



## Long-Term Care Regulatory Provider Letter

<b>Number:</b> PL 20-40
<b>Title:</b> Home and Community-based Services (HCS) Expansion of Visitation Guidance
<b>Provider Types:</b> HCS
<b>Date Issued:</b> September 24, 2020

### 1.0 Subject and Purpose

This plan provides guidance for HCS program providers on how to move forward with expanded visitation safely during the COVID-19 pandemic, in accordance with guidance from the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS).

### 2.0 Policy Details & Provider Responsibilities

#### 2.1 Screening Criteria

##### *Screening Criteria*

Note that the CDC has removed international travel as a screening criterion.

All outside persons (except emergency personnel responding to an emergency) must be screened before being allowed to enter the HCS residence. The program provider must maintain a visitor screening log that includes the name of the visitor, the date and time they were screened, and the results of the screening. Program providers can design their own log as long as it contains the required information. Because the log might contain personal health information, it must be secured and protected from loss, theft, and destruction in accordance with state and federal law as well as the program provider's internal policies and procedures.

#### 2.2 COVID-19 Status

Individuals may have a probable case or be COVID-positive, COVID-negative or have an unknown COVID status.

### ***COVID-positive***

Individuals who have tested positive for COVID-19 are considered COVID-positive. In addition, individuals who have a probable case of COVID-19 and are still under the [CDC-recommended transmission-based precaution](#) timeframes are also considered COVID-positive.

### ***COVID-negative***

An individual can be considered COVID-negative in one of two ways:

- The individual has tested negative for COVID-19; or
- The individual has no symptoms of COVID-19 **AND** has had no known exposure to the virus in the previous 14 days.

### ***Unknown Status***

Any of the following individuals have an unknown status. They must be isolated to the extent practicable until the isolation period expires or a negative test result is received.

- Newly admitted or readmitted individuals
- Individuals who have spent one or more nights away from the residence, such as on a family visit
- Individuals who have had known exposure or close contact ([as defined by the CDC](#)) with an individual who is COVID-positive
- Individuals who have symptoms of COVID-19 and who are awaiting COVID-19 test results

### ***Probable Case***

A probable case<sup>1</sup> describes a person for whom there is no other, more likely diagnosis and who meets **both** the clinical and epidemiological criteria as described below.

#### *Clinical Criteria*

- TWO of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new taste or smell disorders; OR

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<sup>1</sup> For the complete definition of *probable case*, see [Council of State and Territorial Epidemiologists](#).

- ONE of the following symptoms: cough, shortness of breath, trouble breathing.

#### *Epidemiological Criteria*

- Travel to or living in an area with sustained community transmission; OR
- Close contact with a person diagnosed with COVID-19; OR
- A member of a high-risk group as defined by DSHS or CDC.

### **2.3 Designation of Essential Caregiver**

This section does not apply to host home/companion care. Each individual will be allowed up to two permanently designated essential caregivers to provide regular care and support to the individual. The essential caregiver can be a family member or other outside caregiver, including a friend, volunteer, private personal caregiver, or court-appointed guardian, who is at least 18 years old. An individual can change a designated essential caregiver in accordance with program provider policy, as long as any newly designated essential caregiver complies with all applicable requirements.

Before an essential caregiver visitor can visit the individual, the program provider must:

- Document training of the essential caregiver on the proper use of personal protective equipment (PPE), which includes masks and other PPE being used per CDC guidelines;
- Document training of the essential caregiver on infection control techniques, hand hygiene, and cough and sneeze etiquette; and
- Obtain the essential caregiver's signature on a written agreement that states that the essential caregiver has received and agrees to follow all applicable policies, procedures, and requirements.

Note that the format and length of the training is not specified. The program provider can use the instructional method of choice, as long as the content of the training addresses the required components. Likewise, the program provider develops its own written agreement that can include additional information (e.g., from the program provider's policies and procedures, from the rules), as long as it includes the statement referenced above and the essential caregiver's signature.

