NF Provider Updates and Q&A with HHSC LTCR and DSHS

*Handouts at End

January 25, 2023

For more information:

Web: Coronavirus (COVID-19) Provider Information
Web: Nursing Facilities (NF) Provider portal
Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161
NF Updates

Panelist

Catherine Anglin

Program Manager NF & LSC
Policy & Rules
Long-Term Care Regulation
Overview

- Vaccinations - COVID-19 and flu
- Benefits of vaccines for residents and staff
- CDC guidance on who should get vaccine & availability
- COVID-19 guidance on infection prevention & control
- DSHS update
- Cold weather prep; reporting heating system failures
- Announcements and reminders
- PASRR update
- TMF Health Quality Institute update
Next Webinar:  
Wednesday, March 8, 2023 at 2:30 p.m.

- Registration information is sent at least two weeks before each webinar via GovDelivery email.

- An alert is also posted to the Nursing Facility Provider Portal in the Communications section.

- The recording and slides from today’s webinar will be posted to the Nursing Facility Provider Portal and sent out via GovDelivery alerts.

- Webinar recordings and slides are typically posted within a few days of the session.
Alert - Winter and Extreme Freezing Weather Preparedness

**December 28, 2022** – HHSC encourages providers to review and update emergency plans for freezing temperatures and snow.

Emergency plans for extreme weather should include:

- 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 policies and procedures.
Alert - Expedited PPE Delivery

December 22, 2022 – Expedited delivery is available for a limited time for PPE through the TDEM.

• Available to all LTC providers, including Nursing Facilities.

• LTC providers who have a current need for these resources can submit requests by visiting star.tdem.texas.gov and selecting the “Expedited PPE” button. The generic passcode for the inventory listed above is: 112518.

• Items are available on a first-come, first-served basis. This system is only to be used on a one-time basis for expedited PPE only.

• Include the amount needed in your request.
Blackboard Connect Emergency Communication System

• Used to send emergency and outreach notifications through email, phone, voice and text if available.
• All NFAs and DONs required to sign up.
• Registration is open.
• Sign-up Challenges:
  • Check to ensure following process in PL 2022-32.
  • Check for any firewalls in system used to access it.
  • See handouts included here.
  • Contact the Policy Mailbox with problems, and you will be routed to someone who can help.
NF Updates

Panelist

Bijendra Bhandari

Infection Prevention Policy Specialist
Policy & Rules
Long-Term Care Regulation
COVID-19 Vaccination

CDC recommends one updated (bivalent) booster dose:

• For everyone aged 5 years and older if it has been at least 2 months since your last dose.
• For children aged 6 months–4 years who completed the Moderna primary series and if it has been at least 2 months since their last dose.

Find Out When You Can Get Your Booster

People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines
COVID-19 Vaccination

The updated (bivalent) boosters are called “bivalent” because they protect against both the original virus that causes COVID-19 and the Omicron variant BA.4 and BA.5.

• The virus that causes COVID-19 has changed over time. The different versions of the virus that have developed over time are called variants.

• Pfizer and Moderna have developed updated (bivalent) COVID-19 boosters.

Previous boosters are called “monovalent.” They were designed to protect against the original virus that causes COVID-19. They also provide some protection against Omicron, but not as much as the updated (bivalent) boosters.
COVID-19 Vaccination

Per [CDC](https://www.cdc.gov), you are “up to date” with your COVID-19 vaccines when you have completed a COVID-19 vaccine primary series and got the most recent booster dose recommended for you by CDC.

- If you have completed your primary series—but are not yet eligible for a booster—you are also considered up to date.
- If you become ill with COVID-19 after receiving all recommended vaccine doses, you are also considered up to date. You do not need to be revaccinated or receive an additional booster.
COVID-19 Vaccination

• Per QSO-20-39-NH, CMS requires nursing homes to educate residents and staff on the risks and benefits of the vaccines and, offer to administer the vaccine.

• 42 CFR §483.10(b)(4) -- A resident has the right to refuse treatment.

• 42 CFR §483.10(d)(2) – A resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident’s well-being.
COVID-19 Vaccination

• On November 5, 2021, CMS announced a requirement that all nursing home staff be vaccinated against COVID-19. Compliance is a requirement for participating in the Medicare and Medicaid programs.

• HHSC is not currently assessing compliance with CMS’s Omnibus COVID-19 Health Care Staff Vaccination rules, published in the Federal Register on November 5, 2021.
Vaccinations – benefits and availability

• Vaccines are essential to the health and well-being of residents and staff. They minimize the risk of acquiring, transmitting, or experiencing complications from serious illness, such as COVID-19, influenza and pneumococcal disease.

• Establishing an immunization program within NF provides protection from vaccine-preventable diseases (VPDs).

• Many VPDs cause serious morbidity and mortality.
  • People 65 years or older are more likely than younger populations to experience significant complications due to increased risk factors that accompany the aging process.
Maximizing vaccine uptake in NFs

Ensure that each resident:
• Has immunization record assessed by primary care coordinator.
• Routinely receives information and education on the benefits and risks of immunizations.
• Has the opportunity to receive vaccines.

Ensure vaccination documentation in resident’s medical record:
• Includes information and education provided about the benefits and risks of immunization
• Document if the vaccine was administered or refused.
• List any medical contraindications, if vaccine couldn’t be provided.
COVID-19 Omicron Subvariant

- The COVID-19 virus is constantly changing, and new variants of the virus are expected to occur.

- A highly transmissible XBB.1.5 Omicron subvariant has risen to the top of all COVID-19 strains circulating in the US. According to the [CDC](https://www.cdc.gov), the omicron subvariant XBB.1.5 now makes up nearly half of US COVID cases.
Checking County Community Transmission Levels

1. Visit the CDC’s webpage for COVID-19 Integrated County View.

2. Scroll down until the page shows the US map.

3. Under Data Type, select Community Transmission.
Community Transmission in US by County

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>1975</td>
<td>61.3%</td>
<td>-13.69%</td>
</tr>
<tr>
<td>Substantial</td>
<td>625</td>
<td>19.4%</td>
<td>4.87%</td>
</tr>
<tr>
<td>Moderate</td>
<td>472</td>
<td>14.65%</td>
<td>7.88%</td>
</tr>
<tr>
<td>Low</td>
<td>150</td>
<td>4.66%</td>
<td>0.93%</td>
</tr>
</tbody>
</table>

How is community transmission calculated?
4. You may zoom in using the + button on the top left corner of the map.

