



Home and Community-based Services and Texas Home Living Programs: COVID-19 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 HCS and TxHmL program providers via this updated Frequently Asked Questions (FAQs) document.

This FAQ document was revised on January 18, 2022.

With each update, new FAQs will be added. If guidance changes, it will be identified as revised. Questions regarding these FAQs can be directed to Long-term Care Regulation Policy and Rules at 512-438-3161 or LTCRPolicy@hhs.texas.gov. It is recommended that the e-mail contain "HCS" or "TxHmL" in the subject line.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 (coronavirus) among individuals receiving services and staff members. The guidance provided is based on requirements governing Home and Community-based Services (HCS) and Texas Home Living (TxHmL) in [40 Texas Administrative Code \(TAC\), Chapter 9](#), which includes the emergency rules for [HCS](#) and [TxHmL](#), as well as best practice and Centers for Disease Control and Prevention (CDC) recommendations.

All HCS and TxHmL program 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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Visitation

What are the visitation options?

There is no longer “Expanded” or “Limited” visitation based on whether the program provider offered the COVID-19. All program providers 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.

The program provider must offer indoor and outdoor visitation for essential caregivers, end-of-life visitors, and personal visitors. Program providers no longer need to use an Attestation Form or a plexiglass booth for indoor visits. For personal visitors, the individual must be COVID negative. For essential caregiver and end-of-life visits, the individual can have any COVID status (positive, negative, or unknown).

Is a program provider required to offer visitation in an HCS residence?

Yes. The program provider must offer indoor and outdoor visitation for essential caregivers, end-of-life visitors, and personal visitors.

Is a visitor and/or individual required to wear a mask or face covering during a residential visit?]

[HHSC cannot mandate the use of face masks or face coverings. The program provider must create policies regarding infection control practices for visitors, including whether the visitor and the individual must wear a face mask or face covering and whether the visitor should wear appropriate PPE.

Is a visitor and/or individual required to physically distance during the visit?

Emergency rules state that an individual and their visitor can have close personal contact in accordance with CDC guidance. The most updated [CDC guidance](#) states the following:

If both the individual and all of their visitors are fully vaccinated:

- Individuals and their visitor(s) can choose to have close contact (including touch) and to not wear source control (including a mask) while in the individual’s personal room, the designated visitation area, or outside.
- Visitors should wear source control and physically distance from other healthcare personnel and other individuals/visitors that are not part of their group at all other times while in the residence.
- If either the individual or any of their visitors are not fully vaccinated:
 - The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the individual is fully vaccinated, the individual can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.

Can individuals have family members and friends visit the residence?

Yes. A program provider must ensure access by all individuals to visitors and essential caregivers.

Each individual can permanently designate up to two people as “essential caregivers.” An essential caregiver can be a family member, friend, volunteer, or a community member. Essential caregivers can visit the individual regardless of the individual’s COVID-19 status. See the [Essential Caregivers](#) section for more information.

In addition to their two essential caregivers, an individual may also have personal visitors come to the residence; however, the individual must be COVID-19 negative at the time of the visit.

All visitors must be screened in accordance with 40 TAC §9.198(c)(2) for COVID-19 by the program provider before entering the residence.

If an individual chooses not to receive or is unable to get the COVID-19 vaccine, how would visitation work?

Visitation is not based on whether the individual has chosen or received the vaccine. Visitation is allowed for all individuals regardless of vaccination status.

Can a visitor visit the residence at any time without an appointment?

Program providers may allow unscheduled visits]; however, scheduled visitation appointments provide the program provider time to clean and sanitize visitation areas. [Regardless of whether the visits are scheduled or not, scheduling should not be so restrictive as to limit or prohibit visitation for any individuals.

Is there an age limit for persons visiting the residence?

[Personal visitors can be any age. Essential caregivers must be 18 years of age or older.

Are Managed Care Organization (MCO) Case Managers considered essential?

MCO Case Managers fall under “providers of essential services” per 40 TAC §9.198(b)(7) because they are health care professionals whose services are necessary to ensure the health and safety of the individual.

Can a visitor or essential caregiver be required to provide proof of their COVID-19 vaccine?

No. While a program provider may ask about a visitor’s COVID-19 vaccination status and COVID-19 test result, a program provider cannot require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or to enter the residence.

