TEXAS Health and Human Services

Texas Health and Human Services Commission

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 November 30, 2020.

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 PolicyRulesTraining@hhsc.state.tx.us.

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 40 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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Visitation

Do I have to be approved for Phase 1 visitation before I can be approved for expanded visitation?

No, an ICF is not required to be approved for Phase 1 visitation before applying for expanded visitation approval. The expanded visitation rules replace Phase 1 visitation rules, meaning the Phase 1 visitation rules are no longer in effect. ICFs must submit LTCR Form 2195 to be approved by HHSC before they can permit all types of visitation in accordance with the expanded visitation rules. ICFs with previous 2194 approval that hasn't been cancelled, rescinded or withdrawn do not have to submit a new 2195, but must submit the required documentation for indoor visits with a plexiglass barrier.

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

It is required. New rule requires an ICF to permit visitation in accordance with the expanded visitation rules and CMS guidance. There are eight different types of visitation required by the expanded visitation rules; some of the visitation types require an ICF to receive approval (visitation designation) from HHSC, while others do not require approval from HHSC.

Note: ICFs must submit LTCR Form 2195 to HHSC before they can permit all types of visitation in accordance with the expanded visitation rules. ICFs with previous 2192/2194 approval that hasn't been cancelled, rescinded or withdrawn do not have to submit a new 2195, but must submit the required documentation for indoor visits with a plexiglass barrier.

The expanded visitation rules define each visit type and detail the specific requirements for each visit type. Visitation types that do not require visitation designation:

- closed window visits, for all individuals
- end-of-life-visits, for all individuals at end-of-life
- essential caregiver visits, for all individuals who have COVID-19 negative or unknown COVID-19 status
- salon services visits, for all individuals who have COVID-19 negative status

Visitation types that do require visitation designation:

- open window visits
- outdoor visits
- indoor visits with a plexiglass barrier
- vehicle parades

Note: these visits types are available for all individuals who have COVID-19 negative status

I can't find the attestation form to request visitation designation. How can I get a copy of the form?
The attestation form, LTCR form 2195, is attached to provider letter 20-43. You can find all ICF provider letters on the ICF Provider Portal, located under the "Communications" section.

See PL 20-43 for details.

How should I submit LTCR form 2195 to the regional director? Is it okay to fax or mail the form?
You should email the completed form to the Regional Director for the region in which your facility is located. You should not fax or mail the completed form, as it could delay receipt of the form. Most HHSC regional staff are currently teleworking and might not be in the office to receive a faxed or mailed form.

After an ICF submits LTCR form 2195 to the regional director, how soon will the ICF be notified of a decision? How will HHSC notify the ICF?
HHSC will notify the ICF of approval or denial within three days of the ICF submitting a complete LTCR form 2195 (attestation form). The regional director or their designee will notify the ICF via email.

Can individuals have family members and friends come to the home?
Each individual can designate two essential caregivers. The essential caregiver can be a family member, friend, volunteer, or other outside source. Essential caregivers will then be allowed to the visit an individual in their room, one at a time. These visits will be by appointment, provided the individual is not COVID-19 positive. Visitors will need to use appropriate PPE, be screened, and then escorted into and out of the individual's room.

Does the program provider need to meet the criteria for designation to provide expanded general visitation to be able to allow essential caregivers?
No. A residence doesn't have to meet the criteria for expanded visitation to allow essential caregivers, end-of-life visits, or closed window visits. Rather, 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, sign or symptoms of COVID-19, or a positive COVID-19 test result within the last 10 days;
- the essential caregiver is not visiting an individual who has COVID-19 positive status;
- the essential caregiver provides documentation of a negative COVID-19 test result from within the last 14 days and follows the testing strategy developed by the ICF;
- 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;
- the ICF has approved or provided the essential caregiver's facemask and any other appropriate PPE;
- the essential caregiver wears the facemask and any other appropriate PPE the entire time they are in the facility; and
- the essential caregiver maintains physical distance from all other individuals and staff in the facility.

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

Essential caregivers must have a negative COVID-19 test performed no more than 14 days before the first visit, unless the program provider chooses to perform a rapid test prior to entry. The essential caregiver does not have to have a test prior to any visit other than the first visit. An ICF is not required to pay for or provide a COVID-19 test for essential caregivers. An ICF should inform the essential caregiver of the available options and allow them to choose the option that works best for them. Additionally, an ICF must include a testing strategy as part of their policies and procedures related to essential caregiver visits.

Is there a specific kind of test that is needed for the essential caregiver? Antibody, PCR, antigen?

Yes, an antibody test is not an acceptable test, but either a PCR or antigen test is acceptable.

