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Welcome ICF Providers!

**COVID-19 Updates and Q&A with LTC
Regulation and DSHS**

February 14, 2022

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.texas.gov

Phone: 512-438-3161

COVID-19 Updates

Panelist

Susie Weirether

IDD Policy and Rule Manager

Long-term Care Regulations

Policy and Rules

LTCRPolicy@hhs.Texas.gov



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Reminder: Sign-up for GovDelivery to receive alerts

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

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- **Select your topics.**
- **When done click “Submit.”**



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Resources

The following documents are available on the [ICF Provider Portal](#):

Rules

- [ICF/IID COVID-19 Expansion of Reopening Visitation Emergency Rule \(PDF\)](#)
- [ICF/IID COVID-19 Response Emergency Rule \(PDF\)](#)
- [ICF/IID Provider COVID-19 Vaccination Data Reporting Rule \(PDF\)](#)

Guidance

- [ICF/IID COVID-19 Response Plan \(PDF\)](#) – revised Jan. 18, 2022
- [Frequently Asked Questions for ICF/IIDs about COVID-19 \(PDF\)](#) – revised Jan. 18, 2022

COVID-19 Q&A Webinar

COVID-19 Q&A Webinar Schedule

March 7th, 2022

Please feel free to contact us with any questions, comments, or concerns.

Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161

Also, as a reminder, the PowerPoint slides will be available on the Provider Portal shortly after the webinar is completed, typically within 48-72 hours.



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ICF Provider Portal Homepage



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Intermediate Care Facilities (ICF/IID)

What is an ICF/IID?

The Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions program provides residential and habilitation services to people with intellectual disabilities or a related condition.

COVID-19

Rule

- [ICF/IID Provider COVID-19 Vaccination Data Reporting Rule \(PDF\)](#) – effective Feb. 07, 2022
- [ICF/IID COVID-19 Expansion of Reopening Visitation Emergency Rule \(PDF\)](#) – effective Oct. 20, 2021
- [ICF/IID COVID-19 Response Emergency Rule \(PDF\)](#) – effective Dec. 07, 2021

Guidance

- [ICF/IID COVID-19 Response Plan \(PDF\)](#) – revised Jan. 18, 2022
- [Frequently Asked Questions for ICF/IIDs about COVID-19 \(PDF\)](#) – revised Jan. 18, 2022

Resources

- [National Healthcare Safety Network Long Term Care Facility COVID-19 Module Enrollment \(PDF\)](#)
- [Infection Control Basics & PPE Training for Essential Caregivers \(PDF\)](#)
- [Long-term Care COVID-19 Vaccination Options \(PDF\)](#)
- [COVID-19 Vaccination-Pharmacy Partnership for Long-Term Care \(PDF\)](#)
- [Proper N95 Respirator Use for Respiratory Protection Preparedness](#)
- [Helping Residents with Dementia Prevent the Spread of COVID-19 in LTC Communities \(PDF\)](#)
- [Helping Individuals with Intellectual Disabilities and Related Conditions Prevent the Spread of COVID-19 \(PDF\)](#)
- [Omnicare POC Testing FAQs for Healthcare Professionals \(PDF\)](#)



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ICF COVID-19 Vaccination Data Reporting and Emergency Communication System

HHSC Long-term Care Regulation has published a revised [ICF/IID Provider COVID-19 Vaccination Data Reporting Rule \(PDF\)](#). It became effective February 7, 2022 and includes Emergency Communication System Enrollment for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions providers.

The rule requires ICF/IIDs to:

- Report COVID-19 vaccine data within 24 hours
- Enroll in an emergency communication system



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ICF COVID-19 Vaccination Data Reporting and Emergency Communication System

An ICF, within 24 hours of becoming aware of a staff or individual's COVID-19 vaccination, must accurately report COVID-19 vaccination data for staff and individuals in the format established by HHSC.

Providers are required to enroll in an emergency communication system once it is available. HHSC will have more information as deployment gets closer.



