NF Provider Updates and Q&A with HHSC LTC Regulation

March 8, 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

*Handouts at End
NF Updates

Panelist

Kevin Knippa

Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation
Overview

Updates and information included in this webinar:

- Announcements and reminders
- Extreme weather and reportable incidents
- DSHS
- Selected priority alerts
- COVID-19 and Infection Prevention and Control
- RAI-MDS
- PASRR
- TMF Health Quality Institute
Next Webinar:
Wednesday, June 14, 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.
2023 North Atlantic Hurricane Season

Season begins June 1 – ends November 30

• National Hurricane Center - NOAA: outreach/resources

• National Weather Service - Hurricane Safety Tips and Resources
2023 Hurricane Season Preparedness

Providers are reminded to review their emergency preparedness and response plans before hurricane season begins. Ensure any necessary updates are made prior to the end of May, and staff is aware of how to implement the facility's plans.

- Are receiving facilities and transportation contracts still viable?
- How will you maintain infection control measures during evacuation or sheltering-in-place?
- How will you make sure PPE is available, in addition to other supplies including food and medicine?

Providers affected by an adverse event, such as severe weather, or who need to temporarily exceed capacity due to a disaster, should contact their HHSC LTCR Regional Office.
Extreme Weather Events

Emergency plans for extreme weather should include addressing:

- 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.
Reportable Event – Loss of Power

Refer to PL 2019-17: Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a Nursing Facility Must Report to HHSC for information about reportable incidents.

Nursing facilities must report any situation that poses a threat to resident health and safety to HHSC.

26 TAC §554.1923: Incident or Accident Reporting
Reportable Event – Loss of Power

Keep in mind:

• Facility temperature must be maintained for the comfort of residents. The heating and cooling systems must maintain a comfortable temperature for residents in all areas residents use.

• Required food temperatures must be maintained.

• A supply of hot and cold water must be provided.

• Adequate temperature and ventilation for safe storage of medications must be maintained.
Emergency Power

Ensure alternate sources of energy to maintain:

- Temperatures to protect resident health and safety; for safe and sanitary storage of provisions;
- Emergency lighting;
- Fire detection, extinguishing and alarm systems;
- Sewage and waste disposal; and
- Nurse call system and facility telephone equipment.
Emergency Power

If a facility’s plan requires power to implement the plan, a facility needs to consider how it will obtain power, especially if electrical service is disrupted.

• Most NFs have an emergency generator that meets only the minimum state and federal requirements.

• That generator might not satisfy all the subsistence needs of the facility.
Emergency Power – Portable Generator

In an emergency, portable generators are allowed, to supplement a required permanently installed generator, to provide power beyond the minimum emergency power requirements in rule.

A portable generator cannot substitute for a required permanently installed emergency generator.

If the facility’s emergency plan relies on a portable generator, does the facility already have the generator?
  - If not, where will it get one?
NF Updates

Texas Department of State Health Services

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)
- Influenza (Flu)
- News and Alerts

- Facebook: facebook.com/TexasDSHS
- Twitter: @TexasDSHS
NF Updates

Texas Long-Term Care Ombudsman

Patty Ducayet
State Long-Term Care Ombudsman
512-438-4356
Patricia.Ducayet@hhs.texas.gov

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

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

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation
CMS Provider and Supplier Compliance Education Through Quality in Focus

QSO-23-06-ALL: Provider and Supplier Compliance Education Through Quality in Focus (QIF) Trainings provides information about a series of short (10–15 minutes), Quality in Focus interactive videos tailored for specific provider types. The trainings highlight citation patterns and compliance solutions.

QIF interactive videos currently available for SNF/NF:
• Treatment and Prevention of Pressure Ulcer Citations;
• Free of Accident Citations;
• Medication Error Citations.

See the Quality, Safety & Education Portal Training Catalog – find the videos in the "Quality in Focus (QIF)" tab.
COVID-19 Public Health Emergency End

On February 9, 2023, the Department of Health and Human Services (HHS) announced the Public Health Emergency (PHE) for COVID-19 will end on May 11, 2023.

Some of the flexibilities that were created during the pandemic were recently expanded by the Consolidated Appropriations Act, 2023. Others, while critical during initial responses to COVID-19, are no longer needed.

CMS has made further updates to the CMS Emergencies Page with useful information for providers.
COVID-19 Public Health Emergency End

Provider-specific fact sheets about COVID-19 Public Health Emergency (PHE) waivers and flexibilities:
https://www.cms.gov/coronavirus-waivers

In the coming weeks, CMS will be hosting stakeholder calls and office hours to provide additional information. Please visit the CMS Emergencies Page for updates regarding PHE sunsetting guidance.
February 27, 2023 – As part of ongoing efforts by CMS to provide up-to-date information to allow providers to prepare for the end of the Public Health Emergency (PHE) for COVID-19, they have provided an overview fact sheet on CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency.

Topics covered in the fact sheet include:
• COVID-19 vaccines, testing and treatments
• Telehealth services
CMS Waivers, Flexibilities and the Transition Forward from the COVID PHE

What remains in effect after the end of PHE for certified nursing facilities:

- CMS staff vaccination requirement remains in effect for 3 years after 11/5/21, unless CMS takes regulatory action.
- Requirement to educate and offer vaccines to residents remains in effect until 3 years after May 2021, unless CMS takes regulatory action.
- Requirement to report COVID-19 cases through NHSN (NHSN’s LTCF COVID-19 Module, NHSN log in), will remain in effect until December 31, 2024.

Refer to QSO-21-19-NH: Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff for additional information.
End of Temporary Waivers of Certain LTCR Requirements During PHE

PL 2023-05: End of Temporary Waivers of Certain LTCR Requirements During COVID-19 Public Health Emergency

The end of the COVID-19 public health emergency (PHE) also ends waivers of certain rules, meaning the rules that were in place prior to the COVID-19 PHE go back into effect.

