



Presentation to the Senate Committee on Health and Human Services

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COVID-19 Response Overview

HHSC quickly mobilized to help Texans during the COVID-19 public health emergency

- Extended healthcare coverage for Medicaid clients as mandated by the federal Families First Coronavirus Response Act
- Sought waivers to ensure critical services are not interrupted for clients
- Worked with our local, state, and federal partners to address critical issues in long-term care facilities
- Secured personal protective equipment for our direct care staff and frontline workers
- Administered vaccines to staff, people served, frontline partners, and community members who qualify under 1a or 1b
- Continue to review what flexibilities granted under the public health emergency should be extended post-emergency

COVID-19 Fiscal Impact Summary

	SERVICE	EXPENDITURE	REVENUE	IMPACT
HHSC COVID-19 Impact	45,434,126	\$8,832,622,077	\$10,314,663,212	\$1,482,041,135
MEDICAID & CHIP	1,012,698	\$4,651,701,945	\$6,252,712,930	\$1,601,010,985
Reduce Healthcare Barriers	1,012,698	\$4,192,832,755	\$5,942,305,592	\$1,749,472,837
Suspension of Disenrollments	911,915	\$3,146,727,975	\$2,098,665,536	(\$1,048,062,439)
Suspension of CHIP Cost Share	0	\$13,125,000	\$10,755,631	(\$2,369,369)
COVID-19 Testing	0	\$665,559,525	\$447,312,452	(\$218,247,073)
Increased FFP 6.2 Percent	0	\$0	\$3,133,611,233	\$3,133,611,233
Unemployment Impact	81,511	\$311,712,958	\$210,147,979	(\$101,564,979)
In-Home Day Habilitation	0	\$50,597,227	\$38,384,415	(\$12,212,812)
Extended Leave	19,272	\$5,110,070	\$3,428,346	(\$1,681,724)
Increase Healthcare Capacity	0	\$0	\$0	\$0
Support Healthcare System	-	\$458,869,190	\$310,407,338	(\$148,461,852)
Increase Rates	-	\$458,869,190	\$310,407,338	(\$148,461,852)
NON-MEDICAID	44,420,228	\$4,086,560,067	\$4,074,755,731	(\$11,804,336)
Nutrition Services	35,404,141	\$3,982,086,045	\$3,970,281,709	(\$11,804,336)
SNAP	31,050,310	\$3,970,895,334	\$3,959,090,998	(\$11,804,336)
WIC	4,353,831	\$11,190,711	\$11,190,711	\$0
Aging Services	9,016,087	\$72,910,489	\$72,910,489	\$0
Supportive S/vcs	0	\$13,504,830	\$13,504,830	\$0
Home-delivered Meals	8,123,206	\$38,502,267	\$38,502,267	\$0
Congregate Meals	892,881	\$10,115,121	\$10,115,121	\$0
Family Caregiver	?	\$6,432,408	\$6,432,408	\$0
Ombudsman	0	\$1,350,408	\$1,350,408	\$0
ADRCs	0	\$3,005,454	\$3,005,454	\$0
Mental Health Services	0	\$28,548,750	\$28,548,750	\$0
Family Violence	0	\$3,014,784	\$3,014,784	\$0
STATE-OWNED FACILITIES	0	\$53,676,497	\$19,515,383	(\$34,161,114)
State Supported Living Centers	0	\$35,822,113	\$8,141,816	(\$27,680,297)
Equipment & Supplies	0	\$35,822,113	\$0	(\$35,822,113)
Provider Relief Funds	0	\$0	\$8,141,816	\$8,141,816
State Hospitals	0	\$17,854,384	\$11,373,567	(\$6,480,817)
Equipment & Supplies	0	\$17,854,384	\$0	(\$17,854,384)
Provider Relief Funds	0	\$0	\$11,373,567	\$11,373,567
REGULATORY	1,200	\$11,837,911	\$3,600,000	(\$8,237,911)
Expand Healthcare Workforce	0	\$0	\$0	\$0
Support Healthcare System	1,200	\$11,837,911	\$3,600,000	(\$8,237,911)
Health Care Facilities	0	\$0	\$0	\$0
Long-Term Care Facilities	1,200	\$11,837,911	\$3,600,000	(\$8,237,911)
Increase Healthcare Capacity	0	\$0	\$0	\$0
ADMINISTRATION	0	\$28,845,657	\$14,079,168	(\$14,766,489)
ESS Contract Call Center	0	\$10,000,000	\$6,432,300	(\$3,567,700)
2-1-1 TIRN	0	\$1,370,157	\$589,778	(\$780,379)
Office Cleaning Services & PPE	0	\$10,573,077	\$4,229,837	(\$6,343,240)
Occupational Health Nurse	0	\$90,000	\$0	(\$90,000)
IT - Telecomm. & Infrastructure	0	\$6,812,423	\$2,827,253	(\$3,985,170)
TRANSFERS	0	\$0	\$(50,000,000)	\$(50,000,000)
Dept. State Health Svcs	0	\$0	\$(50,000,000)	\$(50,000,000)
HHSC-2020-N-628	0	\$0	\$(50,000,000)	\$(50,000,000)

