exceed licensed capacity due to an emergency must be approved by the director of survey operations.

If your facility is projected to exceed its licensed capacity because it is accepting residents who have been evacuated from another facility, email LTCRSurveyOperation@hhs.texas.gov and include “State Capacity Increase Request” in the subject line.
Reminder: Visitation Rules

There are four types of visitation addressed in the Expansion of Reopening Visitation Emergency Rule:

- Essential Caregiver Visits
- End-of-life visits
- Outdoor Visits
- Indoor Visits

References to ‘outdoor visits’ and ‘indoor visits’ refer to visitation with persons other than essential caregivers or those participating in end-of-life visitation. Essential caregiver and end-of-life visits can also occur outdoors and indoors.
Visitation Required in all Facilities regardless of presence of COVID-19 in the facility or community

For all residents, any COVID-19 status:
- Essential caregiver visits
- End-of-life visits

For COVID-19 Negative Residents:
- Outdoor visits
Updated Indoor Visitation Criteria Summary

NFs must allow indoor visitation when they have:

• Separate areas designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 residents (*this can include private rooms*)

• Not had a facility-acquired outbreak in the COVID-19 negative cohort
  • Indoor visitation can still occur if the outbreak is isolated to a single area (see [PL 2021-20](https://www.texas.gov))

Unvaccinated residents cannot participate in indoor visitation if:

• The NF is located in a county with a more than 10% COVID-19 positivity rate AND

• Less than 70% of residents at the facility are fully-vaccinated
Updated COVID-19 Visitation Rule

Scheduling

Visitation must be facilitated to allow time for cleaning and sanitization of visitation areas between visits and to ensure infection prevention and control measures are followed.

NFs may schedule visits in advance but it is no longer required.

Scheduling in advance may only be used to ensure infection prevention and control measures are followed. Scheduling visits in advance must not be so restrictive as to prohibit visitation for residents.
Persons Allowed in a NF

HHSC issued Provider Letter 2021-33 which states that NFs must allow persons providing critical assistance and providers of essential services to enter the facility if they pass the facility’s COVID-19 screening.

This includes allowing home health and hospice providers and their staff to conduct service delivery with residents.
Persons Allowed in a NF

NFs must allow the following persons to enter the facility, assuming the individual passes screening:

• Providers of Essential Services:
  • Hospice and home health workers
  • Contract health care personnel
  • LIDDA/LMHA Personnel
  • MCO Service Coordinators

• Persons with Legal Authority to Enter:
  • HHSC Surveyors
  • Ombudsman
  • Office of Inspector General (OIG) personnel
Persons Allowed in a NF

Individuals entering a NF must adhere to core principals of infection prevention control.

Certain individuals entering a NF may be considered ‘facility staff’ for CMS COVID-19 testing requirement purposes. See CMS QSO-20-38 for more information.

(cont. on next slide)
### Persons Allowed in a NF

<table>
<thead>
<tr>
<th>Person Entering an NF</th>
<th>Required to be Tested?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice / home health workers</td>
<td>Yes</td>
</tr>
<tr>
<td>Contract Health Care Providers</td>
<td>Yes</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Yes</td>
</tr>
<tr>
<td>LIDDA/LMHA Personnel</td>
<td>No</td>
</tr>
<tr>
<td>MCO Services Coordinators</td>
<td>No</td>
</tr>
<tr>
<td>HHSC Surveyors</td>
<td>No</td>
</tr>
<tr>
<td>Ombudsman</td>
<td>No</td>
</tr>
<tr>
<td>Office of Inspector General (OIG) personnel</td>
<td>No</td>
</tr>
<tr>
<td>Personal Visitors (including Essential Caregivers)</td>
<td>No</td>
</tr>
</tbody>
</table>
Persons Allowed in a NF

CMS testing requirements (QSO 20-38) states that for individuals providing services under arrangement and volunteers, NFs should prioritize those who are regularly in the facility (e.g., weekly) and have contact with residents or staff.

