



Home and Community-based Services and Texas Home Living Programs: COVID-19 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 HCS and TxHmL program providers via this updated Frequently Asked Questions (FAQs) document.

This FAQ document was revised on June 24, 2022.

With each update, new FAQs will be added. If guidance changes, it will be identified as revised. Questions regarding these FAQs can be directed to Long-term Care Regulation Policy and Rules at 512-438-3161 or LTCRPolicy@hhs.texas.gov. It is recommended that the e-mail contain "HCS" or "TxHmL" in the subject line.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 (coronavirus) among individuals receiving services and staff members. The guidance provided is based on requirements governing Home and Community-based Services (HCS) and Texas Home Living (TxHmL) in [40 Texas Administrative Code \(TAC\), Chapter 9](#), as well as best practice and Centers for Disease Control and Prevention (CDC) recommendations.

All HCS and TxHmL program 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](#)

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Visitation

What are the visitation options?

[The HCS COVID-19 Provider Response to COVID and Expansion of Reopening Visitation Rules expired on June, 16, 2022. HHSC adopted rules related to essential caregivers, religious counselors, and end of life visits. A program provider can find more information about these rules in [26 TAC §570](#) and as outlined in PL 2022-XX.

Additionally, program providers may utilize a variety of resources to develop policies and procedures in order to continue to allow visitation in the HCS residence, including DSHS and CDC websites.]

Is a program provider required to offer visitation in an HCS residence?

Yes. [In accordance with [26 TAC §570.711](#), a program provider must permit the following:

- essential caregiver visits;
- religious counselor visits 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.]

Essential Caregivers

[What are the expectations of a program provider in order to permit essential caregiver visits?

The program provider must develop visitation policy that:

- permits an essential caregiver to visit the individual at least two hours each day;
- enables physical contact between the individual and the essential caregiver; and
- consists of safety protocols for essential caregiver visits.]

Who can be an essential caregiver?

[An essential caregiver is a family member, friend, volunteer, or other person designated for in-person visits by an individual or the individual's legally authorized representative (LAR). In accordance with [26 TAC §570.713\(a\)](#), an individual or LAR can choose at least one essential caregiver. The essential caregiver will need to follow [the program providers policies and procedures for essential caregivers.]

Does the program provider need to meet any criteria before allowing essential caregivers visitations?

No. A program provider must allow essential caregivers, [religious counselors,] and end- of-life visits for all individuals regardless of the individual's COVID status [in accordance with [26 TAC §570.711.](#)]

What kind of training does the program provider have to give the essential caregiver?

Essential caregiver training should include proper PPE use, infection control, hand hygiene and cough/sneeze etiquette. The provider can use the [Infection Control Basics & PPE Training for Essential Caregivers](#) located on the [HCS Provider Portal page](#) under the COVID-19 Resources accordion as a training resource.

[Can the program provider revoke an essential caregiver's designation?

Yes. In accordance with [26 TAC §570.713\(g\)](#), a program provider may revoke an essential caregiver designation for violating the program provider's safety protocols.]

[Can an essential caregiver appeal the program provider's decision to revoke the essential caregiver designation?

Yes. within 24 hours after the revocation, the program provider must inform the individual or the individual's legally authorized representative, 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; and

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

Surveys and Residential Visits

Will program providers receive notification prior to a recertification survey?

HHSC LTCR HCS/TxHmL surveyors are continuing to provide a courtesy notification regarding upcoming recertification surveys when it is feasible to do so. However, providers remain responsible for ensuring that they submit to HHSC all required certification and recertification documentation.

What happens if a surveyor is denied access to a HH/CC residence?

If an HH/CC service provider refuses to allow a surveyor to enter the residence, the surveyor will coordinate with the program provider to discuss infection control procedures to allow for a safe entry into the residence. Per 40 TAC Chapter 49 requirements, a program provider must allow HHSC staff access to all individuals and service locations.

Will providers need to provide PPE to HHSC surveyors?

HHSC will supply its surveyors with appropriate PPE for the specific situation. Surveyors will follow infection control guidelines while on site. Program provider staff who are present for a certification, recertification or survey must follow their infection control policies and wear appropriate PPE as necessary.