*This amount represents the impact to HHSC, negative as shortage of General Revenue and positive as surplus of General Revenue.





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Access & Eligibility Services COVID-19 Response Activities

- Activated 2-1-1 Option 6 to connect Texans to COVID-19 information and resources, handled over 637,000 calls from March 2020 through February 2021
- Provided over \$80 million in additional funding for Area Agencies on Aging to support the continuation of Home Delivered meals and alternatives to congregant feeding programs
- Issued over \$2.5 billion in Emergency Supplemental Nutrition Assistance Program (SNAP) benefits to over 13 million individuals
- Issued over \$816 million in Pandemic-EBT benefits to households to supplement the nutritional needs of over 2.8 million children due to school closures
- Increased the utilization of virtual platforms to assist with application intake and assistance

Medicaid & CHIP

COVID-19 Response Activities

- Focus is on providing flexibility to ensure people can continue to receive necessary services, while protecting the health and safety of recipients and providers
- Four key areas:
 1. Testing, Treatment, and Vaccine for COVID-19
 2. Maintain Program Eligibility
 3. Ensuring continued access to services i.e. telemedicine, telehealth, and certain audio only services
 4. Reducing Administration Burden
- Under the federal public health emergency (PHE) and state declared disaster certain authorities may be waived to allow flexibility

Federal

- Medicaid Waiver Requests
- CHIP notifications
- Medicaid state plan/disaster state plan
- Medicaid quality submissions