5. Hover cursor above the County of choice (Travis County is shown in example).
Community Transmission in US by County

<table>
<thead>
<tr>
<th>Level</th>
<th>Total</th>
<th>Percent</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>1975</td>
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<td>150</td>
<td>4.66%</td>
<td>0.93%</td>
</tr>
</tbody>
</table>

Travis County, Texas
Transmission Level: High

How is community transmission calculated?
Facemask Use for Staff in Cold Zones

• Facemask use for staff working in COVID-19 negative areas (cold zones) is optional if Community Transmission levels are not high.

• Facemask use for staff working in cold zones is required if Community Transmission levels are high, and while in areas of the healthcare facility where they could encounter residents.
Use of facemasks for staff in cold zones (Contd.)

The CDC stipulates that even if Community Transmission levels are not high, facemasks must be used in healthcare settings by individuals who:

• Have suspected or confirmed COVID-19 or other respiratory infection;
• Have had close contact with someone with COVID-19, for 10 days after that exposure;
• Reside or work on a unit or area of the facility experiencing a COVID-19 outbreak; or
• Have otherwise had source control recommended by public health authorities.
Resident Testing

• **CMS no longer requires quarantine for new admissions** (regardless of vaccination status) unless they are suspected or confirmed of COVID-19 infection.

• Per [QSO-20-38](#), facilities must follow CDC’s [procedure](#) for managing admissions and residents who leave the facility after being away from facility for 24 hours or more.
Resident Testing

Upon admission or after being away from facility for 24 hours or more:

• According to CDC’s procedure for managing admissions and residents who leave the facility, residents in counties where Community Transmission levels are high must be tested upon admission.

• Admission testing at lower levels (Substantial, Moderate or Low) of Community Transmission is at the discretion of the facility.

• Residents have the right to refuse testing.

• Residents (new admission or return after 24 hours or more) should still wear face masks, as tolerated, for the 10 days following admission/return.
Resident testing upon admission

According to the CDC, **three tests** must be performed for these residents in counties where Community Transmission levels are **high**.

1. First at admission and, if negative,

2. **Again** 48 hours after the first negative test and, if negative,

3. **Again** 48 hours after the second negative test.
Staff COVID Testing Guidance

- QSO-20-38 provides that routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.

- Regardless of their vaccination status, staff must report any of the following criteria so they can be properly managed:
  - a positive viral test for COVID-19, or
  - symptoms of COVID-19, or
  - a higher-risk exposure to someone with COVID-19 infection.
Visitation Guidance

**QSO 20-39** details the following changes CMS has made to the visitor screening requirement.

- Staff don’t have to actively screen visitors, meaning they don’t have to take temperatures or ask screening questions. The screening process can be:
  - active (staff ask questions) or
  - passive (facility posts signs)

- NFs should provide guidance to visitors about the recommended actions for visitors who have:
  - a positive viral test for COVID-19
  - symptoms of COVID-19
  - exposure to someone with COVID-19 infection
Visitation Guidance (Contd.)

According to QSO 20-39:

• Visitors with confirmed COVID-19 infection or similar symptoms should defer non-urgent in-person visitation until they meet [CDC criteria for healthcare settings to end isolation](https://www.cdc.gov/coronavirus/2019-ncov/hcp/medically-deriving-ends-isolation.html).

• For visitors who have had close contact with someone with COVID-19, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in [CDC healthcare guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/medical-isolation.html) (e.g., cannot wear source control).
NF Visitation Mask Usage Guidance

QSO 20-39 states that whether visitors and residents should wear source control is no longer based on vaccination status.

- Where community transmission level is **not** high: facemask use for visitors is optional.
- Where community transmission level **is** high: everyone should wear source control.
- Regardless of community transmission level, visitors and residents:
  - should wear source control during an **outbreak**.
  - can choose not to wear a facemask in **private visitation areas**.
Communal Dining and Activities

• All residents can participate in communal dining and activities unless they are in quarantine or isolation.

• When Community Transmission levels are not high, visitors may eat with their loved ones in communal dining areas.

• When Community Transmission levels are high, visitors must use facemasks and must refrain from eating with residents in communal areas.
NF Updates

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation
Winter and Extreme Freezing Weather Preparedness

• Facilities with generators should perform any maintenance or needed testing while the weather is mild.

• It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing.

• NFs with multi-story buildings should review any other needed measures should evacuation be required. A plan should be in place for how to move residents around or out of the building if there is a loss of power.

• Preparing for disaster is the most important step in protecting our most fragile Texans and reducing the risk for loss of life.
PL 2019-17 addresses reporting abuse, neglect, exploitation, misappropriation of resident property and other incidents that a NF must report to HHSC.

Specifically, a NF must report the following:

- Abuse
- Neglect
- Exploitation
- Death due to unusual circumstances
- A missing resident
- Misappropriation
- Drug theft
- Suspicious injuries of unknown source
- Fire
- Emergency situations that pose a threat to resident health and safety
Not being able to maintain temperatures in the facility within the ranges required by rule constitutes an emergency situation that poses a threat to resident health and safety.

According to PL 2019-17, a NF must report such an emergency situation immediately, but not later than 24 hours after the situation is identified or suspected.

<table>
<thead>
<tr>
<th>NF licensed before 9/11/2003</th>
<th>71 degrees F - resident-use areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF licensed on or after 9/11/2003</td>
<td>75 degrees - resident-use areas 72 degrees - other occupied spaces</td>
</tr>
</tbody>
</table>
Heating Equipment Checks

• A NF must check all gas heating systems every year, before the onset of cold weather. This includes gas-fired furnaces and gas-fired water heaters or boilers.

• It is not too late to check heating equipment and make any repairs if you missed performing this check before the first cold weather of this winter.

• Gas heating equipment must be checked by someone qualified and licensed by the state to inspect the equipment.

• Records of this equipment check and any service to the equipment must be maintained.

• Any problems with your heating equipment must be corrected promptly.
Reminder: Emergency Power and Generators

All NFs must have emergency power according to the current rules.

• For facilities licensed before Sept. 11, 2003, the source can be batteries or a generator.

