



Long-Term Care Regulatory Provider Letter

Number: PL 20-35
Title: Screening for COVID-19 and Documentation of Screening
Provider Types: Home and Community Support Services Agencies (HCSSAs), including Hospice Inpatient Units
Date Issued: July 20, 2020

1.0 Subject and Purpose

To prevent the spread of COVID-19 and in accordance with emergency rules¹, a HCSSA must conduct screening activities for staff, clients, household members of clients, and people entering a hospice inpatient unit. A HCSSA also must document that all required screenings occurred.

2.0 Policy Details & Provider Responsibilities

All screenings must include a review of COVID-19 symptoms listed on the [Center for Disease Control and Prevention](https://www.cdc.gov) (CDC) website and those identified in the emergency rules related to contact with someone who may have COVID-19 and international travel. The COVID 19 symptoms listed on the CDC website are:

- fever (as measured with a thermometer),
- chills,
- cough,
- shortness of breath or difficulty breathing,
- fatigue,
- muscle or body aches,
- headache,
- new loss of taste or smell,
- sore throat,
- congestion or runny nose,

¹ 26 TAC [§558.408](#) and [§558.872](#)

- nausea or vomiting, and
- diarrhea.

Staff who must be screened are employees, contractors, and volunteers, and includes (as appropriate to the category of services):

- attendants,
- home health aides,
- hospice aides,
- health care professionals (e.g., physicians, therapists, nurses), and
- providers of hospice core and non-core services determined to be critical on the day of the visit (e.g., spiritual counselors, medical social workers).

Staff who meet one or more of the screening criteria must not be allowed to remain in the agency or make home visits.

Others who must be screened include clients, household members of clients, and people entering a hospice inpatient unit. If a client or a member of the household meets one or more of the screening criteria, HCSSA staff must use appropriate personal protective equipment (as defined in 26 TAC § 558.408(b)) during a visit.

Screening is not required of emergency services personnel entering a household or hospice inpatient unit in an emergency.

2.1 HCSSA with single category of Personal Assistance Services (PAS)

2.1.1 Screening for Fever by a PAS Agency

Use of a thermometer is the recommended method for determining a person's temperature and whether a fever exists. However, a PAS agency, which is a non-medical service model, might not have thermometers available for staff to use to screen for fever. Although a thermometer is strongly recommended by the Department of State Health Services (DSHS) and the CDC, a PAS agency can screen for all other symptoms when a thermometer is unavailable.

2.1.2 Documentation of Screening for a PAS Agency

A PAS agency can determine how best to document its screening, such as by Robo-call, electronic record, or paper record. Documentation must be retrievable for review by HHCS surveyors and investigators and the agency's Quality Assessment and Performance Improvement Committee. If screening documentation is maintained electronically, then a PAS agency must generate a report for HHSC surveyors and investigators upon request. A PAS agency must implement these documentation requirements by July 22nd.

Client screening documentation must be incorporated in the client's record at an interval set by the PAS agency's policy. For a client who meets a screening criterion, a PAS agency must advise the client to seek medical attention.

HHSC surveyors would accept a PAS agency's screening log as meeting evidentiary requirements for documentation of screening if the log contains the following information:

- For staff screening:
 - Name of the agency
 - Name of the employee
 - Employee's job title
 - A statement of confirmation of screening, such as "I confirm that for each signature below, I conducted a self-screening for conditions, signs, and symptoms of COVID-19 prior to providing service to agency clients at the times and dates noted and signed, unless I met a condition, sign, or symptom of COVID-19, in which case I notated such and complied with agency policy including notifying appropriate agency personnel."
 - Date and time
 - Employee signature
- For client/household members screening:
 - Name of the agency
 - Name of the employee
 - Employee's job title
 - Client name or identifier

- Name or identifier (i.e., relationship to client) of household members
- A statement of confirmation of screening, such as “I confirm that for each signature below, I conducted or verified a client and household members screening for conditions, signs, and symptoms of COVID-19 prior to providing service to agency clients at the times and dates noted and signed, unless the client or household member met a condition, sign, or symptom of COVID-19, in which case I notated such and complied with agency policy regarding providing essential services in the home of a client who has a condition, sign, or symptom of COVID-19.”
- Date and time
- Employee signature

2.2 HCSSAs with Home Health or Hospice Category or a Combination of Categories, but Excluding Hospice Inpatient Units

Client screening documentation must be incorporated in the client record at an interval set by the agency’s policy that allows for appropriate follow-up and symptomatic responses by health care professionals. Screening documentation for household members is also incorporated into the client’s record and should be identified by the member’s relationship to the client (e.g., spouse, daughter, son #1, or roommate #2) and not by the member’s name.

Documentation must be maintained so that the staff’s screening is associated with the client(s) visited by the staff on the day of the screening.

HHSC surveyors and investigators and the agency’s Quality Assessment and Performance Improvement Committee must be able to retrieve screening documentation. A HCSSA must generate a report for HHSC surveyors and investigators upon request if screening documentation is maintained electronically. A HCSSA must implement these documentation requirements by July 22nd.

2.3 Hospice Inpatient Units

In accordance with emergency rule 26 TAC §558.872 (Emergency Rule for Hospice Inpatient Unit Response to COVID-19), a hospice inpatient unit:

1. must take the temperature of every person upon arrival and must not allow a person with a fever to enter or remain in the facility, except as a client;
2. must prohibit all visitors except for those providing critical assistance (as defined in 26 TAC §558.872(b)(3)); and
3. can allow entry of persons providing critical assistance unless the person meets one or more of the screening criteria.

The screening described above does not apply to emergency services personnel entering the facility in an emergency.

A hospice inpatient unit must document its required screening activities of people who arrive at the unit intending to enter. Documentation must identify each person by name, type of visitor (e.g., hospice staff, outside provider, potential client, family/friend of current client), the person's temperature as measured by a thermometer, the results of each screening criteria, and action taken (e.g., the person was allowed to enter the unit or was refused entry).

3.0 Background/History

None

4.0 Resources

None

5.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at PolicyRulesTraining@hhsc.state.tx.us or call (512) 438-3161.