COVID-19 Response Overview

HHSC quickly mobilized to help Texans during the COVID-19 public health emergency

• Extended healthcare coverage for Medicaid clients as mandated by the federal Families First Coronavirus Response Act
• Sought waivers to ensure critical services are not interrupted for clients
• Worked with our local, state, and federal partners to address critical issues in long-term care facilities
• Secured personal protective equipment for our direct care staff and frontline workers
• Administered vaccines to staff, people served, frontline partners, and community members who qualified
COVID-19 Response – Lessons Learned

• Preventing the spread of COVID-19 in long-term care facilities and other congregate care settings requires unprecedented coordination across multiple state and federal agencies, local governments, and other stakeholders

• Communication with providers, staff, and persons served is critical

• Increased utilization of telehealth is necessary to provide services

• Allowing visitation is critical to prevent isolation and maintain overall health

• Continuous review of flexibilities granted and guidelines issued under the public health emergency is needed to determine which should be extended post-emergency
HHSC COVID-19 Response

Regulatory Services
COVID-19 in Long-Term Care Facilities

<table>
<thead>
<tr>
<th></th>
<th>Nursing Facilities</th>
<th>Assisted Living Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Residents/Clients Recovered</td>
<td>80,315</td>
<td>12,167</td>
</tr>
<tr>
<td>Total # of Resident Deaths (cumulative)</td>
<td>10,529</td>
<td>1,859</td>
</tr>
<tr>
<td>State’s Total # of Licensed Facilities</td>
<td>1,212</td>
<td>2,020</td>
</tr>
<tr>
<td>Percentage of State’s Total Facilities Affected (cumulative)</td>
<td>99.7%</td>
<td>63.47%</td>
</tr>
<tr>
<td>Percentage of State’s Total Facilities with 1 or more active cases (staff and/or residents)</td>
<td>26.57%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Percentage of State’s Total Facilities with 1 or more active cases (residents only)</td>
<td>13.2%</td>
<td>3.47%</td>
</tr>
<tr>
<td>Percentage of State’s Total Facilities Recovered (current)</td>
<td>74.92%</td>
<td>58.17%</td>
</tr>
</tbody>
</table>

As of June 20, 2022
COVID-19 in Nursing Facilities

As of June 13, 2022
COVID-19 in Assisted Living Facilities

As of June 13, 2022

# of Staff Positive
# of Residents Positive
Total Deaths
Facilities COVID +
Regulatory Services COVID-19 Response: By the Numbers

Since March 2020, HHSC Regulatory Services Staff have conducted extensive health and safety investigations, inspections, and conducted extensive outreach, training and technical assistance to regulated providers:

• **10,228 on-site investigations** by survey teams in response to all complaints or facility-reported incidents related to COVID-19, with active monitoring as required after any on-site visit

• **1,391 on-site inspections** in long-term care facilities focused exclusively on infection control, which includes identifying concerns and bringing facilities into compliance with all requirements to protect resident health and safety

• **Over 75,000 calls** to all 1,214 nursing facilities and other long-term care providers to answer their questions, ensure they understood the latest state or federal guidance, and identify and address any higher risk concerns

• **Over 1,800 guidance communications and trainings** to long-term care providers, including provider letters, webinars, alerts, and emergency rules and temporary suspensions of regulatory requirements to give providers the flexibility they need to respond to COVID-19

• Weekly calls with industry associations to ensure updated, critical HHSC messages were being pushed out to their provider members

• **Hosted 76 webinars with providers** in collaboration with the Department of State Health Services (DSHS) and then posted content on the HHSC COVID-19 provider website page for those unable to participate in real time
COVID Impact on Day Care Operations

Many day care operations closed permanently as a result of the COVID-19 pandemic. Since February 2020, there has been a 9.2% decrease in the number of permitted day care operations.

