



## Long-Term Care Regulatory Provider Letter

<b>Number:</b> PL 20-16
<b>Title:</b> Guidance on COVID-19 Response
<b>Provider Types:</b> Home and Community Support Services Agencies, excluding Inpatient Hospice
<b>Date Issued:</b> March 21, 2020

### 1.0 Subject and Purpose

#### Requirements of Home and Community Support Services Agencies (HCSSA)

HCSSAs are required to comply with state and federal, laws, rules, and regulations. Due to the escalating situation of the COVID-19 (coronavirus), the Texas Health and Human Services Commission (HHSC) issues this guidance to program providers to reduce the risk of spreading the virus to individuals served.

#### Screening of HCSSA Staff Prior to Entry or Home Visit

HCSSA employees provide care to clients in their own homes or in residential settings, such as nursing homes and assisted living facilities. The HCSSA should not allow an employee to conduct home visits or enter licensed facilities if they meet any of the following screening criteria:

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
- 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 respiratory illness; or
- Traveled within the previous 14 days to a country with sustained community transmission. For updated information on affected

countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

### **Screening of Clients and Families Prior to Home Visit**

Agency staff must communicate with the client before a scheduled visit, either by telephone, text message, or video conference, and conduct the same screening that is required for HCSSA staff as described at the bottom of page 1 of this letter.

### **Response to Screening**

If the client or a household member meets the screening criteria, the agency must determine if a home visit requires essential services critical to the health and safety of the client or non-essential services.

#### Visit requires non-essential services

If the visit requires non-essential services, the visit may be:

- conducted by phone or video conference, if possible; or
- rescheduled to occur:
  - when the client and household member are symptom-free and have been fever-free for at least 24 hours; or
  - at least 14 days after the date of the client's or household member's exposure to COVID-19.

#### Visit requires essential services

If the visit requires essential services (such as medication administration by a nurse, dialysis, wound care, etc.), staff should visit the client to provide the essential services and use appropriate personal protective equipment (PPE) during the visit as indicated in guidance from CDC or the Department of State Health Services' [Guidance for Public Health Home Service Providers](#).

The HCSSA should document and communicate missed visits with the client's attending physician as appropriate to the plan of care, care plan or individualized service plan.

Until further notice, agencies may use alternate means of communication such as virtual communications (e.g. video or telephone conferencing systems) to continue contact with clients for nonessential services and to provide certain essential services, such as therapies, as determined by the physician and interdisciplinary team.

## **Client Education**

The HCSSA should provide accurate infection control information to the client to ensure client health and safety. This includes directions for the client to screen individuals who would enter their home including communication prior to the visits, self-isolation if they are exhibiting signs of infection, handwashing and use of hand sanitizers and disinfection of high-use areas in the home.

## **2.0 Policy Details & Provider Responsibilities**

Until notified otherwise, the HCSSA should do the following:

1. Ensure it has an emergency preparedness plan that addresses all required elements as addressed in 26 Texas Administrative Code (TAC) [§558.256](#) (relating to Emergency Preparedness Planning and Implementation) including measures addressing disasters such as epidemics and infection control that protects clients, staff, and others by preventing and controlling infections in accordance with 26 TAC [§558.285](#) (relating to Infection Control).
2. 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)
  - d. Their local public health department
3. Ensure infection control policies are updated to align with CDC guidance and address the use of PPE.
4. Provide appropriate PPE for all staff who must conduct essential home visits or enter a licensed facility to provide care. If the agency is 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. Follow national guidelines for optimizing their current supply or identify the next best option to care for clients.
5. Ensure they follow their back-up plan as needed to ensure they have sufficient staff to meet the requirements of each client's care plan, plan of care or individualized service plan.
6. Follow DSHS recommendations for home visits.
7. Notify the client's physician immediately if the client exhibits symptoms such as fever, cough, or shortness of breath.
8. 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 a client has COVID-19, or
  - c. there is an increase in the number of respiratory illnesses among agency clients or employees.
9. Ensure client care staff have access to hand sanitizer.
10. Reinforce hygienic precautions with clients and families, such as:
  - a. Limiting physical contact, such as handshaking, hugging, etc.
  - b. Reinforcing proper handwashing, covering of coughs and sneezes, and the use of hand sanitizer
  - c. Practicing social distancing as defined by CDC.
  - d. Using gloves when providing care
  - e. Regularly disinfecting all high-touch surfaces, such as counters, doorknobs, telephones, etc.

### **3.0 Background/History**

HCSSAs have the responsibility to protect the health and safety of clients under their care. State and federal guidance indicates that COVID-19 presents a significant health and safety risk to HCSSA clients based on serious underlying health conditions that make them especially vulnerable to communicable diseases. The best method of protecting them from infection is to keep infection sources out of facilities and mitigate infection in client's homes.

### **4.0 Resources**

For specific guidance for inpatient hospice services, refer to PL 20-xx

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 \(COVID-19\)](#)

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](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 HHSC Policy, Rules, and Training unit by email at [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us) or call (512) 438-3161.