• All facilities licensed on or after Sept. 11, 2003, must have a generator.
Cold Weather Impact on Generators

Operation
• Same challenges as a vehicle
  o Lubricating oil is thicker.
  o Coolants can freeze.

Fuel
• Fuel efficiency is lower, so more fuel may be needed.
• Different fuel types react to extreme cold differently.
Generator Operation and Maintenance

• Extreme cold is tough on batteries.
• A generator might require a different oil formulation in cold weather months.
• A generator might require a different antifreeze mixture in cold weather months.
• In some locations, glow plugs, engine block heaters, or other types of engine heaters might be necessary to mitigate the impacts of extreme cold temperatures.

➢ These types of interventions are difficult to implement in the middle of a weather emergency.
Cold Temperatures and Generator Fuels: Diesel

- Diesel will crystallize or “gel” at 32° F.
- It might be necessary to add an anti-gel additive to diesel fuel.
  - To prevent “gelling,” these additives must be added to diesel fuel before freezing temperatures.
  - If diesel fuel is “gelled,” an anti-gel additive can be used to “de-gel” diesel.
- It may be difficult to obtain anti-gel additives in the southern part of the US or during cold weather events.
- Facilities might consider installing a fuel heater as part of their generator set.
Cold Temperatures and Generator Fuels: Gasoline

• Gasoline is 10%-20% less efficient at low temperatures, so more fuel must be consumed to do the same work.

• Over time, gasoline will attract water, which could cause problems with generator operation, including:

  • Sputtering during generator start-up;
  • Inconsistency in running continuously;
  • Freezing of gasoline containing water, especially in fuel lines

➢ Use older gasoline first and replace it with new gasoline.
➢ Test gasoline for water content.
Cold Temperatures and Generator Fuels: Natural Gas

- Gas wells can freeze in extreme cold.
- There can be gas shortages in extremely cold weather because of reduced production and increased demand.
- Natural gas generators don’t usually have a back-up fuel.
- Gas service may be in shut off during cold weather due to shortages in supply.
- Texas Railroad Commission can order cuts in service during extreme cold weather.
Cold Temperatures and Generator Fuels: Propane

• Propane is stored as a liquid.
• Storage tank gauges might not read accurately in extreme cold.
• At extreme low temperatures liquid propane will not expand into a gas. No expansion means no combustion.
• Air temperatures are probably not a problem.
• Accumulators of ice and snow on and around a propane tank can be a problem.
Emergency Preparedness

According to the federal emergency preparedness rules at 42 CFR §483.73(b), E-0015, a NF must address provisions for sheltering in place, including an alternate source of energy to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provision.
Portable Heaters

The nursing facility licensing standards prohibit portable heaters of all types, including space heaters, in all areas of a facility.

- For facilities licensed before Sept. 11, 2003 – 26 TAC §554.321(d)
- For facilities licensed on or after Sept. 11, 2003, and before April 2, 2018 – 26 TAC §554.340(2)(F)
- For facilities licensed on or after April 2, 2018 – 26 TAC §554.360(c)(2)(H)
NF Update

Panelist

David Gruber
Associate Commissioner of Regional and Local Health Operations, Border Health, Emergency Preparedness and the Texas Center for Infectious Disease

Angel H. Angco-Barrera, MBA, BSN, RN
Director of Public Health Nursing
Division of Regional and Local Health Operations

DSHS: dshs.texas.gov
Department of State Health Services

Links to current information:

• Coronavirus Disease 2019 (COVID-19)
• News and Alerts

• Facebook: facebook.com/TexasDSHS
• Twitter: @TexasDSHS
Initiative to Increase COVID-19 Vaccination among Older Adults in LTC

• The CDC encourages participation in the CDC COVID-19 Vaccination Program. A major goal of the program is to improve vaccine uptake in long-term care facilities.
• LTCFs should reach out to their enrolled pharmacy provider or local health department to facilitate vaccination in their facilities.
• LTCFs that are not partnered with an enrolled pharmacy or local health department to conduct on-site vaccination clinics, and are unable to do so through the existing CDC COVID-19 Vaccination Program, may choose to participate in the program through a sub-provider agreement.

*See attached handouts for more information.

https://www.cdc.gov/vaccines/covid-19/ltcf-sub-provider-agreement.html
NF Updates

Panelist

Catherine Anglin

Program Manager NF & LSC
Policy & Rules
Long-Term Care Regulation
Overview of F-tag Changes

**PL 2023-03**

- CMS issued QSO 22-19-NH regarding revised surveyor guidance for nursing facilities. It notifies providers and surveyors of changes to federal NF regulations.

- PL 2023-03 provides an overview of changes to F-tags in Appendix PP of the CMS State Operations Manual (SOM) as a resource to providers and surveyors. The attached resource is a high-level overview of changes.

- Please read QSO 22-19 and Appendix PP of the SOM for a full description of changes.
Infection Control Communication Form for LTC & Dialysis Facilities

December 23, 2022 – HHSC is sharing a communication tool that can be used to enhance communications between LTC providers and dialysis facilities.

• LTC providers are expected to communicate with dialysis facilities regarding changes in patient status. The National Forum of ESRD Networks developed a communication form that is part of a highly effective practice that can be used to facilitate communication about both patient and facility status.

• Using a communication form strengthens communication between LTC facilities and dialysis facilities, which may improve patient care and diminish the risk of spreading infection.

• LTCF-Dialysis Infection Control Communication Form
Updates to Nursing Home Care Compare Website and Five Star Quality Rating System

01/18/2023 - CMS published QSO-23-05-NH Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System.

• Posting Citations Under Dispute: To be more transparent, CMS will now display citations under informal dispute on the Nursing Home Care Compare website.
Updates to Nursing Home Care Compare Website and Five Star Quality Rating System

01/18/2023 - CMS published QSO-23-05-NH Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System.

- Adjusting Quality Measure Ratings: CMS will be conducting audits of schizophrenia coding in the Minimum Data Set data and, based upon the results, adjust the Nursing Home Care Compare quality measure star ratings for facilities whose audits reveal inaccurate coding.
NF Updates

Panelist

Susan Edgeman BSN, RN, RAC-CT
State RAI MDS Coordinator

Susan.Edgeman@hhs.texas.gov
MDS Update

• QSO 23-05-NH “...we plan to offer facilities the opportunity to forego the audit by admitting they have errors and committing to correct the issue.”

