



Long-Term Care Regulation Provider Letter

Number: PL 20-24 (revised)
Title: Phase 1 COVID-19 Visitation Requirements
Provider Types: Nursing Facility (NF), Assisted Living Facility (ALF) and Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)
Date Issued: August 14, 2020

1.0 Subject and Purpose

While ensuring effective infection control and health and safety for residents, staff, and the public, and in accordance with guidance from the Centers for Disease Control and Prevention (CDC) and the Department of State Health Services (DSHS), the Texas Health and Human Services Commission (HHSC) Long-term Care Regulation has developed requirements for Phase 1 visitation at certain facilities. To allow Phase 1 visitation, a facility must have specific policies in place and must submit LTCR Form 2192 to HHSC for approval. This revision updates the attestation form 2192 to specifically indicate if a facility is requesting indoor visitation and clarifies that the facility should submit the form to the LTCR Regional Director in the region where the facility is located (see link in Section 4 to find your LTCR Regional Director’s contact information). This document also clarifies that window visits are defined by each program’s emergency rules.

2.0 Requirements for visitation in Phase 1

After a facility is designated a Phase 1 facility, the facility must not have any active COVID-19 cases among residents and must not have had any confirmed COVID-19 cases in facility staff for at least 14 consecutive days in order to offer Phase 1 visitation. Note: there may be more stringent restrictions from local authorities that prohibit visitation to a facility. The facility must follow the more stringent guidelines.

2.1 Types of visits allowed for NF, ALF and ICF/IID

If all requirements are met in the emergency rules in Title 40 Texas Administrative Code (TAC) §19.2803, Title 26 TAC §553.2003, and §551.47, a NF, ALF, or ICF/IID facility with a Phase 1 designation can allow:

- Outdoor visit—a visit between a resident and one or more personal visitors that occurs in-person in a dedicated outdoor space.
- Window visit—a personal visit between a visitor and a resident as defined by §19.2803, §553.2003 and §551.47
- Vehicle parade—a visit between a resident and one or more personal visitors, during which the resident remains outdoors on the facility property, and visitors drive past in a vehicle.
- Compassionate care visit—a visit between one permanently designated visitor and a resident experiencing a failure to thrive. Failure to thrive is defined as a state of decline in a resident’s physical or mental health, as diagnosed by a physician and documented in the resident records, which can be caused by chronic concurrent disease and functional impairment. Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity. Prevalent and predictive conditions that might lead to a failure to thrive include: impaired physical function, malnutrition, depression, and cognitive impairment. Only one person can be designated as a resident’s compassionate visitor. See section 2.4 for additional information on compassionate care visits.

2.2 Indoor visits allowed for ALF and ICF/IID only:

- Plexiglass indoor visit—a visit between a resident and one or more visitors, during which the resident and the visitors are both inside the facility but within a booth separated by a plexiglass barrier. The resident must remain on one side of the barrier while the visitor remains on the opposite side. The facility must limit the number of residents in the visitation area as needed.
 - The plexiglass booth must be installed in an area of the facility that does not impede a means of egress, does not impede or interfere with

any fire safety equipment or system, and prevents the movement of visitors through the facility and their contact with other residents.

- To use a plexiglass booth for visitation, prior to use, the ALF or ICF/IID must submit for approval photos of the plexiglass visitation booth and its location in the facility to the Life Safety Code Program Manager in the LTCR Region where the facility is located. The photo must provide a complete view of the plexiglass booth. A virtual inspection via computer using FaceTime, Skype, or other electronic means of review between the facility and a LSC surveyor can be conducted.
- An ALF or ICF who wants to allow indoor visitation should attach photos of the visitation booth and its location in the facility to the attestation form 2192 to facilitate approval.