PL 2023-05 describes the waivers that are ending, the waivers still in place, and the waivers previously ended.
Waivers – end on date specified or on the end of the PHE, whichever is first

<table>
<thead>
<tr>
<th>Federal</th>
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<tbody>
<tr>
<td><strong>Ends at the conclusion of the PHE, May 11, 2023:</strong> Three-Day Prior Hospitalization for coverage of SNF stay.</td>
</tr>
<tr>
<td><strong>Ends April 5, 2023:</strong> Training and Certification of Nurse Aides (<a href="https://www.gpo.gov/fdsys/pkg/FR-2020-01-15/pdf/2020-04541.pdf">42 CFR §483.35(d)</a>) not employ anyone to perform nurse aide duties for longer than 4 months unless they meet requirements.</td>
</tr>
<tr>
<td><strong>Ends at the conclusion of the PHE, May 11, 2023:</strong> PASRR – CMS has been allowing states and nursing homes to suspend PASRR assessments for new residents.</td>
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Waivers – end on date specified or on the end of the PHE, whichever is first

<table>
<thead>
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| **Ends April 5, 2023:**  
Nurse aide not employed for longer than four months unless they meet CNA certification requirements  
26 TAC §554.1001 Nursing Services (a)(4); Provider Letter 2021-19 |
| **Ends May 1, 2023:**  
application submission and processing timeframes for CNA  
(26 TAC §556.9) and MA (26 TAC §557.115) |
| **Ends May 1, 2023:**  
related to CNA and MA training  
26 TAC §556.3(e); 26 TAC §556.2(6) and §557.119(b)(2) |
Fraudulent Nursing Diplomas

March 1, 2023 – HHSC has become aware of a nation-wide scheme involving the sale of false and fraudulent nursing degree diplomas and transcripts from accredited Florida-based nursing schools, which were then used by individuals to obtain nursing licensure in various states.

You can find information regarding this scheme, as well as resources and updates on the Texas Board of Nursing website.
NF Updates

Panelist

Sandra Wiegand CPHQ, SMQT
Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation
HHSC Retires the NF COVID-19 Response Plan and COVID-19 FAQs

HHSC Long-Term Care Regulation has retired the COVID-19 Response Plan for Nursing Facilities, effective Feb. 6, 2023.

• Facilities can obtain guidance along with resources for infection prevention, control measures and PPE utilization through the Infection Prevention and Control Measures for Common Infections in LTC Facilities and Infection Control Basics & PPE for Essential Caregivers documents.

These resources can be found on the NF Provider Portal page.
IP&C Measures for Common Infections in LTC Facilities

The handbook lists the frequently encountered infections in long-term care facilities, their common causative agents, and the suggested levels of precaution.

The guidance presented in this handbook is adapted from the CDC. Providers must meet the minimum requirements for infection prevention and control as established by the regulations governing their program.

Information presented in this handbook should be used as baseline guidance. The handbook does not contain every specific recommendation from the CDC. A provider may choose to implement more stringent policies than the recommended guidelines.
Certified NF providers should review the following CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Locations for information on reporting, testing and visitation requirements:

- QSO-20-29-NH Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes
- QSO-20-38-NH - Long-Term Care Facility Testing Requirements
- QSO-20-39-NH - Nursing Home Visitation
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), as of mid February 2023, the omicron subvariant XBB.1.5 was 71% of US COVID cases.

- **CDC recommends** an updated (bivalent) booster dose, for those that are eligible.
- **Find Out When You Can Get Your Booster**

People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html)
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>
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<tr>
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<td>170</td>
<td>5.28%</td>
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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 (Kleberg County is shown in example on following slide).
Community Transmission in US by County

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Kleberg County, Texas
Transmission Level: High
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

The CDC specifies 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 the CDC’s procedure for managing admissions and residents who leave the facility after being away from facility for 24 hours or more.
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 be advised to wear face masks, as tolerated, for the 10 days following admission/return.
Upon admission for residents in counties where Community Transmission levels are high, three tests must be performed, according to the CDC.

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-19 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:
  
  o a positive viral test for COVID-19, or
  
  o symptoms of COVID-19, or
  
  o a **higher-risk exposure** to someone with COVID-19 infection.
Staff do not have to actively screen visitors, meaning they do not 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 – COVID-19 Screening (cont.)

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.

• 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 (e.g., cannot wear source control).
NF Visitation Mask Usage Guidance

QSO 20-39 indicates 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 to not 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

Caroline Sunshine

Policy Specialist
Policy & Rules
Long-Term Care Regulation
Medication Aide Waivers Ending

The waiver related to **Medication Aide** (MA) permit renewal is set to end April 30. The waiver allowed delays in renewal of MA permits [requirement: 26 TAC §557.115(a)(2)].

• As of today, MAs may work on an expired permit dated March 12, 2020 or later.

• As of May 1 – MAs must have a current, active permit. They must renew expiring permits by successfully completing a 7-hour CEU class and submitting the renewal application and fee.

• Medication aides whose permits are expired and do not submit all required renewal materials by April 30 (when the waiver ends), must complete the initial training program and pass the state exam to reinstate their permits to practice as med aides.
Waiver Involving CNAs

A state waiver in place is allowing delay with CNA biennial certificate renewal [requirement at 26 TAC §556.9(e)].

- As of today, a CNA may work on a certificate dated March 12, 2020 or later.

- As of May 1, CNAs will need to have a current certificate to work as a CNA. The requirement for CNAs to renew their certificates every two years will resume on that date.
Waiver Involving Nurse Aides

A federal waiver allowing nurse aides to work in NFs for more than four months is ending on April 5.

• As of April 6, nurse aides who have been in their role for four months or more will have four months to become certified.

• We strongly recommend that all nurse aides without certificates start working on getting certified now.
Nurse Aide Certification

• Nurse aides have the option to use 100 hours of work training and experience in a NF to qualify to sit for the exam. This process is outlined in PL 2021-19 and was written into permanent rule at 26 TAC §554.1001(a)(4)(A)(ii).

• The option will be available for four months after the PHE is declared to have ended. After that, nurse aides will need to complete training through the traditional NATCEP process.

• According to rule at 26 TAC §556.6(j)(2), a trainee that fails the competency exam three times must re-take the NATCEP training and the exam.
NATCEP Training Program Waiver

The NATCEP lab setting waiver ends on April 30.

• As of May 1, a NATCEP can only offer clinical training in a lab setting if there is no appropriate and qualified clinical site within 20 miles of the NATCEP location.

• NATCEPs must request the ability to hold clinical training in a lab setting under these circumstances by submitting Form 5514-Application for NATCEP to Regulatory_NATCEP@hhs.Texas.gov.
Training Program Waivers

- Waiver permitting NATCEP and medication aide training programs to provide online classroom training ends May 1.