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 the testing requirement.

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 for 14 days and monitored for signs and symptoms of COVID-19.

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.

Can an individual be tested for COVID-19 to shorten the quarantine period?
No. Both the CDC and DSHS have stated that testing cannot be used to shorten the quarantine period. If there is potential exposure, the quarantine for individuals with unknown COVID-19 status must be for the full incubation period of 14 days from the date of potential exposure. A person who is still within the incubation period for COVID-19 might not have enough viral shedding for the test to detect the presence of the virus.

<added 11/30/20>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, as long as 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 immunocompromised[1]:

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. <added 11/30/20>

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 individuals.

Do ICF staff have to monitor an essential caregiver visit?
No, essential caregiver visits are not required to be monitored by ICF staff. However, the provider has a responsibility to ensure that the essential caregiver understands and will comply with the essential caregiver visitation rules and facility policies. The essential caregiver must sign an agreement to follow the visit rules and facility policies. Also, the provider must escort the visitor to and from the visitation area.

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, essential caregivers must "wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the facility." In addition, a facility must approve the visitor's facemask and any other appropriate PPE or provide an approved facemask and other appropriate PPE.

- An essential caregiver visiting an individual with COVID-19 negative status is required to wear facemask.
- An essential caregiver visiting an individual with unknown COVID-19 status is required to wear facemask, gown, gloves, and goggles or a face shield per CDC recommendations and 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 individuals in the facility and may not provide care or support to other individuals.

Can facilities designate the days and length of visits?
Yes, an ICF must limit the number of visitors and the length of time per visit. Visits must be scheduled in advance and are by appointment only. Visitation appointments must be scheduled to allow time for cleaning and sanitization of the visitation area between visits. Visits are permitted only where adequate space is available that meets criteria and when adequate staff are available to monitor visits.

Did the new expanded emergency rules change visitation requirements for plexiglass indoor visits?
Yes, the ICF must now allow plexiglass indoor visits upon receiving an approved visitation designation and in accordance with the requirements on next slide.

- Prior to using the plexiglass barrier or booth, the ICF must submit a photo of it and its location in the facility for approval from HHSC.
- The plexiglass barrier or booth is not required to be constructed with three sides or a specific size.
- It can be any layout and size that aids in infection prevention and control. The

plexiglass barrier or booth must not be installed in an area of the facility where it:

- blocks or obstructs a means of egress (e.g., exit door, hallway or the way out of a room)
- blocks or interferes with any fire safety equipment or system
- offers access to the rest of the facility or contact between the visitors and other individuals

During the visit, the ICF must ensure:

- physical distancing of at least six feet is maintained between individuals and visitors
- visitors wear a facemask or face covering over both the mouth and nose while in the facility
- individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit
- both the visitor and the individual practice proper hand hygiene

For indoor visitation with a plexiglass barrier, could the barrier be a moveable screen that is properly sanitized between visitors and moved room to room? Or is one designated public space or privacy in-room visits, if single occupancy, preferred?
The expanded visitation rules do not require an indoor visit with a plexiglass barrier to be accommodated in a specific location. An indoor visit with a plexiglass barrier is a personal visit between an individual and one or more personal visitors, during which the individual and the visitor are both inside the facility but separated by a plexiglass barrier and the individual remains on one side of the barrier and the visitor remains on the opposite side of the barrier. An ICF may choose to operationalize the visit in a way that works best for the individuals, visitors and facility, while ensuring the core principles of COVID-19 infection prevention are followed.

Is staff supervision required for inside or outside visitation?
Yes, staff supervision is required for all outdoor visits and all indoor visits with a Plexiglas barrier. Staff supervision is not required for end-of-life, essential caregiver or salon services visits. The intent of the supervision is to ensure individuals and visitors are

following the applicable requirements in the expanded visitation rules.

Can an ICF implement only portions of the expanded visitation? For instance, may a facility only allow general visitation and not essential caregivers?
No, an ICF may not limit the types of visitation they permit and must allow all types of visitation in accordance with the expanded visitation rules.

The ICF may be exempted from indoor or outdoor visitation if approved by HHSC.

If the ICF determines they are unable to meet one or more of the visitation requirements the facility must include a justification for the exemption on the COVID-19 Status Attestation Form 2195 to request an exemption to certain types of visitation.

If approved by HHSC, an ICF might be exempted from one or more of the following visitation types:

- indoor plexiglass visits
- outdoor visits
- vehicle parades
- open window visits

An ICF may not request, and HHSC will not approve an exemption for the following visitation types:

- essential caregiver visits
- end-of-life visits
- closed window visits

Did the new expanded emergency rules change visitation requirements for open window visits? Yes, the ICF must allow open window visits upon receiving an approved visitation designation and in accordance with the following information.