Individuals Leaving the Residence

Can an individual leave the residence to participate in activities (family visits, day outings, day habilitation, work, competitive employment, etc.)?

The individual can leave the residence to participate in activities regardless of whether the individual has received the COVID-19 vaccine. However, the provider should educate the individual about infection control and prevention procedures, including:

- performing hand hygiene,
- cough and sneeze etiquette,
- physical distancing (in accordance with CDC guidance),
- being aware of others who might, or actually have, COVID-19, and
- reporting to the providers any contact with others who might, or actually have, COVID-19.

A program provider cannot prohibit an individual who lives in the residence to return.

The program provider must facilitate the individual's participation in external day habilitation if the individual wants to participate. The program provider documents the individual's decision to return to outside day habilitation and educate the individual about infection control, hand hygiene, and physical distancing.

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

A provider [must not] quarantine an individual [receiving HCS program services].

Can an individual who is COVID-19 positive be restricted from activities outside the residence?

If an individual tests positive for COVID-19, he or she is highly encouraged to follow all isolation recommendations from his or her physician, local public health authority, Department of State Health Services (DSHS), and the CDC to reduce the risk of spread.

Program providers should provide education and training on infection control procedures. If an individual refuses to comply with doctor's orders, an SPT meeting can be held to discuss how to meet the health and safety needs of the individual. The program provider should document the additional training and support provided to the individual to maintain proper isolation.

Can a program provider restrict individuals from attending day habilitation? What if an individual requests to attend day habilitation, is the individual allowed to go?

A program provider cannot restrict an individual from attending a day habilitation if the individual chooses to attend.

Can an individual attend day habilitation if they have not received the COVID-19 vaccine?

Regardless of the individual's COVID-19 vaccination status, an individual can attend day habilitation if they would like to do so.

If an individual has received the complete COVID-19 vaccine series and leaves the residence for an overnight trip, does their vaccination status change?

No, leaving the residence does not change an individual's vaccination status

Testing

How do providers request COVID-19 Point of Care Antigen Test Kits?

All 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 \(PDF\)](#).

[What if a program provider does not have a CLIA waiver?

The process for requesting Testing Supplies for program providers without a CLIA Waiver are available in [PL 2022-09.](#)]

Infection Control

What is the minimum cleaning schedule for a residence?

[HHSC recommends a program provider develop and implement a policies and procedures that require a cleaning and disinfecting schedule for the residence. A program provider can routinely review updated guidance recommended by the CDC and DSHS. The program provider should schedule visits to allow adequate time for sanitation.]

[What kind of infection control policies should a program provider have?

In accordance with 40 TAC §9.198 Program Provider Response to COVID-19 Emergency Rule, program providers must develop and implement an infection control policy to prevent the spread of COVID-19 that:

- prescribes a cleaning and disinfecting schedule for the residence, including high-touch areas and any equipment used to care for more than one individual;
- is updated to reflect current CDC or Texas Department of State Health Services guidance;
- may include the use of face masks;
- includes screening procedures for staff, visitors, and individuals;
- includes strategies for staff to provide services to individuals who have tested positive for COVID-19;
- includes strategies for a service provider at a host home, three-person or four-person residence, or a staff member at a respite or Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB) to return to work when they have a confirmed or probable COVID-19 diagnosis; and
- is revised if a shortcoming is identified.]

Personal Protective Equipment - Supplies

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

Program 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, or Healthcare Coalition.

Additionally, program providers can obtain and request emergency support guidance by linking to [LTC Providers May Request COVID-19 Emergency Support | Texas Health and Human Services](#). Program providers can request support for the following:

- COVID-19 mobile vaccine clinics for residents and staff
- BinaxNow testing kits.
- PPE (providers should exhaust all other options before request)
- Facility cleaning and disinfection
- 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 staff are responsible for initiating a State of Texas Assistance Request (STAR) on behalf of the long-term care provider.