- However, the definition of classroom training was updated in rule to include online instruction:
  - 26 TAC §556.2(6) NATCEP
  - 26 TAC §557.101(c)(5) medication aide

- NATCEP and medication aide training programs do not have to request permission to teach classroom training virtually.

- See PL 2023-05 for more details.
NF Updates

Panelist

Rachael Holden

Policy Specialist
Policy & Rules
Long-Term Care Regulation
In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and passed a law that allowed people to automatically keep Medicaid coverage (continuous Medicaid).

Based on the new federal law, Consolidated Appropriations Act, 2023, continuous Medicaid eligibility will end on March 31, 2023. People need to renew their benefits when it’s time to ensure coverage will continue if they are eligible.

If members do not respond to renewal or information requests from HHS, they could lose coverage.

To learn more, read the End of Continuous Medicaid Coverage FAQs.
End of Continuous Medicaid Coverage

Actions Members Can Take Now

• Medicaid members should look out for renewal notices mailed in a yellow envelope that has “Action Required” in red or sent electronically to members signed up for electronic notices.

• Members will need to complete and return renewal packets and requests for information quickly, on time.

• Contact HHSC to report any changes (such as contact information, pregnancy or household changes) as soon as possible.

• If members do not already have one, create an account at YourTexasBenefits.com or on the Your Texas Benefits mobile app.
End of Continuous Medicaid Coverage – CRITICAL: Action Required ASAP

How you can assist your residents:

If nursing facility receives these renewal notices to share with the residents (deliver the mail to the residents or assist with renewal completions), look out for renewal notices mailed in a yellow envelope that has “Action Required” in red.
How you can assist your residents:

• Members will need to complete and return renewal packets and requests for information quickly.

• If resident is no longer at the facility, return the envelope to sender, indicating "no such person at this address" or some indication that the envelop is not deliverable to the intended member.

• If a resident member does not receive the renewal notice: HHSC may not have the most up-to-date contact information. They may have sent it to an old address. If you’re worried your resident might not have gotten any notices from HHSC because they don’t have the current address or that there’s been a mistake, call 2-1-1 and choose option 2.
End of Continuous Medicaid Coverage – CRITICAL: Action Required ASAP

How you can assist your residents' legally authorized representatives (LAR):

• Renewal packets and requests for information need to be completed and returned quickly.

• If a LAR is involved in resident member affairs – ensure the representative receives any Medicaid renewal notifications without delay, if it was sent to the facility.

• Check in with the LAR regarding the end of continuous Medicaid coverage – if a resident member representative does not receive the renewal notice, instruct them to call 2-1-1 to ensure HHSC has current contact information.
End of Continuous Medicaid Coverage Ambassador Toolkit

This End of Continuous Medicaid Coverage Ambassador Toolkit is available to help members, providers, health plans, and advocates prepare for the end of continuous Medicaid coverage.

The toolkit also contains information for recipients on the end of SNAP Emergency Allotments.

End of Continuous Medicaid Coverage Flyers

- Medicaid Coverage Flyer in English (PDF)
- Medicaid Coverage Flyer in Spanish (PDF)
End of Continuous Medicaid Coverage

Resources:

- Member FAQs in English (PDF)
- Member FAQs in Spanish (PDF)
  - Both English and Spanish versions of Member FAQs attached in handouts section of this webinar
- Create a Your Texas Benefits Account handout (PDF)
- Renew Your Benefits Handout in English (PDF)
- Renew Your Benefits Handout in Spanish (PDF)
- Provider Information Sheet (PDF)
NF Updates

Panelist

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

Susan.Edgeman@hhs.texas.gov
CMS announced that the transition of the Minimum Data Set (MDS) assessment submission and reporting functionality to the Internet Quality Improvement and Evaluation System (iQIES) will occur on **April 17, 2023.**

- CMS will provide additional information through various email notifications regarding training, technical guidance, details on what to expect, and more.

- **Register for an iQIES account.** Please note that failure to obtain access to iQIES prior to April 17, 2023 will impact your ability to submit MDS records.

See the [MDS Launch Transition Date Announcement](#) for information.
Resources - MDS and IQIES

To prepare for the transition to IQIES, the QIES Assessment Submission and Processing (ASAP) system for MDS submissions will be turned off on Thursday, April 13 at 8:00 pm EST. Providers should submit completed MDS records prior to 8:00 pm EST on April 13th to QIES (ASAP) or wait until 8:00 am EST on April 17th to submit data in iQIES.

- MDS Transition from QIES to iQIES
- Action Required: Register for an iQIES Account
- iQIES - Getting Started with iQIES
- MDS 3.0 Technical Information
- Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual
MDS – October 2023 changes

• MDS 3.0 Item Set changes effective on October 1, 2023.

• Nursing Facilities need to be aware of these upcoming changes and should consider updating workflows, data collection and staff training in advance of the implementation of these changes.

• MDS webinar: planned – date yet to be determined. Please monitor the GovDelivery alerts for news when the webinar is scheduled.
MDS – October 2023 changes

• RUG-based Case Mix States will be required to change with the elimination of Section G from the federal item sets. Data analysis continues on Texas' PDPM-type model adapted for LTC.

• MDS 3.0 Quality Measure changes will occur in 2023 as multiple QM items require input from section G of the MDS.

• ADL tracking for Nursing Assistants and Nurses will need to change to support GG and the elimination of Section G.