• “This will reduce the burden of conducting audits for CMS and nursing homes and allow CMS to audit more facilities.”

• “To incentivize this admission and to promote improvement, for facilities that admit miscoding after being notified by CMS that the facility will be audited, but prior to the start of the audit

• “CMS will consider a lesser action related to their star ratings than those listed above, such as suppression of the QM ratings (rather than downgrade).

• “Also, a follow-up audit may be conducted to confirm the issue is corrected.”
MDS Update

• “Earlier this year, CMS conducted pilot audits to test the effectiveness of the MDS audit process. During these pilot audits, we found several issues related to the inaccurate MDS coding of residents with a diagnosis of schizophrenia.

• “For example, there was an absence of comprehensive psychiatric evaluations and behavior documentation.”

• “Also, many residents had only sporadic behaviors noted in their medical records, and these behaviors were related to dementia, rather than schizophrenia”
MDS Update

• “Nursing homes should work with their psychiatric providers and medical directors to ensure the appropriate professional standards and processes are being implemented related to diagnosing individuals with schizophrenia.”
MDS Update

• “Information is also available in Appendix PP of the State Operations Manual (F-tags 658, 740, and 758) and the Minimum Data Set 3.0 Resident Assessment Instrument Manual (page 2 of the Errata (v2) effective July 15, 2022).”

• “…For assistance in reducing the use of antipsychotic medications, we encourage nursing homes to contact their Quality Improvement Organization (QIO) for additional resources, assistance, and tools that are available. Facilities can locate their QIO by visiting Locate Your QIO qioprogram.org.”
MDS Update

See RAI Manual Errata July 2022:

• “In situations where practitioners have potentially misdiagnosed residents with a condition for which there is a lack of appropriate diagnostic information in the medical record, such as for a mental disorder, the corresponding diagnosis in Section I should not be coded and a referral by the facility and/or the survey team to the State Medical Boards or Boards of Nursing may be necessary.”
NF Updates

Panelist

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State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
Statewide email: ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet
512-438-4356
Patricia.Ducayet@hhs.texas.gov

Office of the Long-Term Care Ombudsman:
https://apps.hhs.texas.gov/news_info/ombudsman/
NF Updates

Panelist

Valerie Krueger
Manager

PASRR Policy and Specialized Services
IDD and Behavioral Health Services

PASRR.Support@hhsc.state.tx.us
Inactivating a PASRR Level 1 (PL1) Screening Form

Nursing Facilities (NFs) are responsible for inactivating all PL1 screening forms when a person is discharged or deceased. To inactivate a PL1 screening form, the NF must:

• Complete Section B fields B0650-0655 – Discharge or deceased.
  • If field B0650 indicates that the person is deceased, then the Section E tab will not be enabled for data entry and the P1 screening form will submit.

• If field B0650 indicates the person was discharged, Fields E0500-E0900 (Alternate Placement Disposition) are enabled and required for the PL1 screening form to be submitted.
Remove Form Action button(s) from converted PL1 screening forms

- Form Action buttons on converted PL1 screening forms that might put the form(s) back into an active workflow are no longer displayed to the users.

- This will help prevent outdated or invalid data from being copied into other PASRR forms.

- Users will be able to continue to use the following form action buttons:
  - Print
  - Print IDT
  - Add Note
  - Update Form (displayed for NF users only because they are documented as the PL1 submitters)
Negative PASRR Evaluation Process (1 of 2)

• Form 2360: Negative PASRR Evaluation (PE) Letter
• Form 2360 is for local authorities (LAs) to inform an individual of the results of their PE when the results are negative.
Negative PASRR Evaluation Process (2 of 2)

• This letter standardizes the language determining a negative PE and communicates who conducted the PE. Additionally, the letter contains instructions on how the individual can appeal the determination, the time frame to do so, who to contact, an attached “Fair Hearing Request” form, and mailing address.
LTC Online Portal Enhancements for PL1 Screening and PE Forms

• Beginning July 2023, the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal will be modified to enhance the PL1 screening form and the PE form.

• The enhancements will improve usability and functionality of the forms to identify all potentially PASRR-eligible individuals and recommend the appropriate specialized services. Information about these upcoming changes will be available in future articles on the TMHP website.
Email PASRR.Support@hhsc.state.tx.us about the following:

- Assistance or cooperation from a Referring Entity, NF or LA
- Assistance with locating information to complete and submit the PL1 Screening form, PE, PASRR Comprehensive Service Plan (PCSP) and Nursing Facility Specialized Services (NFSS) forms
- Assistance locating forms, people residing in or entering an NF, LAs, or additional training resources
Types of Emails to Refer to the HHSC PASRR Unit – 2 of 2

- Policy guidance on PASRR processes, specialized services and therapist assessments
- Questions specifically related to mental illness, intellectual disability, developmental disability or related conditions

PASRR Support Tips – 1 of 2

When sending an email to the PASRR mailbox, please keep in mind the following:

• Include as much detail as possible.
• Send the Document Locator Number (DLN) of the PASRR form(s) rather than names, SSN, etc.
• Do not send an encrypted email – send the DLN so there is no need for an encrypted email.
• Include your contact information.
PASRR Support Tips – 2 of 2

• Do not copy other HHSC staff, mailboxes, or other staff on your email.

• If your question is about an error message or an error code you have received, include a screen shot.

• If you are having a TMHP LTC online portal issue, call TMHP first. Only contact the PASRR Unit if they are unable to assist you and include in the email: the date, time, name of person you talked to and the case number TMHP assigned you.
HHSC PASRR Contact Information

For questions regarding PASRR, please email: PASRR.Support@hhsc.state.tx.us
Bivalent COVID-19 Vaccine

• “Bivalent” means a two-component vaccine. It includes a component of the original virus strain to provide broad protection against COVID-19, and a component of the omicron variant to provide better protection against the omicron variant BA.4 and BA.5.

• The COVID-19 virus continues to change and mutate, so the new COVID-19 bivalent vaccine is our best protection to prevent against infection, COVID-19 hospitalization and death.

