



Assisted Living Facility

Frequently Asked Questions

Updated: July 11, 2022

General FAQs regarding ALFs

Coronavirus (COVID-19)

On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. Governor Abbott also directed state agencies to restrict visitors to assisted living facilities (ALFs) and other long-term care facilities to protect those most vulnerable to COVID-19 infection.

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

If guidance changes from a previous FAQs, all changes will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulation, Policy, Rules & Training, at 512-438-3161 or LTCRPolicy@hhs.texas.gov.

Now that the emergency rules have expired, please remember that visitation is a resident right. In addition, an ALF must develop their own policies and procedures regarding masks, social distancing guidelines and additional protocols for PPE. The facility is responsible for all infection control protocols in [section 553.261\(f\)](#) to ensure the health and safety of the residents as the pandemic continues. The facility should use CDC guidance to assist them in

developing their protocols.

Governor Abbott's Order GA-36 impacts ALF facilities in what ways?

Answer: The order prohibits HHSC from mandating masks in ALFs; however, a facility must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the resident must wear a face mask, face covering, or appropriate PPE. [COVID 19 Cases Rise Guidance for LTC Providers](#) has additional information.

COVID Quarantine/Isolation

What are the current CDC quarantine recommendations?

Answer: The CDC has provided updated guidance for [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 Infection](#) and the [Quarantine and Isolation](#) guidelines.

What is the Duration of Transmission-Based Precautions?

Answer: A symptom-based strategy for discontinuing Transmission-Based Precautions is preferred in most clinical situations.

[The criteria for the symptom-based strategy are:](#)

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

- At least 10 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**
- Symptoms (e.g., cough, shortness of breath) have improved.

Residents who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):

- At least 10 days have passed since the date of their first positive viral diagnostic test.

Residents with [severe to critical illness](#) or who are **NOT [moderately to severely immunocompromised](#):**

- At least 10 days and up to 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**
- Symptoms (e.g., cough, shortness of breath) have improved.
- Consider consultation with infection control experts.

A test-based strategy could be considered for some residents (e.g., those who are [moderately to severely immunocompromised](#)) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days.

The criteria for the **test-based** strategy are:

Residents 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 respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT.

Residents who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT.

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current COVID-19 infection for a resident with suspected COVID-19 infection can be made based upon having negative results from at least one respiratory specimen tested using an FDA-authorized [COVID-19 viral test](#).

- If a higher level of clinical suspicion for COVID-19 infection exists, consider maintaining Transmission-Based Precautions and performing a second test for COVID-19.
- If a resident suspected of having COVID-19 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made using the *symptom-based strategy*.

Ultimately, clinical judgement and suspicion of COVID-19 infection determine whether to continue or discontinue empiric Transmission-Based

Precautions.

What is the CDC recommendation for quarantine and isolation?

Answer: Per the CDC, **quarantine** is a strategy used to prevent transmission of COVID-19 by keeping people who have been in [close contact](#) with someone with COVID-19 apart from others. **Isolation** is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, or wear a [well-fitting mask](#) when they need to be around others. Please refer to the CDC guidance has been updated on the [Quarantine and Isolation](#) page.

Do I have to automatically quarantine new residents?

Answer: According to the CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread](#), all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission. Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection: immediately and, if negative, again 5-7 days after their admission.

Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.

Can a facility admit a COVID positive resident?

Answer: Yes, a facility can admit a COVID positive resident if the facility is able to provide appropriate care for the resident. The facility should create a plan for managing new admissions and readmissions when admitting new residents that aligns with the CDC guidance on [New Admissions and Residents who Leave the Facility](#).

Do residents who are not up to date with their COVID vaccine have to physically distance themselves from other residents?

Answer: There is not a rule that requires physical distancing, although it is recommended to decrease virus transmission. Per the CDC, residents who are not up to date with all recommended COVID vaccine doses should physically distance themselves from other residents when feasible space is available.

COVID Reporting

If a facility has a confirmed COVID-19 case, does the corporate office report it to the local health department in the county of the corporate office or that of the facility?

Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county where the facility is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc. [PL 21-04](#) has the most current requirements.

