



Long-Term Care Regulatory Provider Letter

Number: PL 2021-09

Title: Program Provider Response to COVID-19 and Visitation Expansion for HCS (Replaces PLs 2020-22 and 2020-40)

Provider Types: Home and Community-based Services (HCS)

Date Issued: March 25, 2021

1.0 Subject and Purpose

As part of the continued reopening of the State of Texas, the Texas Health and Human Services Commission (HHSC) has published new Home and Community-based Services (HCS) Program Provider Response to COVID-19 Emergency Rule¹ and HCS Expansion of Reopening Visitation Rule².

2.0 Policy Details & Provider Responsibilities

2.1 HCS Program Provider Response to COVID-19 Emergency Rule

HHSC published new HCS Program Provider Response to COVID-19 – Mitigation Rules effective March 23, 2021. These new rules replace the previous COVID-19 mitigation rules. See the (HCS) Program Provider Response to COVID-19 Emergency Rule at [40 TAC 9.198](#) for the complete list of requirements. Updates include the following:

2.1.1 Infection Control

Program providers are already required to implement personnel practices that safeguard individuals against the spread of infectious disease. Providers should ensure that they have processes in place to reduce the spread of communicable and

¹ 40 TAC 9.198

² 40 TAC 9.199

infectious diseases and that those processes are updated to align with CDC guidance. These processes should address the use of personal protective equipment (PPE).

Program providers must have PPE available. If they 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. Follow national guidelines for optimizing current supply or identify the next best option to care for the individuals.

Program providers must ensure that all host homes, three-person, and four-person residences are equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment.

Within residences, provider staff must ensure precautions such as, but not limited to:

- limiting physical contact, such as handshaking, hugging, etc.;
- reinforcing strong hygiene practices for individuals and staff, such as proper handwashing, covering of coughs and sneezes, and the use of hand sanitizer;
- practicing social distancing as defined by CDC;
- regularly disinfecting all high-touch surfaces, such as counters, doorknobs, telephones, etc.

2.1.2 Persons providing critical assistance

Program providers are now required to allow persons providing critical assistance into the home so long as they pass the screening criteria. This includes providers of essential services, persons with legal authority to enter, and family members or friends of individuals at the end of life and designated essential caregivers.

Additionally, the term “providers of essential services” was expanded to include the following personnel: home health and hospice workers, health care professionals, contract

professionals, clergy members and spiritual counselors, guardianship specialists, and advocacy professionals.

2.1.3 Screening Requirements

If a visitor has 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, regardless of whether the person is fully vaccinated, the visitor must leave the residence and reschedule the visit. The only exception to this rule is a visitor is seeking entry to provide critical assistance or emergency personnel entering the property in an emergency.

2.1.4 Signage

All residences should have visible signage at the entrances to address the screening criteria below prior to allowing access to individuals. The signage should remain in place until further guidance is issued by HHSC.

2.1.5 Isolation

Isolation is the practice of separating persons who are sick to protect those who are not sick. The new emergency rule clarifies that when isolating an individual with confirmed or probable COVID-19, the program provider should follow [CDC guidance](#). Program providers no longer need to encourage isolation because an individual left the residence; however, providers must still train the individual on the risks of leaving.

2.1.6 Masks

Provider staff in 3- or 4-person HCS residences are required to wear a mask regardless of an individual's COVID-19 status. Host Home/Companion Care (HH/CC) providers do not have to wear masks when inside their residence if the individual(s) are not COVID-19 positive.

However, both provider staff in 3- or 4-person HCS residences and host Home/Companion Care (HH/CC) providers must wear

appropriate PPE as recommended by the CDC when providing care to an individual with COVID-19 positive status.

2.1.7 Physical Distancing

Physical distance is defined in rule as “maintaining six feet of separation between persons and avoiding physical contact.” Regardless of an individual’s COVID-19 status, program providers must encourage physical distancing in a 3- and 4-bed residence. Host home/companion care provider do not have to encourage physical distancing while in the host home/companion care residence unless an individual(s) is COVID-19 positive.