• For Medicaid Case mix reimbursement, Section G and related data will be collected in the RUGs tab on the LTCMI portal.
MDS – October 2023 change highlights

- Section G has been eliminated.
- Items that will accommodate the Transfer of Health Information QRP quality measures have been added.
- Items that will accommodate an additional five categories of Standardized Patient Assessment Data Elements (SPADEs) have been added.
- The PHQ-9 was changed to PHQ-2 to 9, which could shorten the interview to two questions in some cases.
- Section N0410 has been replaced with section N0415 High Risk Drug Classes: Use and Indication.
NF Updates

Panelist

Valerie Krueger
Manager

PASRR Policy and Specialized Services
IDD and Behavioral Health Services

PASRR.Support@hhsc.state.tx.us
Preadmission Screening and Resident Review (PASRR)

Valerie Krueger
Manager, PASRR Policy
IDD and Behavioral Health Services
Check Alerts in the Long-Term Care (LTC) Online Portal

Nursing Facilities should check the alerts received in the LTC Online Portal daily. Failure to do so may mean missing:

• Alerts informing NFs of actions they need to take in the LTC Online Portal (i.e. PL1 needing certification)
• Important messages regarding Nursing Facility Specialized Services (NFSS) requests
• Important messages from the HHSC PASRR unit regarding items that need to be completed in the LTC Online Portal
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.
LTC Online Portal Enhancements for PL1 Screening and PASRR Evaluation (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.
Change of Ownership
(CHOW reminders)

When NFs are entering new PL1 Screening Forms due to a CHOW, remember the following:

• If the individual has a current positive PE then the PL1 Screening Form must be positive
• If the prior PL1 Screening Form was positive but the PE was negative, the PL1 screening Form will be negative
• If the individual has a current negative PL1 Screening Form and you now suspect it should have been positive, Form 1012 must be completed to determine if a new positive PL1 Screening Form is needed.
Types of Emails to Refer to the HHSC PASRR Unit – 1 of 2

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

For additional learning opportunities, information, and forms: https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr
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 (remember to black out person’s name).

• 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.
For questions regarding PASRR, please email:

PASRR.Support@hhsc.state.tx.us
TMF Health Quality Institute
CMS Quality Innovation Network-
Quality Improvement Organization (QIN-QIO)

Monika Maxwell, RN
TeamSTEPPS® Master Trainer
Quality Improvement Specialist
National Healthcare Safety Network (NHSN) Tips & Tricks

• Can’t log in: Change browsers
• Unable to change password: Change browsers
• Change the password every 60 days: Set a calendar reminder
• Periodically clear your cookies
• Have multiple users
• All users log in monthly: Set a calendar reminder
• All users stay proficient by reporting monthly
NHSN Tips & Tricks

• Always sign in with your SAMS Level 3 credentials – SAMS Card or Entrust Soft Token (app)
• Deactivate users when they leave the facility and should no longer have access to your account
• Reactivate users when they return to the facility
How to re/de-activate a user’s profile:
1. Go to USERS on the left navigational bar
2. Select FIND, select FIND on the bottom of the screen
3. Select your user’s profile
4. Go to EDIT,
5. At the USER ACTIVE drop down, toggle to YES/NO
6. Then SAVE.
Increase Access to Level 3

1. 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.  
   › Experian ID verification process is recommended.
2. See the About SAMS website.
3. Email nhsn@cdc.gov with SAMS Level 3 Access in the subject line for assistance with any questions related to this process.
4. See the How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer.
Always select to report

Do not use
Count Down to Flu Reporting

• Due no later than May 15
• Can be reported for a final count after March 31
• Must add HCP component to the facility’s account

See the following TMF recordings:

• LTC Connect: New Year, New NHSN Refresher
• Annual Flu Vaccine Reporting for HCPs Tracker
• How to Use the NHSN Annual Flu Vaccine for HCPs Tracker Video
CMS Reminder – Move to iQIES

• The minimum data set (MDS) assessment submission and reporting functionality to the Internet Quality Improvement and Evaluation System (iQIES) will occur on Monday, April 17, 2023.

• Providers should submit completed MDS records prior to 8 p.m. ET on April 13 to QIES, OR

• Wait until 8 a.m. ET on April 17 to submit data in iQIES.
CMS Reminder – Move to iQIES

• Take into account all requirements when determining the date to submit completed MDS records, including but not limited to, submission timeliness, claims processing and care planning requirements.

• Failure to obtain access to iQIES prior to April 17, 2023, will impact your ability to submit MDS records.

• Register for an iQIES Account.

• Contact the iQIES Service Center at iqies@cms.hhs.gov or 800-339-9313.
2023 CMS Quality Conference

Building Resilient Communities: Having an Equitable Foundation for Quality Health Care

May 1-3, 2023

https://www.cmsqualcon.com

Note: May 3 is dedicated to long-term care.
LTC Connect: Adverse Drug Events

Feb. 16, 2023

Focused on the three commonly prescribed medications that can cause adverse drug events (ADEs) in nursing home residents, the BEERS criteria and how ADEs can affect readmission and hospitalization rates.

Event Recording

Transcript
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 Jan. 30, 2023.

<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>
</tbody>
</table>
Don't Press Your Luck!

Ask a nurse about getting your latest COVID-19 vaccine today.
Don’t Press Your Luck!

Ask a nurse about getting your latest COVID-19 vaccine today.
¡No abuse de su suerte!

Pregunte hoy mismo a una enfermera cómo puede recibir la vacuna más actualizada contra el COVID-19.
¡No abuse de su suerte!

Pregunte hoy mismo a una enfermera cómo puede recibir la vacuna más actualizada contra el COVID-19.

WWW.TMFNETWORKS.ORG
Badge Buddies

Use these training tools in your facility badgeholders

**VACCINE CHAMPION**

**Putting on PPE (Donning)**
1. Wash or sanitize hands
2. Gown
3. Mask or respirator
4. Goggles or face shield
5. Gloves

**Removing PPE (Doffing)**
1. Gloves
2. Goggles or face shield
3. Gown
4. Mask or respirator
5. Wash or sanitize hands

**How to Wash Hands**
1. Wet hands and apply soap
2. Rub with friction all over hands at least 20 seconds
3. Rinse hands with water
4. Dry hands
5. Turn off faucet with a towel

**How to Use Sanitizer**
1. Apply sanitizer to hands
2. Cover all surfaces of hands
3. Rub your hands and fingers together until they are dry

---

**Putting on PPE (Donning)**

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1. Apply sanitizer to hands
2. Cover all surfaces of hands
3. Rub your hands and fingers together until they are dry

*Front of mask/respirator is contaminated – DO NOT TOUCH!* If hands get contaminated during mask/respirator removal, immediately wash or use alcohol-based sanitizer.
COVID-19 Bivalent Vaccine Crossword Puzzle

DOWN
2. There's no place like
3. The best way to protect yourself from serious illness, hospitalization or death
5. The number of months you can wait to get the bivalent vaccine