• Vaccination also protects those around you who may not be eligible to get vaccinated or who may be at higher risk for severe illness due to age or underlying health conditions.
### TMF QIN-QIO Region: Texas

<table>
<thead>
<tr>
<th></th>
<th>Booster QII Referral Since Jan. 11, 2022</th>
<th>Bivalent QII Referrals for 6-Week Sprint Referral Since Dec. 2, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Referrals for TX Region</strong></td>
<td>1,008</td>
<td>503</td>
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<tr>
<td><strong>Clinics Held</strong></td>
<td>159</td>
<td>31</td>
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<tr>
<td><strong>Number of Residents Vaccinated</strong></td>
<td>3,939</td>
<td>1,271</td>
</tr>
<tr>
<td><strong>Number of Staff Vaccinated</strong></td>
<td>1,070</td>
<td>204</td>
</tr>
</tbody>
</table>
CMS NHSN Data Report for Texas: Week Ending Jan. 1, 2023

- % Current Residents Vaccinated: 80.03%
- % Current Residents Up to Date: 35.48%
- % Current Staff Vaccinated: 83.65%
- % Current Staff Up to Date: 19.99%
GET BOOSTED NOW

COVID vaccines lose power like batteries.

Recharge your protection.
COVID-19 Therapeutics

• **Why:** Reduces the risk of hospitalization and death due to COVID-19

• **Who:** Treatments should be considered for any resident over 50 or with a high-risk health condition

  Even if vaccinated, residents are more likely than others to get very sick from COVID-19 if:
  
  › They are 50 years or older
  
  › They have one or more health issues, such as heart, lung or kidney disease; overweight; diabetes; severe asthma; or some types of disabilities
  
  › They have a compromised or weakened immune system

• **When:** Must be started early even if the symptoms are mild
COVID-19 Therapeutics

**What** and **How** of the treatment options:

<table>
<thead>
<tr>
<th>Therapeutic</th>
<th>Type of treatment</th>
<th>Start time after symptoms first appear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paxlovid</td>
<td>Oral antiviral (pills)</td>
<td>As soon as possible and up to 5 days</td>
</tr>
<tr>
<td>Lagevrio (molnupiravir)</td>
<td>Oral antiviral (pills)</td>
<td>As soon as possible and up to 5 days</td>
</tr>
<tr>
<td>Veklury® (remdesivir)</td>
<td>IV infusion antiviral</td>
<td>As soon as possible and up to 7 days</td>
</tr>
<tr>
<td>Evusheld</td>
<td>Long-acting antibody combination (injection)</td>
<td>Preventative, <strong>before exposure</strong></td>
</tr>
</tbody>
</table>

- It is important to check with the Administration for Strategic Preparedness and Response (ASPR) Treatment Options for COVID-19 prior to initiating therapy, as recommendations are frequently updated due to viral mutations.
- The table is current as of Jan. 17, 2023.
COVID-19 Therapeutics Fact Sheet

The spectrum of medical therapies to treat COVID-19 is rapidly evolving and these medications are used at different times. Therapeutics are indicated for the treatment of mild to moderate COVID-19 in non-hospitalized patients with laboratory-confirmed SARS-CoV-2 infection, who are at high risk for progressing to severe disease and/or hospitalization.

People who test positive for the virus are more likely to get very sick from COVID-19, especially:

- Older adults (age 50 years or more, with risk increasing with age)
- People who are unvaccinated
- Individuals with certain medical conditions, such as chronic lung disease, heart disease, or a weakened immune system

Treatment Options

It is important to check with the Administration for Strategic Preparedness and Response (ASPR) Treatment Options for COVID-19 prior to initiating therapy, as recommendations are frequently updated due to viral mutations. The below table is current as of Dec. 12, 2022.

<table>
<thead>
<tr>
<th>Therapeutic</th>
<th>Type of treatment</th>
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<tr>
<td>Evusheld</td>
<td>Long-acting antibody combination (injection)</td>
<td>Preventative, before exposure</td>
</tr>
</tbody>
</table>

Every patient who tests positive for COVID-19 should be evaluated to determine whether the use of an available therapeutic is appropriate. Therapeutics can prevent serious illness and save the lives of high-risk individuals who would otherwise be at risk of severe complications.

Sources: COVID-19 Therapeutics Fact Sheet (PDF), TMF; Importance of Timely Use of COVID-19 Therapeutics (PDF), CMS, Nov. 22, 2022
COVID-19 Resources

• Bivalent Vaccine Fact Sheet (PDF), TMF QIN-QIO

• Bivalent Vaccine Fact Sheet in US Spanish (PDF), TMF

• Bivalent Vaccine Toolkit (PDF), TMF

• COVID-19 Therapeutics Fact Sheet (PDF), TMF

• COVID-19 Vaccination and Therapeutics in PALTC Toolkit: Resources for Clinicians (PDF), AMDA-The Society for Post-Acute and Long-Term Care Medicine

• Get Boosted Now Poster (PDF), TMF
NHSN and Other Updates
NHSN Updated Resource

COVID-19 Vaccination Up-to-Date Guidance
COVID-19 Vaccination Modules: Key Terms

**Reporting Period: Quarter 1 2023 (December 26, 2022 – March 26, 2023)**

The following definitions apply when reporting data through the NHSN COVID-19 Vaccination Modules and the Resident Impact and Facility Capacity (RIFC) Pathway for the reporting period of Quarter 1 2023 (representing data for December 26, 2022 – March 26, 2023).

**Up to date with COVID-19 vaccines (Please note that changes for Quarter 1 2023 are highlighted in yellow.)**

*Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of December 26, 2022 – March 26, 2023 for the purpose of NHSN surveillance if they meet (1) of the following criteria:*

- Received an updated (bivalent)* booster dose,
- OR
- Completed their primary series less than 2 months ago

* The updated (bivalent) Moderna and Pfizer-BioNTech boosters target the most recent Omicron subvariants. The updated (bivalent) boosters were recommended by the CDC on 9/2/2022. As of this date, the original, monovalent mRNA vaccines were no longer authorized as booster doses for people ages 12 years and older. Therefore, as of Quarter 1 2023, monovalent boosters are no longer included in the up to date definition.

**Note:** Up to date guidance for individuals aged 11 years and younger differs; please see Stay Up To Date with COVID-19 Vaccines Including Boosters for details.

**Note:** The NHSN surveillance definition for up to date is the same regardless of immunocompromised status.

**Note:** Although the Novavax monovalent booster is allowed for use for adults aged 18 and over, the criteria for up to date COVID-19 vaccination status remain the same for Quarter 1 2023. In other words, individuals are only considered to be up to date if they meet the criteria outlined in the table above.