2.1.8 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.

- 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.
- The program provider must screen individuals for fever and other signs and symptoms of COVID-19 upon their return to the residence.
- 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.
- 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.

- 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.

2.1.9 Emergency Preparedness Plan

Program providers must ensure their HCS program has an Emergency Preparedness Plan that addresses all required elements.

3.0 HCS Expansion of Reopening Visitation Rule

The new expanded visitation rules do not apply to host home/companion care providers unless otherwise specified in rule. See the HCS Provider Response to COVID-19 Expansion of Reopening Visitation Rule at [40 TAC 9.199](#) for the complete list of requirements.

The new visitation rules provide flexibility for HCS program providers that ***have offered a complete series of a one- or two-dose COVID-19 vaccine*** to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, including:

- Essential caregiver and end-of-life visits are permitted for all individuals with any COVID-19 status.
- The definition of an end-of-life visit has been expanded to include for more flexibility on when an individual is considered at end-of-life so an individual's family and loved ones have more opportunity to visit.
- Indoor visitation no longer requires the use of a plexiglass barrier.
- A program provider may not require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or to enter the residence.
- Provider staff no longer have to escort or monitor visitors once they have passed screening and entered the facility.
- Program providers are no longer required to submit an attestation form to facilitate visitation.
- Visitation is required and a program provider must facilitate indoor and outdoor visitation without a reasonable clinical or safety cause.

The provider can continue to document the individual's choice whether to receive a COVID-19 vaccine or not to receive a COVID-19 vaccine as applicable for new admissions or individuals who return to the residence from leave.

As a reminder, an HCS is required to screen all visitors for signs or symptoms of COVID-19. A visitor may not participate in a visit if the visitor has signs and symptoms of COVID-19 or active COVID-19 infection.

3.1 Essential Caregiver Visits

An essential caregiver visit is defined as a personal visit between an individual and a designated essential caregiver, permitted for all individuals with any COVID-19 status, including:

- COVID-19 negative;
- unknown COVID-19 status; or
- COVID-19 positive.

A program provider must allow essential caregiver visits. The following requirements apply to essential caregiver visits:

- Up to two essential caregivers can be designated per individual and up to two essential caregivers can visit an individual at the same time.
- An essential caregiver visit is not allowed if the visitor has signs or symptoms of COVID-19 or an active COVID-19 infection.
- Essential caregiver visits can occur outdoors, in the individual's bedroom, or in another area in the residence that limits visitor movement through the residence and interaction with other persons in the residence.
- The essential caregiver must be screened before being allowed to enter the residence and trained by the provider on the appropriate use of personal protective equipment (PPE).
- The individual must wear a facemask or cloth face covering over both the mouth and nose (if tolerated) throughout the visit.
- An individual may remove their facemask or face covering to eat or drink during a visit, but a visitor must not remove their facemask or cloth face covering during the visit or while in the residence.
- If an individual relies on lip reading or facial cues for communication needs, the essential caregiver may use face masks with a clear screen over the mouth or temporarily remove it during communication.
- Essential caregivers do not have to maintain physical distancing between themselves and the individual they are visiting but must

maintain physical distancing between themselves and other persons in the residence.

The program provider must:

- develop and enforce essential caregiver visitation policies and procedures as stated in each program's expanded emergency rules, including:
 - training the essential caregivers on the proper use of PPE; and
 - informing the essential caregivers of expectations related to infection control;
- inform the essential caregivers of applicable policies, procedures, and requirements and maintain documentation of the essential caregiver's agreement to follow them;
- approve the essential caregiver visitor's facemask or cloth face covering, and any other appropriate PPE recommended by Centers for Disease Control and Prevention (CDC) guidance and facility's policy or provide a caregiver with an approved facemask and any other appropriate PPE;
- document the identity of each essential caregiver in the individual's file;
- maintain a record of each essential caregiver visit, including:
 - the date and time of the arrival and departure;
 - the name of the essential caregiver;
 - the name of the individual being visited; and
 - attestation that the identity of the essential caregiver visitor was confirmed.

