

Intermediate Care Facility (ICF) Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ICF's via this regularly updated Frequently Asked Questions (FAQs) document.

This FAQ document was revised on October 26, 2021.

With each update, new questions will be identified with the date that they were added. If guidance changes, it will be identified in red font as added or deleted text. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or LTCRPolicy@hhs.Texas.gov.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 among agency clients and staff. The guidance provided is based on requirements governing Intermediate Care Facility's in [26 Texas Administrative Code \(TAC\), Chapter 551](#), as well as best practice and CDC recommendations.

NOTE: All ICF providers are responsible for monitoring the following websites for changes to guidance and requirements:

[The Health and Human Services Commission](#)

[The Texas Department of State Health Services](#)

[The Centers for Disease Control and Prevention](#)

[The Centers for Medicare and Medicaid Services](#)

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TABLE OF CHANGES

Date	Change	Comments
4/1/2021	Rearranged sections. Added "Quarantine" section. Changes to pages 7, 9, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 28, 30, 31	Edited to include new revised Expansion of Reopening Visitation Requirements rules
7/29/2021	Changes to pages 6, 7, 8, 9, 10, 11, 12, 16, 25, 27, and 29.	Edited to include the most updated guidance from HHSC and CDC.
10/05/2021	Updated resource information and changes to CDC quarantine guidance. Added CMS QSP 21-21 information. Changes to pages 13, 19, 26, 29, 30, 31, and 32.	Edited to include current information for testing, vaccination, funding and general resources as well as changes to CDC quarantine guidance and CMS QSO 21-21.
10/26/2021	Changes to pages 17, 19, 20, 21, and 25	Edited to include revised COVID-19 Expansion of Reopening Visitation Emergency Rules for ICFs/IID

Infection Control and Personal Protective Equipment

What is the minimum cleaning schedule for a residence?

The CDC recommends that cleaning should be done “frequently” but provides no specific minimum cleaning schedule requirements.

What documentation regarding cleaning and disinfecting procedures will be required in the home?

ICF surveyors will request documentation pertaining to infection control policies, including staff training and implementation of appropriate policies.

How can an ICF provider determine if a disinfectant product will actually kill the COVID-19 virus?

[List N](#) on the Environmental Protection Agency’s website contains disinfectants for use against COVID-19. A provider can search the list by entering the product’s EPA registration number, which is found on the product’s label.

There are so many hand sanitizers available. Are they all safe and effective?

No. The Food and Drug Administration (FDA) has posted [updates on hand sanitizers consumers should not use](#). Hand sanitizers must have a final concentration of 80% ethanol or 75% isopropyl alcohol to be effective against COVID-19.

Do staff members and individuals have to wear face masks?

An ICF must implement a staffing policy requiring staff to wear appropriate PPE based on the cohort with which they work. The ICF must develop and enforce policies and procedures for infection control. The written standards, policies, and procedures for the facility’s infection prevention and control program must include standard and transmission-based precautions to prevent the spread of COVID-19 and other infectious diseases, including the appropriate use of PPE. All facemasks and N95 masks must be in good functional condition as described in COVID-19 Response Plan for Intermediate Care Facilities. An ICF may use CDC guidance and the CMS QSO 21-14 to help develop facility policy.

How do providers get more personal protective equipment (PPE)?

Providers should first try to get PPE through their normal supply chain or through other available resources. Some resources are local partners or stakeholders, the Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

If an provider cannot get PPE from vendor(s) and have exhausted all other options, they should contact the [Regional Advisory Council](#) for their service area. Additionally, the Texas Division of Emergency Management (TDEM): <https://tdem.texas.gov/> can assist. ICF

providers should also document any attempts they make at obtaining PPE.

How much PPE should a provider have on hand when a surge outbreak occurs?

HHSC requires a provider to have a plan for obtaining and maintaining a two-week supply of PPE, including surgical facemasks, gowns, gloves, and goggles or face shields. A facility must comply with CDC guidance on the optimization of PPE when supply limitations require PPE to be reused. Shortages of PPE can happen at any time, so agencies should be mindful to conserve supplies when possible.

What do you mean by full PPE?

[As per the CDC](#), full PPE means gloves, gown, surgical or procedure mask, and face shield or goggles. If the client is positive for COVID-19 or suspected positive, then an N95 respirator is used instead of a surgical or procedure mask.

When should staff wear full PPE?