An NF can have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (i.e. through their employer). However, the NF is still required to obtain documentation that the individual was tested in accordance with the NF’s routine testing frequency.
Persons Allowed in a NF

NFs cannot require the following individuals to submit to testing or provide proof of a test result as a condition for entering the NF:

• Government personnel on official business
• LMHA/LIDDA personnel
• Ombudsman
• MCO Services Coordinators
• Personal visitors (including essential caregivers)
Reminder: HHSC COVID-19 Reporting

NFs are only required to report COVID-19 cases in residents or staff to HHSC if:

• It is the facility’s first ever COVID-19 case OR

• It is the facility’s first case after having had no COVID-19 cases among staff or residents for 14 days or longer

Read PL 2021-04 for more information.

Do not submit reports for any cases to HHSC outside of the required events, unless requested by HHSC personnel.

See PL 2020-37 and PL 2021-01 for more information on other reporting requirements.
The Office of the Governor directed DSHS to use staffing agencies to provide medical personnel from out-of-state to Texas health care facilities, including LTC facilities, to assist in COVID-19 operations.

Providers must demonstrate that they have exhausted all other options and have an urgent need for assistance before requesting emergency staffing support.

(cont. on next slide)
NFs are always required to provide services to residents or clients before, during and after an emergency. The emergency plan must include:

• Planning for staff shortages
• A back-up plan to ensure operations and care of residents continues (see CDC’s mitigation strategies)

Available emergency staffing resources are very limited, and priority is given to hospitals.

Emergency staffing resources should be a very last resort for NFs.

(Cont. on next slide)
Staffing Support Resources

A NF that has exhausted all other staffing mitigation strategies and staffing resources can contact the HHSC LTCR Regional Director for assistance with staffing support.

NFs must be able to provide proof of all strategies attempted/resources exhausted.

Emergency staffing is only available on a temporary basis (a maximum of 10-14 days) while the NF continues to find alternative remedies to address staffing shortages.
COVID-19 Q&A

Panelist

Christine Riley, RN
Nurse III - Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
The FDA’s Emergency Use Authorizations (EUAs) for the Pfizer and Moderna COVID-19 vaccines now allows for a 3rd dose for certain immunocompromised people.

Attempts should be made to use the same vaccine product for the 3rd dose that was received for the original doses (Pfizer or Moderna). However if that is not feasible, a heterologous additional dose is permitted.

The additional dose of vaccine should be administered at least 28 days after completion of the vaccine series.

(Cont. on next slide)
3rd COVID-19 Vaccine Dose

A person should not receive more than three COVID-19 vaccine doses.

Check with your non-Medicare payor source to see if the third dose is covered.

Medicare and Medicaid will pay for a third dose at the same rate as previous doses (about $40) to facilities that administer the vaccine.

Read the FDA announcement
Read the CDC’s interim clinical considerations for COVID-19 vaccines
Other Resources

NFs can still request:

• COVID-19 mobile vaccine clinics for residents and staff
• BinaxNow testing kits. Read PL 2020-49 for details.
• PPE (providers should exhaust all other options before request)
• Facility cleaning and disinfection
• Healthcare-associated infection and epidemiological 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.
Monoclonal Antibody Therapies

The following investigational monoclonal antibody therapies are available under FDA emergency use authorization (EUA):

• Casirivimab and imdevimab, administered together, also known as REGEN-COV; [Fact Sheet & EUA](#)

• Bamlanivimab and etesevimab, administered together; [Fact Sheet & EUA](#)

• Sotrovimab; [Fact Sheet & EUA](#)
Monoclonal Antibody Therapies

The FDA authorized the use of these monoclonal antibody therapies to treat mild-to-moderate COVID-19 in adults and pediatric patients when both of these apply:

- The patient has a positive COVID-19 test result
- The patient is at high risk for progressing to severe COVID-19, hospitalization, or both
Monoclonal Antibody Therapies

