



Long-Term Care Regulatory Provider Letter

Number: PL 20-12
Title: HHSC Guidance to Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Program Providers on COVID-19
Provider Types: HCS and TxHmL
Date Issued: March 15, 2020

1.0 Subject and Purpose

Requirement of HCS and TxHmL Program Providers

HCS and TxHmL program providers are required to comply with state and federal, laws, rules, regulations, and letters regarding the HCS and TxHmL programs.¹ Due to the escalating situation of the COVID-19 (coronavirus), the Texas Health and Human Services Commission (HHSC) is issuing the following guidance to program providers to reduce the risk of spreading the virus to individuals served.

Required Prohibition of Nonessential Visitors

HCS and TxHmL program providers must now prohibit all nonessential visitors given the significant health and safety risk to medically fragile individuals posed by COVID-19. This new direction from HHSC is based on both state and federal guidance as detailed below.

Essential visitors include providers of essential services, such as direct care workers in group homes, contract doctors, contract nurses, home health and hospice workers, EMS, and individuals operating under the authority of a local intellectual and developmental disability authority (LIDDA) whose services are necessary to ensure individual health and safety; persons with

¹ See 40 Texas Administrative Code (TAC) §9.154(g)

legal authority to enter such as law enforcement officers, DRTx, Ombudsman, and HHSC surveyors whose presence is necessary to ensure the program provider is protecting individuals and providing appropriate care; and family members and loved ones of residents at the end of life.

All essential visitors must be screened as described below, practice hand hygiene prior to and during the visit, and wear a facemask while in the residence of the individual(s). Family members and loved ones of residents at the end of life must be limited to a specific room only.

During this time, HCS and TxHmL providers should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to promote ongoing contact between individuals and their loved ones.

Required Screening of Essential Visitors

Essential visitors may be allowed access unless they meet the following screening criteria:

- Have symptoms of a respiratory infection, such as fever as defined by CDC, cough, shortness of breath, or sore throat.

Program providers must take precautions and screen all visitors to ensure they do not meet the above criteria.

2.0 Policy Details & Provider Responsibilities

Individuals receiving services from an HCS or TxHmL provider typically have the right to receive visitors.² However, all individuals in the home also have the right to live in a healthful and safe environment.³ Furthermore, the program provider has an overarching responsibility to ensure the health and safety of all individuals in the home. As such, until notified otherwise, HHSC is issuing the following guidance:

1. Program providers must follow guidance issued by:
 - a. The [Centers for Disease Control](#) (CDC)
 - b. The [Department of State Health Services](#) (DSHS)
 - c. The [Health and Human Services Commission](#) (HHSC)

² See 40 TAC §9.173(b)(9).

³ See 40 TAC §9.173(b)(26).

- d. Their local public health department
2. Program providers are already required to implement personnel practices that safeguard individuals against the spread of infectious disease.⁴ Providers must ensure that they have processes in place to reduce the spread of communicable and infectious diseases and that those processes are updated to align with CDC guidance. These processes must address the use of personal protective equipment (PPE).
3. Program providers must have PPE available at all locations where services are provided. If program providers are unable to obtain PPE, they will not be cited for not having certain supplies if they cannot obtain them for reasons outside of their control. However, we do expect program providers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of hand sanitizer, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the program provider must contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for program provider.
4. Program providers must protect individuals by refraining from attending day habilitation, and events in public where large numbers of people are gathered. Communal dining and all group activities should also be canceled.
5. Program providers must have continuous availability of trained and qualified service providers to provide oversight to individuals while they remain in their homes.⁵
6. Program providers must limit visitors to individuals' residences to essential personnel, such as staff and nurses, and persons with legal authority to enter, such as surveyors, service coordinators, and investigators, who meet screening criteria specified below in item 10.
7. All residences must have visible signage at the entrances to address the screening criteria below prior to allowing access to individuals. Signage should also include language to discourage visits, such as

⁴ See 40 TAC §9.177(e) and §9.579(e).

⁵ See 40 TAC §9.177(a).

recommending visitors defer their visit for another time or to list exceptions such as essential personnel as mentioned above. The signage must remain in place until further guidance is issued by HHSC.

8. Program providers are required to conduct temperature checks and have hand sanitizer available to all visitors to residence prior to entry.
9. Program providers must disinfect the area following a visitor's exit from the location.
10. Program providers must screen essential personnel and persons with legal authority to enter. If the person meets any of the following criteria, they must not be allowed to enter the service delivery site:
 - o Signs or symptoms of a respiratory infection, such as fever as defined by CDC, cough, shortness of breath, or sore throat
11. Program providers may permit visitors that are non-essential during certain compassionate situations, such as an end-of-life situation. Visitors must be screened prior to entrance to determine if access may be granted. Visitation must be limited to a specific room to protect others in the residence.
12. Program providers should offer alternate means of communication during this time of limited visitation, such as:
 - a. Phone calls, video calls, or other means of electronic communication
 - b. Offering a phone line with voice recording updated at set times (e.g. daily) with the provider's general operating status, such as when it is safe to resume visits
13. Program providers must actively and consistently monitor individuals for potential symptoms of respiratory infection. They must ensure the nurse is notified immediately of any individuals who begin exhibiting symptoms such as fever, cough, or shortness of breath. Nurses must notify the individual's physician immediately.
14. Program providers must contact their local health department, or DSHS if there is no local health department, if:
 - a. there are questions related to COVID-19,
 - b. they suspect an individual has COVID-19,
 - c. there is an increase in the number of respiratory illnesses among individuals or service providers.

15. Program providers must ensure that all host homes, three-person, and four-person residences are equipped with soap, commercially produced hand sanitizer, and any other disinfecting agents to maintain a healthful environment.
16. Program providers must not use home-made hand sanitizer.
17. Within residences, provider staff must ensure precautions such as, but not limited to:
 - a. Limiting physical contact, such as handshaking, hugging, etc.
 - b. Reinforcing strong hygiene practices for individuals and staff, such as proper handwashing, covering of coughs and sneezes, and the use of hand sanitizer
 - c. Practicing social distancing
 - d. Using gloves when supporting individuals
 - e. Regularly disinfecting all high-touch surfaces, such as counters, doorknobs, telephones, etc.
18. Program providers must ensure their HCS program has an Emergency Preparedness Plan that addresses all required elements.⁶
19. Program providers must maintain documentation to demonstrate compliance.

3.0 Background/History

Program providers have the responsibility to protect the health and safety of individuals under their care at all times. State and federal guidance indicates that COVID-19 presents a health and safety risk to individuals receiving HCS and TxHmL services. The best method of protecting them from infection is to keep the infection out of the home.

4.0 Resources

Department of State Health Services [COVID-19: Guidance for Public Health Home Service Providers](#).

Centers for Disease Control Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

⁶ See 40 TAC §9.178(d)-(e).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

Governor Greg Abbott's Disaster Proclamation is provided at https://gov.texas.gov/uploads/files/press/DISASTER_covid19_disaster_proclamation_IMAGE_03-13-2020.pdf.

5.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at PolicyRulesTraining@hsc.state.tx.us or call (512) 438-3161.