If a facility has a new reportable COVID-19 positive case, and has not reported a COVID-19 positive case to HHSC within the past 14 days, the facility must:

- report the case to HHSC CII using one of these three methods: the Texas Unified Licensure Information Portal (TULIP), by email to ciicomplaints@hhsc.state.tx.us or by calling 1-800-458- 9858 within 24 hours of the confirmed positive result; and
- complete and submit Form 3613-A Provider Investigation Report within five working days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:
 - via TULIP
 - by email to ciiprovider@hhsc.state.tx.us; or
 - by fax to 877-438-5827.

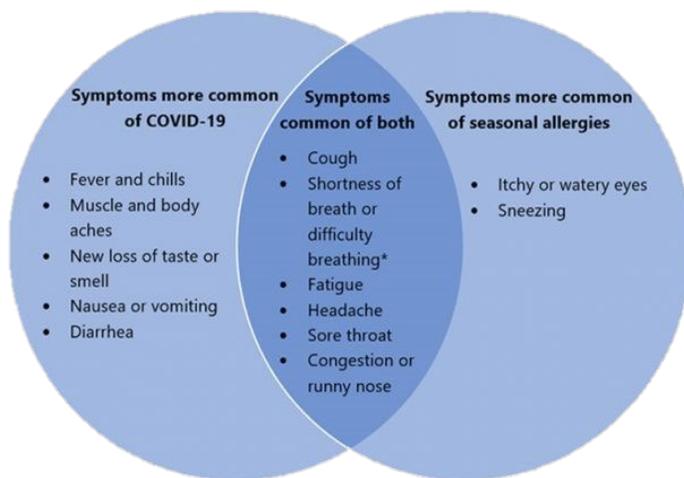
COVID-19 Screening

Can a facility discontinue screening and or screening logs?

Answer: The facility must continue to screen. The requirement for documentation (screening logs) has been removed therefore a facility is not required to document the screening. (See 553.001)

Are there any differences in symptoms between COVID infection and seasonal allergies?

Answer: Yes. COVID-19 and seasonal allergies share many symptoms, but there are key differences between the two. The image in the diagram below compares symptoms caused by seasonal allergies and those caused by COVID-19. Use of this diagram may be helpful when screening people entering a facility. Also keep in mind that people with seasonal allergies often have a history of seasonal allergies, and this is something you may want to ask them about when screening. In some cases, it may be difficult to tell the difference between allergies and COVID-19 symptoms, and a person may need to get a COVID-19 test to confirm the person's diagnosis.



How long does a facility need to keep screening logs and documentation?

Answer: The April 3, 2022, update to §553.2001 removed the requirement to maintain screening logs.

Personal Protective Equipment (PPE)

All facilities must follow their infection control policies and procedures in the [§553.261\(f\)](#). The information in this section is provided from the CDC and is here for your reference.

Can staff wear masks and face shields when caring for positive and or unknown residents if they have not been fit-tested for an N95?

Answer: When used solely for source control, any of the options listed below could be used for an entire shift unless they become soiled, damaged, or hard to breathe through.

Source control options for HCP include:

- A NIOSH-approved N95 or equivalent or higher-level respirator; OR
- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated); OR
- A well-fitting facemask.

Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for residents, regardless of their vaccination status.

Certain circumstances may arise that allow staff to wear alternative supplies that can be found on the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

Are staff required to wear masks?

Answer: All facilities must have policies and procedures regarding infection control measures and may utilize CDC guidance to determine when masks should be used. HHSC does not have a rule requiring mask usage but does have a requirement for facilities to create and follow their own infection control policies and procedures.

What Personal Protective Equipment is required for a positive resident?

Answer: HCP who enter the room of a resident with suspected or confirmed COVID-19 infection should adhere to [Standard Precautions](#) and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

How does a person put on (don) and take off (doff) PPE gear?

Answer: More than one donning and doffing method may be acceptable. The CDC provides guidance on [how to properly don and off PPE gear](#) and the [sequence for putting on PPE](#).

How do ALFs 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, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you cannot get PPE from vendors 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.