The individual must have COVID-19 negative status. During the visit, the ICF must ensure:

- physical distancing of at least six feet is maintained between individuals and visitors
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit
- individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit
- both the visitor and the individual practice proper hand hygiene

Did the new expanded emergency rules change visitation requirements for vehicle parades? Yes, the ICF must allow a vehicle parade upon receiving an approved visitation designation and in accordance with the following information.

The individual must be COVID-19 negative.

The ICF must provide a comfortable and safe outdoor visiting area for vehicle parades, considering outside air temperatures and ventilation.

During a vehicle parade, the ICF must ensure:

- visitors must remain in their vehicles throughout the parade
- physical distancing of at least six feet is maintained between individuals throughout the parade
- individuals are not closer than 10 feet to the vehicles for safety reasons
- individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit

Did the new expanded emergency rules change visitation requirements for outdoor visits?
Yes, the ICF must allow an outdoor visit upon receiving an approved visitation designation and in accordance with the following information.

The individual must be COVID-19 negative. During an outdoor visit, the ICF must ensure:

- physical distancing of at least six feet is maintained between individuals and visitors
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit
- individuals wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit
- both the visitor and the individual practice proper hand hygiene

Surveys and Residential Visits

Will program providers receive notification prior to a recertification survey?
No. At this time, all regular survey activity has resumed as usual.

Will program providers 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. Program provider staff who are present for survey must follow their infection control policies and wear appropriate PPE as necessary.

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. If the resident makes an informed decision and chooses to leave the facility to enjoy some bowling or other activities with their loved ones, the ICF must also educate the resident 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 may potentially or actually have COVID-19
- reporting any contact with another person who may potentially or actually have COVID-19 to the ICF

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.

Program providers 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 program provider should document the additional training and support provided to assist the individual in maintaining proper isolation.

Can individuals attend day habilitation?
Although not encouraged, yes, an individual may attend day habilitation if they choose to do so. Day habilitation sites should follow GA-30, which outlines physical distancing recommendations. If physical distancing is not maintained at the day habilitation program, the program provider must determine if they would like to contract with that provider or determine what other options might be available if the individual wishes to attend.

DSHS has released the DSHS Checklist for Day Habilitation Sites to provide guidance during the pandemic.

What actions must a provider take if an individual chooses to leave (i.e., for a family visit, to work, day habilitation or otherwise)?
Per GA-30, all Texans are highly encouraged to minimize social gatherings and in-person contact with those not in the same household; therefore, individuals are discouraged from

leaving the household.

Unless the individual is gone overnight, is a new admission, is a readmission or the facility has reason to believe that the individual was exposed to COVID-19, the facility does not have to quarantine (separate) them when they return to the facility.

Do individuals need to be quarantined for 14-days every time they leave their residence?
HHSC recommends the provider to encourage isolation to the extent possible. Remember that this is isolation, not seclusion. In general, isolation is required when the individual's COVID-19 status is unknown. If the program provider
knows the individual's status (e.g., the program provider staff accompanied the individual the entire time and observed proper infection control procedures being followed), the individual's status has not changed from when they left the residence, and isolation would not be expected.

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:
    - fever (100.4 and above as measured with a thermometer);
    - chills;
    - 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 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.

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's screening must address all screening criteria every time a screening is performed. Each screening criterion must be asked of the individual 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 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.

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.

Infection Control

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.

Personal Protective Equipment

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. A provider also can request PPE through TDEM's STAR program. The State of Texas Assistance Request (STAR) User Guide provides instructions for submitting a request. 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 recommends a 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 do you mean by full PPE?
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 should wear full PPE when an individual has COVID-19, is awaiting test results for COVID-19, meets a screening criterion, or the tasks being performed would result in aerosolizing of droplets, such as breathing treatments. In these situations, staff must wear full PPE even if the individual is asymptomatic.

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?
All individuals who are not ill should wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

If individuals and staff are attending events in the public, the mandatory mask requirement would need to be followed.

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 program providers 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 program provider 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"?
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 program providers need to provide notification for probable cases?
ICFs are also required to notify HHSC Long-term Care Regulatory of a confirmed case in either individuals or staff as a self- reported incident. Submit an incident report to HHSC Complaint and Incident Intake (CII) through Tulip or by calling 1-800- 458-9858. As long as the intake generated by the first positive case of COVID-19 is open, addendums can be added. Once the intake is closed, it is not necessary to report additional cases of COVID-19 unless the specific circumstances of a case would be reportable – for example if neglect were

suspected.

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

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.

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

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.