Staff must wear appropriate PPE based on the cohort with which they work.

In the absence of N95 respirator availability, can KN95 respirators be used in the care of clients with confirmed or suspected COVID-19?

The FDA issued an emergency use authorization (EUA) for certain KN95 respirators. Agencies can use a KN95 respirator in the care of clients with confirmed or suspected COVID-19 if the respirator is listed on [Appendix A: Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China \(Updated: August 14, 2020\)](#).

Do individuals need to wear a mask when not in their bedrooms?

[Executive Order GA-36](#) prohibits governmental entities, such as HHSC, from mandating face coverings in response to the COVID-19 disaster.

The ICF must develop and enforce policies and procedures for infection control. An ICF may use CDC guidance and the CMS QSO 21-14 to help develop facility policy.

If individuals live in the same house, do they need to physical distance?

As per the most updated CDC guidance:

- If all individuals around the home or van are fully vaccinated, then they may choose to have close contact.
- If unvaccinated individuals are present, then unvaccinated individuals should physically distance from others.

An ICF must develop and implement policies regarding infection control.

COVID-19 Screening and Documentation

What are the screening criteria?

The COVID-19 screening criteria are as follows:

1. The following COVID-19 symptoms and any additional signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing):
 - fever (100.4 and above as measured with a thermometer);
 - chills;
 - new or worsening cough, sore throat, shortness of breath, or difficulty breathing;
 - fatigue, muscle, or body aches;
 - headache;
 - new loss of taste or smell;
 - congestion or runny nose;
 - nausea or vomiting; and
 - diarrhea.
2. Unprotected contact, regardless of vaccination status, in the last 14 days with someone who:
 - has a confirmed diagnosis of COVID-19;
 - is under investigation for COVID-19; or
 - is ill with a respiratory illness.
3. The person being screened has tested positive for COVID-19 in the last 10 days.

What constitutes a positive screening? When someone meets only one criterion/symptom (such as a cough with no other symptoms) or when they meet multiple criteria?

Any single criterion that is met results in a positive screening. Please note that a screening needs to be based on any of the symptoms that are NEW to the person being screened. People can experience some of the listed symptoms on a regular basis. The screening should only identify NEWLY experienced symptoms, as in those within the last 48 hours.

Does a provider have to screen for all criteria? Can a provider just ask about signs and symptoms? Can temperature alone suffice as screening?

A provider must screen individuals according to the following timeframes.

- For the criteria [listed above](#), the provider must screen the individual when he or she enters the facility, including upon admission or readmission.
- For the following criteria at least once a day in accordance with CDC guidance:
 - fever, defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
 - other signs or symptoms of COVID-19, including chills, new or worsening 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,

- nausea or vomiting, or diarrhea;
- any other signs and symptoms as outlined by the CDC in Symptoms or Coronavirus at [cdc.gov](https://www.cdc.gov); or
- contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness, regardless of whether the person is fully vaccinated, unless the person is entering the facility to provide critical assistance.

What is the purpose of screening?

The purpose and the timing of the screenings are to prevent the potential spread of COVID-19 among staff and individuals.

Does screening for the staff and individuals need to be documented every time it occurs?

Yes. Every required screening must be documented.

Are staff required to take a surveyor's temperature before entering the home?

The screening requirements pertain to all ICF residences, which includes staff. One of the requirements is that the service provider screen for a fever, which is best determined by taking the person's temperature. For staff, that includes being screened at least once per shift.

Will a new enrollment need to have a COVID-19 test prior to placement visits?

HHSC is not requiring COVID-19 tests prior to pre-placement visits. However, screening prior to entry must be completed.

Individuals Leaving the Home

Can an individual leave the home if they choose to?

A resident is not prohibited from leaving the facility. However, the ICF has a responsibility to ensure the resident is making an informed decision. Specifically, the ICF must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19.

Can an individual who is COVID positive be restricted from activities outside the home?

If individuals test positive for COVID-19, they are highly encouraged to follow all isolation recommendations from their physician, local public health authority, DSHS, and the CDC to reduce the risk of spread.

Facilities should provide increased education and training on infection control procedures. If an individual refuses to comply with doctor's orders, an IDT meeting can be held to discuss options to best meet the health and safety needs of the individual. The facility should document the additional training and support provided to assist the individual in maintaining proper isolation.

Can individuals attend day habilitation?

Yes, an individual may attend day habilitation if they choose to do so.

