Long-Term Care Regulatory Provider Letter

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<th>PL 2022-16 NF (replaces PL 2020-37 and PL 2021-04)</th>
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<td>Title:</td>
<td>COVID-19 Reporting Guidance for Nursing Facility Providers</td>
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<td>Provider Types:</td>
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1.0 Subject and Purpose

This letter outlines nursing facility provider reporting responsibilities related to COVID-19 positive cases, as well as deaths (COVID-19 and non-COVID-19 related). This letter includes guidance regarding completion of the Provider Investigation Report (PIR – Form 3613-A) for submission to HHSC Complaint and Incident Intake (CII).

Per 26 Texas Administrative Code (TAC) §554.1923(b)¹, any unusual incidents or abnormal events, which includes COVID-19 cases, must be reported by the facility to HHSC CII.

2.0 Policy Details & Provider Responsibilities

A nursing facility must:
- report reportable incidents to CII;
- ensure a thorough investigation is conducted and documented in the PIR; and
- submit the PIR to CII within the regulatory timeframe.

Refer to PL 2018-20(ALL) Incident Reporting Requirements for more details on the information that a provider must include in an initial reportable incident report.

In addition to reporting an incident, a provider must investigate, or ensure that an investigation was completed, to determine why the incident occurred, what actions the provider will take in response to the incident, and

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¹ 26 Texas Administrative Code (TAC) §554.1923(b).
what changes will be made to help prevent a similar incident from occurring in the future.²

2.1 NF COVID-19 Case Reporting Responsibilities

All NFs shall report to HHSC CII within 24 hours of:

• the first confirmed positive case of COVID-19 in staff or residents; and
• any new confirmed case of COVID-19 in staff or residents after a facility has been without new cases for 14 days or longer.

Do not report COVID-19 positive cases to HHSC CII outside of the two reportable events listed above. A facility should not report any additional COVID-19 positive cases to HHSC CII after the first positive case has been reported unless the facility has been COVID-19 free for 14 days or more. Additionally, the reportable events listed above do not include a resident who was admitted to the facility with an active COVID-19 infection or a resident who developed COVID-19 within 14 days of being admitted to the facility. A decision process diagram to assist with the determination whether to report a COVID-19 case is included at the end of this provider letter.

If a facility has a new reportable COVID-19 positive case, and has not reported a COVID-19 positive case to HHSC within the past 14 days, the facility must:

• report the case to HHSC CII using one of these two methods
  o the Texas Unified Licensure Information Portal (TULIP); or
  o by email to ciicomplaints@hhs.texas.gov within 24 hours of the confirmed positive result; and
• complete and submit Form 3613-A Provider Investigation Report within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:
  o via TULIP; or
  o by email to ciiprovider@hhs.texas.gov.

HHSC LTCR Regional Offices may contact facilities to request information related to COVID-19 cases. Reporting to an LTCR Regional Office is not related to reporting COVID-19 positive cases to HHSC CII.

² 26 TAC §554.1923(b).
NFs are required to report COVID-19 vaccine data for staff and residents to the Centers for Medicare and Medicaid Services (CMS)\(^3\) and to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN).

NFs must also report COVID-19 cases to the Texas Department of State Health Services (DSHS). If the facility is reporting to NHSN, it does not also have to report to DSHS. NFs that are licensed-only and not reporting to NHSN must report COVID-19 cases to DSHS.

Providers conducting point-of-care antigen tests within their facilities must refer to [PL 2020-46(revised) Reporting Guidance for LTC Providers - Point-of-Care Antigen Testing](#) for point-of-care antigen test reporting guidance.

All NFs must report all confirmed COVID-19 cases immediately to the local health authority with jurisdiction over the facility. If there is no local health authority, report directly to DSHS.\(^4\)

The following steps outline what is needed to begin reporting in order to report to the local health department or DSHS.

- Contact your local health department or DSHS Region for reporting requirements:  
  [https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/](https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/)

- The LHD or DSHS region will provide you with the input forms and process.

- Submit the required data to the LHD or DSHS Region for the area in which the facility is located, using the forms and processes indicated.\(^5\)

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\(^3\) 42 CFR §483.80(g).