If a program provider cannot get PPE from the usual vendor(s) and have exhausted all other options, contact the Regional Advisory Council for its service area. Additionally, the [Texas Division of Emergency Management \(TDEM\)](#) may be able to assist. A program provider can request PPE through TDEM's State of Texas Assistance Request (STAR) program. The [STAR User Guide](#) provides instructions for submitting a request.

How much PPE should a program provider have on hand when an outbreak occurs?

HHSC recommends a program provider maintain at least a two-week supply of PPE at all times. Shortages of PPE can happen at any time, so agencies should be mindful to conserve supplies when possible.

What is the program provider's responsibility for ensuring HH/CC residences have PPE?

HHSC recommends that the HH/CC have PPE available, but it is not the program provider's responsibility to provide PPE.

Personal Protective Equipment - Use

What do you mean by full PPE?

[Full PPE means gloves, gown, mask or respirator, and face shield or goggles as recommended by the CDC. If caring for an individual with COVID-19, the [CDC](#) recommends wearing an N95 respirator in lieu of a mask.]

When should staff wear full PPE?

HHSC recommends staff wear full PPE when caring for an individual who has tested positive for COVID-19 as recommended by the CDC, even if the individual is asymptomatic.

Is a cloth mask considered PPE?

Per [CDC guidance](#), a cloth facemask is not considered PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.

In the absence of N95 respirator availability, can KN95 respirators be used in the care of individuals 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 [here](#).

Do individuals living in any HCS residence need to wear a mask when not in their bedrooms?

[HHSC recommends] a program provider must educate individuals on infection prevention, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette. Also, a program provider must encourage physical distancing according to CDC guidance.

Are host home/companion care providers are required to wear a mask in the residence?

[No. However, HHSC recommends HH/CC providers wear appropriate PPE as defined by CDC if providing care to an individual with COVID-19.]

If individuals and staff are attending events in the public, are masks required?

Program providers are encouraged to follow [CDC](#) recommendations regarding the use of face masks when attending public events



Do TxHmL individuals need to be screened during each service date?

Yes. Service providers must screen individuals before providing services in accordance with 40 TAC §9.597(c)(3). If the individual fails screening, the service provider must not provide services and must immediately notify the program provider.

Screening criteria are as follows:

- fever, defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea;
- any other signs and symptoms as outlined by [CDC in Symptoms of Coronavirus](#);
- contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, regardless of whether the person is fully vaccinated, unless the visitor is seeking entry to provide critical assistance, or
- testing positive for COVID-19 in the last 10 days.

Who is required to wear a mask in an Own Home/Family Home setting?

If non-members of the household are coming in and out, they should be encouraged to follow [CDC guidance related to health care workers](#).

Per 40 TAC §9.597(e)(1), a program provider must educate staff and individuals on infection prevention as recommended by the CDC, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette.

What is the reporting criteria for TxHmL program providers?

According to rule 40 TAC §9.597(d), a program provider is responsible for notifying the following departments/individuals when becoming aware of an individual or staff member with confirmed COVID-19:

1. The local health department, or the DSHS if there is no local health department;
2. HHSC via encrypted or secure email to waiversurvey.certification@hhsc.state.tx.us every seven days. [If a program provider is not](#) able to send a secure or encrypted email, the program provider should notify HHSC [by emailing waiversurvey.certification@hhsc.state.tx.us](mailto:waiversurvey.certification@hhsc.state.tx.us). [A program provider is not](#) required to provide identifying information of a staff member to HHSC when reporting a positive COVID-19 test result and must comply with applicable law regarding patient privacy. A program provider must comply with any additional HHSC monitoring request
3. Upon becoming aware of an individual or staff member with confirmed or probable COVID-19, a program provider must notify the following of the actual or potential presence of COVID-19, without disclosing personally identifiable information:
 - the individual; and
 - the legally authorized representative of the individual.

Additionally, a program provider must not release personally identifying information regarding confirmed or probable cases of individuals or staff.

What guidelines must a program provider follow in developing policy for educating staff and individuals on infection prevention?

A program provider must follow the latest recommended CDC guidelines; including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette.

[Must a TxHmL provider use TxHmL emergency rule or the certification principles when developing and implementing COVID-19 policies and procedures?