What actions must a provider take if an individual chooses to leave (i.e., for a family visit, to work, day habilitation or otherwise)?

Individuals taking social excursions outside the facility should still be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces.

They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, physical distancing, and hand hygiene.

If they are visiting friends or family in their homes, they should follow CDC recommendations for visiting with others in private settings as described in the [Interim Public Health Recommendations for Fully Vaccinated People](#).

For individuals who leave a facility to go out into the community, the facility will have to determine if the individual meets any of the criteria for "unknown COVID-19 status," which include:

- spending one or more nights away from the facility; or
- having exposure or close contact with a person who is COVID-19 positive; or
- having exposure or close contact with a person who is exhibiting symptoms of COVID-19 while awaiting test results.

Note: If the individual meets any of these criteria the individual will need to quarantine upon return to the facility according to CDC guidelines. An individual who is fully vaccinated for COVID-19 or recovered from COVID-19 is not considered to have unknown COVID-19 status.

See the [Quarantine](#) section for more information related to quarantine and CDC guidance.

Activities: Holidays & Beyond

Can facilities plan group activities?

As per the most updated [CDC guidance](#), the following apply.

- If all individuals participating in the communal dining (or group activity) are fully vaccinated, then they may choose to have close contact.
- If unvaccinated individuals are present, then unvaccinated individuals should physically distance from others.

Can facilities use volunteers?

Facilities may use volunteers to provide supplemental tasks to the facility, such as assisting with cleaning and sanitizing. Facilities may also use volunteers to host or assist with facility-coordinated group activities (e.g., high school choir, bingo with individuals, book club). However, the facility cannot rely on volunteers in lieu of paid staff to fill required staff positions and perform direct care services.

- Volunteers that enter a facility to provide supplemental tasks must receive training on infection prevention and control standards and all other training provided to volunteers prior to the COVID-19 public health emergency.
- Volunteers that only enter a facility to host or assist with facility-coordinated group activities must receive training on infection prevention and control standards.

Can individuals receive deliveries (e.g., food, flowers, packages)?

Individuals may receive items from family members or otherwise have items delivered, including food, flowers, and packages. For items delivered outside of a personal visit, ICFs should designate an area outside of the facility to receive deliveries. ICF staff would retrieve the items, bring them inside, and disinfect them prior to delivering the items to the individuals. Facilities should follow CDC guidance for appropriate disinfecting guidelines, depending on what the items are.

For handling non-food items, [CDC recommends](#) hand washing after handling items delivered or after handling mail. Per CDC, although COVID-19 can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. It may be possible to get COVID-19 by touching an object that has the virus on it and then touching your mouth, nose, or eyes, but this is not thought to be the main way the virus spreads.

An important thing to remember is that individuals have a right to privacy with their mail per federal and state rule.

Quarantine

Do individuals who have been vaccinated against COVID-19 have to be quarantined?

[CDC guidance](#) has revised the quarantine time frame and its [Infection Control After Vaccination](#) recommendation related to quarantine and individuals who are vaccinated for COVID-19.

According to the CDC, a fully vaccinated person refers to someone who is:

- at least 2 weeks following receipt of the second dose in a 2-dose series, or
- at least 2 weeks following receipt of one dose of a single-dose vaccine

The CDC now recommends the following for ***asymptomatic individuals who are fully vaccinated***:

Quarantine is no longer recommended for asymptomatic fully vaccinated individuals who were exposed to COVID-19 or those individuals who have had COVID-19 infection in the prior 90 days. This includes new admissions, readmissions, and individuals who have been gone overnight. These individuals may be admitted into or return to the COVID-19 negative cohort.

Reminder: There may be circumstances when Transmission-Based Precautions (quarantine) for these individuals might be recommended (e.g., patient is moderately to severely immunocompromised, if the initial diagnosis of COVID-19 might have been based on a false positive test result).

Do individuals need to be quarantined for 14-days every time they leave their residence?

An individual who leaves the facility, who is not gone overnight and who did not have contact with others who may potentially have COVID-19 or are confirmed to have COVID-19, does not have to be quarantined upon returning to the facility.

Quarantine is no longer recommended for individuals who leave the facility and returned when they have been fully vaccinated against COVID-19.