**Note:** For Long-Term Care Facility Resident Impact and Facility Capacity (RIFC) Pathway (part of the COVID-19 Surveillance Pathways: Resident Impact and Facility Capacity, Staff and Personnel Impact, and Therapeutics) only: A resident with a newly positive SARS-CoV-2 viral test result who has received the updated (bivalent) booster dose or has completed the primary series (in the past 2 months) should be counted in the up to date category if the most recent dose was received 14 days or more before the specimen collection of the newly positive test result. In other words, for the RIFC Pathway, a resident with a newly positive SARS-CoV-2 test result is counted in the up to date category if they received the vaccines required to be up to date at least 14 days before the positive test.

*Please see examples in the table below as well as Appendix 1a for additional information*
COVID-19 Vaccination Modules: Key Terms

Appendix 1a: Decision Tree: Up to Date with COVID-19 Vaccines during the surveillance period of December 26, 2022 – March 26, 2023 for the COVID-19 Vaccination Modules

Facilities can use the following decision tree to help determine up to date vaccination status for the NHSN COVID-19 Vaccination Modules during the reporting period of Quarter 1, 2023 (representing vaccination data for September 26, 2022 – December 25, 2022)

Have they received a updated (bivalent) booster?

- Yes
- No

Have they completed their primary series COVID-19 Vaccine less than 2 months ago?

- Yes
- No

Up To Date

Not Up To Date
Appendix 1b: Decision Tree: Up to Date with COVID-19 Vaccines during the surveillance period December 26, 2022 – March 26, 2023 for the Long-Term Care RIFC Pathway

Long-Term Care Facilities can use the following decision tree to help determine up to date vaccination status for the RIFC Pathway. Please note this refers to reporting data through the NHSN COVID-19 RIFC Pathway for the reporting period of Quarter 1, 2023 (representing data for December 26, 2022 – March 26, 2023).
Increase Access to Level 3

- Go to SAMS NHSN User FAQs and How to Add a User.
  All facilities are strongly encouraged to have at least two registered users with Level 3 access.
- Recommend Experian ID verification process.
- See the SAMS identity verification documents.
- Email nhsn@cdc.gov with “SAMS LEVEL 3 ACCESS” in the subject line for assistance with any questions related to this process and for Level 1 users.
Benefits of Level 3 SAMS Access

- Level 3 grants access to all COVID-19 reporting in NHSN
- Reports and full features can be accessed and used
- Having two or three SAMS Level 3 users for each facility ensures compliance in reporting
Tips to Level 3 SAMS Access

- Expedite SAMS access using Experian ID verification process
- Use the Entrust Soft Token vs. requesting and waiting on the SAMS Grid Card, which is no longer automatic
- For step-by-step instructions, see How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer (PDF)

Note: A user can have both the grid card and the Entrust Soft Token
How to Assign User Rights for Staff/Visitor Reporting (Step 1 of 2)

Must be the NHSN facility administrator (FA) or have administrative rights:

• Go to the Users tab, click **Find**, click **Find** again, look for the user and click on their name
How to Assign User Rights for Staff/Visitor Reporting (Step 2 of 2)

• When viewing User, first click *Edit*, then *Edit Rights* and:
  › Staff/Visitor – Add, Edit, Delete
  › Staff/Visitor – View
NHSN User Rights

<table>
<thead>
<tr>
<th>Rights</th>
<th>Long Term Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>✓</td>
</tr>
<tr>
<td>All Rights</td>
<td>✓</td>
</tr>
<tr>
<td>Analyze Data</td>
<td></td>
</tr>
<tr>
<td>Add, Edit, Delete</td>
<td></td>
</tr>
<tr>
<td>View Data</td>
<td></td>
</tr>
<tr>
<td>Staff/Visitor - Add, Edit, Delete</td>
<td>✓</td>
</tr>
<tr>
<td>Staff/Visitor - View</td>
<td>✓</td>
</tr>
</tbody>
</table>

Customize Rights: 

- Effective Rights
- Save
- Back
Reporting with Level 3 SAMS Access

Always log in with the SAMS grid card or Entrust soft token option.
Always select to report

Do not use
TMF Group and Conferring Rights

Join the TMF Quality Innovation Network Group and Confer Rights in the National Healthcare Safety Network

• Allows us to see your data
• Enables us to help you quicker if you have a data issue

Note: We cannot change your data or input data.
## Infection Control Communication Form

**Between Nursing/Personal Care/Assisted Living Facility and Dialysis Facility**

**Side 1: LTCF Communication to Dialysis Facility**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth: <em><strong>/</strong></em>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTCF Name:</td>
<td>Unit Phone Number: _________</td>
</tr>
<tr>
<td>Dialysis Facility Name:</td>
<td>Dialysis Phone Number: _________</td>
</tr>
</tbody>
</table>

**Patient’s current symptoms when leaving for dialysis (check all that apply):**

- [ ] Temp >99 F
- [ ] Chills
- [ ] Cough
- [ ] New or worsening shortness of breath
- [ ] Fatigue
- [ ] Headache
- [ ] Muscle pain or body aches
- [ ] New loss of taste or smell
- [ ] Sore throat
- [ ] Rhinorrhea
- [ ] Nausea or vomiting
- [ ] Diarrhea
- [ ] None of the above

**Patient’s Infection Control Status:**

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Unexposed/Healthy</td>
<td>No symptoms, no close contact with confirmed/suspected COVID-19 case, and no positive case at the living facility</td>
</tr>
<tr>
<td>[ ] Exposed</td>
<td></td>
</tr>
<tr>
<td>[ ] COVID-19 Positive</td>
<td>Positive Test Date <em><strong>/</strong></em>/____ Date of Exit from Isolation <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>[ ] Influenza/RSV Positive</td>
<td>Positive Test Date <em><strong>/</strong></em>/____ Date of Exit from Isolation <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>[ ] Active Contact Precaution</td>
<td></td>
</tr>
</tbody>
</table>

**COVID-19 and Influenza Vaccination Status:**

**COVID-19**

- [ ] Complete
- [ ] Partial (1 dose of 2-dose series)
- [ ] Not vaccinated
- [ ] Boosted

