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Welcome ICF Providers!

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

January 10, 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

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Reminder: Sign-up for GovDelivery to receive alerts

Go to:

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

- **Enter your email address.**
- **Confirm your email address, select your delivery preference, and submit a password if you want one.**
- **Select your topics.**
- **When done click “Submit.”**



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Resources

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

Under "COVID-19 Resources"

- [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 \(PDF\)](#)
- Click on "Provider Communications"
 - [PL 21-04](#) HHSC COVID-19 Reporting Process
 - [PL 21-05](#) COVID-19 Vaccination Reporting
 - [PL 21-21](#) NEW* COVID-19 Response – Expansion of Reopening Visitation (replaces PL 2021-10)

COVID-19 Q&A Webinar

COVID-19 Q&A Webinar Schedule

February 14, 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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Updated COVID-19 Response Plan and FAQ for ICF Providers

On January 7, 2021, HHSC Long-term Care Regulation published updated

- [COVID-19 Response Plan](#) (PDF) and
- [Frequently Asked Questions Document](#) (PDF)



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Stop the Spread of COVID-19 in Texas – Webinar Recordings Available

This webinar was presented to assist Texas ICFs in stopping the spread of infection, including all variants of COVID-19, in light of the recent surge in cases. Basic infection control principles, PPE, physical distancing, benefits of vaccination and revised Response Plan information is reviewed in the recording.

Webinar recordings now available for review:
<https://www.gotostage.com/channel/covid-19webinarsfortc>

NOTE: All webinar content is subject to change and information may no longer be current or relevant. It is each providers responsibility to stay up-to-date with all rules and regulations as the COVID-19 pandemic situation evolves.

No CE or certificates of attendance are offered for viewing these recorded webinars.



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Guidance for LTC Facilities Experiencing COVID-19 Staffing Shortages

COVID-19 cases are increasing across Texas. HHSC has published guidance for long-term care providers experiencing staffing shortages due to COVID-19.

[Read the guidance.](#)



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HHSC Publishes Active, Unemployable Work-Around (Provider Letter 2021-44)

HHSC publishes [Provider Letter 2021-44 Active, Unemployable Work-Around](#) which addresses how HHS is updating the Employability Search with information on active but unemployable individuals.

Until this update is complete, providers will be required, in addition to checking the Employability Search, to check the [Active but unemployable Excel File](#).



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COVID-19 Cases Rise – Guidance for LTC Providers

COVID-19 cases are increasing across Texas. HHSC reminds providers to follow the guidelines listed below and ensure their emergency plan is up-to-date. Staff must be aware of what to do in the event of any sort of emergency, including an outbreak of flu or COVID-19.

Please review the following guidelines and rules:

- COVID-19 mitigation and visitation rules
- Any applicable COVID-19 response plans for your provider type
- Your provider's own infection prevention and control policies

Find COVID-19 resources on:

- [Your provider portal under the COVID-19 Resources section](#)
- [The HHSC COVID-19 Provider Information page](#)

Your vigilance following infection control requirements can make a difference in protecting vulnerable Texans.



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COVID-19 Cases Rise – Guidance for LTC Providers

LTC providers are always required to provide services to residents or clients before, during and after an emergency. The emergency plan or policy must include:

- Planning for staff shortages.
- A back-up plan to ensure operations and care of resident or clients continue.

Read program specific rules related to staffing, emergency preparedness and infection control.

- [Intermediate Care Facilities](#)

A [checklist \(PDF\)](#) is available to assist you with creating a plan for dealing with an outbreak of flu or COVID-19.



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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.

Tarrytown Hosts COVID-19 Vaccine Clinics for ICF and HCS/TxHmL Providers



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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.

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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](#)

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.

Work Restrictions for DSP with COVID-19 Infection and Exposures



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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)
<p>*DSP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.</p> <p>#Negative test result within 48 hours before returning to work</p> <p>+Calculating day of test: 1) <i>for those with infection</i> consider date of first positive test if asymptomatic OR date of symptom onset as day 0; 2) <i>for those with exposure</i> consider day of exposure as day 0</p> <p>(Table adapted by HHSC LTRC. Read original CDC table here.)</p>			

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.

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.

Booster COVID-19 Vaccine Doses



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IF YOU RECEIVED Pfizer-BioNTech or Moderna

Who should get a booster:

- Everyone 18 years or older

When to get a booster:

- At least 6 months after completing your primary COVID-19 vaccination series.

Which booster should you get?

- Any of the COVID-19 vaccines authorized in the United States.

IF YOU RECEIVED Johnson & Johnson's Janssen

Who should get a booster:

- Everyone 18 years or older

When to get a booster:

- At least 2 months after completing your primary COVID-19 vaccination.

Which booster should you get?

- Any of the COVID-19 vaccines authorized in the United States.

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.

Additional & Booster Vaccine Doses



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COVID-19 Vaccine Type	Primary Series	Additional Dose	Booster Dose
Pfizer	2 doses @ 21 days apart	Yes 28 days after second dose (immunocompromised people only)	Yes 6 months after second dose (certain populations only)
Moderna	2 doses @ 28 days apart	Yes 28 days after second dose (immunocompromised people only)	Yes 6 months after second dose (certain populations only)
Johnson & Johnson	1 dose only	No	Yes 2 months after initial dose (18 years and older)



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](#)

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

[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 – Sept. 2021



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The Centers for Disease Control and Prevention has recently 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

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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:

Has quarantine guidance changed for individuals?

Answer:

- For individuals who have **not been fully vaccinated** against COVID-19, the CDC still endorses a 14-day quarantine period.
- For individuals who have **been fully vaccinated** against COVID-19, it offers two [alternatives and guidance](#) to reducing quarantine time. Local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. CDC's two alternatives are:
 - ✓ Alternative #1 - Quarantine can end after Day 10 without testing if the person has no symptoms as determined by daily monitoring.
 - ✓ Alternative #2 - Quarantine can end after Day 7 if the person tests negative and has no symptoms as determined by daily monitoring. The test must occur on Day 5 or later. Quarantine cannot be discontinued earlier than after Day 7.



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COVID-19 Q&A

Question:

If using one of the alternative options for ending quarantine of an individual, what criteria should be met?

Answer:

Guidance includes the following information:

Persons can discontinue quarantine at either alternative described above only if the following criteria are also met:

- No COVID-19 symptoms were detected by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; and
- Daily symptom monitoring continues through Day 14; and
- Persons are counseled about the need to adhere strictly through Day 14 to all mitigation strategies, such as wearing a mask, avoiding crowds, practicing physical distancing, and practicing hand and cough hygiene. They should be advised that if any symptoms develop, they should immediately self-isolate and contact their healthcare provider to report this change in clinical status.

Testing under Alternative #2 above should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for an actual infection must be prioritized.



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Questions?

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

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Thank you!

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