Can a program provider restrict visitation for someone who has not had the COVID-19 vaccine, individual or visitor?

No. The program provider must allow visitation according to 40 TAC §9.199, regardless of whether the individual or visitor has received a COVID-19 vaccine.

Essential Caregivers

What is an essential caregiver, is this a family/friend member?

An essential caregiver is defined in rule as a family member or other outside caregiver, including a friend, volunteer, clergy member, private personal caregiver, or court-appointed guardian, who is at least 18 years old, designated to provide regular care and support to an individual. This does not include a staff member who regularly cares for the individual.

Once an individual has chosen up to two people to be his or her essential caregivers, the essential caregiver will need to follow the criteria laid out in 40 TAC §9.199(f)(1) for their essential caregiver visit.

If an individual has a family of five, are only the two designated essential caregivers of the five allowed to visit?

The term “essential caregiver” is a specific designation that applies to two permanently designated people that the individual chooses. An essential caregiver visit occur between an individual and his or her essential caregiver(s).

Visitation is also available to individuals outside of an essential caregiver visit. Therefore, if a family of five wanted to visit the individual at the same time, visitors would need to follow [indoor or outdoor] visitation criteria and rules. The program provider schedules visits based on the availability of space and allows visitation when adequate space is available to ensure physical distancing between visitation groups and safe infection prevention and control measures.

Does the program provider need to meet any criteria before allowing essential caregivers visitations?

No. A residence must allow essential caregivers and end-of-life visits for all individuals regardless of the individual’s COVID status.

Do essential caregivers have to take a COVID-19 test before each visit?

The program provider can ask the essential caregiver whether he or she has tested positive for COVID-19 within the past 10 days as part of the screening criteria. However, the program provider cannot require proof of a COVID-19 negative test or COVID-19 vaccination status as a condition of the essential caregiver’s entry into the residence. The essential caregiver cannot participate if he or she does not pass the [screening](#) criteria in 40 TAC §9.198(c)(2)(A)-(E).

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

Essential caregiver training should include proper PPE use, infection control, hand hygiene and cough/sneeze etiquette. The provider can use the [Infection Control Basics & PPE Training for Essential Caregivers](#) located on the [HCS Provider Portal page](#) under the COVID-19 Resources accordion as a training resource.

Does an essential caregiver have to wear a mask if they are in the individual’s bedroom?

HHSC cannot mandate the use of face masks or face coverings. The program provider must develop and implement policies regarding infection control practices for visitors, including whether the visitor and the individual must wear a face mask or face covering and whether the visitor should wear appropriate PPE.

Are HCS Service Coordinators considered essential caregivers?

No. Service coordinators are a “provider of essential services” since they operate under the authority of the local intellectual and developmental disability authority (LIDDA). Service coordinators must be allowed entry into the residence so long as they pass the screening criteria.

How many times per week can an essential caregiver or other visitors come to the residence for a visit, and is there a time limit per visit?

The emergency rules do not specify or limit the number of times an individual can receive a visitor or dictate how long the visit can last; however, the rules do state that all visits, including essential caregiver, must be facilitated. This allows the program provider time for cleaning and sanitizing between visits and ensures they have the appropriate amount of space for the visit.

While a program provider may schedule visits in advance to facilitate cleaning and sanitization of the visitation area, scheduling visits in advance must not be so restrictive as to prohibit or limit visitation for individuals. The program provider may also allow unscheduled visits.

What policies must a program provider have in place for monitoring essential caregivers?

A program provider must develop and enforce essential caregiver policies and procedures which include:

- The program provider must develop a written agreement that the essential caregiver understands and agrees to follow all policies, procedures and requirements set forth by the program provider,
- The program provider must train each essential caregiver on proper PPE usage and infection control measures, and
- The program provider must inform the essential caregiver of designated areas for visitations.

Does the program provider have to create and maintain a separate log for essential caregivers?

[No, the program provider no longer has to maintain a separate log for essential caregiver visits or verify the essential caregiver's identity at each visit.

Surveys and Residential Visits

Will program providers receive notification prior to a recertification survey?

HHSC LTCR HCS/TxHmL surveyors are continuing to provide a courtesy notification regarding upcoming recertification surveys when it is feasible to do so. However, providers remain responsible for ensuring that they submit to HHSC all required certification and recertification documentation.