For ***individuals who are not fully vaccinated for COVID-19***, please note that while the CDC still endorses a 14-day quarantine period, they offer options to reduce quarantine time. Local public health authorities make the final decisions about how long quarantine should last (or DSHS region if there is no local health department), based on local conditions and needs. Options for reduced quarantine include:

- Stopping quarantine after day 10 without testing
- Stopping quarantine after day 7 after receiving a negative test result (test must occur on day 5 or later)

A provider may choose to follow the new CDC guidance related to a shortened quarantine period. Consult with your local health department on if either of these quarantine options may be used with facility staff and residents.

Note: Individuals stopping quarantine should continue to be watched for symptoms until 14

days after exposure. If they have symptoms, then they should immediately be isolated and the local public health authority or healthcare provider should be contacted. Follow all recommendations from the CDC on when to quarantine.

Can an individual be tested for COVID-19 to shorten the quarantine period?

The CDC revised its guidance regarding quarantine time frame. While the CDC still endorses a 14-day quarantine period, the CDC now recommends two additional options for how long quarantine should last. Based on local availability of viral testing, for people without symptoms quarantine can end:

- On day 10 without testing, or
- On day 7 after receiving a negative test result (the test must occur on day 5 or later).

[CDC guidance](#) has revised the quarantine time frame and its [Infection Control After Vaccination](#) recommendation related to quarantine and individuals who are vaccinated for COVID-19.

If a resident has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?

If a resident recently tested positive for COVID-19 and has met the criteria for the discontinuation of transmission-based precautions, the resident does not need to be quarantined upon readmission to the facility for the remainder of this 90-day period, if the resident remains asymptomatic.

HHSC and DSHS recommend that all residents who are positive for COVID-19 stay in isolation until they meet the criteria for the [discontinuation of transmission-based precautions](#). These criteria indicate that at least 10 days must pass before an individual can stop self-isolation. In some cases, up to 20 days might be needed before transmission-based precautions can be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status might need a longer isolation period than the 10-day minimum.

Once the resident has recovered by meeting all criteria to discontinue isolation, it is not necessary to quarantine the resident upon return to the facility.

The [CDC](#) now indicates that people who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 90 days *as long as they remain asymptomatic*. Therefore, if a resident has recovered from COVID-19 within the previous 90 days, he or she does not have to be quarantined. The resident can return to the non-quarantine area of the facility (e.g., cold zone or COVID-19 negative cohort area) upon admission, readmission, or return to the facility.

The facility still needs to consider what additional precautions it should take for such residents, such as whether staff will wear full PPE when caring for individuals who have

recently recovered from COVID-19. The facility also can quarantine these individuals out of an abundance of caution if it has reasonable health and safety concerns. Additionally, as the individual approaches 90 days since illness onset, the facility should consider recent actions or interactions of the individual, such as participation in high-risk activities or contact with persons who are confirmed or suspected of having COVID-19. This will help the facility determine the need for quarantine, as the 90-day timeframe is not an absolute guarantee against transmission and long-term care residents are a high-risk population.

The CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19. At this time, the CDC cannot say for certain that there is no chance of reinfection in the 90-day post recovery period. However, the CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

If a recovered individual experiences COVID-19 symptoms at any point during the 90-day post recovery period, he or she would need to be tested, quarantined, or isolated, depending on test result, as well as evaluated by an attending physician to determine whether it is a case of reinfection with COVID-19 or another illness.

Please see the CDC's [When to Quarantine](#) and [Reinfection](#) for more information.

Additional information from the CDC's [Discontinuation of Transmission Based Precautions](#):

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with [mild to moderate](#) illness who are not severely immunocompromised:

1. At least 10 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last* fever without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with [severe to critical illness](#) or who are severely immunocompromised¹:

1. At least 10 days and up to 20 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last* fever without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved.
4. Consider consultation with infection control experts.

Note: For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

What is the expectation for quarantine after an individual who had COVID-19 passes the 90-day time frame? Is it different for vaccinated and un-vaccinated individuals?

Even during the 90-day proposed immunity period, there is no guarantee that one will not get COVID-19.

According to the CDC's "[When to Quarantine](#)," anyone who has surpassed their 90-day post recovery period after having had COVID-19 should still quarantine, if exposed to the virus, or symptomatic. The 90-day timeframe is not an absolute guarantee against transmission and long-term care individuals are a high-risk population.

Visitation

Am I required to permit visitation or is it voluntary? What types of visits require an ICF to apply for visitation designation?