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Winter and Extreme Freezing Weather Reminders

HHSC encourages facilities and providers to review and update emergency plans for freezing temperatures and snow. Emergency plans for extreme weather should include the provider's plan to address:

- Power loss
- Water and food needs
- Communication to families and staff
- Staffing shortages
- Sheltering in place and evacuation as applicable

Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures.

Facilities with generators should perform any maintenance or needed testing while the weather is mild. This will ensure the equipment functions in case of extreme cold or power loss.

It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Multi-story buildings should review any other needed measures should evacuation be required. Have a plan for how to move individuals around or out of the building if there is a loss of power.



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Tarrytown Hosts COVID-19 Vaccine Clinics for ICF Providers

Tarrytown Pharmacy of Austin will again hold events across Texas to give members of the IDD community an opportunity to receive their 1st or a booster dose of Moderna COVID-19 vaccine. Vaccines will also be available for caregivers and staff members.

To register for these events, call the Texas Public Health Vaccine Scheduler at 1-833-832-7067 about one week prior to the scheduled event date or sign up at <https://hipaa.jotform.com/213124584929158> or email Vaccine.LTCF@dshs.texas.gov for more information.



LTC Providers Encouraged to Get Ready for Flu Season

CDC recommends everyone be [vaccinated against the flu](#). Long-term care providers should review their [program requirements](#) for guidance related to vaccination requirements and infection control.

Some of the CDC's recommendations for vaccinating patients in congregate health care settings are:

- The [CDC recommends](#) that LTC facilities offer the flu vaccine to all residents and health care staff throughout the flu season.
- Residents with close contact to someone with COVID-19 and asymptomatic and pre-symptomatic residents in isolation can be vaccinated.
- For residents with suspected or confirmed COVID-19 who are symptomatic, health care personnel can postpone their vaccine until meeting criteria for discontinuing isolation. The person should not be considered moderately or severely ill and should have fully recovered from acute illness.

(continued on next slide)



LTC Providers Encouraged to Get Ready for Flu Season

- Administer COVID-19 vaccines without regard to timing of other vaccines. This includes administering the COVID-19 and flu vaccines at the same time. Access the CDC's [COVID-19 vaccine and coadministration with other vaccines](#) for more information.
- Adhere to [standard precautions](#). They are the foundation for preventing transmission of infectious agents in all health care settings and help prevent the flu.
- Implement [droplet precautions](#) for those with suspected or confirmed flu. Do this for seven days after illness onset or until 24 hours after the fever and respiratory symptoms resolve, whichever is longer, while the person is in a long-term care facility.

Per [TAC Title 25, Part 1, Chapter 97](#), report all outbreaks to the local health department, regardless of the provider type. Contact information for your local health department is on the [DSHS website](#).

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LTC Providers Encouraged to Get Ready for Flu Season

For more information, view:

- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
- [Managing a Flu Outbreak - U.S. Centers for Disease Control and Prevention \(CDC\)](#)
- [Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic](#)



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Visitation Reminder for ICF/IIDs

An [alert](#) went out on January 20, 2022 to remind providers that all visitation must be allowed.

Essential caregiver and end-of-life visits must be allowed for all individuals with any COVID-19 status.

A facility may be cited if visitation is not allowed.

Review [ICF/IID visitation rules](#) for additional information.



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Provider Resources



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HHSC Updates ICF COVID-19 Guidance Documents

HHSC Long-term Care Regulation updated the ICF COVID-19 Response Plan and FAQ documents on January 18, 2022.

- Read the updated [ICF/IID COVID-19 Response Plan \(PDF\)](#).
- Read the updated [Frequently Asked Questions for ICF/IIDs about COVID-19 \(PDF\)](#).



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Accessing PPE

Providers can still request support through STAR. Long-term care providers can 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 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 LTCR staff are responsible for initiating a State of Texas Assistance Request (STAR) on behalf of the long-term care provider.



