



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 April 22, 2021.

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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All Visitation

[What are the two visitation options?]

[If the program provider has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not to vaccinate, then the program provider must follow the **Expanded Visitation** rules located in 40 TAC §9.199(c).

If the program provider has not offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff or documented each individual's choice to vaccinate or not vaccinate, then the program provider must follow the **Limited Visitation Designation** rules located 40 TAC §9.199(d).]

[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 provider is not required to administer the vaccines 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.

Additionally, if the individuals are offered COVID-19 vaccines (onsite or offsite) but choose to not receive the COVID-19 vaccine, the residence can follow the Expanded Visitation rules, if documentation is maintained.]

Is an HCS residence required to offer visitation?

[If the program provider is following the Expanded Visitation rules, which means it has offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, then the program provider is required to offer visitation.

If the program provider is following the Limited Visitation Designation, meaning they have not offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, then the program provider may offer visitation. Some visit types require an attestation form.]

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

Each individual can permanently designate two people as "essential caregivers." An essential caregiver can be a family member, friend, volunteer, or a community member. An essential caregiver can visit an individual in the individual's bedroom but must wear a mask and be screened before entry. [Essential caregivers no longer have to maintain physical distance of six feet between themselves and the individual they are visiting and do not need to be escorted to and from the visitation area.]

Can someone besides an essential caregiver visit an individual?

[Under Expanded Visitation, program providers are required to allow individuals to have personal visitors at their residence who are not designated as "essential caregivers." Under Limited Visitation, the program provider may allow personal visitors but must have an HCS Expanded Visitation Residence Attestation form.

Personal visitors must be screened in accordance with 40 TAC §9.198(c) for COVID-19 by the program provider before entering the residence. If the personal visitor meets any of the screening criteria, he or she cannot enter the residence and must leave.

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

[The program provider only has to offer the COVID-19 vaccine to fall under Expanded Visitation. In this specific circumstance, "offer" means to administer or arrange/assist or educate/inform and then document the individual's choice regarding vaccination. An individual does not have to be vaccinated in order for the program provider to offer Expanded Visitation.]

[Can a visitor come anytime and without an appointment?]

[Under Expanded Visitation, the residence must have no confirmed COVID-19 infections or suspected COVID-19 cases for at least 14 consecutive days among staff and the individual must be COVID-19 negative to allow indoor visitation. Outdoor visitation is allowed any time.

For Limited Visitation, see What does a program provider need to do if they want to offer visitation [under Limited Visitation]?

Additionally, all visitation appointments must be scheduled so the program provider has time to clean and sanitize visitation areas.]

[How many times per week can an Essential Caregiver or visitor come to the residence for a visit? How long can the visits last?]

[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 visits must be scheduled. This allows the program provider time for cleaning and sanitizing between visits and ensures they have the appropriate amount of space for the visit.]

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

[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. The program provider must allow visitation according to 40 TAC §9.199, regardless of whether the individual has received a COVID-19 vaccine.]

Limited Visitation

What kind of visitation can an HCS residence offer when the provider has not had an opportunity to offer a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff?

A program provider can offer the following types of visitation [under Limited Visitation]:

1. Closed window visit--A visit where the individual and personal visitor are separated by a closed window and the personal visitor does not enter the residence. An attestation form is *not* required.
2. Open window visit--A visit where the individual and personal visitor are separated by an open window. An attestation form is required.
3. Outdoor visit--A visit where the individual and personal visitor(s) meet in dedicated outdoor space. An attestation form is required.
4. Plexiglass indoor visit--A visit where the individual and the personal visitor are both inside the residence but separated by a plexiglass barrier. An attestation form is required.
5. Vehicle parade--A personal visit where the individual remains outdoors on the residence's property and a personal visitor drives past in a vehicle. An attestation form is required.

*An essential caregiver and end-of-life visitor can visit the individual inside the residence and the individual's bedroom without a plexiglass booth. Additionally, essential caregiver or end-of-life visits are not part of the expanded visitation; therefore, an attestation form is not required to allow these types of visitation.

What does a program provider need to do if it wants to offer visitation and it has not offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff?

The criteria to offer visitation is listed on the [HCS Expanded Visitation Residence Attestation](#) form and can be found in [Provider Letter 21-09]. When the residence wants to offer expanded visitation, the program provider will need to fill out the HCS Expanded Visitation Residence Attestation form, which states:

- (1) there have been no confirmed or probable cases of COVID-19 for at least 14 consecutive days among staff or individuals;
- (2) the residence has access to sufficient staff/service providers and PPE to provide essential care and services to the individuals living in the residence;
- (3) the service back-up plan for host home services has been evaluated and determined to be viable at the time of review;
- (4) the program provider has a plan to respond to new confirmed or probable cases of COVID-19 in the residence; and
- (5) the emergency preparedness plan required by 40 TAC §9.178(d) (relating to Certification Principles: Quality Assurance) has been updated to address COVID-19.