[All ICFs must allow essential caregiver visits, end-of-life visits, indoor visits, and outdoor visits. Visitation designation is no longer required. An ICF must offer a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and document each individual's choice to vaccinate or not vaccinate.]

Note: Indoor and outdoor visits are available for all individuals who have COVID-19 negative status. [Essential caregiver visits and end-of-life visits are available for individuals who have COVID-19 negative, positive, or unknown status.]

I can't find the attestation form to request visitation designation. How can I get a copy of the form?

[An ICF no longer needs special visitation designation. An ICF must offer a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and document each individual's choice to vaccinate or not vaccinate, then must offer visitation in accordance with HHSC rules and CDC guidance.]

Can individuals have family members and friends come to the home?

Each individual can designate two essential caregivers [and visit with up to two essential caregivers at the same time]. The essential caregiver can be a family member, friend, volunteer, or other outside source. Essential caregivers will then be allowed to visit an individual in their room, outdoors, or in another area of the facility that limits the essential caregiver's movement throughout the facility. The individual may be any COVID-19 status including COVID-19 negative, COVID-19 unknown, or COVID-19 positive. Visitors will need to use appropriate PPE and be screened prior to the visit.

An individual can receive visitors who are not essential caregivers when he or she has a COVID-19 negative status. The visit can take place indoors or outdoors in accordance with visitation rule requirements.

[What is expected of an ICF provider in order to permit essential caregiver visits?]

An ICF must permit essential caregiver visits under the following conditions:

- the essential caregiver passed the screening, does not have an active COVID-19 infection, or sign or symptoms of COVID-19;
- the ICF has developed and implemented essential caregiver visitation policies in accordance with the expanded visitation rules;
- the essential caregiver has provided written agreement to follow the visitation policies;

- the essential caregiver has been trained by the ICF on infection control and visitation policies and procedures; and
- the essential caregiver does not need to maintain physical distance between themselves and the individual they are visiting but must maintain physical distance from all other persons in the facility during the essential caregiver visit.

What kind of training does the provider have to give the essential caregiver?

Individuals will designate two essential caregivers who will be trained by the program provider on PPE use, infection control, and facility visitation policy and procedures.

HHSC published the [Infection Control Basics & Personal Protective Equipment \(PPE\) for Essential Caregivers](#). This document meets the requirements for training of essential caregivers in intermediate care facilities.

Can an individual or their representative change their designated essential caregiver?

Yes, the individual or their representative may change their designated essential caregivers.

If an essential caregiver takes an individual to a medical appointment, will the individual's COVID-19 status change?

No, the individual's COVID-19 status would not change. However, the essential caregiver must:

- receive training from the ICF on the infection prevention and control procedures and the ICF's essential caregiver policies and procedures
- follow all of the infection prevention and control procedures and the ICF's essential caregiver policies and procedures
- ensure the individual follows all applicable infection prevention and control procedures and the ICF's essential caregiver policies and procedures
- notify the ICF if there was reason to believe the individual has been exposed to someone with COVID-19

What steps should we take if an essential caregiver was in the facility for visitation and then tests positive for COVID-19? Is it considered an outbreak?

The essential caregiver may not visit while they have signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases. The person they were visiting must be quarantined according to CDC guidance and monitored for signs and symptoms of COVID-19. [CDC guidance](#) has revised the quarantine requirements and time frames.

Since the essential caregiver is not considered an employee or an individual, a positive test for COVID-19 is not considered an outbreak. The essential caregiver rules require the essential caregiver to not have contact with other individuals or staff. However, if the ICF has concerns there was contact with other individuals or staff, the ICF should follow facility policy and CDC guidance.

Note: an outbreak is defined as one or more laboratory confirmed cases of COVID-19

identified in ICF staff, or one or more laboratory confirmed facility-acquired cases of COVID-19 identified in an individual.

Where can an essential caregiver visit occur?

The visit may occur in the individual's bedroom, outdoors or any other designated visitation area in the ICF that limits visitor movement through the facility and interaction with other persons in the facility.

Do ICF staff have to monitor an essential caregiver visit? Do ICF staff have to monitor other types of visits?

No. Staff are no longer required to monitor or escort any types of visitor in the facility.

What PPE is required for the essential caregiver? If they have a cloth covering, should we supply them with a facemask?

Per the expanded visitation rules, [an ICF must develop and enforce policies and procedures that ensure infection control practices, including whether the visitor and the individual must wear a face mask, face covering, or appropriate PPE. An ICF may use CDC guidance and the CMS QSO 21-14 to help develop facility policy.]