For essential caregiver visits:

1. The program provider must maintain a designated log to document essential caregiver visits. This log must include the date and time when the essential caregiver arrived and departed the residence; the names of the essential caregiver and the individual being visited; and a place for program provider staff to attest that they verified the identity of the essential caregiver.
2. Essential caregiver visits are only allowed for individuals whose COVID status is either negative or unknown. While an individual with COVID-19 positive or probable status can designate essential caregivers, those caregivers cannot visit while the individual's status is positive or probable.
3. An essential caregiver who is COVID-positive or who has signs or symptoms of COVID-19 or another respiratory illness is not allowed to enter the residence or participate in an essential caregiver visit.
4. Each essential caregiver visit is limited to one essential caregiver visitor at a time.
5. The visit can occur outdoors, indoors, or in another area in the home that limits the essential caregiver's movement through the home and interaction with other individuals, such as the individual's bedroom.
6. Essential caregivers do not need to maintain physical distance from the individual they are visiting but must maintain physical distance from staff and other individuals. They must wear a facemask or face covering over the nose and mouth throughout the visit.
7. The individual must wear a face mask or face covering over the nose and mouth throughout the visit if tolerated.
8. The caregiver must follow infection control policies pertaining to hand washing and coughing and sneezing etiquette.
9. Program provider staff must escort all essential caregivers from the residence entrance to the designated visitation area.
10. At the end of each visit, staff must escort all essential caregivers from the designated visitation area to the exit.

11. Provider staff must monitor the essential caregivers as they put on and take off PPE to ensure proper procedures are followed.

### **2.3 Standard Visitation for all HCS Residences**

All HCS residences can allow the following visits without completing the *HCS Expanded Visitation Attestation* (attached to this letter):

- Visits by persons with legal authority to enter
- Visits by providers of essential services
- Visits by essential caregivers
- End-of-life visits
- Closed window visits

The visitors listed above must be screened prior to entry to the residence and cannot be allowed inside the residence if they fail screening.

### **2.4 Documentation of Eligibility for Expanded General Visitation**

Expanded general visitation includes open window visits, vehicle parades, and inside plexiglass visits. Eligible program providers can offer all, some, or none of these visitation types. For a residence to be eligible for expanded general visitation, a program provider must document using the new *HCS Expanded Visitation Attestation* form that:

- No new positive or probable cases of COVID-19 have presented among individuals or staff in the previous 14 days.
- The residence has access to staff/service providers and PPE to provide essential care and services to the individuals living in the residence.
- The service back-up plan for host home services has been evaluated and determined to be viable at the time of review.
- The program provider has a plan for responding to the new cases of COVID-19 in the residence.
- The program provider's emergency preparedness plan addresses COVID-19.

HHSC can verify the attestation with an on-site visit to the residence. The program provider must maintain documentation in the residence that it meets the criteria for expanded visitation. Providers document their status using the *HCS Expanded Visitation Attestation* attached to this letter. If the program provider no longer meets the criteria, it must destroy the attestation and no longer offer expanded visitation. When it again meets the criteria, the program provider must complete a new attestation.

## 2.2 Expanded Visitation for HCS Residences

This section does not apply to host home/companion care. The rules define four different types of visits: outdoor visits, indoor plexiglass visits, window visits, and vehicle parades.

For all types of expanded general visitation:

1. Only individuals whose status is COVID-negative can participate in expanded general visitation.
2. Expanded visitation is only allowed when the residence has available space and staffing to meet all requirements.
3. Physical distancing must be maintained. The program provider must limit the number of visitors and visits to ensure physical distancing. Physical contact between individuals and visitors is prohibited for expanded visitation.
4. All visitors must wear masks or face coverings over the mouth and nose throughout the visit, and the individual is encouraged to do so if tolerated. If the visitor does not have a mask or cloth face covering, the program provider must either provide one or reschedule the visit.
5. Staff must remind individuals and visitors about physical distancing and face mask/face covering requirements. This reminder can occur verbally or via signage posted visible to visitors or handed to them. Staff can ask the visitor to leave if they do not or cannot comply.
6. All visitors must be screened in accordance with 40 TAC §9.198(c) before entering the visiting area, and, if the visitor fails screening, the visitor must leave the residence and reschedule the visit.
7. The program provider must clean and disinfect the visitation area and any furniture or other items touched during the visit before and after visits in accordance with [CDC guidance](#). This might require the program provider to schedule visits to allow for cleaning and sanitization.

8. Both individuals and visitors must perform hand hygiene (i.e., use an alcohol-based hand sanitizer or wash hands with soap and water) before the visit, except for visitors participating in a vehicle parade. The program provider must make hand hygiene supplies available.

Specific additional requirements for outdoor visits:

- Outdoor visits must take place in a designated area that limits the visitor's ability to interact with individuals other than the individual being visited.
- The program provider must ensure a safe, comfortable outdoor visitation area, considering outside air temperatures, ventilation, and weather conditions.

Specific additional requirements for vehicle parades:

- Visitors must remain in their vehicles throughout the parade.
- Individuals must be encouraged to retain physical distancing of 6 feet from each other and to remain at least 10 feet from vehicles throughout the parade. Individuals must be encouraged to wear facemasks or face coverings over the nose and mouth throughout the parade.

