



Long-Term Care Regulatory Provider Letter

Number: PL 2021-05 (Revised)
Title: COVID-19 Vaccination Reporting
Provider Types: Intermediate Care Facilities for Individuals with an Intellectual Disability (ICFs/IID)
Date Issued: April 16, 2021

1.0 Subject and Purpose

This letter includes the link to a vaccination data survey and clarifies that ICFs/IID are to report vaccinations administered by a facility or a pharmacy partner. This letter does *not* apply to state supported living centers (SSLCs).

2.0 Policy Details & Provider Responsibilities

In accordance with emergency rules¹, ICF facilities except SSLCs must report the following data to HHSC within 24 hours of completing a round of vaccinations:

- Aggregate numbers of staff – including employees, contractors, and volunteers – who received their first dose of a two-dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine when available;
- Aggregate numbers of staff – including employees, contractors, and volunteers – who received their second dose of a two-dose COVID-19 vaccine;

¹ 26 TAC §551.48(a) for ICFs/IID requires that “Within 24 hours of completing a round of vaccinations, a [facility] must accurately report COVID-19 vaccination data for staff and residents to HHSC in the format established by HHSC.”

- Aggregate numbers of residents who received their first dose of a two-dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine when available; and
- Aggregate numbers of residents who received their second dose of a two-dose COVID-19 vaccine.

2.1 Reporting Guidance

- **Method:** HHSC has developed a Survey Monkey tool to collect this information. HHSC issued an alert containing the survey link on February 10, and the link to the ICF survey is posted on the ICF provider portal under the COVID-19 resource accordion. You can access the ICF survey at <https://www.surveymonkey.com/r/95FQ52S>.
- **Multiple locations:** Submit a separate survey for each license number. For example, a provider that owns multiple licenses would submit separate surveys for each license.
- **Frequency:** Complete the survey only when you have information to report, i.e., when a round of vaccines is administered to staff or residents. On days when no vaccines are administered, you do not need to complete the survey. *Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each previous separate round.*
- **First report:** If a round of vaccinations was administered before the effective date of this letter, submit a report to capture those vaccinations.
- **Parameters:** Reports are for a given round of vaccinations administered by **any vaccine provider**. Do not provide cumulative numbers. In other words, do not include totals from previous reports in a new report. Report vaccinations occurring **both** on-site at the facility **and** vaccinations that occurred at an off-site pharmacy, doctor's office, local mass vaccination clinic, **or other external vaccination provider location**.
- **Item-by-item guidance:**
 - Questions 1-3: Information required includes the name of the provider, the physical address of the facility, and the license number. Do not use a mailing address or corporate address. Note: it is critical that license numbers be accurate, as this is the field used to identify facilities that have not reported and might need vaccination assistance. You can find the license number on the facility's license.
 - Question 4: Check all that apply. Some facilities have directly received the vaccine and are storing it at the facility, while others have partnered with another entity that receives and stores the

vaccine (such as a pharmacy). Some facilities use facility staff to administer the vaccine, while others have partnered with another entity to administer the vaccine. If the facility neither stores or administers vaccine, check none of the above. **If an external vaccination provider administered the vaccine, check none of the above.**

- Question 5: Facilities that indicated that they received vaccines directly on question #4 must indicate how many individual doses of COVID-19 vaccine they received. Note: Do NOT report the number of vials.
- Questions 6-7: Indicate which round of vaccinations you are reporting and the date on which the vaccines were administered. Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each separate round.
- Question 8: Indicate which brand of vaccine was administered by selecting the manufacturer (either Pfizer or Moderna).
- Question 9: Report the number of staff vaccinated on the date and round being reported. Include provider employees as well as contractors, volunteers, and others under the provider's control. Report the number of residents vaccinated on the date and round being reported. Enter only the number; do not enter personally identifiable resident information.

2.2 Reporting of Data

Providers must report the vaccination data to HHSC within 24 hours of completing a round of vaccinations. **To capture vaccinations administered off-site, the provider must retroactively report any vaccinations administered at an off-site location.** To assess provider needs, HHSC can initiate status calls to providers that are not reporting vaccination information.

3.0 Background/History

Continued accurate reporting will assist the State of Texas in ensuring full deployment of COVID-19 vaccines during the COVID-19 public health emergency. Future revisions to this letter will include direction on responding to special situations, such as changes of ownership and new licenses.

4.0 Resources

Emergency Rule for ICF (see page 5)

Vaccination Reporting Survey questions (see page 6)

5.0 Contact Information

If you have any questions about this letter, please contact Long-term Care Regulation Policy and Rules by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 551 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN
INTELLECTUAL DISABILITY OR RELATED CONDITIONS

SUBCHAPTER C STANDARDS FOR LICENSURE

§551.48. ICF/IID Provider COVID-19 Vaccination Data Reporting Requirement.

(a) An intermediate care facility must accurately report COVID-19 vaccination data for staff and individuals in the format established by the Health and Human Services Commission.

(b) This rule does not apply to state supported living centers (SSLCs).

**Health and Human Services Commission
Long-term Care Regulation
COVID-19 Vaccine Data Reporting**

Thank you for your complete and accurate report of COVID-19 vaccination data. This information will help the State of Texas track the administration of COVID-19 vaccinations in ICFs/IID.

NOTE: Only answer the questions below for the round you are reporting today. Do not include information from previous rounds. Only include vaccinations occurring inside your facility; do not count vaccinations occurring off-site, such as at a doctor's office or offsite pharmacy.

1. Facility name: [free response field]
2. Facility address: [free response field]
3. Facility license number: [free response field]
4. Select all of the following that apply to this facility (select "none of the above" if another entity received and administered vaccines): [choices: this facility received vaccines directly; this facility administered vaccines; none of the above]
5. If the facility received vaccines directly, how many doses (**not** vials) did the facility receive? [number]
6. What date did this round of vaccinations occur? [calendar field]
7. Which round of vaccinations is this for your facility? [drop down menu: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, other]
8. Which vaccine was administered? [drop down menu: Pfizer, Moderna]
9. Answer the following, using numbers only. Do not enter text.
 - a. How many **staff** (including employees, contractors, and volunteers) received the **first dose** of a COVID-19 vaccine? (Or the only dose of a single-dose vaccine, when/if available) [number]
 - b. How many **staff** (including employees, contractors, and volunteers) received the **second dose** of a two-dose COVID-19 vaccine? Enter numbers only; do not enter text. [number]
 - c. How many **residents** received the **first dose** of a COVID-19 vaccine? (Or the only dose of a single-dose vaccine, when/if available) Enter numbers only; do not enter text. [number]
 - d. How many **residents** received the **second dose** of a two-dose COVID-19 vaccine? Enter numbers only; do not enter text. [number]