Health care providers may administer these monoclonal antibody therapies only in settings where they have both of these:

- Immediate access to medications to treat a severe infusion reaction, such as anaphylaxis
- The ability to activate the emergency medical system (EMS)
Therapeutics: REGEN-COV

- REGEN-COV is available via direct ordering from distributor
- The FDA recently expanded the EUA to allow for subcutaneous injection, although IV infusion is strongly recommended
- The expanded EUA for Regeneron also includes post-exposure prophylaxis for people who are at high risk of progressing to severe COVID-19 and who are immunocompromised, or unvaccinated
- Outpatient only
- Must be given within 10 days from symptom onset
Therapeutics: Bamlanivimab

• In late June, FDA put a pause on bamlanivimab/etesevimab due to less effectiveness of this combination therapy against the Gamma and Beta variants.

• As of September 2, 2021, the FDA has indicated that bamlanivimab/etesevimab may be used in all US States; see FDA announcement.

• IV infusion only; outpatient only.

• Must be given within 10 days of symptom onset.
Therapeutics

Ivermectin is NOT authorized or approved for treatment of COVID-19.

See Ivermectin health alert (CDC)
Therapeutics

• Antibody Infusion Centers are currently operating in Austin, The Woodlands, Corpus Christi, Ft Worth, Beaumont, Houston, Laredo, Lubbock, Odessa, San Antonio, Harlingen, and Nacogdoches

• Treatment is free and available to all Texans who test positive for COVID-19 and have a doctor's referral

• See Available COVID-19 Therapeutics in Texas
Therapeutics: Resources

- Monoclonal Antibody Products to Treat COVID-19 (CMS)
- COVID-19 Treatment Guidelines: Anti-SARS-CoV-2 Monoclonal Antibodies (NIH)
- COVID-19 Therapeutics (DSHS)
- Coverage of Monoclonal Antibody Products to Treat COVID-19 (CMS)
- Direct ordering form for monoclonal antibody products
COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation
KN95 & Non-NIOSH Approved Respirators

KN95 respirators, and other non-NIOSH approved respirators, are no longer under FDA’s Emergency Use Authorization.

KN95 respirators are no longer approved by the FDA as a substitute for N95 respirators.

The FDA recommends that providers and facilities consider redistributing non-NIOSH approved respirators they may still have in inventory to non-healthcare settings for non-medical use and other countries in need.
Non-NIOSH-Approved Respirators

**Appendix A** provides a table with all KN95 non-NIOSH approved respirators that were previously authorized under the FDA’s Umbrella EUA for non-NIOSH approved respirators from China.

**Exhibit 1** provides another table with other respirator models that were previously authorized under a different FDA Umbrella EUA. This table lists respirator models from countries other than China.

Since both of the EUA’s linked have been revoked, **all of the models listed in Appendix A and Exhibit 1 are no longer authorized for use by the FDA.**
Non-NIOSH-Approved Respirators

See the following resources for more information:

• Revoked EUAs for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators

• FAQs on the EUAs for Non-NIOSH Approved Respirators During the COVID-19 Pandemic

• July 14th NF Provider Webinar Recording and Presentation Slides
COVID-19 Reminders: Staff PPE

Staff PPE usage breaks down into three categories

<table>
<thead>
<tr>
<th>Facemask/PPE</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full PPE (N95 respirator, gown, gloves, face shield/goggles)</td>
<td>When providing care in the:</td>
</tr>
<tr>
<td></td>
<td>• COVID-19 positive cohort</td>
</tr>
<tr>
<td></td>
<td>• Unknown COVID-19 cohort</td>
</tr>
<tr>
<td>Facemask</td>
<td>When in all other areas of the building.</td>
</tr>
<tr>
<td></td>
<td>Due to increase in Delta cases, all staff, including fully-vaccinated staff should wear a facemask when in a facility. This includes fully vaccinated staff when in a meeting with other fully vaccinated staff.</td>
</tr>
</tbody>
</table>
COVID-19 Reminders: Facemasks - Residents

Per CDC guidance, residents should wear a facemask when outside of their rooms, if tolerated.

