



Long-Term Care Regulatory Provider Letter

Number: PL 21-01 (Revised)
Title: COVID-19 Vaccination Reporting
Provider Types: Nursing Facility (NF); Assisted Living Facility (ALF)
Date Issued: January 12, 2021

1.0 Subject and Purpose

This letter was revised to include the link to the vaccination data survey and to clarify that facilities are to report vaccinations administered by a facility or a pharmacy partner. To assist the Texas Department of State Health Services, the Texas Department of Emergency Management, and the Office of the Governor in ensuring the vaccination of long-term care provider staff and residents who choose to be vaccinated, HHSC is requiring NFs and ALFs to report vaccinations.

2.0 Policy Details & Provider Responsibilities

In accordance with emergency rules¹, facilities must report the following data to HHSC within 24 hours of completing a round of vaccinations:

- Aggregate numbers of staff, including employees, contractors, and volunteers, who received their first dose of a two-dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine when available;
- Aggregate numbers of staff, including employees, contractors, and volunteers, who received their second dose of a two-dose COVID-19 vaccine;

¹ 40 TAC §19.2804(b) for NF and 26 TAC §553.2004(b) for ALF require that "Within 24 hours of completing a round of vaccinations, a [facility] must accurately report COVID-19 vaccination data for staff and residents to HHSC in the format established by HHSC."

- Aggregate numbers of residents who received their first dose of a two-dose COVID-19 vaccine or their only dose of a single-dose COVID-19 vaccine when available; and
- Aggregate numbers of residents, who received their second dose of a two-dose COVID-19 vaccine.

2.1 Reporting Guidance

- **Method:** HHSC has developed a Survey Monkey tool to collect this information. **HHSC sent out an alert containing the survey link on January 12 and the link is posted on the NF and ALF provider portals under the COVID-19 resources accordion. You can also access the survey at <https://www.surveymonkey.com/r/SRDM2GY>.**
- **Multiple provider types/locations:** Submit a separate survey for each provider type and building. For example, a single building that includes a NF and an ALF would submit separate surveys for each type. A provider that owns multiple licenses would submit separate surveys for each license.
- **Frequency:** Complete the survey only when you have information to report, i.e., when a round of vaccines is administered to staff or residents. On days when no vaccines are administered, you do not need to complete the survey. *Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each separate round.*
- **First report:** If a round of vaccinations was administered between your last report to HHSC and the effective date of this letter, submit a report to capture those vaccinations.
- **Parameters:** Reports are for a given round of vaccinations **administered by the facility or a pharmacy partner**. Do not provide cumulative numbers. In other words, do not include totals from previous reports in a new report. Only report vaccinations occurring onsite at the facility; do not include vaccinations that occurred at an off-site pharmacy, doctor's office, local mass vaccination clinic, etc.
- **Item-by-item guidance:**
 - Questions 1-4: Demographic information required includes the name of the provider, the physical address of the building, the license number, and the provider type. Do not use a mailing address or corporate address.
 - Question 5: Check all that apply. Some facilities have directly received the vaccine and are storing it at the facility, while others

have partnered with another entity that receives and stores the vaccine (such as a pharmacy). Some facilities use facility staff to administer the vaccine, while others have partnered with another entity to administer the vaccine. If the facility neither stores or administers vaccine, check *none of the above*.

- Question 6: Facilities that indicated that they received vaccines directly on question #3 must indicate how many individual doses of COVID-19 vaccine they received. *Note: Do NOT report the number of vials.*
- Questions 7-8: Indicate which round of vaccinations you are reporting and the date on which the vaccines were administered. *Note: If reporting vaccination rounds that occurred previously, complete a separate survey by date for each separate round.*
- Question 9: Report the number of staff vaccinated on the date and round being reported. Include provider employees as well as contractors, volunteers, and others under the provider's control. Report the number of residents vaccinated on the date and round being reported. Enter only the number; do not enter personally identifiable information.

2.2 Reporting of Data

Providers must report the vaccination data to HHSC within 24 hours of completing a round of vaccinations. HHSC may initiate status calls to providers who are not reporting vaccinations to assess provider needs.

2.3 Training

HHSC will provide training on this letter during regularly scheduled COVID-19 Q&A webinars. We will also provide a stand-alone webinar. We will send alerts notifying providers of dates, times, and registration links for these webinars. The webinars will be recorded and recordings posted to the HHSC website.

3.0 Background/History

Accurate reporting will assist the State of Texas in ensuring full deployment of COVID-19 vaccines during the public health emergency. Future revisions to this letter will include direction on responding to special situations, such as changes of ownership and new licenses.

4.0 Resources

Vaccination Reporting Survey questions (see page 5; link to actual survey to be sent out via alert)

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.

**Health and Human Services Commission
Long-term Care Regulation
COVID-19 Vaccine Data Reporting**

Thank you for your complete and accurate report of COVID-19 vaccination data. This information will help the State of Texas track the administration of COVID-19 vaccinations in long-term care settings.

NOTE: Only answer the questions below for the round you are reporting today. Do not include information from previous rounds. Only include vaccinations occurring inside your facility; do not count vaccinations occurring off-site, such as at a doctor's office or offsite pharmacy.

1. Provider name: [free response field]
2. Provider address: [free response field]
3. Provider license number: [free response field]
4. Provider type (NOTE: if more than one provider type is located at the same address, you must submit a separate survey for each provider type): [choose one: nursing facility, assisted living facility]
5. Select all of the following that apply to this facility: [choices: this facility received vaccines directly; this facility administered vaccines; none of the above]
6. If the facility received vaccines directly, how many doses (**not** vials) did the facility receive? [number]
7. What date did this round of vaccinations occur? [calendar field]
8. Which round of vaccinations is this for your facility? [drop down menu: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, other]
9. Which vaccine was administered? [drop down menu: Pfizer, Moderna]
10. Answer the following, using numbers only. Do not enter text.
 - a. How many **staff** (including employees, contractors, and volunteers) received the **first dose** of a COVID-19 vaccine? (Or the only dose of a single-dose vaccine, when/if available) [number]
 - b. How many **staff** (including employees, contractors, and volunteers) received the **second dose** of a two-dose COVID-19 vaccine? Enter numbers only; do not enter text. [number]
 - c. How many **residents** received the **first dose** of a COVID-19 vaccine? (Or the only dose of a single-dose vaccine, when/if available) Enter numbers only; do not enter text. [number]
 - d. How many **residents** received the **second dose** of a two-dose COVID-19 vaccine? Enter numbers only; do not enter text. [number]