State

- Emergency Texas Administrative Code (TAC) Rules
- TAC waivers

Agency

- Policy, operational, and contractual flexibilities



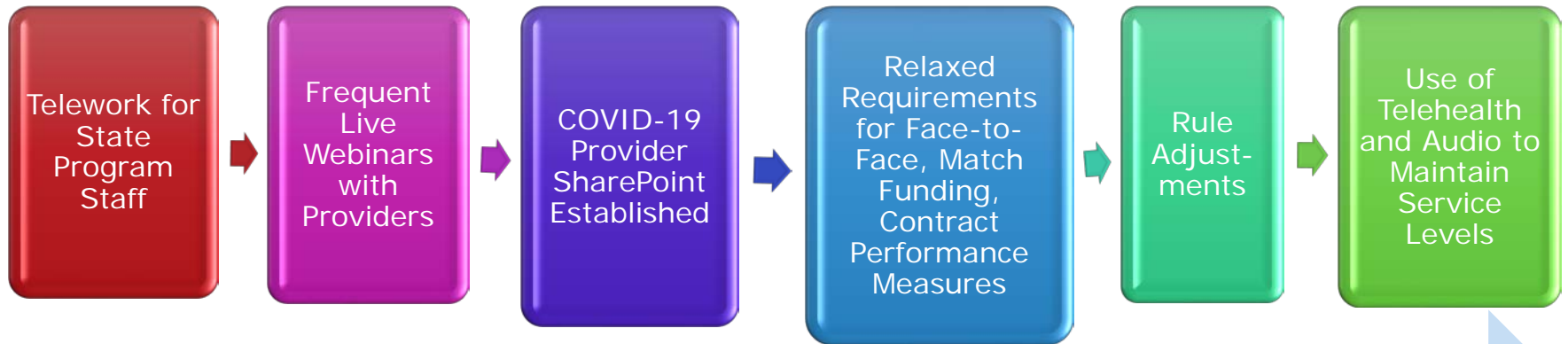


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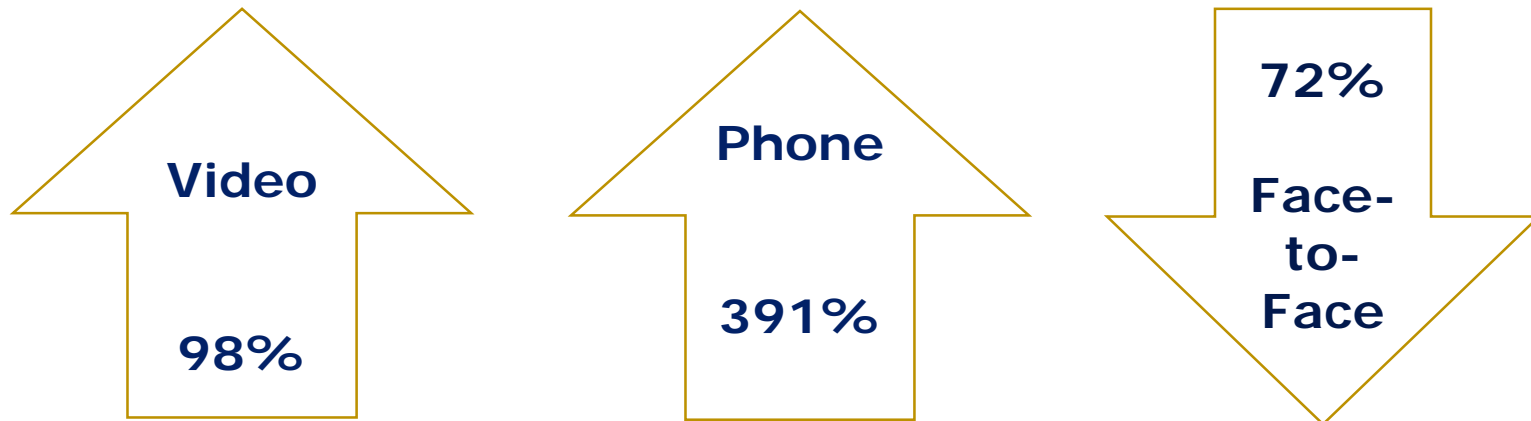
Health, Developmental & Independence Services COVID-19 Response Activities

- Implemented flexibilities to assist clients and providers during the pandemic, including:
 - Expanded in-person visits to virtual visits for the Office of Guardianship and expanded in-person hearings to virtual hearings for Surrogate Decision Making
 - Ensured Family Violence Program shelter service availability during the pandemic by allowing hotel stays for survivors and their families to maintain social distancing
 - Obtained federal waivers to facilitate distanced practices for Women, Infants, and Children (WIC) and food flexibilities that allowed WIC clients to use their benefits when supply was limited in grocery stores
 - Provided flexibility for telehealth services in various client service programs, including ECI, Family Violence Program, Comprehensive Rehabilitative Services, and Healthy Texas Women

IDD and Behavioral Health COVID-19 Response



Mental health providers maintained service levels by adjusting to remote technology:





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IDD and Behavioral Health COVID-19 Response

- Telehealth and remote service delivery flexibilities
 - Adult Mental Health Services
 - Children's Mental Health Services
 - Youth Empowerment Services (YES) Waiver
 - Adult Mental Health Home & Community-based Services (HCBS-AMH)



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Health & Specialty Care COVID-19 Response Activities

- Established quarantine units to protect people served and staff
- Obtained necessary personal protective equipment for all state supported living center (SSLC) and state hospital staff, including more than 3 million surgical and KN-95 masks
- Implemented strict testing protocols based on virus transmission in each community
- Restricted on campus visitors, currently essential caregivers and distanced visitation allowed in SSLCs
- Administered approximately 35,463 doses of vaccine (first and second doses), and fully vaccinated more than 9,300 staff, people served, frontline partners, and community members who qualify under 1a or 1b (as of March 4, 2021)



Client Service Priorities After the Public Health Emergency

- Maintaining program flexibilities that maximize access to services, as appropriate and allowed by state and federal law
 - Virtual service delivery for behavioral and social services
 - Telemedicine/telehealth
- Continuing administrative flexibilities that support providers, while maintaining appropriate program oversight
- Returning eligibility and enrollment processes to normal operations
- Bring census levels in state hospitals back to pre-pandemic levels

COVID-19 Response Partnership

HHSC Regulatory Services

Ensures that facilities are in compliance with all health and safety standards, including infection control, and also serve as frontline points of contact to assess facility needs.