What happens if a surveyor is denied access to a HH/CC residence?

If an HH/CC service provider refuses to allow a surveyor to enter the residence, the surveyor will coordinate with the program provider to discuss infection control procedures to allow for a safe entry into the residence. Per 40 TAC Chapter 49 requirements, a program provider must allow HHSC staff access to all individuals and service locations. Additionally, emergency rule 40 TAC §9.198(c)(3) states that a program provider should not prohibit entry to a person with legal authority to enter if the person is performing official duties unless the person fails screening the screening criteria in 40 TAC §9.198(c)(2)(A) – (E).

Will program providers be cited for non-compliance with emergency rules prior to the rules' effective date?

No. Emergency rules are effective the date they are posted, and HHSC can only cite program providers for noncompliance once a rule has become effective.

Will providers need to provide PPE to HHSC surveyors?

HHSC will supply its surveyors with appropriate PPE for the specific situation. Surveyors will follow infection control guidelines while on site. Program provider staff who are present for a certification, recertification or survey must follow their infection control policies and wear appropriate PPE as necessary.

Individuals Leaving the Residence

Can an individual leave the residence to participate in activities (family visits, day outings, day habilitation, work, competitive employment, etc.)?

The individual can and should leave the residence to participate in activities regardless of whether the individual has received the COVID-19 vaccine. However, the provider should educate the individual about infection control and prevention procedures, including:

- performing hand hygiene,
- cough and sneeze etiquette,
- physical distancing (in accordance with CDC guidance),
- being aware of others who might, or actually have, COVID-19, and
- reporting to the providers any contact with others who might, or actually have, COVID-19.

A program provider cannot prohibit an individual who lives in the residence to return, even if the individual meets any of the screening criteria.

The program provider must facilitate the individual's participation in external day habilitation if the individual wants to participate. The program provider documents the individual's decision to return to outside day habilitation and educate the individual about infection control, hand hygiene, and physical distancing.

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

HCS emergency rules do not require a program provider to quarantine an individual. However, the program provider must isolate individuals when they have a confirmed COVID-19 diagnosis or a probable case of COVID-19. Isolation is defined in rule as the practice "that separates persons who are sick to protect those who are not sick."

Can an individual who is COVID-19 positive be restricted from activities outside the residence?

If an individual tests positive for COVID-19, he or she is highly encouraged to follow all isolation recommendations from his or her physician, local public health authority, Department of State Health Services (DSHS), and the CDC to reduce the risk of spread.

Program providers should provide education and training on infection control procedures. If an individual refuses to comply with doctor's orders, an SPT meeting can be held to discuss how to meet the health and safety needs of the individual. The program provider should document the additional training and support provided to the individual to maintain proper isolation.

Can a program provider restrict individuals from attending day habilitation? What if an individual requests to attend day habilitation, is the individual allowed to go?

A program provider cannot restrict an individual from attending a day habilitation. An individual can attend day habilitation if they would like to do so, regardless of the individual's COVID-19 vaccination status.

If an individual has received the complete COVID-19 vaccine series and leaves the residence for an overnight trip, does their vaccination status change?

[No, leaving the residence does not change an individual's vaccination status. Per 9.198(b)(3) a fully vaccinated person is a person who received the second dose in a two-dose series or a single dose of a one dose COVID-19 vaccine and 14 days have passed since this dose was received.

COVID-19 Screening, Testing, and Documentation

What is the screening criteria?

The COVID-19 screening requirements are:

- fever, defined as a temperature of 100.4 Fahrenheit or above;
- signs or symptoms of COVID-19, including 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, nausea or vomiting, or diarrhea;
- any other signs and symptoms identified by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov);
- 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 visitor is seeking entry to provide critical assistance, or
- testing positive for COVID-19 in the last 10 days

HHSC also recommends following the latest [DSHS](#) and [CDC](#) guidance.

[A program provider must screen all visitors and individuals outside of the residence prior to allowing them to enter, except emergency services personnel entering the property in an emergency. Visitor screenings must be documented in a log, which must include the name of each person screened, the date and time of the screening, and the results of the screening. The visitor screening log may contain protected health information and must be protected in accordance with applicable state and federal law.]

