



Coronavirus (COVID-19)
Assisted Living Facility
Frequently Asked Questions
Updated: November 30, 2020

On March 13, 2020, and in subsequent renewals, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. Governor Abbott also directed state agencies to restrict visitors to assisted living facilities (ALFs) and other long-term care facilities to protect those most vulnerable to COVID-19 infection.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ALFs via a regularly updated Frequently Asked Questions (FAQ) document.

If guidance changes from a previous week's FAQ, it will be noted in red font. Questions regarding these FAQ can be directed to Long-term Care Regulation, Policy, Rules & Training, at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

The FAQs are now arranged by topic rather than dates to make finding information more convenient. The topics are:

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Tours

Is it permissible to allow prospective residents and their family members into the facility to take a tour?

Answer: HHSC recommends that facility tours are conducted virtually. However, a facility could provide a combination of virtual and in-person tours if appropriate transmission-based precautions are taken for each tour and the facility has approved general visitation. Such precautions include use of personal protective equipment (PPE) for the touring persons. This would indicate a surgical or N95 mask versus a cloth mask to be worn by the staff conducting the tour and the visitors to the facility. The tour must be scheduled, and the facility must maintain visitor information for contact tracing if it becomes necessary. In-person tours should be limited to no more than three individuals at a time and the facility staff must accompany visitors at all times.

Visitors for a tour must be screened prior to entering the facility and should be apprised of facility infection control precautions. The facility should ensure the prospective resident and family member(s) remain physically distanced from residents. HHSC recommends that communal areas be part of the virtual tour. However, if communal areas will be visited in-person, the area should be clear of existing residents and must be disinfected before and after allowing an in-person tour. Larger facilities should use a separate area for the tours to limit the opportunity to cross over into communal areas. For example, a hallway that has a room on the end could be used to show a prospective resident an available room. Tours must be scheduled at times

that do not cause an inconvenience to existing residents. Additionally, due to restrictions on occupancy in certain areas, the in-person tour must not include the salon.

COVID Quarantine /Isolation

Can an ALF admit new residents during at this time?

Answer: An ALF can admit new residents if the ALF is able to meet the prospective resident's needs and has sufficient staff to care for the resident without negatively impacting the level of care that staff is able to provide to current residents. ALFs must have and implement a written policy for admitting new residents during the COVID pandemic including knowing where the new resident was living prior to being admitted, such as home, with a family member, or a hospital. The new resident must be screened for symptoms and quarantined for the first 14 days, during which time the facility should monitor the new resident for fever and other symptoms of COVID at least daily.

The ALF is required to comply with §553.41(c) Resident assessment, §553.41(d) Resident policies, §553.41(e) Admission Policies, and, in addition, the requirements for admissions in §553.53 if admitting a resident with Alzheimer's or related disorders into a certified Alzheimer's ALF or unit.

Does a facility have to follow the city or county rules if they are stricter than the state rules?

Answer: Local authorities can impose stricter orders prohibiting visitation to a facility. The facility must follow the more stringent guidelines.

If a facility is transferring a resident with confirmed COVID-19 to another healthcare facility does the ALF need to inform the receiving facility?

Answer: Yes, the ALF must inform the receiving healthcare facility that the resident is confirmed to have COVID-19.

What does it mean to quarantine a resident?

Answer: Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

What are resident Cohorts?

Answer: Resident cohorts are the grouping of residents by their COVID status: COVID-19 positive, COVID-19 negative, or unknown COVID-19 status.

Can a facility admit a resident with a negative test?

Answer: Yes, but the facility would need to quarantine the new resident.

Can a facility admit a COVID positive resident?

Answer: Yes, but the new resident would need to be kept in isolation.

Can a facility admit a resident with an unknown-COVID status?

Answer: Yes, but the new resident would need to be quarantined for 14 days.

<added 11/30/20> If a resident has recovered from COVID-19 and is still within 90 days of illness onset, is he or she required to quarantine upon return to the facility?

If a resident recently tested positive for COVID-19 and has met the criteria for the discontinuation of transmission-based precautions, the resident does not need to be quarantined upon readmission to the facility for the remainder of this 90-day period, as long as the resident remains asymptomatic.

HHSC and DSHS recommend that all residents who are positive for COVID-19 stay in isolation until they meet the criteria for the discontinuation of transmission-based precautions. These criteria indicate that at least 10 days must pass before an individual can stop self-isolation. In some cases, up to 20 days might be needed before transmission-based precautions can be discontinued. Individuals with persistent symptoms, special health conditions, or immunocompromised status might need a longer isolation period than the 10-day minimum.