\(^4\) 26 TAC §554.1601(d)(2) and Title 25, Chapter 97, Subchapter A (relating to Control of Communicable Diseases).

All NFs must report to the residents, their representatives, and families:

- All single, confirmed COVID-19 cases or three or more residents/staff with new-onset respiratory symptoms that occur within 72 hours of each other. This information must be reported:
  - by 5p.m. on the next calendar day; and
  - updated weekly or sooner when there are new COVID-19 cases for three or more residents/staff with new-onset respiratory symptoms.

### 2.2 NF COVID-19 Testing Reporting Responsibilities

**Reporting to NHSN:**

NFs offering point-of-care testing related to COVID-19 must report data for all testing completed for each individual tested. Reporting must be made within 24 hours of results being known or determined, on a daily basis.

- CMS requires that all NFs submit antigen test result data to NHSN within 24 hours of conducting an antigen test. DSHS receives test result data from NHSN, which means that NFs fulfill the state requirement to report test result data to DSHS by reporting test result data to NHSN.
- NFs must adhere to the state requirement to report test result data to their local health department. Therefore, NFs must report test result data to both NHSN and their local health department.
- On a weekly basis, report all suspected and confirmed COVID-19 cases (including residents, staff, and previously treated cases) to NHSN. Reporting details must include:
  - total COVID-19 deaths;
  - personal protective equipment (PPE) and hand hygiene supplies;
  - ventilator capacity and supplies in the facility;
  - number of resident beds and census;

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6 42 CFR §483.80(g)(3)
7 Executive Order GA-38, QSO-20-37-CLIA, NH.
8 42 CFR §483.80(g)(1)(2).
2.3 NF Death Reporting Responsibilities

All NFs must report all deaths (COVID-19 and non-COVID-19) to HHSC, including those that occur within 24 hours after transferring a resident to a hospital from the NF, to HHSC via TULIP within 10 working days after the last day of the month in which the death occurred.\(^9\)

If the death might have resulted from abuse, neglect, or exploitation, additional reporting requirements might apply. All deaths under unusual circumstances must be reported to CII within 24 hours.\(^{10}\)

2.4 Provider Investigation Report (Form 3613-A)

A NF provider must submit a Provider Investigation Report (PIR) to HHSC CII, using HHSC Form 3613-A.

The PIR must include all information from the initial incident report and any additional information the provider has obtained since making the initial report, including witness statements. The provider must submit the PIR within the applicable required time frame (five working days).

When providing the PIR to HHSC regarding a COVID-19 infection, the facility checks each appropriate option and fills in each applicable blank \textit{excluding} the name of the staff member with the COVID-19 diagnosis. HHSC does not require the name of the staff member who tested positive for COVID-19 as part of the reporting process.

3.0 Background/History

This letter consolidates COVID-19 reporting requirements.

\(^9\) PL 20-08, THSC §260A.016, 26 TAC §554.606, and §554.1010.

\(^{10}\) PL 19-17, PL 20-08, THSC §260A.016, and 26 TAC §554.606.
4.0 Resources

- **PL 2018-20(ALL) Incident Reporting Requirements**
- **PL 2019-17 Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a NF Must Report to HHSC**

HHSC [Provider Self-Reporting](#)

HHSC [Incidents Submission Portal for Long-Term Care Providers](#)

- **Form 3613-A: SNF, NF, ICF/IID, ALF, DAHS and PPECC Provider Investigation Report with Cover Sheet**

- **Coronavirus Disease 2019 (COVID-19) Local Health Entities**

- **COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115**

5.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov) or call (512) 438-3161.
COVID-19 Reporting Decision Process

1. Resident or Staff is confirmed COVID-19 positive
   - Is confirmed positive from a resident who was admitted in the last 14 days?
     - Yes: No reporting to HHSC CII necessary; not considered a facility-onset COVID-19 case. Submit all other necessary reporting.
     - No: Resident was admitted more than 14 days ago OR confirmed positive case was Staff
   - Has facility had a confirmed COVID-19 positive for Resident or Staff in the past 14 days?
     - Yes: Report the COVID-19 positive to HHSC CII. Submit all other necessary reporting.
     - No: No reporting to HHSC CII necessary; not considered a facility-onset COVID-19 case. Submit all other necessary reporting.

END