If a visitor meets only one criterion/symptom (such as a cough with no other symptoms), is the program provider expected to refuse them entry? Does the visitor need to meet multiple criteria?

If any one single criterion is met, the visitor must not be allowed inside the residence. The visitor can reschedule the visit when the visitor no longer has any signs or symptoms.

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

The program provider's screening must address all screening criteria every time a screening is performed. Each screening criterion must be asked of the person being screened.

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, service providers, and individuals.

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

Yes. Every screening must be documented every time it has been completed. Visitor screening results are recorded in the visitor screening log. The individual's screening results may be documented in the individual's record.

How often must a program provider screen an individual for signs and symptoms for COVID-19?

A program provider must screen individuals once a day for the following criteria located in Emergency Rule 9.198(c)(2)(A)-(D).

- fever, defined as a temperature of 100.4 Fahrenheit or above;

- signs or symptoms of COVID-19, including 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, nausea or vomiting, or diarrhea;
- any other signs and symptoms identified by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at [cdc.gov](https://www.cdc.gov); and
- 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 visitor is seeking entry to provide critical assistance

Are program providers required to take a surveyor’s temperature before allowing them to enter the residence?

Yes. A program provider should screen surveyors prior to entering the residence. A program provider cannot prohibit entry of persons with legal authority to enter when performing their official duties, unless they do not pass the screening criteria.

Does a host home/companion care provider have to maintain a visitor screening log?

Yes. Per 40 TAC §9.198(c)(1), a residence includes host home/companion care residences unless otherwise specified. Rule also states that a program provider must screen all visitors outside of the residence prior to entry and maintain a visitor screening log, which must include the name of each person screened, the date and time of the screening, and the results of the screening.

Will a potential enrollee be required to have a COVID-19 test prior to a placement visit?

HHSC does not require a COVID-19 test prior to pre-placement visits. However, screening prior to entry must be completed.

Can an individual refuse to be tested for COVID-19?

An individual has the right to refuse a COVID-19 test. According to rule 40 TAC §9.173, individuals have the same rights and responsibilities exercised by people without disabilities, including the right to refuse a COVID-19 test.

Can a program provider offer tours to prospective residents/individuals?

[PL 2020-57](#) recommends that individuals participate in virtual residence tours when possible. However, a program provider can also offer in-person tours if appropriate transmission- based precautions are taken before each tour.

Does HHSC require staff working in an administrative office take temperatures of visitors and staff?

If the program provider operates day habilitation at their business/office site, the program provider must ensure the screening of individuals, staff, and visitors. However, if day habilitation is not conducted at the business/office, the emergency rules would not apply to this setting.

Does HHSC require staff in an administrative office wear a face covering?

No; however, HHSC recommends following CDC guidance as it will provide infection control practices for an administrative office.

Do program providers have to follow local town or city direction regarding testing and screening, or can they follow HHSC rules no matter what guidance from the local authority. may be?

HHSC Emergency Rules 40 TAC §9.198(m), 9.199(g) and 9.597(g) state that if there is a more restrictive order or directive set forth by another applicable authority, including local entities, the program provider

must comply with the more restrictive order/directive.

Do all persons residing in a Host Home/Companion Care residence need to be screened every time they return to the residence?

There is no requirement that additional persons residing in a residence be screened or submit the screening results to the program provider. Rule 40 TAC §9.198(c)(2) requires screening any visitor and individual before allowing them to enter the residence.

Does a visitor's log need to be kept in the host homes for screening?

Yes. A screening log must be maintained in the host home/companion care residence.

If a person arrives at the residence to pick up an individual but does not enter the home, are they required to wash their hands before and after visit?

If a visitor is only there to pick up an individual or staff and does not enter the residence, the visitor does not need to wash their hands or pass the screening criteria described in 40 TAC §9.198(c)(2)

How do providers request COVID-19 Point of Care Antigen Test Kits?

[All providers can now request free BinaxNOW COVID-19 POC antigen test kits. The requested test kits can now be used to test any individuals, including residents, staff, and visitors.]

[To request consideration for the free BinaxNOW POC antigen COVID-19 test kits, an NF, ALF, ICF/IID, HCS program provider, or HCSSA must complete the Attestation for Free Test Kits, [LTCR Form 2198](#). An NF, ALF, ICF/IID, or HCS program provider must submit the completed attestation to the HHSC Regional Director or designee for the region in which the provider is located.]