What accommodations should be made for individuals who share a bedroom with a roommate?

If an individual shares a bedroom with another individual, the essential caregiver visit can still occur in an individual's bedroom. However, an individual still has the right to privacy during visitation. If there are concerns with the visit occurring while the roommate is present, then the essential caregiver visit should be accommodated in a designated visitation area. Keep in mind, the essential caregiver visitor must maintain at least six feet of physical distance from the other persons in the facility and may not provide care or support to other individuals.

Can facilities designate the days and length of visits?

[Visitation must be facilitated to allow time for cleaning and sanitization of the visitation area between visits and to ensure infection prevention and control measures are followed. A facility may allow scheduled and unscheduled visits. Scheduling visits in advance must not be so restrictive as to prohibit or limit visitation for individuals.]

Did the new expanded emergency rules change visitation requirements for plexiglass indoor visits?

Yes. A plexiglass barrier is no longer required for indoor visits.

Is staff supervision required for inside or outside visitation?

No. Staff are no longer required to monitor or escort any types of visitor in the facility.

Can an ICF implement only portions of the expanded visitation? For instance, may a facility only allow general visitation and not essential caregivers?

No. must allow essential caregiver visits, end-of-life visits, indoor visits, and outdoor visits.

Did the new expanded emergency rules change visitation requirements for open window visits?

Yes. [Open window visits are no longer necessary. An ICF must allow indoor and outdoor visits for all individuals with a COVID-19 negative status.]

Did the new expanded emergency rules change visitation requirements for vehicle parades?

Yes. [Vehicle parades are no longer necessary as all ICFs must allow indoor and outdoor visits for all individuals with a COVID-19 negative status.]

Did the new expanded emergency rules change visitation requirements for outdoor visits?

Yes. The option for outdoor visitation is required for all individuals with a COVID-19 negative status.

Can visitors bring food for an individual?

Visitors [can bring] outside food for an individual. [An ICF facilitates indoor and outdoor visitation between personal visitors and individuals according to CDC guidance. Individuals may eat or drink during visitation.]

The facility should refer to CDC guidance on [Food Safety](#) for food brought in from the outside for an individual. From the [CDC's food safety](#) webpage:

- The risk of infection by the virus from food products, food packaging, or bags is thought to be very low.
- Currently, no cases of COVID-19 have been identified where infection was thought to have occurred by touching food, food packaging, or shopping bags.
- Do NOT use disinfectants designed for hard surfaces, such as bleach or ammonia, on food packaged in cardboard or plastic wrap.
- After handling food packages and before eating food, always wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

What are the rules regarding salon services visitors?

An ICF can allow a salon services visitor to enter the facility to provide services to an individual with COVID-19 negative status regardless of whether the facility offered vaccinations.

A salon services visit is not allowed if the visitor has signs or symptoms of COVID-19 or an active COVID-19 infection.

A salon service visit is permitted for all individuals with a COVID-19 negative status.

The salon services visit may occur outdoors, in the individual's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other persons in the facility.

Salon services visitors do not have to maintain physical distancing between themselves and each individual they are visiting, but they must maintain physical distancing between themselves and all other persons in the facility.

The ICF must develop and enforce salon services visitation policies and procedures, which include:

- a written agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements;
- training each salon services visitor on infection control measures, hand hygiene, and cough and sneeze etiquette;
- expectations regarding using only designated entrances and exits as directed; and
- limiting visitation to the area designated by the facility.

The ICF must:

- inform the salon services visitor of applicable policies, procedures, and requirements;
- maintain documentation of the salon services visitor's agreement to follow the applicable policies, procedures, and requirements;
- maintain documentation of the salon services visitor's training; and
- document the identity of each salon services visitor in the facility's records.

The facility may cancel the salon services visit if the salon services visitor fails to comply with the facility's policy regarding salon services visits or applicable requirements in this section.

[Can minors participate in visits?]

[Yes. While a minor cannot be designated an essential caregiver, a minor can participate in indoor or outdoor visitation. The minor should be able to adhere to infection prevention and control protocols and facility policy. According to CDC guidance, children under the age of two are exempt from wearing masks.]

COVID-19 Testing

How can I obtain BinaxNow testing kits?