<table>
<thead>
<tr>
<th>Operation Type</th>
<th>February 2020</th>
<th>June 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Capacity</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>9,747</td>
<td>1,108,607</td>
</tr>
<tr>
<td>Licensed Child Care Home</td>
<td>1,643</td>
<td>19,594</td>
</tr>
<tr>
<td>Listed Family Home</td>
<td>2,785</td>
<td>6,003</td>
</tr>
<tr>
<td>Registered Child Care Home</td>
<td>3,116</td>
<td>36,164</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17,291</td>
<td>1,170,368</td>
</tr>
</tbody>
</table>
COVID Protocols in Regulated Facilities

COVID-19 protocols in HHSC-regulated facilities were directed by the following state, local and federal authorities:

• **Long-term care facilities** – Rules set by HHSC based on direction from Centers for Medicare and Medicaid Services (CMS), Center for Disease Control (CDC), and DSHS

• **Child care operations** – Facilities were directed to follow CDC guidelines, as well as those of the local health department, for infection control and outbreaks. For day cares, HHSC issued emergency rules in accordance with the Governor’s Open Texas Child Care Checklist and the CDC Guidance for Child Care Programs that Remain Open

• **Acute care facilities** (including hospitals and end-stage renal disease facilities) – CMS directed COVID protocols for certified facilities while state licensed facilities were directed to follow CDC and DSHS protocols
COVID-19 Response Partnership

**HHSC Regulatory Services**
Ensured that facilities complied with all health and safety standards, including infection control, and served as frontline points of contact to assess facility needs.

**State Operations Center (SOC)**
Led by Texas Division of Emergency Management (TDEM), the SOC facilitated getting critical resources to facilities, including personal protective equipment (PPE), staffing, testing, site assessment, and disinfection services.

**DSHS**
Provided clinical direction and guidance through infection control epidemiologists who trained facility staff to implement infection prevention strategies and deployed resources, as appropriate, to conduct patient health assessments.

**Federal Agencies**
The Centers for Disease Control provide clinical guidance to prevent the spread of COVID-19. The Centers for Medicare and Medicaid Services provide direction to HHSC and providers regarding the oversight and implementation of regulations to prevent outbreaks of COVID-19 in the facilities they regulate.

**Local Partners and Stakeholders**
Includes county governments, local public health authorities, and local fire departments, that connected facilities with local resources and executed disaster response missions.
Outbreak Response Coordination

**Issue**
- Facilities were initially ill-equipped for a public health emergency of this scope and duration.

**Action Taken**
- HHSC facilitated deployment of disinfection teams to assist long-term and acute care facilities.
- Rapid Assessment – Quick Response Force (RA-QRF) was a multi-agency, multi-disciplinary effort to assess, triage, and disseminate critical resources. This included testing of staff and residents, PPE, infection control assistance, and additional staffing.
- HHSC surveyors were continually onsite assessing facility needs as part of the RA-QRF.

**Lessons Learned**
- Preventing the spread of COVID-19 in long-term care facilities and other congregate care settings requires unprecedented coordination across multiple state and federal agencies, local governments, and other stakeholders.
COVID Incident Prioritization

Issue
At the outset of the pandemic, CMS set the expectation that the state survey agency, HHSC Regulatory Services, would be the front-line responder to COVID-19 in long-term care facilities, identifying and responding to outbreaks.

Action Taken
Regulatory Services designated as a Priority 1 all reported incidents of an initial outbreak of COVID or re-outbreak after 14 days in nursing facilities, assisted living facilities, and intermediate care facilities, requiring surveyors to investigate within 24 hours.

Lesson Learned
Because the Priority 1 designation requires a more rapid response from our surveyors, our staff was able to quickly identify facilities experiencing an outbreak and get surveyors on the ground to identify, assess, triage, and determine critical resource needs of the facility.
Priority 1 COVID Complaints in Long-Term Care Facilities

Complaint and Incident Intakes Received - NFs and ALFs

As of June 13, 2022
Personal Protective Equipment (PPE) and Frontline Workforce Health

Issue

• Due to a national shortage, HHSC Regulatory Services had difficulty acquiring protective gear for inspectors and surveyors who were routinely entering facilities to investigate COVID outbreaks and serious allegations of abuse and neglect.

Action Taken

• HHSC was able to partner with TDEM, DSHS, and the Texas State Guard to distribute PPE statewide to HHSC employees across multiple divisions.