ACROSS
1. You should frequently do this with your hands
4. Targets omicron and original
6. The bivalent vaccine is proven to be
7. COVID-19 variant
8. Additional doses to increase immunity to COVID-19
9. One of the symptoms of COVID-19
### Upcoming TMF QIN-QIO Training

**LTC Connect**

**Reducing Hospitalizations due to Facility-acquired Infections, Part 1: Antibiotic Stewardship**
Thursday, March 16, 2022
1:30 – 2:30 p.m. CT

**Reducing Hospitalizations due to Facility-acquired Infections, Part 2: Pneumonia and Sepsis**
Thursday, April 20, 2022
1:30 – 2:30 p.m. CT

**Readmissions: Early Recognition of Change**
Thursday, May 18, 2022
1:30 – 2:30 p.m. CT

### Nursing Home Office Hours

**Staffing Solutions to Hire, Retain and Keep Staff Happy**
Tuesday, March 7, 2023
10:30 – 11:30 a.m. CT

**Facility Spotlight: Jefferson County Nursing Home**
Tuesday, March 14, 2023
10:30 – 11:30 a.m. CT

**Ancillary Benefits**
Tuesday, March 21, 2023
10:30 – 11:30 a.m. CT

Register *once* for multiple TMF QIN-QIO events
TMF QIN-QIO Resources

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
Need Assistance?

*Connect With Us!*

**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

This material was prepared by TMF Health Quality Institute, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/TMF Health Quality Institute/Quality Innovation Network-Quality Improvement Organization. 12SOW-QINQIO-NH-23-09-3/2/2023
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
1. What is the Public Health Emergency, and why is it important for my benefits?

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) on Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage.

2. When will continuous coverage for Medicaid end?

Based on new federal law, continuous Medicaid coverage will end on March 31, 2023. HHSC will reach out to you when it’s time to renew your coverage. It is important for you to respond to any renewals or information requests from HHSC to ensure you keep your coverage if you are still eligible.

You should be on the lookout for notices from HHSC. These notices are mailed in a yellow envelope that says Action Required in red.

You will also be sent a notice electronically if you have a Your Texas Benefits account and opted to go paperless.

Log in to your account at YourTexasBenefits.com and click Select Details for your case. If it’s time for you to renew your benefits, it will say Yes in the Time to Renew column.

3. What should I do now to ensure my Medicaid coverage continues if I am eligible?

You should respond to any request HHSC sends you. When you get a notice that your renewal is due, follow the instructions to complete and return the information as soon as possible. This will ensure that your benefits continue if you are eligible.

The best way to complete your renewal is online at YourTexasBenefits.com.

You can also submit your application, renewal form and requested information by:

- Mail.
• Fax.
• Calling 2-1-1 and choosing Option 2 after picking a language.
• Visiting a local office or a community partner. To find an HHSC office or a community partner, visit yourtexasbenefits.com/Screener/FindanOffice, or call 2-1-1 and choose Option 2 after picking a language.

You can create a Your Texas Benefits online account or download the Your Texas Benefits mobile app to view your account information, update your contact information or report a change, and download verifications requested by HHSC. Visit YourTexasBenefits.com to get started. You can also sign up for electronic alerts to stay informed about your case.

You must continue to report all changes and return all requested information, including renewal forms. You can report a change by going to YourTexasBenefits.com, using the mobile app, or calling 2-1-1 and choosing Option 2 after picking a language.

4. If I’m currently receiving Medicaid, will I need to submit a new application?

Only some people may need to submit a new application. Members will receive a notice or a request for information from HHSC that may include completing an application or renewal form or providing additional verification.

The best way to submit an application or respond to those requests is online at YourTexasBenefits.com.

You can also submit your application, renewal form and information by:
• Mail.
• Fax.
• Calling 2-1-1 and choosing Option 2 after picking a language.
• Visiting a local office or a community partner. To find an HHSC office or a community partner, visit yourtexasbenefits.com/Screener/FindanOffice or call 2-1-1.

5. Why is it important for me to renew my coverage now?

If you are eligible, completing your renewal now will help make sure you don’t lose your coverage later or have a gap in coverage.
If you renew your coverage now and are eligible, you will not need to renew your benefits again until your certification period ends.

6. How do I know if I need to renew my Medicaid coverage?

You will get a letter in the mail from HHSC, or if you signed up for electronic notices through Your Texas Benefits you will get an email or text informing you there is a letter posted to your account. You can also check if it’s time for you to renew by logging in to your account on YourTexasBenefits.com or the mobile app, or by calling 2-1-1 and choosing Option 2 after picking a language.

If you are the head of household or an authorized representative, you will be able to apply, renew and report changes on the YourTexasBenefits.com website. You can also access your renewal and make changes from the mobile app.

7. What happens after I turn in my renewal?

Once you turn in your renewal, HHSC will review your application and may ask for missing information or information not available from other sources.

If you are still eligible, you will receive a notice from HHSC that says your Medicaid eligibility is renewed.

8. If I am determined ineligible for Medicaid, what are the other available options for me?

During the Medicaid renewal process, HHSC will evaluate your eligibility for other HHSC health care programs, such as Healthy Texas Women (HTW) and the Children’s Health Insurance Program (CHIP).

Health Insurance Marketplace

If HHSC determines that you are not eligible for Medicaid after continuous coverage ends, you may receive information to explore other health insurance options, like through the Health Insurance Marketplace. As federally required, members’ applications are sent automatically to the Marketplace if they are not eligible for medical coverage through HHSC. You can go to HealthCare.gov or call 800-318-2596 to learn more or find someone to help you with your application.

Primary Health Care Services
HHSC’s Primary Health Care (PHC) Services Program works with clinic sites across Texas to ensure eligible Texas residents can get comprehensive primary health care services to prevent, detect and treat health problems. The PHC Services Program serves men, women and children. You can visit hhs.texas.gov/services/health/primary-health-care-services-program to see if you or someone you know is eligible and find out how to apply for services.

**Family Planning Program**

HHSC’s Family Planning Program (FPP) is dedicated to offering women’s health and family planning services to eligible women and men in Texas. The program offers a wide range of women’s health and core family planning services that can have a positive effect on future pregnancy planning and general health. Visit HealthyTexasWomen.org to see if you or someone you know is eligible and find out how to apply.