Residents do not need to wear a facemask when eating or drinking.

Due to increased spread of the Delta COVID-19 variant, fully-vaccinated residents are encouraged to wear facemasks even when:

- Participating in group activities or communal dining.
- Participating in a personal visit where the visitor and resident are both fully-vaccinated, in a private visitation area.
COVID-19 Reminders: Visitor Facemasks

Per CMS and the CDC, all visitors must wear a facemask or face covering during:

• A personal visit if either the visitor or resident is not fully-vaccinated
• Walking to and from the private indoor or outdoor visitation area
• A personal visit not conducted in a private indoor or outdoor visitation area

It is also safest to use a facemask when visiting privately with residents. Visitors who are not fully vaccinated should always use a mask.
COVID-19 Q&A

Panelist

Valerie Kreuger
MH PASRR Specialist
IDD Services
Alternative Placement Preferences in PL1

Reminder: Providers are Able to Enter a Person’s Alternate Placement Preferences Upon Initial Submission of PL1

By September 1, 2021, providers are required to record a person’s responses in fields E0100-E0400 (Alternate Placement Preferences) of section E when they initially submit the PL1. The section will be enabled and required for data entry only if the person for whom the form is being submitted appears to have positive PASRR eligibility. If there is no indication of positive eligibility, the section will not be enabled.
Reminder: Alternative Placement Preferences

NF and local authority users who have the correct permissions are required to fill out or update fields E0500-E0900 (Alternate Placement Disposition) in section E of a PL1 that is in an active status when they use the update form functionality for a discharge. An inactivation cannot be made on the PL1 if section E is not completed. These changes were made to ensure that the person’s alternate placement disposition is documented and available on the LTC Online Portal at the time of discharge.

Additional information about this change will be published in future news articles on the TMHP LTC web page.
Reminder: Alternative Placement Preferences

For questions regarding PASRR, please email: PASRR.Support@hhsc.state.tx.us

For additional PASRR learning opportunities, information, and forms: https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr
State Long-Term Care Ombudsman Program

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

State Ombudsman: Patty Ducayet, 512-438-4356 (or) Patricia.Ducayet@hhs.texas.gov

See the attached handout: Why Get the COVID-19 Vaccine
TMF Health Quality Institute
CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist
NHSN Changes in Effect Now

- Added question #4 for facilities to report on the cumulative number of individuals eligible to receive an additional dose or booster of COVID-19 vaccine.
- Added question #5 for facilities to report on the cumulative number of individuals who received an additional dose or booster of COVID-19 vaccine (by manufacturer type).
- Link to the training slides: LTC Weekly COVID19 Vaccination Retraining August 9.5.5.4 Release 082021 (cdc.gov)
Vaccine Paper forms and Instructions have been updated

• Download them from here:
  
  • [Weekly HCP & Resident COVID-19 Vaccination | LTCF | NHSN | CDC](#)

• Note, the Data Tracking Worksheets have not yet been updated.
Boosters

- Guidance to determine individuals who are eligible to receive additional doses or boosters after receiving a complete vaccine series - last updated August 31, 2021

- [Interim Clinical Considerations for Use of COVID-19 Vaccines](https://www.cdc.gov/vaccines/acip/index.htm) | CDC
NHSN - Joining the TMF Group and Conferring rights.

• Allows us to view your data, BUT
• We cannot edit your data.
• The benefit is if/when you reach out to us for help with your data and/or a survey tag & fine, we can more quickly help you identify the potential issue.

• **Link: TMF Conferring rights**
NHSN FAQ #1

Q. How can I avoid a referral from CMS and possible fines?

A. Verify the data was entered correctly, every time.

Tip 1: Double check the numbers entered for accuracy prior to saving your work.

