



Coronavirus (COVID-19)
In-Patient Hospice
Weekly Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic and directed state agencies to restrict visitation at certain long-term care facilities, including in-patient hospices, to protect those most vulnerable to COVID-19. In addition, the Centers for Medicare and Medicaid Services (CMS) [directed](#) all in-patient hospice facilities to restrict visitation and limit access to all but those providing essential services.

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

With each update, this FAQ will be arranged by date, and if guidance changes from a previous week's FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

April 13 - April 17, 2020

Can social worker and chaplain reports be conducted via chat/audio/video using the in-patient hospice nurse or the long-term care nurse working for the facility?

Answer: Yes. These services can be provided via telecommunications.

Should an in-patient hospice use telehealth only if the patient has answered yes to one of the screening questions?

Answer: Any visit that can be conducted via telehealth should be in the important effort to prevent the spread of COVID-19.

Are vendors that inspect, test, and maintain fire systems considered essential and be granted entry into an in-patient hospice facility?

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

How do in-patient hospice providers report confirmed cases of COVID-19?

Answer: In-patient hospices must report confirmed cases to their local health department or the Department of State Health Services (DSHS) if there is no local

health department. Home and community support services agencies, including in-patient hospices, are exempt from critical incident reporting of cases of confirmed COVID-19 to HHSC.

When should masks be worn in an in-patient hospice facility?

Answer: Anyone with a confirmed or possible case of COVID-19 should wear a facemask if in the same room with another person. Healthcare personnel or other caregivers should wear an N95 respirator mask (or facemasks, if respirators are not available) when caring for patients with COVID-19.

What should I do if my supply of facemasks is running low?

Answer: Restrict the use of facemasks to caregivers and to symptomatic persons. (If necessary, restrict to healthcare personnel and other caregivers only). See additional CDC guidelines: [Strategies for Optimizing the Use of Facemasks](#).

How do in-patient hospice facilities get personal protective equipment (PPE)?

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

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

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

Other helpful resources include:

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

- The 22 Regional Advisory Council (RACs) in Texas, each of which is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.

Is family allowed to visit in-patient hospice patients?

Answer: Family members and loved ones of patients at the end of life are permitted to visit them in an in-patient hospice facility as long as they do not meet any of the screening criteria for COVID-19. This exception does not apply to all patients in an in-patient hospice, but only to those whose death is imminent.

Facilities should decide on a case-by-case basis when a patient’s death is imminent and follow CMS and CDC guidance for visitation, including appropriate isolation practices. See [QSO-20-14-NH](#) and [CDC guidance](#). [Provider letter 20-17](#) provided guidance for providers that explains screening criteria, infection control and prohibition of visitors, along with links to resources such as HHSC, DSHS, and the CDC. <https://apps.hhs.texas.gov/providers/communications/2020/letters/PL2020-17.pdf>

Is there a checklist for COVID-19 for long-term care facilities that might be helpful to inpatient hospices?

Answer: Yes. The CDC has issued updated guidance for preventing the spread of COVID-19 in long-term care facilities, which includes a preparedness checklist.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

If a patient with confirmed or suspected COVID-19 is being transferred to an in-patient hospice facility from another health care facility, does the transferring facility have to inform the in-patient hospice facility?

Answer: Yes, the transferring facility must inform the in-patient hospice facility that the patient is suspected or known to have COVID-19. The hospice facility should explicitly confirm with the transferring facility whether the patient is suspected or known to have COVID-19 and take all appropriate precautions.

Where do program providers go for COVID-19 information?

Answer: Reliable sources of information include:

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