**Mental Health Services**

HHSC contracts with 37 local mental health authorities and two local behavioral health authorities to deliver mental health services in communities across Texas. HHSC will not deny you mental health services, and the charge for services is based on your ability to pay. Visit hhs.texas.gov/services/mental-health-substance-use to learn more and find services in your area.

**HIV Medication Program**

You may receive help with your medications through the Texas HIV Medication Program (THMP) or Patient Assistance Programs (PAPs). PAPs are programs created by pharmaceutical medication manufacturers to help patients who meet financial criteria purchase necessary medications. Through these programs, prescription medications may be made available at no cost or at a minimal fee for individuals who do not have insurance or are underinsured. Your local community organization may also be able to help you find other local resources for your medications and HIV care. For more information about THMP, visit dshs.texas.gov/hivstd/meds.

**9. What is the best way to ensure that I stay up to date on my benefits?**

Create an account at YourTexasBenefits.com so you can view your account information, update your contact information, submit a renewal and respond to requests from HHSC. You can also sign up for electronic alerts and reminders, such as text and email messages, to stay informed about your case.
10. What can I do if I want to file a complaint or appeal a case decision?

You may be able to appeal any Medicaid case decision that you disagree with or file a complaint by mailing a letter to HHSC at: Texas Health and Human Services Commission, P.O. Box 149027, Austin, TX 78714-9027, calling 2-1-1 and selecting Option 2 after selecting a language or by visiting a local eligibility office.

Note: You cannot appeal the ending of your SNAP emergency allotments as this is a federal decision.

If you have already filed a complaint with HHSC because you do not agree with the action taken on your case, or if you have a complaint about an HHSC program, service or benefit that has not been resolved to your satisfaction, you can file a complaint with the HHS Office of the Ombudsman:

- **Call:** 877-787-8999 (8 a.m. to 5 p.m., Central time, Monday through Friday)
- **Go online:** hhs.texas.gov/ombudsman
- **Fax:** 888-780-8099 (toll-free)
- **Mail:** Texas Health and Human Services Commission Office of the Ombudsman, MC H-700 P.O. Box 13247, Austin, TX 78711-3247

11. What if I forgot my password for my Your Texas Benefits account?

To reset your password, follow the steps below:

1. Click ‘Log In’ at the top of the page
2. Click ‘Forgot password?’
3. Enter your username
4. Answer the security questions you created when setting up your account

If you answer your security questions correctly, you can create a new password.

If you can’t answer the security questions correctly, call 2-1-1 or 877-541-7905 for assistance. After you pick a language, choose Option 2.
Due to strict security and privacy rules, we can’t view or change your security questions.

12. **What if I can’t reset my password for my Your Texas Benefits account online?**

If you are unable to reset your password online, please do one of the following:

- **Call 2-1-1** or 877-541-7905. After you pick a language, choose Option 2.
- **Go to an HHSC benefits office**. You will need to show us proof of your identity, such as a driver’s license or other photo ID.

13. **Will my child’s CHIP coverage change when continuous coverage ends?**

No. If your child is already receiving CHIP, their benefits will not change because of the end of continuous Medicaid coverage.

CHIP renewals will continue as usual during the end of continuous coverage, so you need to respond to any agency requests related to your child’s CHIP benefits.

14. **What do I do if my child is newly eligible for CHIP?**

If you are new to CHIP, you will choose a health plan for your child from the ones available in your service area.

Depending on your income, you may have to pay an enrollment fee and co-pay for doctor visits and medicine. Enrollment fees are $50 or less per family, per year. Co-pays for doctor visits and medicine range from $3 to $5 for lower-income families and $20 to $35 for higher-income families.

15. **I am enrolled in the Healthy Texas Women (HTW) program. Will my HTW benefits change when continuous Medicaid coverage ends?**

HTW falls under HHSC’s Medicaid program, and, because of this, those enrolled in HTW have been continuously enrolled since March 2020. As part
of the end of continuous coverage, HHSC will redetermine HTW eligibility, so you need to respond to any agency requests related to your HTW benefits. If you are determined ineligible for HTW, please see Question 8 above for other potential available options.

16. I get SNAP benefits. Will my SNAP benefits change now that continuous Medicaid coverage has ended?

Yes. In response to the COVID-19 pandemic, the federal government declared a public health emergency, and HHSC received federal approval from the U.S. Department of Agriculture (USDA) to extend the maximum allowable amount of SNAP benefits to recipients based on family size. All SNAP households received a minimum of $95 in emergency allotments. Due to recent changes in federal legislation, those emergency allotments will end in February 2023. For more information, please refer to HHSC’s SNAP Emergency Allotment FAQ (PDF).

SNAP renewals will continue during the unwinding of continuous coverage, so you need to respond to any agency requests related to your SNAP benefits.

17. I get TANF benefits. Will my TANF benefits change when continuous coverage ends?

No. If you are currently receiving TANF, your benefits will not change when continuous Medicaid coverage ends.

TANF renewals will continue as usual during the end of continuous coverage, so you need to respond to any agency requests related to your TANF benefits.
Preguntas frecuentes sobre el fin de la cobertura continua de Medicaid

Enero de 2023
1. ¿Qué es la emergencia de salud pública y por qué es importante con respecto a mis beneficios?

En respuesta a la pandemia del COVID-19, el gobierno federal declaró una emergencia de salud pública (PHE) el 27 de enero de 2020. Esto permitió que Texas le proporcionara a usted cobertura continua de Medicaid.

2. ¿Cuándo terminará la cobertura continua de Medicaid?

De acuerdo con la nueva ley federal, la cobertura continua de Medicaid terminará el 31 de marzo de 2023. La Comisión de Salud y Servicios Humanos (HHSC) se comunicará con usted cuando sea el momento de renovar su cobertura. Es importante que responda a cualquier solicitud de información o renovación de la HHSC para asegurarse de que siga recibiendo cobertura si aún reúne los requisitos.

Esté pendiente de avisos de la HHSC. Estos avisos se envían en un sobre amarillo con el texto “Action Required” (Acción requerida) en letras rojas.

Usted también recibirá un aviso electrónico si tiene una cuenta de Your Texas Benefits y se registró para recibir avisos electrónicos.

Ingrese a su cuenta de YourTexasBenefits.com y haga clic en Detalles del caso. Si es el momento de renovar sus beneficios, la columna de Hora de renovar dirá “Sí”.