If the provider cannot attest to the above criteria, it cannot allow visitation under Limited Visitation.

Who needs to complete the HCS Expanded Visitation Residence Attestation form?

The program provider fills out the attestation form when [it is under Limited Visitation and wants to offer visitation]. The attestation form is used by 3-person and 4-person residences. This does not apply to host home/companion care residences or for individuals who live in their own home or family home. One can find the attestation form under the COVID-19 Resources tab on the [HCS Provider Portal](#).

Does the HCS Expanded Visitation Residence Attestation form need to be completed every 14 days?

The attestation form does not need to be completed every 14 days. However, if at any time after the attestation form is completed, the residence no longer meets the criteria for visitation under Limited Visitation, the attestation is no longer in effect. At that point, the residence must stop allowing visitation.

This does not apply to essential caregiver visits, end of life visits, and closed window visits.

When does the program provider complete another attestation form?

The attestation form stays in effect until there is an outbreak of COVID-19 at the residence. An outbreak is defined in rule as “one or more confirmed or probable cases of COVID-19 identified in either an individual or paid or unpaid staff.” The residence must complete a new attestation form once the visitation criteria is met again.

Where does the attestation form go?

The current attestation form must be kept at the HCS residence.

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 individual will need to follow the criteria laid out in 40 TAC §§9.199(c)(1) or 9.199(d)(1), depending on which visitation type the program provider is following.]

[If an individual has a family of five, are only two 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 is a visit that occurs between an individual and his or her essential caregiver(s).]

Expanded and Limited 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, this could fall under Expanded or Limited Visitation and the visitors would need to follow that visitation criteria and rules. The program provider schedules visits based on the availability of staff and space and allows visitation when adequate staff and space are available to ensure physical distancing between visitation groups and safe infection prevention and control measures.]

Does the program provider need to meet the criteria for Expanded [or Limited] Visitation to be able to allow essential caregivers?

No. A residence must allow essential caregivers and end-of-life visits under Expanded Visitation [or Limited Visitation].

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

[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.] However, the essential caregiver must not participate if he or she has signs and symptoms of COVID-19 infection, tested positive for COVID-19 within the previous 10 days, signs or symptoms of other communicable diseases, or has an active COVID-19 infection.

What kind of training does the 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?

Yes. The essential caregiver must wear a mask.

[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.]

Surveys and Residential Visits

Will program providers receive notification prior to a recertification survey?

Waiver Survey and Certification (WSC) is 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).

Will program providers be cited for non-compliance with emergency rules prior to the rules' effective date? Emergency rules are effective the date they are posted, and WSC can only cite program providers for non-compliance 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 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 leave the residence to participate in activities regardless of whether the individual has received the COVID-19 vaccine. However, the provider must ensure the individual is making an informed decision. Specifically, the provider must ensure the individual has been informed of the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. The provider should educate the individual about infection control and prevention procedures, including:

- wearing a facemask or face covering if tolerated,
- performing hand hygiene,
- cough and sneeze etiquette,
- physical distancing (maintaining at least six feet of distance between themselves and others),
- 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.

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

Emergency rules do not require that an HCS provider quarantine an individual.

[The program provider must isolate individuals when they have a confirmed COVID-19 or probable COVID-19 status according to CDC guidance. However, this does not apply to individuals who are considered COVID-19 negative.] Isolation is defined in rule as “that separate persons who are sick to protect those who are not sick.” [The HCS COVID-19 Response Plan contains a graphic regarding isolation and CDC recommendations for isolation duration based on a symptom-based strategy.]

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

If an individual test 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 but can only contract with a day habilitation service provider that is in compliance with the most current [DSHS guidance for day habilitation sites](#). An individual can attend day habilitation if they would like to do so, regardless of the individual’s COVID-19 vaccination status.

The program provider must facilitate discussion related to informed consent and document an individual’s informed decision to return to outside day habilitation; this includes discussion on available options and

alternatives, risks of attending day habilitation, PPE, hygiene, and physical distancing.

COVID-19 Screening, Testing, and Documentation

What is the screening criteria?

The COVID-19 screening criteria is:

- 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
- has tested positive for COVID-19 in the last 10 days

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

What signs and/or symptoms must the program provider look for when asking a visitor to leave the residence and reschedule? When a visitor meets only one criterion/symptom (such as a cough with no other symptoms) or when they 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 provider have to screen for all criteria? Can a provider just ask about signs and symptoms? Can 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 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.