2.3 Conditions for Visits

- All visitors must be screened as provided in the emergency rules, except for those participating in vehicle parades, prior to the visit. Visitors who meet any of the following screening criteria must leave the facility property and reschedule the visit:
 - fever defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
 - 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;
 - additional signs and symptoms as outlined 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; or
 - international travel within the last 14 days.
- Social distancing must take place throughout the visit, and the facility can limit the number of visitors and residents in the visitation area as needed.

- The facility can limit the number of visitors per resident per week and the length of time per visit to ensure equal access by all residents to visitors.
- The facility must clean and disinfect the visitation area per CDC guidance before and after the visit.
- The facility must ensure a comfortable and safe visiting area for outdoor visits (i.e., considering outside air temperatures and ventilation).
- The visitor and resident must follow hand hygiene protocols, and the facility must provide hand-washing stations or hand sanitizer to the resident and visitor before and after the visit.
- The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit, with the exception of car parades.
- The resident must wear a facemask or face covering (if tolerated) throughout the visit.

2.4. Compassionate Care Visits

If a resident is experiencing a failure to thrive and a compassionate care visit is needed, the visit is limited to one permanently designated personal visitor per resident at any time. The visit can take place in the resident's room or other area of the facility separated from other residents, if the resident experiencing a failure to thrive cannot tolerate an outdoor visit. The visitor and resident must wear facemasks or face coverings, and hand hygiene must be practiced as described in section 2.3. The facility must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized, and staff should supervise/monitor the entire visit.

Only one person can be designated as a resident's compassionate care visitor. For example, if a resident's daughter is the compassionate care visitor, the daughter cannot be replaced by another person, as the compassionate care visitor. The name of the compassionate care visitor must be documented in the resident's record along with the failure to thrive diagnosis from a physician. Compassionate care visitors must be screened before entry each time they visit and must follow all other visitation requirements in this PL and in the emergency rule.

2.5 LTCR Form 2192 COVID-19

A NF, ALF, or ICF/IID must complete LTCR Form 2192 Phase 1 COVID-19 Status Attestation Form to notify LTCR that the facility seeks a Phase 1 facility designation

and email it to the LTCR regional director in the LTCR region where the facility is located. The LTCR regional director or designee will review the form within three days of submission and notify the facility whether it has received a Phase 1 facility designation.

If approved, the facility can allow limited visitation in accordance with the applicable emergency rule. LTCR can conduct an on-site visit to confirm a Phase 1 facility's compliance with Phase 1 requirements. If HHSC determines that the facility does not meet Phase 1 requirements, the facility must immediately stop personal visitation allowed under the applicable emergency rules and return to full COVID-19 restrictions.

The form also requires the facility administrator or manager to attest to the following:

- The facility has had no confirmed COVID-19 cases in staff for at least 14 consecutive days.
- The facility has no active COVID-19 cases among residents.
- Facility staff are tested for COVID-19 weekly **for NF staff only**.
- No COVID-19 cases have occurred in the facility, **or**
- The facility had previous cases of COVID-19 among staff or residents, and LTCR conducted a verification survey and confirmed the following:
 - all staff and residents have fully recovered;
 - the facility has adequate staffing to continue to care for all residents and monitor visits permitted in Phase 1; and
 - the facility is in full compliance with infection control requirements and emergency rules related to COVID-19.

The facility must submit the form to the LTCR Regional Director in the region where the facility is located. The facility **should not** submit the form to any other HHSC unit or section, as this will delay approval.

A facility with a Phase 1 designation should be prepared to provide documentation upon request demonstrating that the facility was COVID-19 free for 14 days prior to their request for Phase 1 designation and at any time the facility is allowing Phase 1 visitation. Facilities may provide COVID-19 testing results for the most recent 14-day period prior to the request for Phase 1 designation or Phase 1 visitation activity. ALFs and ICF/IIDs may instead provide staff and resident screening logs covering the most recent 14-day period prior to the request for Phase 1 designation or Phase 1 visitation activity.

LTCR may conduct an onsite visit to confirm a Phase 1 facility's compliance with Phase 1 requirements for designation or visitation. If HHSC determines that the facility does not meet Phase 1 requirements, the facility must immediately stop personal visitation allowed under the applicable emergency rules and return to full COVID-19 restrictions.