The essential caregiver visitor must:

- wear a facemask or cloth face covering over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the provider's policy while in the facility; and
- not participate in visits if the designated essential caregiver has signs and symptoms of COVID-19 or active COVID-19 infection.

Essential caregivers can be asked to leave the residence if they fail to comply with all visitation requirements.

3.2 End-of-life Visits

An end-of-life visit is a personal visit between a visitor and an individual who is at the end of life and is permitted in all facilities for all individuals at the end of life. End-of-life visits are defined as a personal visit between a visitor and an individual who is receiving hospice services; at or near end of life, with or without receiving hospice services; or an individual whose prognosis does not indicate recovery.

A program provider must allow end-of-life visits for all individuals with any COVID-19 status, including:

- COVID-19 negative;
- unknown COVID-19 status; or
- COVID-19 positive.

Program providers, individuals, and visitors are encouraged to make use of essential caregiver visits for all other types of compassionate care situations when the individual's situation might not meet the definition of end-of-life.

End-of-life visitors do not have to maintain physical distancing between themselves and the individual they are visiting but must maintain physical distancing between themselves and other persons in the residence. End-of-life visitors must wear a face mask or face covering over both the mouth and nose throughout the visit.

3.3 Indoor and Outdoor Visits

HCS program providers that have offered a complete series of a one- or two-dose COVID-19 vaccine to individuals and staff and documented each individual's choice to vaccinate or not vaccinate, must allow indoor and outdoor visitation.

Program providers do not have to complete an attestation form or use plexiglass barriers to facilitate indoor or outdoor visitation. The program provider accommodates visitation based on the space available as necessary to ensure physical distancing between visitation groups and safe infection prevention and control measures.

3.3.1 Indoor Visitation

- The program provider must allow indoor visits for individuals who are COVID-19 negative, if there are no confirmed COVID-19

infections or suspected COVID-19 cases for at least 14 consecutive days among staff.

- The provider must reasonably limit the number of simultaneous visitors per individual and limit the total number of visitors in the residence simultaneously, based on the size of the building and physical space and staffing capabilities.
- Plexiglass barriers are no longer required.

3.3.2 Outdoor Visitation

The program provider must allow outdoor visits for individuals who are COVID-19 negative and must:

- ensure a comfortable, accessible, and safe outdoor visiting area for outdoor visits, considering outside air temperatures and ventilation; and
- limit the duration, frequency, size, and number of visits as necessary to ensure physical distancing between visitation groups and safe infection prevention practices.

3.3.3 Limitations for Visitation

The following limitations apply to all visitation types, including essential caregiver visits, end-of-life visits, and indoor and outdoor visitation:

- Visits must be scheduled to allow time for cleaning and sanitization of the visitation area between visits.
- Indoor and outdoor visits are permitted for individuals with COVID-19 negative status only, except essential caregiver and end-of-life visits. Essential caregiver and end-of-life visits are permitted for an individual with any COVID-19 status.
- The visitor and individual they are visiting do not have to physically distance from each other but must distance from other persons in the residence.
- The visitor must wear a face mask or face covering. For individuals who rely on lip reading or facial cues for communication needs, the visitor may use face masks with a clear screen over the mouth.
- The provider must encourage the individual to wear a face mask, if tolerated, throughout the visit.

- When visitors come to the home, staff members no longer need to escort the visitor or monitor the visit, regardless of the visitation type.
- Both the individual and visitor(s), must perform hand hygiene (i.e., use an alcohol-based hand sanitizer or wash hands with soap and water) before the visit. The program provider must make hand hygiene supplies available.

4.0 Limited Visitation Designation and Attestation Requirements

If an HCS program provider ***has not offered at least one complete series of a one- or two-dose COVID-19 vaccine*** to individuals and staff, the program provider may allow limited personal visitation.

4.1 Essential Caregiver Visits

An essential caregiver visit is defined as a personal visit between an individual and a designated essential caregiver, permitted for all individuals with any COVID-19 status, including:

- COVID-19 negative;
- unknown COVID-19 status; or
- COVID-19 positive.