Providers who are having difficulty getting PPE should follow national guidelines for optimizing their current supply of PPE 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, providers should document their attempts to obtain it to present to HHSC surveyors if requested.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

Resources:

- [State of Texas Assistance Request \(STAR\)](#)
- [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/>

What if an ALF cannot find someone to perform fit tests for the N95 respirators?

Answer: Guidance from the CDC regarding N95 respirators states respirators

should be fit-tested. The CDC also acknowledges that a fit test may not always be possible during the COVID-19 pandemic. [Proper Respirator Use for Respiratory Protection Preparedness is available from the CDC.](#) Some manufacturer(s) of N95 respirators produce video guidance for training employees to properly fit the and perform user seal checks for their equipment. [One such video was created by 3M.](#) The Occupational Safety and Health Administration (OSHA) also has a [Respirator Fit Testing Video](#) available if fit-testing is unavailable. If an ALF is unable to get its staff fit-tested and decides to use the N95 respirators, document that the ALF tried to obtain test kits or a testing specialist to perform fit tests and was not able to, and the specific steps the ALF took to train the employees to fit the masks properly.

OSHA's [Respiratory Protection eTool](#) is another resource available to ALFs for N95 respirator and fit-testing information and resources.

Do we need to use biohazard bags for disposal of PPE (e.g., gown, gloves, masks)?

Answer: Trash from COVID-19 positive resident rooms should be handled as regular trash.

- All trash should be handled with gloves.
- Regular trash, including trash from residents in all types of transmission-based precautions, is not biohazardous waste.

Essential Caregiver

<Updated> Essential Caregivers and facilities must follow [Chapter 570 Subchapter B](#) of the Long Term Care provider rules during a public health emergency or disaster.

General Visitation

Per resident rights, facilities cannot restrict visitors. Each resident in the facility has the right to privacy while attending to personal needs and a private place for receiving visitors or associating with other residents, unless providing privacy would infringe on the rights of other residents.

Initiative for free distribution of Antigen Testing

Is a county positivity rate tied to ALF testing?

Answer: The county positivity rate is not mandatorily tied to ALF testing. However, the ALF can use the county positivity rate to guide its testing policies and strategies.

How does the initiative for free distribution of antigen test kits for essential caregiver's work?

Answer: [PL 2020-49 \(Revised\)](#) has been revised to expand the availability of free BinaxNOW COVID-19 point of care (POC) antigen test 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. This letter describes the process to request distribution of a limited number of free BinaxNOW COVID-19 POC antigen test kits. Providers can apply for BinaxNOW COVID-19 POC antigen test kits until supplies are exhausted.

To request consideration for the free BinaxNOW POC antigen COVID-19 test kits, a facility must complete the Attestation for Free Test Kits, [LTCR Form 2198](#). An ALF must submit the completed attestation to the HHSC Regional Director or designee for the region in which the provider is located. To request consideration for the free test kits for essential caregivers, a HCSSA must submit the completed attestation to the HHSC Regional Director or designee in the region in which the in resident hospice unit is located. To request consideration for the free test kits for HCSSA staff going into an ALF must submit the completed attestation to the HHSC Regional Director or designee where the ALF 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

Can facilities use any of the antigen tests?

Answer: Any type of approved consumer test for COVID-19 can be used, or a facility can require documentation of a negative test taken elsewhere.

Where can I find information on reporting Point of care Antigen results?

Answer: HHSC has published [Provider Letter 20-46 Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing \(PDF\)](#) for NFs and

ALFs. PL 20-46 outlines responsibilities related to reporting COVID-19 test results for providers conducting point-of-care antigen tests within their facilities. This letter is not intended for use by providers that do not conduct COVID-19 POC tests within their facility. Providers that do not conduct COVID-19 POC tests within their facility may refer to [PL 20-37](#).

CLIA Waivers

Where can I find the latest CLIA Guidance During the COVID-19 Emergency?

Answer: The updated FAQs for CLIA Guidance During the COVID-19 Emergency can be found on the CMS website under the [CLIA FAQs](#).

Where do I send my CLIA waiver request and questions?