If, at any time after designation as a Phase 1 facility by HHSC, the facility experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTCR Region where the facility is located that the facility no longer meets Phase 1 criteria, and all Phase 1 visitation must be cancelled until the facility again meets the Phase 1 criteria.

Under Section 37.10 of the Texas Penal Code, a person commits a criminal offense if he makes a false entry in a governmental record; makes, presents, or uses any record or document with knowledge of its falsity and intent that it be taken as a genuine governmental record; or makes, presents, or uses a governmental record with knowledge of its falsity.

In addition, making a false statement on the attestation form may result in the imposition of an administrative penalty as described in Texas Health and Safety Code (HSC), Chapter 242, section 242.066(a), HSC, Chapter 247, section 247.0451 (a) and HSC Chapter 252, section 252.065(a).

2.6 NF Antigen Test

Antigen diagnostic tests quickly detect fragments of proteins found on or within the virus by testing samples collected from the nasal cavity using swabs. If an antigen test result is negative and there is no known exposure and no symptoms present, you can proceed under the assumption that the

negative test is accurate. If an antigen test is negative and there is known exposure and/or symptoms, the test result must be verified with a PCR test.

The link to the CDC guidance is below.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

3.0 Background/History

To protect residents in ALFs, NFs, and ICF/IIDs, HHSC has adopted emergency rules allowing limited personal visitation. The facility must be designated by HHSC before it can move to Phase 1 and allow limited personal visitation.

4.0 Resources

Contact Information for Submitting LTCR Form 2192 to the LTCR Regional Director: <https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers>

LTCR Form 2192

Emergency rule in 40 TAC, Chapter 19, §19.2803 (NF)

Emergency rule in 26 TAC, Chapter 553, §553.2003 (ALF)

Emergency rule in 26 TAC, Chapter 551, §551.47 (ICF/IID)

5.0 Contact Information

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



LTCR FORM 2192: Phase 1 Status Attestation Form

Instructions: Submit Form 2192 to your Regional Director to request designation as a Phase 1 COVID-19 facility. You must wait for approval prior to implementing new Phase 1 visitation protocols. <https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers>

Facility Type:	NF <input type="checkbox"/>	ALF <input type="checkbox"/>	ICF/IID <input type="checkbox"/>
Facility Name:		Facility #/ID#:	
Contact Name:		Contact #:	
Contact's Email:			
Address:			
Facility's County			

- Indoor visitation only request (Note: Not applicable for nursing facilities)
- Outdoor visitation only request
- Indoor and outdoor visitation request (Note: Not applicable for nursing facilities)

If requesting indoor plexiglass booth visitation, please attach pictures of the proposed or existing booth, the location of the booth in the facility, and the facility map that indicates where in the facility the booth will be located.

Note: there may be more stringent restrictions from local authorities that prohibit visitation to a facility. The facility must follow the more stringent guidelines.

I hereby attest that:

- There have been no confirmed COVID-19 cases in facility staff for at least 14 consecutive days.
- There are no active COVID-19 cases in residents.
- Facility staff are tested for COVID-19 weekly (**NF only**).
- I understand that HHSC may verify this attestation through an onsite visit.

I hereby further attest that either:

There have been no COVID-19 cases in this facility.

or

There have been previous cases of COVID-19 in facility staff and/or residents and:

(A) all staff and/or residents have fully recovered,

(B) the facility has adequate staffing to continue care for all residents and visits permitted in Phase 1, and

(C) the facility is in compliance with infection control requirements and emergency rules related to COVID-19.

Name of NF, ALF or ICF/IID administrator/manager providing attestation:

Signature_____

Date:

Email the form (and any applicable pictures to the LTCR regional director in the LTCR region where the facility is located.

Approved by/date:_____

Denied, Reason for denial/date:_____