- Vaccine 1st Dose: [ ] 2-Dose (Moderna or Pfizer) [ ] 1-Dose (J & J): Date: ___/___/____
- Vaccine 2nd Dose (if applicable): Date: ___/___/____
- BiValent Booster Dose: [ ] Yes [ ] No Date: ___/___/____

**Influenza**

- Influenza Vaccine: [ ] Yes [ ] No Date: ___/___/____
Texas
Percentage of Individuals that Completed QSEP Training
Staff & Management Combined


Texas  Region

12.12%  23.79%
Texas
Total Number of Individuals that Completed QSEP Training
Staff & Management Combined

12/13/2020
1/13/2021
2/13/2021
3/13/2021
4/13/2021
5/13/2021
6/13/2021
7/13/2021
8/13/2021
9/13/2021
10/13/2021
11/13/2021
12/13/2021

32,256
12,290
CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning

• Available through the CMS Quality, Safety & Education Portal (QSEP)
• Five frontline nursing home staff modules with three hours total training time
• Ten management staff modules with four hours total training time
• QSEP Group Training Instructions – English
• QSEP Group Training Instructions – Spanish
CMS-Targeted COVID-19

These modules can be completed on a cell phone.

Frontline nursing home staff modules:
• Module 1: Hand Hygiene and PPE
• Module 2: Screening and Surveillance
• Module 3: Cleaning the Nursing Home
• Module 4: Cohort ing
• Module 5: Caring for Residents with Dementia in a Pandemic
Three hours total training time

Management staff modules:
• Module 1: Hand Hygiene and PPE
• Module 2: Screening and Surveillance
• Module 3: Cleaning the Nursing Home
• Module 4: Cohort ing
• Module 5: Caring for Residents with Dementia in a Pandemic
• Module 6: Basic Infection Control
• Module 7: Emergency Preparedness and Surge Capacity
• Module 8: Addressing Emotional Health of Residents and Staff
• Module 9: Telehealth for Nursing Homes
• Module 10: Getting Your Vaccine Delivery System Ready
Four hours total training time
TMF QIN-QIO Resources

- QI Plan for Antipsychotic Medications
- 5 Whys Tool for Antipsychotic Medications
- Fishbone Diagram for Antipsychotic Medications

Note: Please use these documents as a guide to meet your facility’s quality improvement (QI) challenges, to lead you through your own root cause analysis and to develop a QI plan specific to your facility’s needs.
TMF QIN-QIO Resources, cont.

- **Urinary Incontinence in Older Adults**
- **Urinary Incontinence in Older Adults** – Spanish version
- **Urinary Incontinence (Bladder Control Problems)**
- **LTC Connect Recorded Events:**

  Look for the Jan. 19 event, **LTC Connect: New Year, New NHSN Refresher**.
TMF QIN-QIO Resources, cont.

Website: tmfnetworks.org

• How to Create an Account on the TMF Network
• Calendar of Events
• Nursing Home Resources
• Quality Measures Video Series and Resources
• Quality Assurance Performance Improvement Video Series
Upcoming TMF QIN-QIO Training

Nursing Home Office Hours:
Open Q&A Session + NHSN Update
Tuesday, Jan. 31, 2023
10:30 – 11:30 a.m. CT

LTC Connect:
Adverse Drug Events
Thursday, Feb. 16, 2022
1:30 – 2:30 p.m. CT

NEW! Register once for multiple TMF QIN-QIO events!
Email

nhnetwork@tmf.org

Submit requests for help with NHSN and/or quality improvement assistance.

Follow Us on Facebook

TMF QIN Nursing Home Quality Improvement Facebook

Need Assistance? Connect With Us!
Reminders

GovDelivery Alerts
Don’t forget to sign up for GovDelivery alerts. Select “Nursing Facility Resources” as a topic option to receive webinar updates.

CMS/CDC COVID-19 Training
CMS is offering free online training for nursing facilities related to COVID-19.

Click here to view available pre-recorded trainings. Facilities also have access to the CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management.
Questions?

For more information:
Web: Coronavirus (COVID-19) Provider Information
Web: Provider Portal: LTC Providers - Nursing Facilities (NF)
Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161
Thank you!

For more information:
Web: Coronavirus (COVID-19) Provider Information
Web: Provider Portal: LTC Providers - Nursing Facilities (NF)
Email: LTCRPolicy@hhs.texas.gov  |  Phone: (512) 438-3161
Blackboard Connect is an Emergency Communication System HHSC uses to send emergency and outreach notifications through email, phone, voice and text if available. Certain designated provider staff must sign up for the system. For more information on the system and who must sign up, please see PL 22-32.

10 Easy Steps to Sign Up

Register
1. Go to https://txhhscrsdopen.bbcportal.com/Entry and click Sign Me Up!
2. Enter information in each field and click the checkbox to agree with the terms of use.
3. Next you will receive an email. Use the hyperlink to confirm your email address and log into your account. Enter 3 security questions with the answers. These are used to verify your identity in case of need to reset your password.

Enter Contact Information
4. Once logged in, enter your full business address. County in mandatory.
5. This will open a map. Confirm you address and click Save.
6. If you wish to alter your email you can click add email and provide a new email.
7. Next screen you will need to provide phone information by selecting Add Phone. Provide a work phone number and select delivery methods you prefer. You may register multiple phone numbers if needed.

Subscribe
8. Use the checkboxes to subscribe to the topics you would like and pertain to your program and location. You can subscribe to more than one. You cannot opt-out of receiving emergency messages.
9. If you would like to alter your preferred contact method, you can do so by clicking the edit icons to the right.
10. Click done.

If you have any questions, please contact the Policy and Rules Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.
Welcome to Blackboard MyConnect, your online tool for subscribing to messages that matter to you most. Provided below are instructions on how to register for the Texas Health and Human Services, Regulatory Services Division, MyConnect site and subscribe to messages and notifications. Each provider is required to have someone from each physical facility registered. There is no maximum number of people who can be registered.

Please be sure to fill out all sections in their entirety.

1. Visit the MyConnect Site at [https://txhhscrsdopen.bbcportal.com/Entry](https://txhhscrsdopen.bbcportal.com/Entry) click Sign Me Up!
2. Provide your first and last name, an email address, and a password for your new account. Click checkbox to agree with terms of use and click Continue.