Lesson Learned

• For future pandemics, the partnership above is essential to create purchasing power for PPE. Additionally, it is important for Texas to prioritize regulatory surveyors as first responders when obtaining and distributing PPE and other protective gear.
Infection Control and Mitigation Protocols and Guidance

**Issue**
- Long-term care facility staff did not have training or expertise on infection control and mitigation to prevent the spread of COVID-19 within the facilities.

**Action Taken**
- Long-term care surveyors conducted extensive trainings, including onsite training in facilities, on infection control and mitigation.
- HHSC issued and continually updated comprehensive response plans for nursing facilities and other long-term care providers that reflected guidance changes on infection control and mitigation on both the state and federal level related to COVID-19.
- Special Infection Control Assessments provided targeted technical assistance to nursing facilities to strengthen infection control policies and procedures.

**Lesson Learned**
- In the future, long-term care facilities need staff with a dedicated focus on infection control and mitigation to ensure that all facility staff are educated and trained on those protocols.
- HHSC has adopted rules requiring all long-term care facilities to designate at least one staff member to be responsible for infection control protocols and to document facility compliance with all training requirements.
Emergency Rules and Provider Communications

Issue
• Since the onset of the pandemic, HHSC utilized the emergency rules process and an unprecedented volume of provider communications to ensure that providers were kept informed of changes to regulations or guidance from local, state, and federal agencies.

Action Taken
• Long-Term Care Regulation (i.e., nursing facilities, assisted living facilities, etc.): 18 rules; 98 provider guidance letters
• Health Care Regulation (i.e., hospitals, etc.): 14 emergency rules; 64 provider guidance letters
• Child Care Regulation: 3 emergency rules; 62 provider guidance letters

Lesson Learned
• Providers need a clear and stable regulatory framework, particularly during a public health emergency.
• HHSC Regulatory Services is working to incorporate protocols and best practices into permanent rules to ensure that providers have a more predictable regulatory roadmap during future pandemics.
COVID-19 Data and Facility Reporting

**Issue**
- HHSC had no system to receive or efficiently request COVID-19 data from long-term care providers.

**Action Taken**
- HHSC had to work quickly to develop a tracker to capture information, such as case counts, deaths, recoveries.

**Lessons Learned**
- HHSC is in the process of implementing an Emergency Broadcast System to allow automated two-way communication with providers.
- HHSC determined it is crucial to have high quality data to effectively guide our regulatory response.
Facility Visitation

In response to concerns about the impact of restrictions on patient and resident visitation in health care facilities during the pandemic, the 87th Legislature enacted legislation to ensure that visitation could continue while protecting resident health and safety.

• Senate Bill 25 – Essential caregiver visitation in long-term care facilities and homes
• Senate Bill 572 – Religious counselor visitation in acute and long-term care facilities
• House Bill 2211 - In-person visitation in hospitals
HHSC COVID-19 Response
Health and Specialty Care System
Health and Specialty Care System (HSCS) Overview

- 13 State Supported Living Centers (SSLCs)
- 10 State Hospitals (SHs)
- 1 Residential Treatment Facility
- 1 Outpatient Clinic
Initial COVID-19 Response and Impacts

- March 19, 2020 – First COVID-19 cases appeared at the Denton SSLC, followed by the Richmond SSLC, and eventually all SHs and SSLCs had COVID-19 cases
- To help alleviate staff concerns about the residents as well as their own health and that of their families, HSCS communicated with staff at all levels as new information was learned and quickly adapted to meet new challenges
- Quickly learned about spread, symptoms, effects, and preventative measures
Initial COVID-19 Response and Impacts

- Closed campuses to non-essential visitors and halted off-campus programming
- Began seeing impacts to the number of applications for jobs filed, as well as a decrease in filled positions
- Provided access to vaccines for staff, residents, patients, and community members
Cases & Recoveries

**State Supported Living Centers**
- Deaths: 37 residents
- Recoveries: 1,666 residents

**State Hospitals**
- Deaths: 20 patients
- Recoveries: 942 patients
Personal Protective Equipment (PPE)

- Focused on acquiring and distributing PPE
- Ordered and centralized PPE distribution
- Reached out to non-traditional sources for hand sanitizers, such as distilleries, and other producers to procure additional supplies
- Trained staff on proper donning and doffing techniques
- Provided PPE for persons served if they elected to use
Screening & Testing