BinaxNow Testing Kits

Providers can 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, a provider must complete the Attestation for Free Test Kits, [LTCR Form 2198](#). A 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.



BinaxNow Testing Kits

The attestation criteria require a provider 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 attestation criteria is eligible to request free BinaxNOW COVID-19 POC antigen test kits.



BinaxNow Testing 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.



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Additional Resources

Federal COVID-19 Local Fiscal Recovery Funds are being distributed to Texas cities and counties. HHSC urges LTCR providers that need COVID-19 resources to contact your city, county, or regional advisory council to find out if resources or funds will be available.



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Emergency Staffing Requests

Providers may request emergency staff from HHSC in an emergency as a one-time option to alleviate staffing crisis due to the impact of Omicron variant on staffing resources.

HHSC revised [Provider Letter 2022-02](#) on January 18, 2022, to clarify and provide additional information about the process HCS and ICF/IID providers should follow to request emergency staffing from HHSC.

To complete a one-time request for emergency staff from HHSC, HCS and ICF providers should follow all steps located in [PL 2022-02](#).



Emergency Staffing Requests

Providers facing staffing emergencies should understand the state cannot provide staffing assistance within 24 hours. Staffing assistance may take up to two or three days.

Emergency staffing is only approved for providers that cannot provide necessary care to residents or individuals due to COVID-19 related staffing shortages. Not all requests for emergency staffing will be fulfilled as requests are prioritized by level of need.

Only request emergency staffing once all applicable strategies have been attempted and the facility still does not have adequate staff. Providers should indicate the level of need on any emergency staffing request to aid in prioritization, but must not have an expectation that emergency staff will arrive within 24 hours.

Email questions to the [regional director in the region](#) where the facility is located.



Facility Consolidation

HHSC allows for temporary closure of an ICF through HHSC Licensing and Credentialing. HHSC does not require a temporary closure for short term closures, only extended periods of time.

- If the licensed provider is going to be temporarily closed for an extended period of time, contact LTCR Licensing and Credentialing at [LTC ALF ICF Licensing@hhs.texas.gov](mailto:LTC_ALF_ICF_Licensing@hhs.texas.gov)
- If the licensed provider is going to be closed for short period of time (i.e. 24/48 hours, weekend), contact the [regional director](#) and program manager for their area.



Facility Consolidation

If two licensed ICF/IID providers are consolidating facilities and the this will place the provider over capacity at the facility they are consolidation to, contact LTCR Survey Operations at ltcrsurveyoperation@hhs.texas.gov. This section is responsible for approving the temporary increase in licensed capacity. This information will be provided to LTCR Licensing and Credentialing.

When consolidation ends:

- Contact the regional office ([Regional Director](#) and Program Manager); and
- Contact LTCR Survey Operations at ltcrsurveyoperation@hhs.texas.gov.



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COVID-19 Reporting

COVID-19 Reporting



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ICF/IIDs are **only required** to report to HHSC within 24 hours of:

- a facility's first positive case of COVID-19, or
- a new positive case of COVID-19 after a facility has been without a new case of COVID-19 for 14 days or more.

Facilities **should not** report COVID-19 positive cases to HHSC outside of the two reportable events listed above. Additionally, the reportable events listed above **do not** include an individual that was admitted to the facility with an active COVID-19 infection or a individual that developed COVID-19 while in quarantine upon being admitted to the facility.

COVID-19 Reporting



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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 Complaint and Incident Intake (CII) through the Texas Unified Licensure Information Portal (TULIP) 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 days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:
 - ❖ via [TULIP](#)
 - ❖ by email at ciiprovider@hhs.texas.gov; or
 - ❖ by fax at 877-438-5827

COVID-19 Reporting



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Providers must contact their local health department or DSHS if they receive a positive test result for their facility.

Per DSHS, the information must be reported by the provider, regardless of whether the lab reports. This is in order to link the report to the geographical area where the person lives, which may be different than where the testing occurs. This enables accurate tracking and analysis, as well as the appropriate deployment of resources.