3. Si reúno los requisitos, ¿qué debo hacer ahora para asegurar que mi cobertura de Medicaid continúe?

Debe responder a cualquier solicitud que la HHSC le envíe. Cuando reciba un aviso de que llegó el momento de renovar, siga las instrucciones para llenar y enviarnos la información lo antes posible. Esto garantizará que sus beneficios continúen si reúne los requisitos.

La mejor forma de tramitar su renovación es en línea, visitando el sitio web YourTexasBenefits.com.
También puede enviar su solicitud, formulario de renovación y la información que se le solicite de las siguientes maneras:

- Por correo postal.
- Por fax.
- Llamando al 2-1-1 y seleccionando la opción 2 después de escoger un idioma.
- Visitando una oficina local o a un socio comunitario. Para buscar una oficina de la HHSC o a un socio comunitario, visite el sitio web yourtexasbenefits.com/Screener/FindanOffice, o llame al 2-1-1 y seleccione la opción 2 después de escoger un idioma.

Puede crear una cuenta en línea de Your Texas Benefits o descargar la aplicación para celular de Your Texas Benefits para ver la información de su cuenta, actualizar su información de contacto o reportar un cambio, así como descargar las verificaciones solicitadas por la HHSC. Visite el sitio web YourTexasBenefits.com para comenzar. También puede inscribirse para recibir avisos electrónicos y así mantenerse informado sobre su caso.

Usted debe seguir reportando todos los cambios y enviando toda la información que se le solicite, incluidos los formularios de renovación. Para reportar un cambio visite YourTexasBenefits.com, utilice la aplicación para celular o llame al 2-1-1 y seleccione la opción 2 después de escoger un idioma.

4. ¿Si actualmente recibo Medicaid, tendré que presentar una nueva solicitud?

Solo algunas personas podrían tener que presentar una nueva solicitud. Los beneficiarios recibirán un aviso o una solicitud de información de la HHSC que podría involucrar llenar una solicitud o formulario de renovación o proporcionar documentos de verificación adicionales.

La mejor forma de presentar una solicitud o responder a esas solicitudes es en línea a través del sitio web YourTexasBenefits.com.

También puede enviar su solicitud, formulario de renovación y la información de las siguientes maneras:

- Por correo postal.
- Por fax.
- Llamando al 2-1-1 y seleccionando la opción 2 después de escoger un idioma.
• Visitando una oficina local o a un socio comunitario. Para buscar una oficina de la HHSC o a un socio comunitario, visite el sitio web YourTexasBenefits.com o llame al 2-1-1.

5. **Por qué es importante que renueve mi cobertura ahora?**

Si reúne los requisitos, llenar su solicitud de renovación ahora le ayudará a asegurarse de que no pierda su cobertura más adelante o que tenga una interrupción en la cobertura.

Si renueva su cobertura ahora y reúne los requisitos, no tendrá que volver a renovar sus beneficios hasta que termine su periodo de certificación.

6. **Cómo puedo saber si necesito renovar mi cobertura de Medicaid?**

Usted recibirá una carta de la HHSC por correo postal o, si se registró para recibir avisos electrónicos a través de Your Texas Benefits, recibirá un correo electrónico o mensaje de texto para informarle de que recibió una carta en su cuenta. También puede verificar si ha llegado el momento de renovar su cobertura ingresando a su cuenta en el sitio web YourTexasBenefits.com o en la aplicación para celular, o llamando al 2-1-1 y seleccionando la opción 2 después de escoger un idioma.

Si usted es cabeza de familia o un representante autorizado, podrá solicitar, renovar y reportar cambios en el sitio web YourTexasBenefits.com. También puede acceder a su formulario de renovación y hacer cambios desde la aplicación para celular.

7. **¿Qué sucederá después de que entregue mi solicitud de renovación?**

Una vez que entregue su solicitud de renovación, la HHSC la revisará y podría pedirle información faltante o información que no esté disponible en otras fuentes.

Si todavía reúne los requisitos, recibirá un aviso de la HHSC para informarle que su beneficio de Medicaid se ha renovado.
8. Si se determina que no reúno los requisitos para Medicaid, ¿cuáles son las otras opciones que tengo disponibles?

Durante el proceso de renovación de Medicaid, la HHSC evaluará si reúne los requisitos para otros programas de atención médica de la HHSC, como Healthy Texas Women (HTW) y el Programa de Seguro Médico para Niños (CHIP).

**Mercado de Seguros Médicos**
Si la HHSC determina que no reúne los requisitos para Medicaid después de que la cobertura continua termine, podría recibir información para conocer otras opciones de seguro médico, como las que se ofrecen a través del Mercado de Seguros Médicos. Según lo exige el gobierno federal, las solicitudes de los beneficiarios se envían automáticamente al Mercado de Seguros Médicos si no reúnen los requisitos para recibir cobertura médica por medio de la HHSC. Puede visitar HealthCare.gov o llamar al 800-318-2596 para obtener más información o buscar a alguien que le ayude con su solicitud.

**Servicios de Atención Médica Primaria**
El Programa de Servicios de Atención Médica Primaria (PHC) de la HHSC trabaja con las clínicas en todo el estado para garantizar que los residentes de Texas que reúnen los requisitos puedan obtener servicios integrales de atención médica primaria para prevenir, detectar y tratar problemas de salud. El programa de servicios de PHC brinda servicio a hombres, mujeres y niños. Puede visitar hhs.texas.gov/es/servicios/salud/programa-de-servicios-de-atencion-medica-primaria para ver si usted o alguien que usted conoce reúne los requisitos y saber cómo puede solicitar los servicios.

**Programa de Planificación Familiar**
El Programa de Planificación Familiar (FPP) de la HHSC se dedica a ofrecer servicios de salud para la mujer y de planificación familiar a las mujeres y hombres en Texas que reúnen los requisitos. El programa ofrece una amplia variedad de servicios de salud para la mujer y servicios básicos de planificación familiar que pueden tener un efecto positivo en la planificación de futuros embarazos y en la salud en general. Visite HealthyTexasWomen.org/es para ver si usted o alguien que usted conoce reúne los requisitos y saber cómo solicitar los beneficios.