• Closed campuses and created a screening process based on symptoms and possible exposure

• Mass testing at increments based on community transmission rates

• Created isolation and quarantine units for positive and exposed patients and residents
Visitation

• **Timeline**
  - **March 2020** – campuses closed with exceptions for compassionate care
  - **April 2021** – campuses opened visitation to family and friends, dependent on community transmission rate

• **Requirements for Visitors**
  - Complete health screening
  - Wear appropriate PPE and maintain social distancing from staff
  - Follow all other facility safety protocols
Best Practices

• Restricted off-campus outings and increased on-home/unit programming

• Established relationships and lines of communication with local hospitals and health departments

• Hosted vaccine clinics on campus and offered vaccines to patients, residents, staff, family members, and community partners

• Provided on-campus COVID-19 treatments, as appropriate
Lessons Learned – Workforce Engagement

Communication and transparency is critical to staff morale

• Recognition of employees who went above and beyond for the persons served
• Staff working together, including helping at other facilities as needed
• Staff had celebrations and parades when patients recovered
Lessons Learned – Consistent Communication

• Educating staff, persons served, and the community early and often

• Clear communication in changing protocols and expectations

• Engaging with the Department of State Health Services, local health departments, and infection control throughout response

• Working with local acute medical/surgical hospitals and tracking those beds
Ongoing Challenges

Workforce

• Filled positions pre-pandemic: 18,996
• Filled positions as of June 2022: 15,435
• Number of staff positive for COVID-19 simultaneously reached 1,324 in January 2022, during the Delta variant surge

Capacity

• SHs functioning at reduced capacity – 700+ beds offline
• SSLCs struggling to maintain staffing coverage
Appendix
Additional Regulatory Services Division Response Information
COVID Impact on Day Care Operations

Since March 2020, there has also been a notable increase in the number of unregulated operations identified from previous fiscal years. There is no identifier to correlate this increase to COVID-19 versus the proactive identification as a result of the creation of the Unregulated Operations Unit.

Unregulated Operations Identified by Fiscal Year and Region

![Graph showing the number of unregulated operations identified by fiscal year and region for different regions in Texas. The graph compares the number of operations identified in FY 2019, FY 2020, and FY 2021. The regions are listed as 1- Lubbock, 2- Abilene, 3- Arlington, 4- Tyler, 5- Beaumont, 6- Houston, 7- Austin, 8- San Antonio, 9- Midland, 10- El Paso, and 11- Edinburg.]
Governor’s Frontline Child Care Task Force

Early in the pandemic, Governor Abbott created the Frontline Child Care Task Force, comprised of representatives from the Texas Workforce Commission, HHSC, Texas Education Agency and the Higher Education Coordinating Board, to address the availability of child care for essential workers.

- HHSC worked with the Task Force to create the Frontline Child Care Portal that allowed essential workers to search for child care facilities near them and included links to HHSC's inspection and compliance records for each operation.

- HHSC Child Care Regulation also established emergency rules to address the child-care need for those deemed essential workers by creating a Temporary Emergency Child Care Operations (TECCO) permit.

- Fifty-four TECCO permits were granted between April and July 2020, and these operations ultimately closed or went on to open a regulated child-care operation.

- HHSC also worked closely with the Task Force to create standard health protocols for day care operations, which were adopted through emergency rules.
Medicaid and CHIP Services
Response Information
Medicaid and CHIP Services

Response Focused on Four Major Areas

1. Testing and treatment for COVID-19
2. Maintaining program eligibility
3. Ensuring continued access to services
4. Streamlining processes
# Federal Coverage Requirements