[The Regional Director or designee will elevate the completed attestation form to the State Operations Center in TDEM. Staff from HHSC Long-term Care Regulation (LTCR) and the TDEM will review the completed attestation form for accuracy and completeness. Staff may require and request documentation from the provider to support the attestation.]

[The attestation criteria require a NF, ALF, ICF/IID, HCS, and HCSSA program to:

- have a current Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver or a CLIA laboratory certificate;
- administer the test only by provider staff who successfully complete training provided by [Abbott Laboratories](#) or who are clinicians with appropriate education and training;
- follow all reporting requirements associated with the use of the Binax cards; and
- report test results appropriately.]

[Any provider that meets the requirements listed above is eligible to request free BinaxNOW COVID-19 POC antigen test kits].

[A provider must have a current CLIA Certificate of Waiver or a CLIA laboratory certificate before it can receive and administer the free BinaxNOW COVID-19 tests. To obtain a CLIA Certificate of Waiver for the free BinaxNOW COVID-19 tests, complete [Form CMS-116](#) available on the [CMS CLIA website](#) or on the [HHSC Health Care Facilities Regulation - Laboratories webpage](#) found under the Application header. Email the form to the regional CLIA licensing group via the [HHSC HCF Regulation – Laboratories webpage](#).]

[Providers that have existing CLIA Certificates of Waivers and are using a waived COVID-19 test are not required to update their CLIA Certificates of Waiver. As defined by CLIA, waived tests are categorized as “simple laboratory

examinations and procedures that have an insignificant risk of an erroneous result.” The [Food and Drug Administration](#) determines which tests meet these criteria when it reviews a manufacturer’s application for a test system waiver.]

This information can be found in [PL 2020-49 \(PDF\)](#).]

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Infection Control

What is the minimum cleaning schedule for a residence?

Rule 40 TAC §9.198(e)(1) does not specify the number of times the home must be cleaned but it does direct program providers to develop and implement a policy that requires a cleaning and disinfecting schedule for the residence and is routinely updated to reflect CDC and DSHS guidance. Rule 40 TAC §9.199(f)(2)(A) also states that a program provider needs to clean the visitation area before and after a visitor comes to the residence. The program provider should schedule visits to allow adequate time for sanitation.

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

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

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

The Environmental Protection Agency's website offers [List N](#) and contains disinfectants for use against COVID-19. A program 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?

The [CDC recommends](#) using hand sanitizers that contain at least 60% alcohol. Additionally, the Food and Drug Administration has posted updates on [hand sanitizer consumers should not use](#).

Does HHSC have any guidance on the use of UV-C lights for disinfecting purposes?

HHSC recommends following CDC guidance for [Cleaning and Disinfecting Your Facility](#) under Alternative Disinfection Methods.

How should program providers notify visitors of infection control policies?

HHSC rule does not specify how a program provider notify visitors of their infection control policy; however, §9.199(f)(1)(J) does say the program provider must inform visitors of the program provider's infection control policies and procedures. It is up to the discretion of the program provider on the method for informing all visitors.

Is it still recommended the program provider plate meals and serve to individuals to promote infection control?

The new emergency rules published on August 21, 2021 removed requirements relating to meals and communal dining. However, the program provider may develop policies and procedures to ensure the health and safety of staff and individuals that minimizes any potential for the spread of COVID-19. A program provider may follow [CDC recommendations](#) related to communal dining. The CDC recommends the following for communal dining:

- Fully vaccinated residents can participate in communal dining without use of source control or physical distancing.
- If unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use source control when not eating and unvaccinated residents should continue to remain at least 6 feet from others.

Personal Protective Equipment - Supplies

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

Program 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, or Healthcare Coalition.

[Additionally, program providers can obtain and request emergency support guidance by linking to [LTC Providers May Request COVID-19 Emergency Support | Texas Health and Human Services](#). Program providers can request support for the following:

- COVID-19 mobile vaccine clinics for residents and staff
- BinaxNow testing kits.
- PPE (providers should exhaust all other options before request)
- Facility cleaning and disinfection
- Healthcare-associated infection and epidemiological support.]

[To Request Support:

To initiate a request for COVID-19 support described above, contact the HHSC LTCR Regional Director in the region where the facility is located.