Tip 2: Make sure the data makes sense...
NHSN FAQ #1, continued

Tip 2: Make sure the data makes sense...

Example: Individuals reported as having received an additional dose or booster in question #5 cannot exceed eligible individuals in question #4

Tip 3: *Submit on time every week!*
NHSN FAQ #2

Q: Why did I get a fine for late vaccine reporting?

A1: Report the vaccine data for an entire week, **WITHIN** the week reporting (Monday 12:01am – Sunday 11:59pm), and

A2: Do it the same **day** of the week, and

A3: **Make any changes** with the next reporting week or first thing Monday morning.

• See: [QSO-21-19-NH Memo](#)
Q. Do I report vaccination status anywhere other than the Resident COVID-19 Vaccination Module?

A. YES. In the vaccination status in the Resident Impact and Facility Capacity - the vaccination status per vaccine only on residents with new positive tests.

Tip: The Resident COVID-19 Vaccination modules includes cumulative data since Dec 2020 on all residents who were at the facility at least one day of the week of data collection.
NHSN FAQ

Q: What if we’ve already had both people apply for Level 3 and no one can access the account?

A: The ‘work around’ is to set 1 of them up again as a ‘new user’ in SAMS with a new email address & new username.

Then that person can report.

When their Level 3 comes in, they could deactivate themselves with the 2nd email address/Level 1 access.
NHSN FAQ Example: Note: User ID and Email are modified

<table>
<thead>
<tr>
<th>NHSN User Tab fields</th>
<th>Profile 1</th>
<th>Profile 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>User ID</td>
<td>MMALONE</td>
<td>MMALONE2</td>
</tr>
<tr>
<td>First Name</td>
<td>Melody</td>
<td>Melody</td>
</tr>
<tr>
<td>Last Name</td>
<td>Malone</td>
<td>Malone</td>
</tr>
<tr>
<td>Phone</td>
<td>214-632-2238</td>
<td>214-632-2238</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:melody.malone@tmf.org">melody.malone@tmf.org</a></td>
<td><a href="mailto:melody2malone@gmail.com">melody2malone@gmail.com</a></td>
</tr>
</tbody>
</table>
NEW TMF Video

• **Fast Facts about the National Healthcare Safety Network, Part 1**
  › The differences in a Level 1 and 3 Facility,
  › The differences in a Level 1 and 3 User,
  › How to become a Level 3 User.
  › Q&As
  › Slides: [Fast Facts about the National Healthcare Safety Network, Part 1 - Presentation File](#)
NEW TMF Videos – Coming Soon

• Fast Facts about the National Healthcare Safety Network, Part 2

• Fast Facts about the National Healthcare Safety Network, Part 3

• Fast Facts about the National Healthcare Safety Network, Part 4

• Aug. 19 LTC Connect: NHSN Data Reports

• Slides: NHSN Data Reports Slides
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
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

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

• Question from last webinar
• Reminders
Previously Asked Question

How many days are recommended for staff to use a [facemask, N95 respirator, gloves, gown, face shield/goggles] PPE is intended to be single-use. Staff should change PPE each time they provide care to a different resident.

The CDC does provide exceptions for NFs in Contingency Capacity or Crisis Capacity.

There are currently no state-wide shortages of PPE in the state, so most NFs should not be under contingency or crisis capacity for PPE. (Cont. on next slide)
How many days are recommended for staff to use a [facemask, N95 respirator, gloves, gown, face shield/goggles] (cont.)

If a NF determines that they are under Contingency Crisis Capacity, the NF must document all efforts to obtain PPE.