If providers suspect a case of COVID-19, they should contact the local health department/authority, or DSHS if a local health department is not available. Test results from the local health department do get reported to DSHS. The notification to the LHD is sufficient.



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Revised Reporting Guidance for Long-term Care Providers

On January 13, HHSC published revised [Reporting Guidance for Long-term Care Providers \(PL 20-37\) \(PDF\)](#) which provides guidance regarding completion of the Provider Investigation Report (Form 3613-A).

When providing the Provider Investigation Report (Form 3613-A) to HHSC regarding a COVID-19 infection, the facility checks each appropriate option and fills in each applicable blank excluding the name of the staff member with the COVID-19 diagnosis. HHSC does not require the name of the staff member who tested positive for COVID-19 as part of the reporting process.



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COVID-19 Vaccine

Additional and Booster COVID-19 Vaccine Doses



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A “[booster dose](#)” is a supplemental vaccine dose given to people when the immune response to a primary vaccine series is likely to have waned over time.

CDC has issued recommendations for a single vaccine booster dose in some populations.

See the [COVID-19 Vaccine Booster Shot](#) page on the CDC website for more information.

An “[additional dose](#)” is a subsequent dose given after a primary mRNA vaccine series (Pfizer or Moderna). This is recommended only for people who are moderately to severely immunocompromised, because they may not have received adequate protection from their initial 2-dose series.

These people should receive their additional dose at least 28 days after a second dose of Pfizer or Moderna vaccine.

See the [COVID-19 Vaccines for Moderately to Severely Immunocompromised People](#) page on the CDC website for more information.

CDC Vaccination Schedule for most individuals



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Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd dose	Interval between primary series and booster dose
Pfizer-BioNTech	5-11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	≥12 years	2	1	3 weeks	≥5 months
Moderna	≥18 years	2	1	4 weeks	≥5 months
Janssen	≥18 years	1	1	NA	≥2 months

As per CDC on [Table 2](#)



CDC Vaccination Schedule for people with moderate or severe immunocompromise

Primary vaccination	Age group	Number of primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose
Pfizer-BioNTech	5-11 years	3	NA	3 weeks	≥4 weeks	N/A
Pfizer-BioNTech	≥12 years	3	1	3 weeks	≥4 weeks	≥3 months
Moderna	≥18 years	3	1	4 weeks	≥4 weeks	≥3 months
Janssen	≥18 years	1 Janssen, followed by 1 mRNA	1	4 weeks	≥2 months	N/A

As per CDC on [Table 3](#)

Booster COVID-19 Vaccine Doses



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A booster shot is recommended for all three available COVID-19 vaccines in the U.S. Eligible individuals may mix and match which vaccine they receive as a booster dose.

Are the booster doses the same as the primary series?

- The Pfizer COVID-19 booster dose vaccine is exactly the same vaccine as the primary series and the dose is the same.
- The Moderna COVID-19 booster dose vaccine is the same vaccine but **half the dose** of the primary series.
- The J&J booster dose vaccine is exactly the same vaccine as the primary series and the dose is the same.

Mixing and Matching COVID-19 Vaccines



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What does “mix and match” vaccine mean?

- Eligible individuals may choose which vaccine they receive as a booster dose.
- Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster.
- CDC’s recommendations now allow for this type of mix-and-match dosing for booster shots.