Specific additional requirements for open window visits:

- The program provider must ensure a safe, comfortable outdoor visitation area, considering outside air temperatures, ventilation, and weather conditions.
- Facemasks or face coverings over the nose and mouth are required for visitors and encouraged for individuals, as described above.

Specific additional requirements for indoor plexiglass visits:

- HHSC rules do not specify the number of sides a plexiglass booth must have, nor the dimensions of the booth. Booths with 2, 3, or 4 sides can all be acceptable as long as they provide a sufficient physical barrier between the individual and the visitor.
- In considering the design and placement of the booth, the program provider must ensure that it does not impede the means of egress or interfere with fire safety systems, such as sprinklers or smoke alarms.
- Facemasks or face coverings over the nose and mouth are required for visitors and encouraged for individuals as tolerated.

## 2.4 Day Habilitation and Outside Employment

Individuals receiving HCS or TxHmL services can choose to attend off-site day habilitation that is in compliance with [DSHS Checklist for Day Habilitation Sites](#) or outside employment with documented informed decision-making.

1. The program provider's infection control policy must include provisions specific to those attending off-site day habilitation, employment, or any other community activity to ensure the health and safety of individuals.
2. The program provider must screen individuals for fever and other signs and symptoms of COVID-19 upon their return to the residence.
3. If program provider staff does not provide transportation, the program provider should arrange for pick-up and drop-off to occur outside the residence when possible. If transportation staff must enter the residence to prepare individuals for transportation, they must be screened and wearing a face mask.
4. Program providers must provide oversight of day habilitation settings to ensure compliance with their contract. They must request documentation (e.g., policies, plans, procedures) from the day habilitation site that demonstrates how it plans to comply with DSHS guidance. For outside employment, the program provider must request from the employer information on how the employer is responding to COVID-19 to protect its employees.
5. The program provider must ensure individuals are supplied with masks or cloth face coverings and encourage their appropriate use, unless contraindicated. The provider cannot charge individuals for facemasks or face coverings.

Providers are responsible for ensuring the health and safety of the individuals in their care. In the context of deciding whether to attend outside day habilitation sites, the program provider fulfills this responsibility by participating in the informed decision-making process, which includes:

- Providing a full list of available options and alternatives, including in-home day habilitation, if available;



- Assessing the risks of attending day habilitation;
- Providing training on PPE, hygiene, and physical distancing;
- Except for individuals in host-home and own home/family home settings, ensuring that individuals have access to PPE.

For individuals in host home and own home/family home settings, the program provider must encourage individuals to wear a facemask or face covering over the nose and mouth and use any other required PPE necessary to safely attend the day habilitation site.

The program provider must only contract with a day habilitation site that agrees to comply with DSHS guidance. As part of its contractual oversight of the day habilitation site, the HCS or TxHmL program provider should set up a system to monitor compliance with DSHS guidance.

In addition, the program provider must include in its contract a requirement for the day habilitation site to inform individuals, program providers, staff, and family when it is aware of probable or confirmed cases of COVID-19 among staff or the individuals it serves. However, a day habilitation site must not release personally identifying information regarding confirmed or probable cases.

### **3.0 Background/History**

As Texas begins to reopen during the COVID-19 pandemic, HHSC is committed to providing guidance to program providers on how to safely resume activities that are important to individuals and their families.

### **4.0 Resources**

[COVID-19 Response Plan for HCS Residences](#)

[ASPR TRACIE](#) workforce virtual toolkit

[DSHS Checklist for Day Habilitation Sites](#)

*HCS COVID-Free Status Attestation*

## **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](mailto:PolicyRulesTraining@hsc.state.tx.us) or call (512) 438-3161.

### HCS Expanded Visitation Attestation

*Instructions: Maintain this document in the residence to attest the residence’s eligibility for expanded visitation. You may be asked to make this document available to surveyors, and surveyors may validate the information on this attestation as part of survey activities.*

Program Provider Name:	
Contract #:	
Location Code:	
Residence Address:	
Date Completed:	

The program provider attests that, to the best of their knowledge:

- No new positive or probable cases of COVID-19 have presented among individuals or staff in the last 14 days.
- The residence has access to staff/service providers and PPE to provide essential care and services to the individuals living in the residence.
- The program provider has a plan to respond to confirmed or probable cases of COVID-19 in the residence, to include a viable back-up plan for host home services.
- The emergency preparedness plan required by 40 TAC §9.178(d) has been updated to address COVID-19.

Person completing this attestation:

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Name	Title	Contact Information
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