BinaxNow testing kits are available and details can be found in [PL 2020-49 \(PDF\)](#). LTC providers in need of BinaxNOW test supplies can reach out to their [HHSC Long-Term Care Regulation Regional Director](#) for assistance with kits.

How often does ICF staff need to be tested, if at all?

ICF/IID facilities can develop a testing strategy for facility staff. To determine testing frequency, facilities should consider factors such as the frequency of activities, frequency of volunteer visits, county positivity rate, and other factors specific to their facility or community.

Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, are considered staff. Volunteers, and other individuals performing supplemental tasks or facility-coordinated activities, who tests positive for COVID-19 or develops signs and symptoms of COVID-19 within 48 hours of visiting the facility is considered an outbreak in the facility.

According to the CDC, for a resident, visitor, or staff with confirmed COVID-19 who developed symptoms, the exposure window is considered to be 2 days before symptom onset.

- ❖ If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test. ICF/IID should consult with their local health department for assistance with determining the date of exposure.

Reporting COVID-19 Cases

Why must providers contact their local health department or DSHS if the lab that completed testing has already completed notification?

Per DSHS, the information must be reported by the provider, regardless of whether the lab reports. This is in order to link the report to the geographical area where the person lives, which may be different than where the testing occurs. This enables accurate tracking and analysis, as well as the appropriate deployment of resources.

If providers suspect a case of COVID-19, they should contact the local health department/authority, or DSHS if a local health department is not available. Test results from the local health department do get reported to DSHS. The notification to the LHD is sufficient.

Do facilities need to report an individual who has been exposed? Can an individual refuse to be tested and self-isolate?

No, only confirmed positive cases must be reported. Individuals retain the right to make decisions on their own health care, including refusing testing. Decisions related to their medical needs must be discussed with their physician and their LAR (if appropriate).

If an individual has tested positive for COVID-19 in the hospital, is the facility required to notify the local health department?

Yes, it is the provider's responsibility to ensure the local health department or DSHS is notified. DSHS has stated on calls that they would rather have it reported twice than it goes unreported.

Which individuals are considered to have "unknown COVID-19 status"?

Except as provided by the CDC for an individual who is fully vaccinated for COVID-19 or recovered from COVID-19, individuals in the following categories are considered to have unknown COVID-19 status:

- New admissions
- Readmissions
- Individuals who have spent one or more nights away from the facility
- Individuals who have had known exposure or close contact with a person who is COVID-19 positive
- Individuals who are exhibiting symptoms of COVID-19 while awaiting test results

What information needs to be reported regarding a positive COVID-19 case? Do facilities need to provide notification for probable cases?

Yes. ICFs must report the first confirmed case of COVID-19 in staff or residents, as well as the first confirmed case of COVID-19 after a facility has been without new cases for 14 days or more to HHSC as a self-reported incident within 24 hours of the confirmed positive result.

The reports should include all information a facility would include in any self-reported incident. The 3613-A should also be completed and submitted within five days from the day a confirmed case is reported to CII. The provider investigation report can be submitted:

- via TULIP
- by email at ciiprovider@hhs.texas.gov
- by fax at 877-438-5827

Vaccinations

Is the COVID-19 vaccine mandatory?

[HHSC does not have the authority to require an individual or facility staff get the COVID-19 vaccine.] An ICF must offer a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and document each individual's choice to vaccinate or not vaccinate. Nothing in HHSC rules prohibit an ICF from making a COVID-19 vaccination a condition of employment. However, any facility that wishes to include a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

Are ICFs required to offer the COVID-19 vaccine?

As per [QSO 21-21](#), the ICF/IID must offer the vaccine unless it is medically contraindicated, or the client or staff member has already been immunized.

What education do ICFs have to provide regarding the vaccination?

CMS issued [QSO 21-21](#) on August 23, 2021. The QSO outlines new requirements for educating clients or client representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offering the vaccine.

How should ICFs document vaccination education?

ICFs should reference [QSO 21-21](#) regarding new federal requirements created around the COVID-19 vaccine. The formal education and offering of the vaccine only needed to be documented once the CMS-3414-IFC rule went into effect on May 21, 2021.

Who should providers contact with state specific questions about the COVID-19 vaccine?

Providers should contact DSHS at:

COVID-19 Registration Support

Email: COVID19VacEnroll@dshs.texas.gov

Toll-Free: (877) 835-7750

What kind of vaccine resources are available?