Department of State Health Services (DSHS)

Provides clinical direction and guidance through infection control epidemiologists who train facility staff to implement infection prevention strategies and deploy resources, as appropriate, to conduct patient health assessments.

Long-Term Care Facilities

Federal Partners

The Centers for Disease Control provide clinical guidance the public and health care providers to prevent the spread of COVID-19. The Centers for Medicare and Medicaid Services provide direction to HHSC and providers regarding the oversight and implementation of regulations to prevent outbreaks of COVID-19 in the facilities they regulate.

State Operations Center (SOC)

Led by Texas Division of Emergency Management (TDEM), the SOC facilitates getting critical resources to facilities, including personal protective equipment (PPE), staffing, testing, site assessment and disinfection services.

Local Partners and Stakeholders

Includes county governments, local public health authorities, and local fire departments, that connect facilities with local resources and execute disaster response missions.





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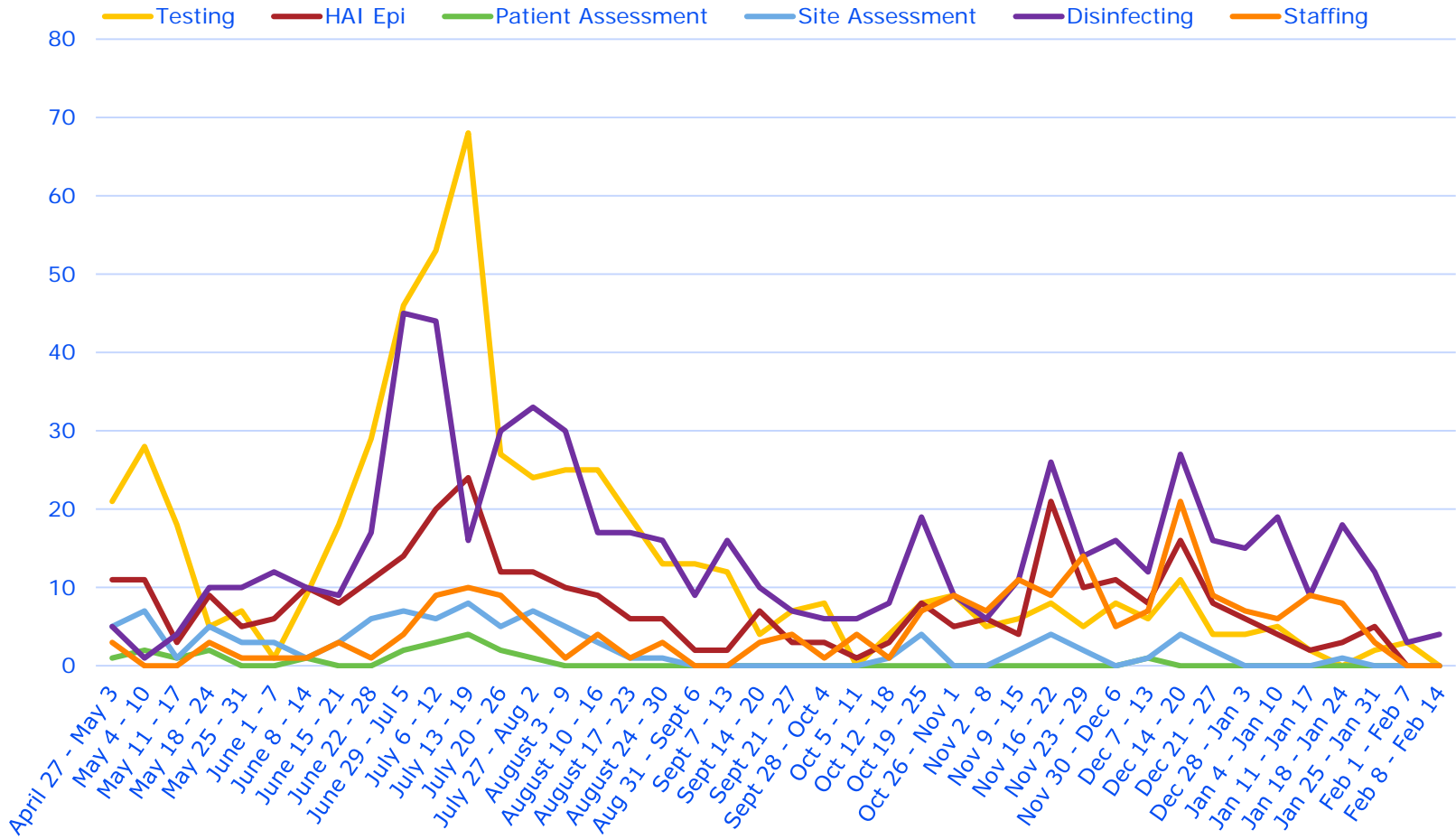
Regulatory Services