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

Yes. A provider should screen surveyors prior to entering the residence. A program provider shall not 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 new enrollment need 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 and self-isolate?

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 for each tour, and the provider has been approved for Expanded Visitation or Limited Visitation with a current attestation form, when applicable.]

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

If program providers operate day habilitation at their business/office site, they must screen 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?

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 local authority direction may be?

HHSC Emergency Rules 40 TAC §§9.198(p), 9.199(k) and 9.597(h) 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) 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.]

Does a provider have to screen individuals in the residence?

A program provider must screen individuals for signs and symptoms of COVID-19 at least twice a day.

[If the visitor does not come in and are just picking the individual up, does he or she still need 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).]

Infection Control

What is the minimum cleaning schedule for a residence?

Rule 40 TAC §9.198 does not specify a specific 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(h)(8) also states that a program provider needs to clean the visitation area, furniture, and all other items before and after a visitor comes to the residence. The provider should schedule visits to allow adequate time for sanitation.

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

WSC 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?

[List N](#) on the Environmental Protection Agency's website 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?

No. The [CDC recommends](#) using hand sanitizers that contain at least 60% alcohol. Additionally, the [Food and Drug Administration \(FDA\)](#) has posted [updates on hand sanitizers 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 Disinfection Your Facility](#) under Alternative Disinfection Methods.

Personal Protective Equipment - Supplies

How do 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.

If a program provider cannot get PPE from the usual vendor(s) and have exhausted all other options, it should 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 also 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 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 provider's responsibility to provide it. The program provider needs to 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. 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 COVID-19, 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. However, a cloth face covering can be used when providing care to an individual who does not have COVID-19 per 40 TAC §9.198(e)(5)

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, defined as maintaining at least six feet of separation between persons and avoiding physical contact. [All individuals who are not ill are encouraged to wear a face covering for source control, if tolerated, whenever they leave their room or are around others, including whenever they leave the residence.]

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

[According to 40 TAC §9.198(e)(5) a host home/companion care provider does not need to wear a mask or cloth face covering over both the nose and mouth *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?

Individuals are strongly encouraged to wear face coverings over the nose and mouth at all times, if tolerated, including when it is not feasible to maintain six feet of social distancing from another person in public in accordance with CDC guidance. In a public setting, staff are required to wear a facemask or face covering over the nose and mouth when providing care to an individual in accordance with to 40 TAC 9.198 requirements and as [recommended by the CDC](#).

Reporting COVID-19 Cases

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

According to rule 40 TAC §9.198(d), program providers must 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 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 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.

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. This enables accurate tracking and analysis, as well as the appropriate deployment of resources.

Does a program provider need to report an individual 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?

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
- has tested 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, including hand hygiene, physical distancing, the use of personal protective equipment (PPE) and cloth face coverings, and cough etiquette. A program provider must encourage physical distancing during service delivery to the extent possible and encourage the use of masks and gloves if more direct support is needed.

What is the reporting criteria for TxHmL providers?

According to rule 40 TAC §9.597(d), it is the 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.

Vaccinations

What do providers need to know about flu vaccine allocations?

According to the LTCR issued [PL 20-50](#) on November 17, 2020:

- DSHS provided a one-time-only allocation of adult influenza vaccine doses through the Adult Influenza Vaccine Initiative to target high risk populations disproportionately affected by or at risk for COVID-19;
- Includes individuals and staff of long-term care facilities, who are also at risk for contracting the influenza virus; and
- Includes training and education to staff and access to an automated vaccine ordering and reporting system, all at no additional cost to providers.

Providers enrolled in this initiative must register and report doses administered in the Texas Immunization Registry (ImmTrac2). The provider enrollment process is as follows:

- Complete enrollment and obtain your ImmTrac2 Organization Code;
- Complete Module 10 of the CDC “You Call the Shots” Training;
- Complete the Adult Influenza Vaccine Initiative Provider Agreement form;
- Agree to screen for patient eligibility and maintain screening records; and
- Agree to maintain vaccine safety and inventory.

Is the COVID-19 vaccine mandatory?

The COVID-19 vaccine cannot be mandated through state or federal rules since the vaccine is approved through the FDA’s emergency use authorization (EUA). Receiving a COVID-19 vaccine is voluntary. 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 providers contact with specific questions about the COVID-19 vaccine?

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 provider does not have to create a consent form specific to the COVID-19 vaccine, the 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.]

Resources

Quarantine or Isolation: What's the difference? Centers for Disease Control and Prevention

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: coronavirus@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](#)

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>