Providers have multiple options that include:

- Calling 844-90-TEXAS to ask for a Mobile Vaccination Team to come out to your facility; and
- Contacting DSHS to [become a COVID-19 vaccinator](#) or to [ask for COVID-19 vaccine](#).

Reporting COVID-19 Vaccinations

Am I supposed to report when individuals and staff receive the COVID-19 vaccination?

In accordance with [emergency rules at 26 TAC §551.48](#), 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;
- Aggregate numbers of staff – including employees, contractors, and volunteers – who received their second dose of a two-dose COVID-19 vaccine;
- 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; and
- Aggregate numbers of residents who received their second dose of a two-dose COVID-19 vaccine.
- Aggregate numbers of individual and staff who received their COVID-19 booster vaccine.

What kind of guidance has been provided for the reporting process?

Method: HHSC has developed a Survey Monkey tool to collect this information. HHSC issued an alert containing the survey link on February 12, 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 (e.g., 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 the facility or a pharmacy partner. Do not provide cumulative numbers. In other words, do not include totals from previous reports in a new report. Report all vaccinations, including those that occurred at an off-site pharmacy, doctor's office, local mass vaccination clinic, etc.

Surveys and Residential Visits

Will facilities receive notification prior to a recertification survey?

No. At this time, all regular survey activity has resumed as usual.

Will facilities be cited for non-compliance with emergency rules prior to their effective date?

Emergency rules are effective the date they are posted, and Long-Term Care Regulation (LTCR) can only cite providers for non-compliance once a rule has become effective and if the surveyor identifies the non-compliance before the provider does. The effective date can be found at the start of the document.

Will providers need to provide PPE to surveyors?

HHSC will supply surveyors with appropriate PPE for the specific situation. Surveyors will follow infection control guidelines while on site. Facility staff who are present for survey must follow their infection control policies and wear appropriate PPE as necessary.

How will the CMS QSO 21-21 change the survey process?

As per the [QSO](#), to determine compliance with these new requirements, surveyors will request a facility point of contact to provide information on how clients, client representatives, and staff are educated about and offered the COVID-19 vaccine, including samples of educational materials. Surveyors will also request a list of clients and staff and their COVID-19 status. Surveyors will select a sample of clients and staff to review records and conduct interviews to confirm clients and staff were educated on and offered the COVID-19 vaccine following the new requirements. The education and offering of the vaccine only needs to be documented since the CMS-3414-IFC rule went into effect on May 21, 2021. Noncompliance related to the new requirements for educating and offering COVID-19 vaccination to clients and staff will be cited at W-tags 500-507.

Resources

Where should providers go for COVID-19 information?

Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Centers for Medicare and Medicaid Services](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)
- [The ICF Provider Portal](#)
 - [COVID-19 Response for ICF/IIDs](#)
- [CMS QSO 21-21](#) (new federal requirements)

How do I get in touch with the Department of State Health Services (DSHS)?

The following are ways to access DSHS information and staff:

- DSHS website: <http://dshs.texas.gov/coronavirus>
- DSHS Contact Information: If you have any questions or would like more information about COVID-19, contact DSHS by email or by phone 24/7:
 - Email: coronarvirus@DSHS.texas.gov
 - Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- See the listing of local health entities by county at [Coronavirus Disease 2019 \(COVID-19\) Local Health Entities](#).
- See the listing of DSHS Regional Offices [at Public Health Regions](#).

Where can I find more information about COVID-19 funds?

Federal [COVID-19 Local Fiscal Recovery Funds](#) are being distributed to Texas cities and counties. HHSC urges LTCR providers that need COVID-19 resources to use the following resources:

- Contact your city, county, or [regional advisory council](#) to find out if resources or funds will be available for health care staffing support, testing services, resident, or site assessment, and disinfecting services as these resources are no longer available through HHSC.

Are recordings of the HHSC ICF webinars on the HHSC website?

Yes, recorded webinars are available on the HHSC website on the [ICF Provider Portal](#).

Resources related to PPE:

For N95 respirator and fit-testing information and resources: [Occupational Safety and](#)

[Health Administration Respiratory Protection eTool](#)

The CDC also has specific information relating to:

- [Strategies to Optimize PPE and Equipment](#)
- [Strategies to Optimize Eye Protection](#)
- [Strategies to Optimize Isolation Gowns](#)
- [Strategies to Optimize Face Masks](#)
- [Strategies to Optimize N-95 Respirators](#)