Answer: If you have any questions about the application process, please call your [CLIA zone office \(PDF\)](#). Please forward completed documents to your appropriate CLIA zone office in order for your CLIA application to be accepted and processed. Your application will not be processed until all requested information is received and approved by this office.

How much will the CLIA waiver cost?

Answer: Do not send CLIA fee payments with the initial application. After an initial application has been received by the Health Facility Compliance zone office and a CLIA number has been assigned, a facility will receive a fee coupon with which to submit a fee payment. For more information, see the Centers for Medicare and Medicaid Services, [CLIA Certificate Fee Schedule](#).

What information is required for a CLIA certificate?

Answer: The information required for a CLIA Certificate includes:

For section I, General Information with the facility name, federal tax ID number, email address, telephone and fax numbers, facility address (physical location), and a mailing/ billing address. Then select the desired send fee coupon to this address, send certificate to this address, and fill in corporate address if necessary. Fill in the name of the director along with their credentials.

For section II, Type of Certificate requested, you will select "Certificate of Waiver."

For section III, you will need to select 04 for Assisted Living Facility.

For section IV, you will need to fill out the times you are planning by start and end each day or simply check the 24-hour box.

For section V, if your facility has multiple sites, you will need to determine if the certificate is to cover a single site or multiple ones. If the desired certificate is for a single, select no, and go to the next section. If yes, then you will need to answer:

- Is this a laboratory that is not at a fixed location?
- Is this a not-for-profit or federal, state or local government laboratory?
- Is this a hospital with several laboratories located at contiguous buildings?

For section VI, you will need to identify the waived testing (to be) performed and be as specific as possible.

If you are only applying for a Certificate of Waiver you can skip to section IX.

For section IX, Type of control, you will need to select if you are a voluntary nonprofit type, for profit or government type.

For section X, Director affiliation with other laboratories, you will need to disclose other CLIA numbers that the director is associated with along with the names of those laboratories.

After filling out all the applicable sections, review the "Attention: Read the following carefully before signing the application" section. Once the form is filled out you agree to everything on the form, sign it and then it must be sent to your local State Agency. Do not send any payment with your completed application. For more detailed information on instructions for how to complete this for please refer to page 6 of the [CMS-116](#) or the [quick start guide](#).

The CLIA application is used for a variety of services. ALFs requesting a CLIA waiver in order to provide COVID-19 testing should indicate this in Section VI of the form. The form asks for the facility name, physical address, type of certification requested (CLIA waiver), and the type of facility requesting the information. There are also specific instructions relating to which sections the facility needs to fill out and how to do so.

<https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

Staff

What is the current CDC guidance on staffing?

Answer: The CDC's [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) details guidance for providers to determine the duration of staff restrictions based on infection and exposure. Follow the Conventional, Contingency, and Crisis columns on the provided table where applicable.

Can asymptomatic staff continue to work?

Answer: Asymptomatic staff who are up to date on their vaccinations can continue to work and have no work restrictions. Staff who are not up-to-date have to follow the Conventional, Contingency, and Crisis chart for facilities found on the [CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) depending on each individual facility's staffing ability.

What are the CDC recommendations for health-care personnel who require a TB test?

Answer: Refer to [PL 2020-25](#) for guidance.

Can the updated CDC guidance for shortened quarantine timeline apply to staff?

Answer: Yes, it can. The criteria for when an employee may return to work depends on if the employee has symptoms of COVID-19 or has been diagnosed with COVID-19 and is in isolation, or if the employee has been exposed to COVID-19 and requires quarantine. Follow the CDC's [Return to Work Criteria](#) for more guidance.

Vaccinations

<Updated>Are vaccines required?

Answer: The COVID-19 vaccine cannot be mandated as described by executive order GA-39 on August 25, 2021, by Governor Greg Abbott.

What are the CDC Recommendations on how to Stay Up to Date and Fully Vaccinated?

Answer: As of June 19, 2022, the CDC recommends that you are up to date with your COVID-19 vaccines when you have followed the current

recommendations listed on the [Stay Up to Date with Your COVID-19 Vaccines page](#).