HHSC staff are responsible for initiating a State of Texas Assistance Request (STAR) on behalf of the long-term care provider.]

If a program provider cannot get PPE from the usual vendor(s) and have exhausted all other options, contact the Regional Advisory Council for its service area. Additionally, the [Texas Division of Emergency Management \(TDEM\)](#) may be able to assist. A program provider can request PPE through TDEM's State of Texas Assistance Request (STAR) program. The [STAR User Guide](#) provides instructions for submitting a request.

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

HHSC recommends a program provider maintain at least a two-week supply of PPE at all times. Shortages of PPE can happen at any time, so agencies should be mindful to conserve supplies when possible.

What is the program provider's responsibility for ensuring HH/CC residences have PPE?

The HH/CC must have PPE available, but it is not the program provider's responsibility to provide PPE; however, the program provider must ensure the HH/CC has it available.

Personal Protective Equipment - Use

What do you mean by full PPE?

Full PPE means gloves, gown, mask or respirator, and face shield or goggles as recommended by the CDC. If caring for an individual with COVID-19, the [CDC](#) recommends wearing an N95 respirator in lieu of a mask.

When should staff wear full PPE?

Staff should wear full PPE when caring for an individual who has tested positive for COVID-19 as recommended by the CDC, even if the individual is asymptomatic.

Is a cloth mask considered PPE?

Per [CDC guidance](#), a cloth facemask is not considered PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.

In the absence of N95 respirator availability, can KN95 respirators be used in the care of individuals 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 [here](#).

Do individuals living in any HCS residence need to wear a mask when not in their bedrooms?

A program provider must educate individuals on infection prevention, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette. Also, a program provider must encourage physical distancing according to CDC guidance.

Are host home/companion care providers required to wear a mask in the residence?

Per 40 TAC §9.198(e)(1)(C) and (e)(5)(A), a host home/companion care provider does not need to wear a mask or cloth face covering *if not* providing care to an individual with COVID-19. HH/CC providers must still wear appropriate PPE as defined by CDC if providing care to an individual with COVID-19.

If individuals and staff are attending events in the public, are masks required?

Program providers are encouraged to follow [CDC](#) recommendations regarding the use of face masks when attending public events.

Reporting COVID-19 Cases

What are the reporting requirements for HCS program providers, including HH/CC providers?

According to rule 40 TAC §9.198(e), program providers must notify the following departments/individuals within 24 hours of becoming aware of an individual or staff member, to include HH/CC providers, with confirmed COVID-19:

1. Local health department, or DSHS if there is no local health department;
2. HHSC via encrypted or secure email to waiversurvey.certification@hhsc.state.tx.us within 24 hours of becoming aware of an individual or staff member. Including service providers, with confirmed COVID-19;
 - If a program provider is not able to send a secure or encrypted email, the program provider should request a secure link by emailing waiversurvey.certification@hhsc.state.tx.us. A program provider is not required to provide identifying information of a staff member to HHSC when reporting a positive COVID-19 test result and must comply with applicable law regarding patient privacy;
3. An individual's legally authorized representative (LAR) if the individual is confirmed to have COVID-19, or if the presence of COVID-19 is confirmed in the residence;
4. Any individual who lives in the residence and his or her LAR, if the program provider is aware of probable or confirmed cases among program provider staff or individuals living in the same residence.

Additionally, a program provider must not release personally identifying information regarding confirmed or probable cases of individuals or staff.

What is the reporting criteria for individuals in Own Home/Family Home?

The alert posted on April 9, 2020, states program providers should report confirmed cases for all individuals receiving HCS program services. This includes individuals living in Own Home/Family Home settings and their service providers.

Why must program 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 program provider, regardless of whether the lab reported the information. This links the report to the geographical area where the person lives, which may be different than where the testing occurs. The reporting of confirmed cases of COVID-19 enables accurate tracking and analysis, as well as the appropriate deployment of resources.

Does a program provider need to report an individual or staff member who has been exposed?

No. Only confirmed COVID-19 positive cases must be reported.

What information needs to be reported regarding a positive COVID-19 case?