COVID-19 Vaccine Resources

HHSC Long-term Care Regulation published [COVID-19 Vaccine Frequently Asked Questions \(PDF\)](#)

HHSC & DSHS have published [Long-term Care COVID-19 Vaccination Options \(PDF\)](#)

CDC COVID-19 vaccine resource pages:

- [COVID-19 Vaccine FAQs for Healthcare Professionals](#)
- [COVID-19 One-Stop Shop Toolkits](#)
- [Vaccine Recipient Education](#)

Booster & Additional Doses Resources



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[Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) (Updated 2/11/22 with new guidance for people who are moderately or severely immunocompromised)

[COVID-19 Vaccines for Moderately to Severely Immunocompromised People](#)

[Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19](#)

[COVID-19 Vaccine Booster Shots](#)

[COVID-19 Vaccine Recommendations with Additional and Booster Doses \(infographic\)](#)

Updated CDC Guidance for LTC Facilities on Accessing COVID-19 Vaccine



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The Centers for Disease Control and Prevention has updated resources for long-term care facilities on how to help residents and staff access COVID-19 vaccines:

- [Vaccine Access in Long-term Care Settings](#)
- [Care Administrators and Managers: Options for Coordinating Access to COVID-19 Vaccines](#)
- [Jurisdictions Can Ensure COVID-19 Vaccine Access for Staff and Residents in Long-term Care Settings](#)

COVID-19 DSHS

Panelist

David Gruber

Associate Commissioner for Regional and Local
Health Operations

DSHS

Angel H. Angco-Barrera, MBA, BSN, RN

Director of Public Health Nursing

Division of Regional and Local Health Operations

DSHS

Email: angel.angcobarrera@dshs.texas.gov



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COVID-19 Medicaid/CHIP Division

Panelist

Dana Williamson

Director, Policy Development and Support

Medicaid/CHIP Division



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Kristi Miller

Manager, Policy Development Support

Medicaid/CHIP Division

COVID-19 Q&A

Panelist

Kirsten Notaro, MA
ICF Policy Specialist
Policy, Rules and Training
Long-term Care Regulatory

- COVID-19 Q&A
- Live Q&A



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COVID-19 Q&A

Question:

If a resident is out on extended pass and contracts COVID-19, then decides not to return until testing negative, are there still any emergency provisions in place for billing? Provided that their absence exceeds their allotted AEV or ATH days available?

Answer:

There are no emergency provisions remaining in place for billing at this time.

The resident should either:

- (1) return to the facility as to not exceed the allotted AEV or ATH days available (TAC, Title 26, Part 1, Rule 261.226) ,
- (2) the provider may implement their bed hold agreement with the family/resident to receive payment that exceeds the allotted AEV or ATH days (TAC, Title 26, Part 1, Rule 261.227 (j), or
- (3) the provider may choose to discharge the resident if they refuse to return (TAC Title 26, Part 1, Rule 261.227).



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COVID-19 Q&A

Question: What are the updated CDC return to work guidelines for healthcare professionals?

Answer:

CDC recommends, in general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC and do not develop symptoms or test positive for SARS-CoV-2.

The duration of protection offered by booster doses of vaccine and their effect on emerging variants are not clear; additional updates will be provided as more information becomes available.

The chart on the next slide captures the information located on the CDC webpage. Detailed information is located on the CDC's Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.



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COVID-19 Q&A



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Work Restrictions for DSP with COVID-19 Infection

Vaccination Status	Conventional	Contingency (when staffing shortages are anticipated)	Crisis (when staffing shortages occur)
Boosted*, Vaccinated, or Unvaccinated	10 days OR 7 days with a negative test [#] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restrictions, with prioritization considerations (e.g. asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic DSP with Exposure to COVID-19

Boosted	No work restrictions, with negative test on days 2 ⁺ and 5-7	No work restrictions	No work restrictions
Fully vaccinated, Unvaccinated, within 90 days of prior infection	10 days or 7 days with a negative test	No work restrictions with negative tests on days 1 ⁺ , 2, 3 and 5-7	No work restrictions (test if possible)

*DSP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

[#]Negative test result within 48 hours before returning to work

⁺Calculating day of test: 1) *for those with infection* consider date of first positive test if asymptomatic OR date of symptom onset as day 0; 2) *for those with exposure* consider day of exposure as day 0

(Table adapted by HHSC LTRC. Read original CDC table [here.](#))



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Questions?

For more information:

<https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.texas.gov

Phone: 512-438-3161



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Thank you!

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