**Servicios de salud mental**
La HHSC tiene contratos con 37 autoridades locales de salud mental y dos autoridades locales de salud conductual que ofrecen servicios de salud mental en las comunidades de todo Texas. La HHSC no le negará servicios
de salud mental, y el cargo por los servicios se basa en su capacidad de pago. Visite hhs.texas.gov/es/servicios/salud-mental-consumo-de-sustancias para obtener más información y encontrar servicios cerca de usted.

**Programa de Medicamentos contra el VIH**

Usted puede recibir ayuda con sus medicamentos a través del Programa de Medicamentos contra el VIH en Texas (THMP) o de los Programas de Asistencia al Paciente (PAP). Los programas PAP fueron creados por los fabricantes de medicamentos farmacéuticos para ayudar a los pacientes que cumplen con los criterios financieros a comprar las medicinas necesarias. Por medio de estos programas los medicamentos recetados pueden estar disponibles sin costo alguno o a una tarifa mínima para las personas que no tienen seguro o tienen un seguro insuficiente. Su organización comunitaria local también puede ayudarte a encontrar otros recursos locales para sus medicamentos y la atención del VIH. Para obtener más información sobre el THMP, visite dshs.texas.gov/hivstd/meds (en inglés).

9. **¿Cuál es la mejor forma de garantizar que esté al día con mis beneficios?**

Cree una cuenta en YourTexasBenefits.com para que pueda ver la información de su cuenta, actualizar su información de contacto, solicitar una renovación y responder a las solicitudes de la HHSC. También puede inscribirse para recibir alertas y recordatorios electrónicos, como mensajes de texto y de correo electrónico para mantenerse informado sobre su caso.

10. **¿Qué puedo hacer si quiero presentar una queja o apelar la decisión de un caso?**

Es posible que pueda apelar cualquier decisión que se haya tomado sobre su caso con la que no esté de acuerdo o presentar una queja enviando una carta por correo postal a la HHSC a: Texas Health and Human Services Commission, P.O. Box 149027, Austin, TX 78714-9027, llamando al 2-1-1 y seleccionando la opción 2 después de escoger un idioma o visitando una oficina local de verificación de requisitos.

**Nota:** Usted no puede apelar la terminación de sus asignaciones de SNAP de emergencia ya que esa es una decisión del gobierno federal.

Si ya presentó una queja ante la HHSC porque no está de acuerdo con la decisión que se tomó en su caso, o si tiene una queja sobre algún programa, servicio o beneficio de la HHSC que no se haya resuelto a su satisfacción, puede presentar su queja ante la Oficina del Ombudsman de HHS:
11. ¿Y si olvidé la contraseña de mi cuenta de YourTexasBenefits?

Para restablecer su contraseña siga los pasos a continuación:

1. En la parte superior de la página haga clic en “Entrar al sistema”.
2. Haga clic en “¿Olvidó su contraseña?”
3. Ingrese su nombre de usuario
4. Conteste las preguntas de seguridad que creó cuando configuró su cuenta.

Si contesta correctamente sus preguntas de seguridad, usted puede crear una nueva contraseña.

Si no puede contestar correctamente las preguntas de seguridad, llame al 2-1-1 o al 877-541-7905 para pedir ayuda. Después de escoger un idioma, seleccione la opción 2.

Debido a las estrictas reglas de seguridad y privacidad, nosotros no podemos ver o cambiar sus preguntas de seguridad.

12. ¿Qué pasa si no puedo restablecer la contraseña de mi cuenta en línea de Your Texas Benefits?

Si no puede restablecer su contraseña en línea, tome una de las siguientes acciones:

- **Llame al 2-1-1** o al 877-541-7905. Después de escoger un idioma, seleccione la opción 2.
- **Vaya a una oficina de beneficios de la HHSC.** Tendrá que mostrarnos un comprobante de su identidad, como su licencia de manejar u otra identificación con fotografía.
13. ¿Cambiará la cobertura de CHIP de mi hijo cuando termine la cobertura continua?

No. Si su hijo ya recibe los beneficios de CHIP, estos no cambiarán debido a la terminación de la cobertura continua de Medicaid.

Las renovaciones de CHIP continuarán como de costumbre durante la terminación de la cobertura continua, por lo que necesitará responder a cualquier solicitud de la agencia relacionada con los beneficios de CHIP de su hijo.

14. ¿Qué debo hacer si mi hijo por primera vez reúne los requisitos para CHIP?

Si recibe CHIP por primera vez, tendrá que elegir un plan médico de los que hay disponibles para su hijo en su área de servicio (en inglés).

Dependiendo de sus ingresos, es posible que usted tenga que pagar una tarifa de inscripción, y un copago por las visitas al médico y las medicinas. La tarifa de inscripción es de $50 o menos al año por familia. Los copagos por las visitas al médico y los medicamentos oscilan entre $3 y $5 para las familias de bajos ingresos y entre $20 y $35 para familias con ingresos más altos.

15. Estoy inscrita en el programa Healthy Texas Women. ¿Cambiarán mis beneficios cuando termine la cobertura continua de Medicaid?

El Programa Healthy Texas Women (HTW) forma parte del programa de Medicaid de la HHSC, y por este motivo, las personas inscritas en HTW han estado continuamente inscritas desde marzo de 2020. Como parte de la terminación de la cobertura continua, la HHSC volverá a determinar los requisitos para HTW, por lo que usted necesita responder a cualquier solicitud de la agencia relacionada con sus beneficios de HTW. Si se concluye que usted no reúne los requisitos para HTW, consulte la pregunta 8 para ver otras posibles opciones disponibles.

16. Yo recibo beneficios de SNAP. ¿Cambiarán mis beneficios de SNAP ahora que la cobertura continua de Medicaid ha terminado?

Sí. En respuesta a la pandemia del COVID-19, el gobierno federal declaró una emergencia de salud pública, y la HHSC recibió aprobación federal del
Recibo beneficios de TANF. ¿Cambiarán mis beneficios de TANF cuando termine la cobertura continua?

No. Si actualmente está recibiendo TANF, sus beneficios no cambiarán cuando termine la cobertura continua de Medicaid.

Cuando la cobertura continua termine, las renovaciones de TANF se harán como de costumbre, por lo que deberá responder a cualquier solicitud de la agencia relacionada con sus beneficios de TANF.