Program providers must submit the following information to waiversurvey.certification@hhsc.state.tx.us for confirmed COVID-19 cases in both staff members and individuals receiving services in a secure email:

- Provider name
- Component code & contract number
- Number of staff testing positive
- Number of individuals testing positive
- CARE ID for individual(s)
- Number of individuals testing positive currently at home
- Number of individuals testing positive currently in the hospital

Do program providers need to provide notification for probable cases?

Probable cases are not required to be reported.



Do TxHmL individuals need to be screened during each service date?

Yes. Service providers must screen individuals before providing service in accordance with 40 TAC §9.597(c)(3). If the individual fails screening, the service provider must not provide services and must immediately notify the program provider.

Screening criteria are as follows:

- fever, defined as a temperature of 100.4 Fahrenheit and above;
- signs or symptoms of COVID-19, including 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, nausea or vomiting, or diarrhea;
- any other signs and symptoms as outlined by [CDC in Symptoms of Coronavirus](#);
- 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 visitor is seeking entry to provide critical assistance, or
- testing positive for COVID-19 in the last 10 days.

Who is required to wear a mask in an Own Home/Family Home setting?

If non-members of the household are coming in and out, they should be encouraged to follow [CDC guidance related to health care workers](#).

Per 40 TAC §9.597(e)(1), a program provider must educate staff and individuals on infection prevention [as recommended by the CDC], including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette.

What is the reporting criteria for TxHmL program providers?

According to rule 40 TAC §9.597(d), it is the program provider’s responsibility to notify the following departments/individuals within 24 hours of becoming aware of an individual or staff member with confirmed COVID-19:

1. Local health department, or the DSHS if there is no local health department;
2. HHSC via encrypted or secure email to waiversurvey.certification@hhsc.state.tx.us within 24 hours of becoming aware of an individual or staff member with confirmed COVID-19;
 - If a program provider is not able to send a secure or encrypted email, the program provider should request a secure link from HHSC by emailing waiversurvey.certification@hhsc.state.tx.us. A program provider is not required to provide identifying information on a staff member to HHSC when reporting a positive COVID-19 test result and must comply with applicable law regarding patient privacy;
3. An individual’s legally authorized representative (LAR) if the individual is confirmed to have COVID-19, or if the presence of COVID-19 is confirmed in the residence;
4. Any individual who lives in the residence and his or her LAR, if the program provider is aware of probable or confirmed cases among program provider staff or individuals living in the same residence.

Additionally, a program provider must not release personally identifying information regarding confirmed or probable cases of individuals or staff.

What guidelines must a program provider follow in developing policy for educating staff and individuals on infection prevention?

A program provider must follow the latest recommended CDC guidelines; including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette.]

[Must a TxHmL provider use TxHmL emergency rule or the certification principles when developing and, implementing COVID-19 policies and procedures?

If the emergency rule is more restrictive than any certification principle relating to COVID-19, the emergency rule will prevail as the emergency rule is in effect.

Staffing Considerations

[Does HHSC allow program providers to add additional individuals in a 3-bed and 4-bed group homes?

HHSC has published PL 2021-29 (Revised) that allows program providers to add up to two additional individuals temporarily if the residence has the space to accommodate them. A program provider may refer to Section 2.7 Suspensions Still in Place of PL 2021-29

- [PL 2021-29 End of Temporary Suspension of Certain LTCR Requirements During COVID-19 Outbreak \(Revised\)](#)
- [40 TAC §9.153\(39\)\(B\)](#)

[Should program providers should notify HHSC every time group homes are consolidated for staffing purposes?

PL 2021-29 provides instruction on what information to send to HHSC when the HCS provider temporarily increases from 4 to 6 individuals. “HHSC will still allow an HCS four-person residence to add up to two additional individuals temporarily if the residence has the space to accommodate them and has been approved as a four-person residence by HHSC. (Rule: 40 TAC §9.153(39)(B)).

The program provider must notify HCS Survey Operations of the additional individual(s) by emailing the following information to WaiverSurvey.Certification@hhsc.state.tx.us.

Provider Name and Contract Number

- Name and CARE ID of the individual moving
- Location code and address of permanent residence
- Location code and address of temporary residence”

Unless the duration is for a single shift, a program provider notifies HHSC any time there is an increase in capacity regardless of the duration, short-term or long-term. Once the program provider resumes regular business operations, they must notify HHSC at WaiverSurvey.Certification@hhsc.state.tx.us that the individuals have returned to their residences.]

