



COVID-19
Nursing Facility (NF)
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 and directed state agencies to restrict visitation at nursing facilities (NFs) to protect those most vulnerable to COVID-19. In addition, the Centers for Medicare and Medicaid Services (CMS) [directed](#) all NFs to restrict visitation and allow access only to staff or other individuals providing critical services.

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

With each update, information in this FAQ document will be arranged by date, and **if guidance changes from previous FAQs, it will be noted in red font**. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at PolicyRulesTraining@hhsc.state.tx.us.

At the bottom of this document, you will find a list of reliable sources of information that we urge you to check regularly, as they are updated often.

March 22-28, 2020

Do NFs need to report to HHSC when there is a case of COVID-19 in the facility?

Yes. NFs should report any presumptive or confirmed case of COVID-19 in a resident, employee, or visitor to HHSC as a self-reported incident. Presumptive is defined as someone who has been exposed and is pending a test result. The reports should be made via TULIP or called into **1-800-458-9858** and include all information a facility would include in any self-reported incident.

Can NF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) so long as there are 10 people or fewer?

Answer: CMS recommends the cancelation of all group activities. However, residents can go outside within a protected area – defined as an area restricted

only to NF residents and staff – if fewer than 10 people are in that area *and* they are all practicing social distancing (at least six feet between each person). See [QSO-20-14-NH](#)

Can residents receive visitors and visit on NF property but only outside?

Answer: No. On March 19, 2020, Governor Abbott issued an [executive order](#) stating people shall not visit NFs or retirement or long-term care facilities unless to provide critical services. [PL 20-11](#).

Can NFs prohibit staff (drivers, for example) from wearing masks while they work? What about staff who are personally immunocompromised?

Answer: NFs should not discourage staff from wearing personal protective equipment. CMS guidance issued Apr. 2 states that for the duration of the state of emergency all NF personnel should wear a facemask while they are in the facility. See [QSO-20-14-NH](#), [CMS COVID-19 Long-Term Care Facility Guidance](#) and [CDC guidance](#).

If a NF resident tests positive for COVID-19, how do we handle staff quarantine?

Answer: Providers will have to determine what kind exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the high- or medium-risk category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the *low-risk* category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) and [CMS COVID-19 Long-Term Care Facility Guidance](#) for full details.

Can we have group games for residents if they are more than 6 feet apart in NFs?

Answer: CMS recommends the cancelation of all group activities. However, activities that consist of fewer than 10 people and that follow all social distancing and recommended hygiene practices are acceptable. See [QSO-20-14-NH](#).

Can NFs still have volunteers?

Answer: No. Per Governor Abbott's March 19 executive order, access to NFs can be granted only to people providing critical services, including staff, and they all must be fully screened for any fever or respiratory symptoms. See [QSO-20-14-NH and PL 20-11](#).

Can we make exceptions to the rules when it's emotionally hard for family members to not visit?

Answer: No. Per gubernatorial executive order, CMS, and HHSC, only individuals providing critical services, including staff, should be allowed in the facility. NFs should offer alternate means of communication such as phone calls, video calls, or other means of electronic communication. If possible, the resident can also be taken to a window so their family members can see them. See [QSO-20-14-NH](#), [Provider Letter 20-11](#), [Abbott Executive Order](#).

Do end-of-life circumstances apply to anyone receiving hospice services?

Answer: No. While HHSC emergency rules do list hospice workers as essential, the rules also say NFs must also comply with any more restrictive direction issued by executive order or another applicable authority. Since CMS does not use the term "hospice" when describing allowable visitation in end-of-life situations, facilities should decide on a case-by-case basis when a resident is near the end of life and follow CMS and CDC guidance for visitation. See [QSO-20-14-NH](#) and [CDC guidance](#).

Do NFs need to call ahead to the hospital if they are transferring a resident with respiratory symptoms?

Answer: Yes. NFs should work closely with local hospitals and health authorities to share all information needed to protect residents, health care workers, and hospital patients.

The form attached to [PL 20-11](#) is confusing. Should NFs admit residents from the hospital if they are suspected or confirmed to have COVID-19?

Answer: Yes. The form is intended to help a NF determine whether it can safely meet the needs of a resident coming from the hospital. The NF must serve the resident if it has the resources and ability to meet the resident's needs, such as available isolation rooms, sufficient PPE, and sufficient staff to care for residents under transmission-based precautions. See [QSO-20-14-NH](#) and [CDC guidance](#).

Where can I get my COVID-19 Medicaid questions answered?

Answer: Managed Care Organizations can email MCO_COVID-19_Inquiries@hhsc.state.tx.us. All others can email Medicaid_COVID_Questions@hhsc.state.tx.us.

March 16-20, 2020

Should a NF readmit a resident who has been hospitalized when the resident is released from the hospital?

Answer: Yes. A NF should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, the individual should be admitted under transmission-based precautions for COVID-19. If a NF is unable to comply with the requirements for transmission-based precautions, readmission must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).

Note: Per [CMS guidance](#), NFs should admit any individual they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, the NF should dedicate a unit/wing exclusively for any residents coming in or returning from the hospital. This can serve as a step-down unit where a resident should remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).

NFs are encouraged to use the Hospital to Post-Acute Care Facility Transfer COVID-19 Assessment form when assessing their ability to meet the needs of a resident that is coming into the NF from a hospital or emergency room. If the assessment indicates a resident is presumptive or confirmed to have COVID-19, the receiving NF should use that information to determine whether it has sufficient staff, PPE, and room to isolate to properly care for the resident. See [PL 20-11](#).

Should NF residents be confined to their rooms?

Answer: If a resident is under transmission-based precautions, the individual should be confined to his or her room. CMS has also directed the following:

- Cancel communal dining and all group activities, such as internal and external group activities.
- Implement active, daily screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.

See CMS [OSO-20-14-NH](#) and CMS SOM [Appendix PP](#), F880.

Is it okay for family members to do laundry for residents and leave it at the front door? If so, how do they get the laundry?

Answer: It is not recommended. NFs are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and

prevent the spread of infection to the extent possible. See guidance in CMS SOM [Appendix PP](#), F880.

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering a NF?

Answer: The required screenings do *not* apply to emergency services personnel entering the facility in an emergency such as a fire or a resident requiring life-saving actions. See [CDC guidance](#), CMS [QSO-20-14-NH](#), [CMS COVID-19 Long-Term Care Facility Guidance](#) and CMS SOM [Appendix PP](#), F880.

Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into a NF?

Answer: Yes. These are considered essential services, and these vendors should be granted access to the facility if they are properly screened and follow all appropriate CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](#), [CMS COVID-19 Long-Term Care Facility Guidance](#) and [CDC guidance](#).

How do nursing facilities get personal protective equipment (PPE)?

Answer: Providers should work with their local health departments and emergency management if they need PPE:

- Public Health Region
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management:
<https://tdem.texas.gov/>

Where do NF providers go for COVID-19 information?

Answer: **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](#)
- [CMS COVID-19 Long-Term Care Facility Guidance](#)