3. Once you’ve provided the information and selected next, you will receive a confirmation message to the email you’ve provided. This can take roughly 10 minutes to receive. Use the hyperlink provided in the email you receive to confirm your email address and log into your account. Use the pull-down menus to select a security question and provide the answer to the question in the field below. These will be used to verify your identity in case you need to reset your password. Click Save to continue.
4. Once successfully logged in, click Add Address and supply your full business address. **County** is a mandatory entry. Once in place, click Next to continue.

5. This will open a map for you to confirm your address. Once identified, click Save to continue.
6. If you wish to alter your email address, Click the Add Email and provide the new email within the presented field.

7. Provide your phone information by selecting Add Phone. Provide a work phone number (text capable, if you want to receive texts) and select the delivery methods you prefer. Click Save to continue. You may add additional phone numbers if you have multiple phones you wish to register.
8. Once all info tabs are complete, click Next to continue.

9. Use the checkboxes to subscribe to the message topics that are available on your screen. You can subscribe to more than one message, however, you cannot opt-out of receiving Emergency Messages. It is strongly recommended to include subscription for region and facility type. Be sure to select those that apply to your program and location. Once all are selected, click Next to continue.
10. Alter your preferred contact methods for your now listed subscriptions by clicking the edit icons to the right. Click done when complete.
Step #1
Sign Up

Visit MyConnect site: https://txhhscreisdopen.bbccportal.com/Entry

Step #2
Registration Email

Use Hyperlink provided in the registration email received

Click Sign Me Up

Supply Name, Email and Password *

Click Continue. Registration email can take 10+ minutes to arrive. **

Step #3
Tell us About Yourself

Supply your full Business Address including County and click next to continue

Select and answer all three Security Questions

Click Save to continue

Step #4
Set Your Subscriptions

Use the checkboxes to subscribe to message topics

Verify location on Map and click Save to continue

Select subscription for each applicable region and facility type

Click Next to continue

Step #5
Set Your Preferences

Click edit Icons to alter preferred contact for your now listed subscriptions

Click Done when complete

* Ensure the email address is accurate before saving.
** Check your spam folder if you don't receive confirmation
December 16, 2022

Dear Jurisdictions,

As we enter the winter months with increasing cases of respiratory diseases, including COVID-19, there is a critical need to encourage older adults to receive the updated (bivalent) COVID-19 boosters, especially those living in long-term care settings (LTC). Older adults are at high risk for severe illness, hospitalization, and death from COVID-19. The updated (bivalent) COVID-19 boosters are the best protection against COVID-19 variants causing illness right now. We are seeing lower rates of vaccination in older adults (over 65 years of age) than at this time last year. Therefore, we need your help to encourage local health care providers and LTC facilities to increase vaccination among older adults and in these facilities. CDC, HHS, and partner organizations are reducing barriers to vaccination for residents of LTC facilities by providing flexibilities in vaccination administration, increasing communications, and encouraging jurisdictions to utilize “strike teams” for intensive facility level efforts.

Here is how you can support as more health care providers and LTC facilities reach out to state and local health departments for vaccine assistance:

• **Share this sample letter** with LTC facilities so that they can share it with residents and their families. This letter provides information about COVID-19 vaccination and language to communicate and promote the facility’s efforts to provide access to the vaccine (e.g., onsite vaccination or driving residents to a vaccination site).

• **Advocate for a strong and clear recommendation** from the patient’s healthcare provider to help increase the likelihood that a patient will agree to be vaccinated.

• **Ensure providers and facilities know that vaccinators such as emergency medical technicians (EMTs) or home health agencies, who are COVID-19 providers, may be available to provide onsite vaccinations at LTC facilities.** The Centers for Medicare and Medicaid Services (CMS) will allow Medicare-enrolled immunizers, including but not limited to pharmacies working within the United States, to bill directly and receive direct reimbursement from the Medicare program for vaccinating Medicare LTC residents. This means that vaccinators such as EMTs or home health agencies may be available to provide onsite vaccinations at LTC facilities, helping provide much needed access to residents.

• **Stay up to date on the latest COVID-19 data in your state or county, using CDC’s COVID-19 Data Tracker.** This quick reference tracker provides information on COVID-19 cases, deaths, hospitalizations, testing, and vaccination.

Thank you and your colleagues for rolling up your sleeves to help health care providers and LTC who serve older adults and help them stay protected from COVID-19.

Jose R. Romero, MD

Georgina Peacock, MD
Sample Letter to Long-term Care Facility Residents

A message from: <Your Long-term Care Facility>

Dear Resident:

As you celebrate the holiday season with friends and loved ones, we encourage you to get the updated (bivalent) COVID-19 vaccine so you can protect yourself and others around you from getting very sick from COVID-19.

A few things about COVID-19 and the updated vaccine:

- Older adults are at high risk for severe illness, hospitalization and death from COVID-19.
- COVID-19 vaccines are safe, effective, free, readily available.
- Getting an updated vaccine is the best thing you can do to protect yourself and your loved ones from current COVID-19 variants.
- Get your updated (bivalent) vaccine 2 months or later after your last dose. It doesn’t matter which COVID-19 vaccine you got or how many boosters you’ve already gotten.

<If offering on-site vaccination> To offer convenient access to the vaccine, we have partnered with <name> to provide on-site COVID-19 vaccination for residents and staff free of charge. Please watch for additional information about on-site vaccination clinics.

<If offering to drive residents to a vaccination site (e.g. pharmacy, clinic)> To offer convenient access to the vaccine, we have partnered with <name> to provide COVID-19 vaccination for residents and staff free of charge. We will organize dates and times to take you to <name> for your vaccination. Please watch for additional information about the dates and times.

After getting your COVID-19 vaccine, you may have some side effects, which are normal signs that your body is building protection. The most common side effects are pain at the injection site, fever, and chills. These side effects tend to be mild and go away on their own within a few days. We will work with you to report any health problems that may occur after vaccination although they are rare.

In addition, we encourage residents who have a smartphone to enroll in v-safe, a tool that can be used to tell CDC if someone has any side effects after getting a COVID-19 vaccine.

Thank you for rolling up your sleeve to get the updated (bivalent) COVID-19 vaccine and protecting yourself and others during this holiday season. Please encourage your friends and loved ones to do the same. Tell them to visit vaccines.gov to find a location to get a vaccine.

Please contact us with additional questions at [contact information].

Sincerely,

[name]