[What should a program provider that is facing staffing shortages do?]

[HHSC LTCR offers emergency staff for providers facing severe critical shortages because existing staff is unable to work due to being infected with COVID-19. Emergency staffing is only approved for providers that can't provide necessary care to residents or individuals due to COVID-19 related staffing shortages. Emergency staffing is temporary while providers obtain alternative staffing resources or until existing staff can return to work.]

[Providers may only request emergency staffing from HHSC if all the strategies from the [Staffing Contingency Checklist](#) have been exhausted. If a provider has implemented or attempted each item in the Staffing Contingency Checklist and still does not have adequate staff to meet critical staffing levels, the provider must contact the Regional Director for their LTCR Region to request emergency staffing.]

[LTCR may request documentation to support that all mitigation strategies have been exhausted and that all other checklist items have been exhausted before facilities and providers are provided emergency staff.]

[LTCR may perform an on-site survey to confirm that all mitigation strategies have been exhausted and that all other checklist items have been exhausted before providers are provided emergency staff.]

[This is only available on an emergency basis, as staff are available, and as a temporary measure. Not all requests for emergency staffing will be fulfilled. Requests are prioritized by level of need.]

[HHSC published Provider Letter 2022-02 which allows providers to request emergency staffing resources.]

[Providers may request emergency staff from HHSC in an emergency as a one-time option to alleviate staffing crisis due to the impact of Omicron variant on staffing resources.]

[To complete a one-time request for emergency staff from HHSC, HCS providers should follow all steps located in [PL 2022-02](#).]

Vaccinations

Is the COVID-19 vaccine mandatory?

The COVID-19 vaccine cannot be mandated as described by executive order GA-39 on August 25, 2021 by Governor Greg Abbott.

HHSC rules do not prohibit a program provider from making a COVID-19 vaccination a condition of employment. However, any program provider that wishes to include a requirement for staff to be vaccinated for COVID-19 should consult their legal counsel and human resource professionals.

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

Program providers can contact DSHS directly at Vaccine.LTCF@dshs.texas.gov for questions related to vaccine distribution.

For more information about the COVID-19 vaccine, please see the [DSHS COVID-19 Vaccine Information](#) page and the [CDC COVID-19 Vaccine Information](#) page.

Does the individual or LAR have to provide signed consent for the COVID-19 vaccine?

Although the program provider does not have to create a consent form specific to the COVID-19 vaccine, the program provider must obtain informed consent and can document either COVID-19 vaccination administration or refusal of COVID-19 vaccination in the Comprehensive Nursing Assessment under Immunizations.

When is a person considered to be fully vaccinated?

A person is considered fully vaccinated when they have received the second dose in a two-dose series, or a single dose of a one dose COVID-19 vaccine, and 14 days have passed since the dose was received.

What does it mean to offer a complete series of a one- or two-dose COVID-19 vaccine?

Offering a vaccine is different from administering a vaccine; the program provider is not required to administer the vaccine to have "offered" the vaccine to individuals and staff under this rule. In this specific circumstance, "offer" means to administer or arrange/assist or educate/inform. The program provider must then document the individual's choice regarding COVID-19 vaccination.

Resources

Where should program 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](#)

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](#).

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](#)
- [Quarantine or Isolation: What's the difference?](#)

Information about facemasks and respirators is available at [COVID-19: Facemasks and Respirators Questions and Answers](#) and can be shared with family members and caregivers.

Below are several other helpful “mini webinars” from the CDC:

Sparkling Surfaces - <https://youtu.be/t7OH8ORr5lg>

Clean Hands - <https://youtu.be/xmYMUly7qiE>

Closely Monitor Residents for COVID-19- <https://youtu.be/1ZbT1Njv6xA>

Keep COVID-19 Out!-<https://youtu.be/7srwrF9MGdw>

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

- Contact your city or county to find out if resources or funds will be available for health care staffing support, testing services, resident or site assessment, and disinfecting services. These resources are no longer

available through HHSC.

Reach out to the HHSC Long-term Care Regulation Regional Director in your region to ask for:

- BinaxNow testing kits. Review PL 2020-49 (PDF) for details.
- Health care-associated infection and epidemiological support.
- COVID-19 vaccine. Providers should go through all other options before this one.