A program provider cannot require an essential caregiver visitor to provide documentation of a negative test result prior to visitation. The following requirements apply to essential caregiver visits:

- There may be up to two permanently designated essential caregivers per individual.
- Only one essential caregiver visitor at a time may visit an individual.
- The visit may occur outdoors, in the individual's bedroom, or in another area in the home that limits the essential caregiver visitor's movement through the residence and interaction with other individuals and staff.
- Essential caregiver visitors do not have to maintain physical distancing between themselves and the individual they are visiting but must maintain physical distancing between themselves and all other persons in the residence.

- The individual must wear a face mask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- The program provider must develop and enforce essential caregiver visitation policies and procedures, which include:
 - a written agreement that the essential caregiver visitor understands and agrees to follow the applicable policies, procedures, and requirement;
 - training each essential caregiver visitor on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette; and
 - a requirement that the essential caregiver visitor must wear a face mask and any other PPE in accordance with CDC guidance and the program provider's policy while in the residence.

The program provider must:

- inform the essential caregiver visitor of applicable policies, procedures, and requirements;
- approve the essential caregiver visitor's face mask and any other PPE in accordance with CDC guidance and the program provider's policy, or provide an approved face mask and other PPE;
- maintain documentation of the essential caregiver visitor's agreement to follow the applicable policies, procedures, and requirements;
- maintain documentation of the essential caregiver visitor's training;
- maintain documentation of the identity of each essential caregiver visitor in the individual's records and verify the identity of the essential caregiver visitor at the time of each visit;
- maintain a record of each essential caregiver visit, including:
 - the date and time of the arrival and departure of the essential caregiver visitor;
 - the name of the essential caregiver visitor;
 - the name of the individual being visited; and
 - attestation that the identity of the essential caregiver visitor was verified; and

- prevent visitation by the essential caregiver visitor if the essential caregiver has signs and symptoms of COVID-19, or an active COVID-19 infection.

The program provider can ask the essential caregiver to leave the residence if the essential caregiver visitor fails to comply with the program provider's policy regarding essential caregiver visits or applicable requirements.

4.2 Limited Visitation without Attestation Form

All HCS residences can allow the following visits without completing the [HCS Expanded Visitation Attestation](#):

- 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.

4.3 Documentation of Eligibility for 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 [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](#) form. 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.

4.4 Limited Visitation Designation

The rules define four different types of visits: outdoor visits, indoor plexiglass visits, window visits, and vehicle parades.

For all types of limited general visitation:

- Only individuals whose status is COVID-negative can participate in expanded general visitation.
- Expanded visitation is only allowed when the residence has available space and staffing to meet all requirements.
- 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.
- 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.
- Staff must remind individuals and visitors about physical distancing and face mask or 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.
- 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.

- 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.
- 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 and closed window visits. 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.

4.5 Alternate Means of Communication

During Limited Visitation Designation, program providers should offer alternate means of communication during this time, such as:

- Phone calls,
- Video calls,
- or other means of electronic communication.

5.0 Attachments

HHSC HCS Side by Side Comparison Chart

6.0 Communications

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.

40 TAC 9.198 HCS Program Provider Response to COVID-19		
Topic	Previous Rule	New Rule
Definitions	Definition of provider of essential services does not include contract service providers such as physical therapist, occupational therapists, or guardians, etc.	Expands definitions of provider of essential services to include: <ul style="list-style-type: none"> • other health care providers, • contractors, • clergy, • volunteers, and • guardianship specialists.
Screening	A program provider may decide not to allow a person providing critical assistance into the residence Required and must deny entry if signs or symptoms of COVID or if visitor exposed to COVID-19 in last 14 days	Requires provider to allow persons providing critical assistance to enter the residence Required and must deny entry if signs or symptoms of COVID or if visitor exposed to COVID-19 in last 14 days, even if vaccinated.
Isolation	Directs the provider to isolate individuals with COVID-19 in the residence without additional guidance	Clarifies the provider isolates individuals with COVID-19 using CDC guidance .
Physical Distancing	Requires physical distancing at all times between staff and the individuals.	Removes requirement to physically distance in the host home/companion care home and only when individual is COVID-19 negative. Providers must encourage physical distancing to the extent possible while in the community and day habilitation.
Masks/face coverings	Masks required in all residences at all times	Masks are not required in host home/companion care homes when the individual is COVID-19 negative.