COVID-19 Response: Outbreak

HHSC immediately began working with our partners, providing for facility resource needs and putting in place the necessary and appropriate rules, policies, and protocols to ensure the safest environment possible for all long-term care facilities and their extremely fragile residents

- Rapid Assessment – Quick Response Force – Identify, assess, triage, and determine critical resource needs in response to COVID-19 outbreak in facilities, providing testing of staff and residents, personal protective equipment, infection control assistance, and additional staffing
- Federally-directed Infection Control Surveys conducted by HHSC
- Quality Monitoring Program Support – Ongoing technical assistance to nursing facilities on infection control, as well as facility monitoring, outreach, and education
- Special Infection Control Assessments – Targeted technical assistance to nursing facilities to strengthen infection control policies and procedures
- Emergency rules to enhance infection control protocols in long-term care facilities, establish COVID-19 mitigation plans, and increase reporting requirements to identify outbreaks and determine facility resource needs

Rapid Assessment-Quick Response Force STAR Requests





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Regulatory Services

COVID-19 Response: Testing

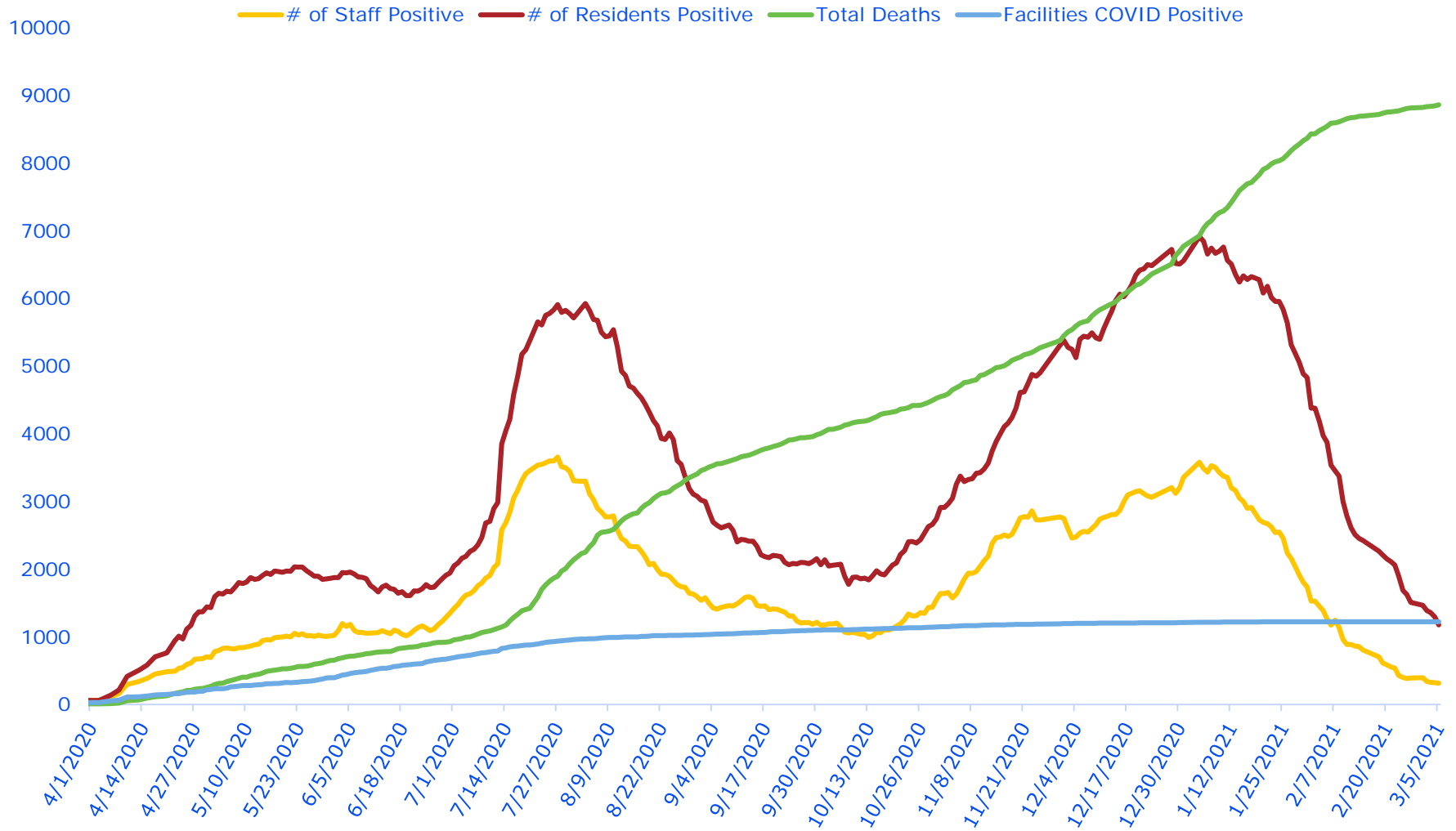
- At the Governor's direction, on May 11, 2020, HHSC, TDEM, and DSHS undertook an unprecedented collaboration with the Texas Military Department and local fire and health officials in May 2020 to test all nursing facility residents and staff in Texas
- Soon after, TDEM also began contracting with Omnicare to provide free point of care COVID-19 testing of staff and residents in nursing facilities and assisted living facilities
- On August 26, 2020, CMS issued new regulations and guidance on COVID-19 testing of staff and residents in nursing facilities, effective September 2, 2020
- Facilities are required to:
 - Perform routine COVID-19 tests of staff based on county positivity rates
 - Test residents when there is an outbreak or the resident shows symptoms
- Coinciding with the new testing rule, CMS distributed 1,212 POC testing machines to certain designated nursing facilities, while TDEM purchased machines for the remaining facilities
- TDEM contracted with a new vendor, Curative, in January 2021 to conduct outbreak testing in long-term care facilities, while Omnicare will continue to conduct scheduled testing