You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

- Vaccine recommendations are different depending on your age, the vaccine you first received, and time since last dose, [as shown below](#).
- Learn more about [COVID-19 vaccine recommendations specifically for people who are moderately or severely immunocompromised](#).

[For Adults ages 18 years and older:](#)

Pfizer-BioNTech Primary Series:

2 doses of Pfizer-BioNTech given 3–8 weeks apart [\[1\]](#)

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you

Moderna Primary Series:

2 doses of Moderna given 4–8 weeks apart [\[1\]](#)

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you

Johnson & Johnson's Janssen Primary Series:

1 dose of Johnson & Johnson's Janssen

Fully Vaccinated: 2 weeks after vaccination

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 2 months after a J&J/Janssen COVID-19 vaccine

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you

The CDC has their own [Frequently Asked Questions about COVID-19 Vaccination](#) web page.

[Pfizer-BioNTech COVID-19 Vaccine \(also known as COMIRNATY\) Overview and Safety](#)

Where can I find information about the Bamlanivimab therapy?

Answer: Bamlanivimab is a neutralizing antibody drug, which means it contains man-made antibodies similar to the antibodies of residents who recovered from COVID-19. Scientists think these antibodies may help limit the amount of COVID-19 virus in a person's body. This could give a person's body more time to learn how to make its own antibodies.

HHSC LTCR and DSHS encourage LTC providers to contact the State Infusion Hotline at 1-800-742-5990 to request infusions of monoclonal antibodies and a medical team at their facility. LTC providers set up to provide infusions can

also request immediate delivery of monoclonal antibody therapeutics to their facility.

Read the [letter \(PDF\)](#) for details and additional monoclonal antibody resources.

<Updated> Can a facility place a new resident with a COVID-19 negative test in a semi-private room with a current resident who is COVID negative and has had the second vaccine?

Answer: In general, quarantine is no longer recommended for fully vaccinated residents with following [close contact](#) to COVID-19 or those residents who have had COVID-19 infection in the prior 90 days. [Updated quarantine recommendations for fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection to align with recommendations more closely for the community.](#)

Are there any concerns related to interactions between the TB tests and COVID-19 vaccines?

Answer: No, TB screening should not be delayed for people with risk factors for TB who have been vaccinated against COVID-19. The Centers for Disease Control and Prevention (CDC) has information about TB screening practices and the COVID-19 vaccine.

It is recommended that those in charge of TB screening visit the CDC website periodically for any updates regarding TB screening practices. When considering the impact of TB in your area, please consult with your regional or local health department (R/LHD). Report suspected and confirmed TB infections to your R/LHD.

Is it safe to give the vaccine to residents or staff who are COVID positive?

Answer: The CDC recommends the vaccination be offered to persons who previously had symptomatic or asymptomatic COVID-19 infection. If a person has received the first dose then becomes COVID positive, the recipient can still get the second dose once they are free of COVID-like symptoms and have recovered. There is no minimal interval between infection and vaccination.

Is it safe to give the vaccine to residents or staff who have recovered from COVID?

Answer: The vaccination can be safely offered to persons regardless of history of prior symptomatic or asymptomatic COVID-19 infection.

What should the resident do if he or she has an allergic reaction?

Answer: If the resident has an immediate allergic reaction — even if it was not severe — to any ingredient in an mRNA COVID-19 vaccine, the Centers for Disease Control and Prevention (CDC) recommends he or she should *not* get either of the currently available mRNA COVID-19 vaccines. If the resident had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, they should *not* get the second dose. The resident's doctor can refer the resident to a specialist in allergies and immunology to provide more care or advice.

<Updated> Where can I find the Long-Term Care Facility Tool Kit for vaccinations?

Answer: The link for [COVID-19 Vaccines for Long-term Care Residents](#) has been updated June 19 , 2022 with information a facility needs to be prepared for the COVID vaccination.

Does the choice of receiving the vaccine extend to residents with dementia?

Answer: If the resident can express his or her wishes, then a decision should not be made over the resident's objections to receive or decline the vaccine. This situation should be addressed on a case-by-case basis.

Can a person get a shingles vaccine in-between the COVID-19 vaccine shots?