If the emergency rule is more restrictive than any certification principle relating to COVID-19, the emergency rule will prevail as the emergency rule is in effect.

Staffing Considerations

Does HHSC allow program providers to add additional individuals in a 3-bed and 4-bed group homes?

HHSC has published PL 2021-29 (Revised) that allows program providers to add up to two additional individuals temporarily if the residence has the space to accommodate them. A program provider may refer to Section 2.7 Suspensions Still in Place of PL 2021-29

- [PL 2021-29 End of Temporary Suspension of Certain LTCR Requirements During COVID-19 Outbreak \(Revised\)](#)
- [40 TAC §9.153\(39\)\(B\)](#)

Should program providers should notify HHSC every time group homes are consolidated for staffing purposes?

[PL 2021-29](#) provides instruction on what information to send to HHSC when the HCS provider temporarily increases from 4 to 6 individuals. “HHSC will still allow an HCS four-person residence to add up to two additional individuals temporarily if the residence has the space to accommodate them and has been approved as a four-person residence by HHSC. (Rule: 40 TAC §9.153(39)(B)).

The program provider must notify HCS Survey Operations of the additional individual(s) by emailing the following information to WaiverSurvey.Certification@hhsc.state.tx.us.

- Provider Name and Contract Number
- Name and CARE ID of the individual moving
- Location code and address of permanent residence
- Location code and address of temporary residence

Unless the duration is for a single shift, a program provider notifies HHSC any time there is an increase in capacity regardless of the duration, short-term or long-term. Once the program provider resumes regular business operations, they must notify HHSC at WaiverSurvey.Certification@hhsc.state.tx.us that the individuals have returned to their residences.

Vaccinations

Is the COVID-19 vaccine mandatory?

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

HHSC rules do not prohibit a program provider from making a COVID-19 vaccination a condition of employment. However, any program provider that wishes to include a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

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

Program providers can contact DSHS directly at Vaccine.LTCF@dshs.texas.gov for questions related to vaccine distribution.

For more information about the COVID-19 vaccine, please see the [DSHS COVID-19 Vaccine Information](#) page and the [CDC COVID-19 Vaccine Information](#) page.

Does the individual or LAR have to provide signed consent for the COVID-19 vaccine?

Although the program provider does not have to create a consent form specific to the COVID-19 vaccine, the

program provider must obtain informed consent and can document either COVID-19 vaccination administration or refusal of COVID-19 vaccination in the Comprehensive Nursing Assessment under Immunizations.

When is a person considered to be fully vaccinated?

A person is considered fully vaccinated when they have received the second dose in a two-dose series, or a single dose of a one dose COVID-19 vaccine, and 14 days have passed since the dose was received.

What does it mean to offer a complete series of a one- or two-dose COVID-19 vaccine?

Offering a vaccine is different from administering a vaccine; the program provider is not required to administer the vaccine to have "offered" the vaccine.

Resources

Where should program providers go for COVID-19 information?

Reliable sources of information include:

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

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](#).

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](#)
- [Quarantine or Isolation: What's the difference?](#)

Information about facemasks and respirators is available at [COVID-19: Facemasks and Respirators Questions and Answers](#) and can be shared with family members and caregivers.

Below are several other helpful “mini webinars” from the CDC:

Sparkling Surfaces - <https://youtu.be/t7OH8ORr5lg>

Clean Hands - <https://youtu.be/xmYMUly7qiE>

Closely Monitor Residents for COVID-19- <https://youtu.be/1ZbT1Njv6xA>

Keep COVID-19 Out!-<https://youtu.be/7srwrF9MGdw>

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

- Contact your city or county to find out if resources or funds will be available for health care staffing support, testing services, resident or site assessment, and disinfecting services. These resources are no longer

available through HHSC.

Reach out to the HHSC Long-term Care Regulation Regional Director in your region to ask for:

- BinaxNow testing kits. Review PL 2020-49 (PDF) for details.
- Health care-associated infection and epidemiological support.
- COVID-19 vaccine. Providers should go through all other options before this one.