COVID-19 Response: Testing

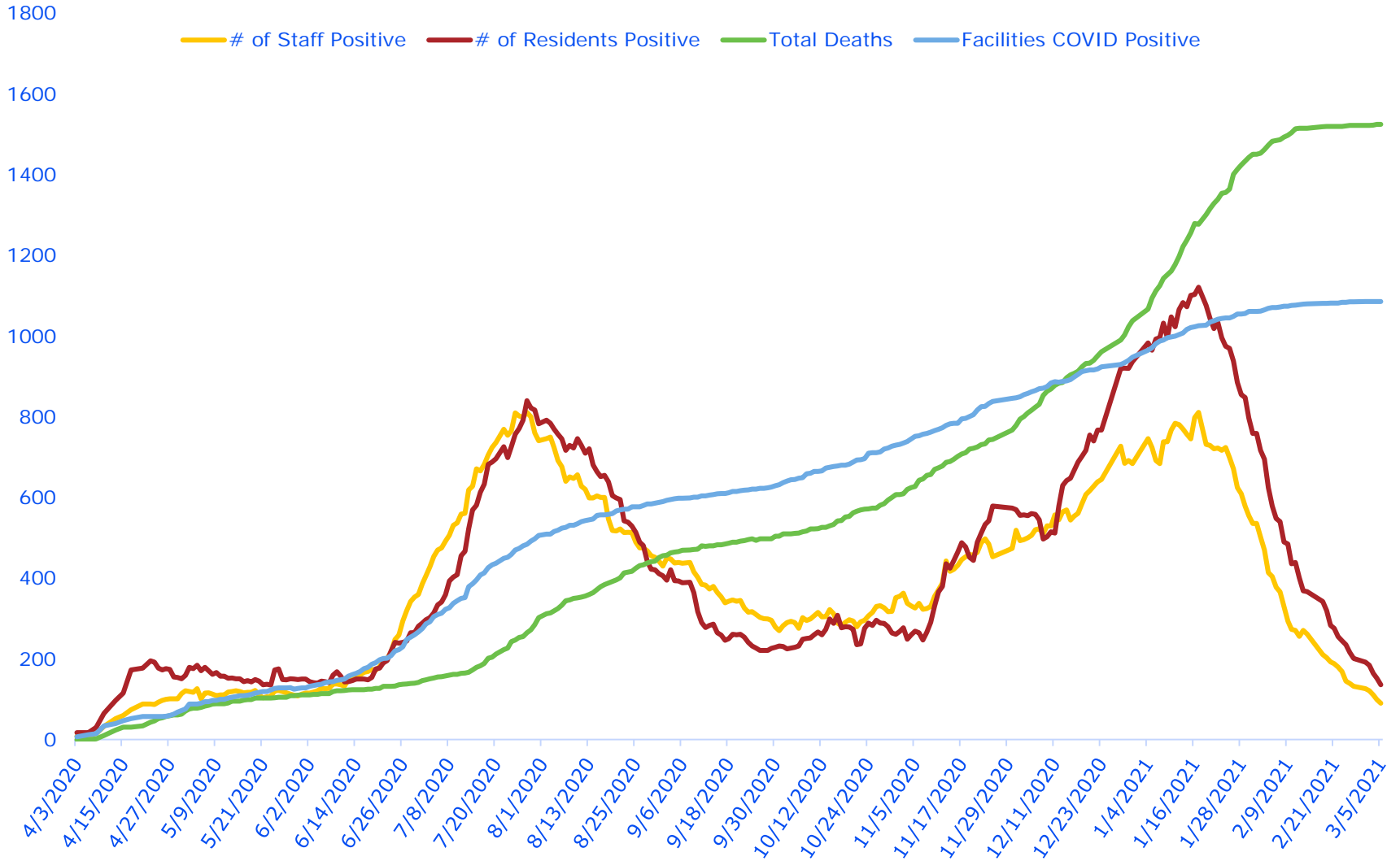
Testing Entity	Began Testing	# of Specimens	# of Sites
RA-QRF (includes EMTF, TMD and other SOC-directed resources)	April 2020	115,760	817
Omnicare	July 2020	105,643	684
Curative	January 2021	1,317	19



COVID-19 in Nursing Facilities



COVID-19 in Assisted Living Facilities





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COVID-19 in Long-Term Care Facilities

	Nursing Facilities	Assisted Living Facilities
Total # of Residents/Clients Recovered	49,898	6,551
Total # of Resident Deaths (cumulative)	8,863	1,525
State's Total # of Licensed Facilities	1,222	2,029
Percentage of State's Total Facilities Affected (cumulative)	99.6%	53.5%
Percentage of State's Total Facilities with 1 or more active cases (staff and/or residents)	29.1%	4.1%
Percentage of State's Total Facilities with 1 or more active cases (residents only)	13.9%	2.4%
Percentage of State's Total Facilities Recovered (current)	70.9%	49.4%

As of March 5, 2021



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Regulatory Services COVID-19 Response: Provider Outreach and Training

HHSC continues to engage daily with providers on a comprehensive COVID response effort that has included, or still includes, the following activities:

- Conducted more than 16,300 on-site investigations by survey teams in response to all complaints or facility-reported incidents related to COVID-19, with active monitoring as required after any on-site visit
- Conducted more than 12,997 on-site inspections since March 9 focused exclusively on infection control, which includes identifying concerns and bringing facilities into compliance with all requirements to protect resident health and safety
- Called all 1,220 nursing facilities and other long-term care providers to answer their questions, ensure they understood the latest state or federal guidance, and identify and address any higher risk concerns
- Held twice weekly calls with industry associations to ensure updated, critical HHSC messages were being pushed out to their provider members
- Provided more than 1,100 guidance communications and trainings to providers, including provider letters, webinars, alerts, and emergency rules and temporary suspensions of regulatory requirements to give providers the flexibility they need to respond to COVID-19
- Issued a comprehensive response plan for nursing facilities and other long-term care providers, which is continually updated as guidance changes on both the state and federal level (this plan pulls together all guidance from the state and the Centers for Disease Control and Prevention (CDC) and CMS)
- Hosted dozens of ongoing webinars with long-term providers in collaboration with DSHS and then posted content on the HHSC COVID-19 provider website page for those unable to participate in real time
- Provided ongoing, on-site training to providers on topics such as infection control, the proper use of PPE, and other prevention efforts

Regulatory Services

COVID-19 Response: Visitation



Compassionate Care: This is a personal visit between a visitor and a resident who is at the end of life and is permitted in all facilities for all residents at the end of life.

Essential Caregiver: A personal, indoor visit between a resident and a designated essential caregiver with no physical distancing required. An essential caregiver can be a family member or other outside caregiver, including a friend, volunteer, private personal caregiver, or court appointed guardian, who is at least 18 years old and has been designated by the resident or legal representative to provide care to a resident.

General Visitation: Facilities approved for general visitation are permitted scheduled indoor visitation with the use of plexiglass safety barriers, as well as outdoor visits, open window visits and vehicle parades, unless the county positivity rate is greater than 10 percent.

Facilities that are serving residents with COVID-19 are permitted general visitation with plexiglass barriers, as long as all COVID-positive residents are put into cohorts in a separate area, and they have staff dedicated to those areas.

Facilities are **also required** to permit all other forms of general visitation, as long as they are not experiencing an outbreak.

Community Spread Testing Requirements:

If the county positivity rate is...	The NF testing frequency is...
Less than five percent	Once a month
Five to ten percent	Once a week*
Greater than ten percent	Twice a week*



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Essential Caregiver Visitation

- Residents in any facility (or their legal representative) may designate up to two essential caregivers who will be trained by the facility on PPE use and infection control
- Prior to the visit, essential caregivers must have a negative COVID-19 test result from a test performed no more than 14 days before the first essential caregiver visit, unless the facility chooses to perform a rapid test prior to entry into the facility
- After being screened, caregivers will be allowed in-room, hands-on visits, one at a time, by appointment, wearing PPE and being escorted into and out of the resident's room by facility staff
- Visits must be scheduled by appointment
- Caregivers can visit a resident unless the resident is confirmed COVID-19 positive
- To address challenges around access to testing kits, HHSC in coordination with TDEM, began distributing free point-of-care antigen test kits in October 2020 to facilities and agencies located in rural areas where limited free test sites are available, where the COVID-19 positivity rate is greater than 10 percent

All nursing facilities are required to permit essential caregiver visitation, which includes compassionate care situations, end-of-life, outdoor and closed window visitation, per the CMS requirements



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Regulatory Services

COVID-19 Response: Vaccines

Residents in long-term care facilities, and those who care for them, are considered a priority for vaccination in Texas' strategy against the COVID pandemic, are categorized as Phase 1A in the Texas vaccination plan and are eligible to receive vaccinations

- To obtain the vaccines, long-term care providers were directed to register, by December 4, with the Pharmacy Partnership for Long-Term Care program, which is a federal partnership with CVS, Walgreens, and other select pharmacies
- DSHS worked with those facilities that missed the deadline to connect them with other vaccine providers



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Regulatory Services COVID-19 Response: Vaccines

As of March 5:

Facility Type	# of Facilities Administering Vaccines	# of Staff Receiving First Dose (cumulative)	# of Staff Receiving Second Dose (cumulative)	# of Residents Receiving First Dose (cumulative)	# of Residents Receiving Second Dose (cumulative)
Nursing Facilities	1,132	50,869	40,112	53,685	42,521
Assisted Living Facilities	1,241	22,614	17,558	30,630	27,700
ICF/IID	257	986	900	1,421	1,271
Totals	2,630	74,469	58,570	85,736	71,492