Answer: Per DSHS guidance, there are no contraindications for other vaccines with the COVID-19 vaccines.

If someone has already recovered from COVID-19, should they still get the COVID-19 vaccine?

Answer: Yes. The CDC recommends that due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, vaccine should be offered regardless of whether a resident already had COVID-19 infection. Immunity from the COVID-19 vaccine may last longer than the natural immunity received through contracting COVID-19.

People who currently have COVID-19 should not be vaccinated while being sick.

What are the requirements necessary to be a vaccine provider?

Answer: A "licensed signing clinician" will be required to enroll in the COVID-19 Vaccine Program. Licensed signing clinicians include medical doctors, nurse practitioners, and advanced practice nurses, among others.

Any medical professional is eligible to administer the COVID-19 vaccine, including but not limited to licensed nurses, medical assistants, emergency medical services (including paramedics or EMTs), or staff members granted authority to vaccinate by a signing clinician.

For additional guidance for PREP Act coverage for qualified technicians and pharmacy interns for COVID-19 vaccines, visit the [COVID-19 Vaccine Emergency Use Authorization \(EUA\) Fact Sheets page](#) (CDC).

What is the COVID-19 Vaccine Provider hotline?

Answer: If you have any questions or concerns, please call the DSHS Vaccine Provider hotline at 877-835-7750. The COVID-19 hotline hours of operation are 8 a.m. to 5 p.m., Monday through Friday. You may also email COVID19VacEnroll@dshs.texas.gov.

If a resident refuses a COVID-19 vaccine, can the facility discharge the resident?

Answer: No, the facility cannot discharge a resident because the resident refuses the COVID-19 vaccine. [26 TAC §553.267\(a\)](#) ensures that the resident has the right to make his or her own choices regarding personal affairs, care, benefits, and services.

Who has authority to consent for a resident to receive a vaccine?

Answer: The resident or resident's legally authorized representative (LAR), as applicable, has the authority to consent for the resident to receive a vaccine.

If a resident is unable to consent to receive a vaccine and has no LAR, can an ALF manager make the decision to administer the vaccine to the resident?

Answer: No. If residents are unable to participate in their medical care, including consenting to a vaccine, they must have a LAR make a decision on their behalf.

Resources

A [COVID-19 Healthcare Planning Checklist](#) is available to assist you

with creating a plan for dealing with an outbreak of flu or COVID-19.
How can I sign up for email alerts from the Texas Health and Human Services Commission?

Answer: Please visit the following link and select the topics you are interested in receiving alerts for:

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

Where do ALF 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](#)

Where can I find current up-to-date information on outbreaks, trends, and information on COVID cases in the state?

Answer: DSHS has created a [COVID-19 Dashboard](#) which provides data which are updated daily and include datasets such as:

- Number of Cases per County
- Fatalities over Time by County
- Estimated Cases over Time by County
- Cumulative Tests over Time by County
- COVID-19 Hospitalizations over Time by Trauma Service Area (TSA)
- COVID-19 Outbreaks in Long-term Care Facilities
- U.S. Cases, Date and Surveillance
- COVID-19 Forecast (National and State)

Where can I find available information on facemasks and respirators?

Answer: HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](#).

Where can we go to find the most up-to-date guidance and information from HHSC about the COVID-19 pandemic? Can we share COVID-19 information from HHSC with residents and family?

Answer: HHSC has created a document called the Texas Health and Human Services [COVID-19 Response Plan](#) for Assisted Living Facilities. This document is available on the HHSC [home page](#) for assisted living facilities at the link titled, "COVID-19 Response Plans for ALFs." It is updated as

information and guidance changes, as this pandemic is an ever-evolving situation. You are welcome and encouraged to share this and any other general information and guidance HHSC puts forth regarding COVID-19.

Which products are the most effective for disinfecting and sanitizing surfaces to prevent the spread of COVID-19?

Answer: The CDC maintains a list, called List N, of products that meet the EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19. The EPA updates the list with additional products as needed. You can download List N here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

[For a list of past webinar recordings and slides please view the Webinars header on the ALF Provider Portal](#)