The Families First Coronavirus Response Act (FFCRA) and American Recovery Plan Act (ARPA) include requirements for coverage of COVID-19 related services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Requirement</th>
<th>HHSC Coverage</th>
</tr>
</thead>
</table>
| Vaccines  | • Coverage is required through the last day of the first calendar quarter that begins one year after the last day of the public health emergency (PHE) (the ARPA coverage period)  
• 100 percent Federal Medical Assistance Percentage (FMAP) available through ARPA coverage period | • Vaccines authorized for emergency use or that are approved by the U.S. Food and Drug Administration (FDA), per federal requirements |
| Testing   | • Coverage is mandatory through the ARPA coverage period                      | • Molecular, antigen, and antibody tests (including at-home tests)             |
| Treatment | • Coverage is mandatory through the ARPA coverage period                      | • COVID-19 related treatments, including monoclonal antibodies and antivirals |
FFCRA – Continuous Coverage

FFCRA was passed by U.S. Congress in March 2020.

- Allowed states to qualify for a temporary 6.2 percentage point FMAP increase, provided states maintain Medicaid coverage for most people enrolled in Medicaid as of or after March 18, 2020, until the end of the month in which the federal PHE ends.

- HHSC implemented the federal directive effective March 18, 2020 by suspending Medicaid disenrollments, unless the Medicaid member:
  - Moved out of state,
  - Voluntarily withdraw from Medicaid coverage,
  - Passed away.
FFCRA – Continuous Coverage

• On November 6, 2020, the Centers for Medicare and Medicaid Services (CMS) issued new guidance (Interim Final Rule CMS-9912-IFC) clarifying the FFCRA requirement to maintain Medicaid coverage

  ➢ States must ensure Medicaid members are receiving the most appropriate Medicaid coverage based on their eligibility and must maintain the same tier of benefits

• In Texas, most Medicaid programs provide the same tier of benefits as defined by CMS. Exceptions in Texas Medicaid include:

  ➢ Community Attendant Services (CAS)
  ➢ Healthy Texas Women (HTW)

• HHSC implemented this federal directive effective March 1, 2021. For Medicaid members determined eligible for CAS or HTW at a change or renewal during the PHE, those individuals remain in their existing Medicaid coverage
Access to Services: Remote Delivery

A critical tool with two operational pieces already in place.

1. Managed Care Organizations (MCOs)
   Prohibited from denying reimbursement for covered services solely because they are delivered remotely.
   Required to consider clinical and cost-effectiveness to determine whether a telemedicine or telehealth service is appropriate.

2. Providers
   No additional enrollment is required to provide telemedicine medical services or telehealth services.
Access to Services: Remote Delivery

Examples of service flexibilities:

• Audio-only
  - Behavioral health services
  - Medical (physician delivered) evaluation and management services
  - Early Childhood Intervention (ECI) specialized skills training
  - Nutritional counseling services

• Telemedicine and telehealth
  - School Health and Related Services (SHARS) services
  - HTW and HTW Plus
  - Rural Health Centers
  - Federally Qualified Health Center (FQHC) Reimbursement

• Telehealth
  - Occupational therapy, physical therapy, and speech therapy
  - Community Living Assistance & Support Services (CLASS) therapies: recreational, music, dietary, behavior supports, cognitive rehabilitation, occupational, physical, speech, and language pathology

• Assessments
Access to Services: Prior Authorizations

- Extended prior authorizations (PAs) that were set to expire
  - Extensions were granted for PAs given between March 2020 and December 2020

- Included PAs for acute care services, long-term services and supports, and clinician administered drugs (when clinically appropriate)

- Relaxed timeframe requirements for new and initial PA requests
Access to Services: Pharmacy

Preemptively addressed drug shortages

- Kept current version of the Specialty Drug list in effect to avoid any disruptions during drug shortages
- Expedited process of adding drugs to the formulary to address drug shortages

Increased flexibilities to access medication

- Allowed children in fee-for-service to fill the same prescription (up to a 34-day supply) up to 3 times simultaneously to effectively receive a minimum 90-day supply of medication
- Allowed individuals to refill prescriptions early
- Waived the signature requirement for prescription drug deliveries in Medicaid and CHIP
Streamlined Processes

To support providers to focus on service delivery, HHSC streamlined processes, including:

1. Provider revalidation and enrollment
2. Documentation
3. Electronic Visit Verification
4. Quality program and reporting requirements