40 TAC 9.199 HCS Expansion of Reopening Visitation			
Rule Topic	Previous Rule	Provider has not offered one- or two-dose COVID-19 vaccination series	Provider offered one- or two-dose series COVID-19 Vaccination
Essential Caregiver (ECG) and End-of-Life visits	<ul style="list-style-type: none"> • May allow essential caregiver (ECG) for all individuals, except those with COVID-19 positive status • May allow for all individuals at end-of-life. 	<ul style="list-style-type: none"> • May allow essential caregiver (ECG) and end-of-life visits for all individuals and all COVID-19 status. • Testing not required for visitors. • A program provider may not require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or to enter the residence. 	<ul style="list-style-type: none"> • Must allow ECG and end-of-life visits for all individuals and all COVID status. • Testing not required for visitors. • A program provider may not require a visitor to provide documentation of a COVID-19 negative test or COVID-19 vaccination status as a condition of visitation or to enter the residence.
Indoor General Visitation	May allow indoor visitation with designation and attestation forms Plexiglass barriers are required and must be approved by LSC prior to use Provider must complete an attestation form and keep on file for HHSC	May allow indoor visitation with designation and attestation forms Plexiglass barriers are required Indoor visits for individual with COVID-19 negative status only Provider must complete an attestation form and keep on file for HHSC	<ul style="list-style-type: none"> • Mandatory for individuals who are COVID-19 negative • Plexiglass barriers no longer required • Provider coordinates indoor visits based on residence size and space allowances • Attestation form is not needed
Outdoor General Visitation	Optional for HCS providers COVID-19 negative individuals only Provider must complete an attestation form and keep it on file for HHSC	May allow outdoor visitation, including closed window visits, open window visits, and vehicle parades. Closed window visits permitted for individual with any COVID-19 status Open window visits, vehicle parades, outdoor visits are permitted for COVID-19 negative individuals only Provider must complete an attestation form and keep it on file for HHSC	Required (for individuals who are COVID-19 negative) Provider coordinates outdoor visits based on residence size and space allowances Attestation form is not needed

Physical contact	No physical contact for general visitation, only essential caregiver and end-of-life.	No physical contact for general visitation, only essential caregiver and end-of-life.	General visitation for COVID-19 negative individuals allows physical contact ECG and end-of-life visits do not have to physically distance regardless of the individual's COVID-19 status.
Masks/Face Covering	Visitor must wear face mask throughout the visit Individual wears face mask or face covering if tolerated.	Visitor must wear face mask throughout the visit Individual wears face mask or face covering if tolerated.	Visitor must wear face mask throughout the visit Individual wears face mask or face covering if tolerated.
Monitoring and escorting visitors	Required for most visitation	Not required	Not required
Visitor screening	Must screen visitors according to 9.198	Must screen visitors according to 9.198	Must screen visitors according to 9.198
Vaccination	NA	Conditions apply if the provider has not offered a complete series of a one- or two-dose COVID-19 vaccination to individuals and staff	Requirements become effective if the provider has offered a complete series of a one- or two-dose COVID-19 vaccination to individuals and staff
Visitation designation	Provider must complete an attestation form and keep on file for HHSC to offer limited personal visitation Attestation forms not required for closed window visits, end-of-life visits, or essential caregiver visits.	Provider must complete an attestation form and keep on file for HHSC offer limited personal visitation Attestation forms not required for closed window visits, end-of-life visits, or essential caregiver visits.	Not required if provider has offered a complete series of a one- or two-dose COVID-19 vaccination to individuals and staff

HCS Expanded Visitation Residence Attestation

Instructions: Maintain this document in the residence to attest the residence's COVID-free status. 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 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:

Name	Title	Contact Information
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