The CDC provides guidance for PPE usage during Contingency Capacity and Crisis Capacity on the webpage, [General Optimization Strategies](#).
Reminders

Stop the Spread of COVID-19 in Texas NFs Webinar

HHSC Joint Training is hosting ‘Stop the Spread of COVID-19’ webinars to review infection prevention and control protocol and other protocol related to COVID-19

- Thursday, Sept. 9; 1:30 - 3 p.m
  Register for the webinar
- Tuesday, Sept. 14; 10 -11:30 a.m
  Register for the webinar

Email questions to Joint Training
Reminders

Quality in LTC Virtual Conference

HHSC and DSHS are hosting a free virtual quality in long-term care conference. Presentations will be available on the HHS Learning Portal through Dec. 31.

Speakers will discuss:

• Best practices in leadership, person-centered care and clinical practice
• Impacts of the COVID-19 pandemic and practices that will support staff, consumers and their families as we all navigate the “new normal”

Continuing education credit for multiple disciplines will be provided. For more information, email QLTCC@hhs.texas.gov
Reminders

**GovDelivery Alerts**
Don’t forget to sign up for GovDelivery alerts [https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new](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](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new) 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](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new).
Questions?

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

For more information:
Email: LTCRPolicy@hhs.Texas.gov
Phone: 512-438-3161
Why Get a COVID-19 Vaccine?

Information about COVID-19 Vaccines for Long-Term Care Residents and Their Family Members

Everyone Over 12 Can Get the Vaccine for Free

COVID-19 vaccination is recommended for everyone who is eligible. People 18 and older are eligible for any vaccine available in the U.S. The Pfizer vaccine is authorized for people 12 years and older.

What We Know About Vaccines and the Delta Variant of COVID-19

- COVID-19 vaccines are safe and effective against severe disease and death from COVID-19, including the Delta variant of COVID-19.
- COVID-19 vaccines do not give you COVID-19 disease.
- You may have side effects after vaccination. These are normal and should go away in a few days.
- COVID-19 infections are not common in people who are fully vaccinated, even infections from the Delta variant. Vaccinated people who get COVID-19 have less severe symptoms.
- Fully vaccinated people can spread the virus to others, but vaccinated people appear to be contagious for a shorter length of time than people who are unvaccinated.
- Even when fully vaccinated, people with weakened immune systems are at higher risk of getting COVID-19 and having more severe symptoms.


How to Get a Vaccine

COVID-19 vaccines are always free. You do not need health insurance to get a vaccine. Getting a vaccine is easy. You can look online, check with your pharmacy, call, or text to find a location close to you.
Look Online

Visit Vaccines.gov to find vaccines near you.

For help in Spanish, visit https://wa.link/z5kihm to find vaccine locations near you, learn how to get free rides and childcare for your vaccine appointment, and learn about the COVID-19 vaccine.

Register online at GetTheVaccine.dshs.texas.gov to get an email or text about when and where to get the vaccine.

Check with a Pharmacy

Check your local pharmacy’s website to see if vaccine appointments or walk-in appointments are available at cdc.gov/vaccines/covid-19/retail-pharmacy-program/participating-pharmacies.html.

Call for Vaccine Information

- Call the national vaccine finder hotline toll free at 1-800-232-0233 (TTY 1-888-720-7489).
- People who are homebound and groups of five or more Texans can call 1-844-90-TEXAS (1-844-908-3927) to schedule a vaccination visit from the State Mobile Vaccination Program.

Text for Vaccine Information

Text your ZIP code to the numbers below to find a vaccine, childcare, and free rides to clinics.

- GETVAX (438829) for English
- VACUNA (822862) for Spanish

Concerns About Getting Vaccinated?

It’s okay to have concerns. If you are hesitant to get vaccinated, talk to your doctor about your concerns. You can also get credible and accurate COVID-19 vaccine information at cdc.gov/coronavirus/2019-ncov/vaccines/facts.html.

About the Long-Term Care Ombudsman Program

Long-term care ombudsmen are advocates for residents’ rights. Ombudsmen help protect the quality of life and quality of care of anyone who lives in a nursing facility or an assisted living facility. Contact an ombudsman by calling 1-800-252-2412 or emailing ltc.ombudsman@hhs.texas.gov.