Once the resident has recovered by meeting all criteria to discontinue isolation, it is not necessary to quarantine the resident upon return to the facility.

The CDC now indicates that people who have tested positive for COVID-19

do not need to quarantine or get tested again for up to 90 days, *as long as they remain asymptomatic*. Therefore, if a resident has recovered from COVID-19 within the last 90 days, he or she does not have to be quarantined. The resident can return to the non-quarantine area of the facility (e.g., cold zone or COVID-19 negative cohort area) upon admission, readmission, or return to the facility.

The facility still needs to consider what additional precautions it needs to take for such residents, such as whether staff will wear full PPE when caring for individuals who have recently recovered from COVID-19. The facility also can quarantine these individuals out of an abundance of caution if it has reasonable health and safety concerns. Additionally, as the individual approaches 90 days since illness onset, the facility should also consider recent actions or interactions of the individual, such as participation in high-risk activities or contact with persons who are confirmed or suspected of having COVID-19. This will help the facility determine the need for quarantine, as the 90-day timeframe is not an absolute guarantee against transmission and long-term care residents are a high-risk population.

The CDC acknowledges that there is still uncertainty on contagiousness and susceptibility to reinfection with COVID-19. At this time, the CDC cannot say for certain that there is no chance of reinfection in the 90-day post recovery period. However, the CDC maintains that the risk of transmission in recovered persons is outweighed by the personal and societal benefits of avoiding unnecessary quarantine.

If a recovered individual experiences COVID-19 symptoms at any point during the 90-day post recovery period, he or she would need to be tested, quarantined, or isolated, depending on the test result, as well as evaluated by an attending physician to determine whether it is a case of reinfection with COVID-19 or another illness.

Please see the CDC's [When to Quarantine and Reinfection](#) for more information.

Additional information from the CDC's [Discontinuation of Transmission Based Precautions](#):

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with mild to moderate illness who are not severely immunocompromised:

1. At least 10 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last fever* without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are severely immunocompromised¹:

1. At least 10 days and up to 20 days have passed *since symptoms first appeared*; **and**
2. At least 24 hours have passed *since last fever* without the use of fever-reducing medications; **and**
3. Symptoms (e.g., cough, shortness of breath) have improved
4. Consider consultation with infection control experts

Note: For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions can be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.
<added 11/30/20>

If an ALF resident tests positive for COVID-19, how do we handle staff quarantine?

Answer: Providers will have to determine what kind of exposure (risk) their staff had with a resident who tests positive. If it is determined exposure occurred, the facility should follow these CDC guidelines:

- Staff in the high- or medium-risk category should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the low-risk category should perform self-monitoring with

delegated supervision until 14 days after the last potential exposure.

- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring, with delegated supervision as described under the low-risk exposure category.
- Staff in the *no identifiable risk* category do not require monitoring or restriction from work.
- Staff who have a community or travel-associated exposure should undergo monitoring as defined by the applicable risk category.

See the [CDC's guidance](#) for full details.

Can a family member, or friend, do a resident's laundry? Are there any additional requirements?

Answer: A family member or friend of a resident is not prohibited from doing laundry by emergency rule. Facilities are required to have policies and procedures in place for staff to handle, store, process, and transport all linens and laundry in accordance with national standards to produce hygienically clean laundry and prevent the spread of infection to the extent possible.

If families choose to handle resident laundry, the facility must designate a place outside the facility for them to pick it up and drop it off and arrange for staff to take it in and out of the building.

COVID Reporting

If the facility has a confirmed COVID-19 case, does the corporate office report it to the local health department in the county of the corporate office or of the facility?

Answer: When reporting confirmed COVID-19 cases to the local health department, it is important to report in the county where the facility is located. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc. [PL 20-37](#) has the most current requirements.

Assisted living facility providers must:

- Report the first confirmed case of COVID-19 in staff or residents, as well as the first confirmed case of COVID-19 after a facility has been without new cases for 14 days or more, to CII through TULIP or by calling 1-800-458-9858 within 24 hours of the confirmed positive result

- Report all confirmed COVID-19 cases immediately to the health authority with jurisdiction over the facility. If there is no local health authority, report to DSHS directly.
- Report all resident deaths, serious injury of a resident, or any threat to a resident's health or safety resulting from a disaster or emergency to CII via TULIP or 1-800-458-9858 within 24 hours and complete form 3613-A provider investigation report within 5 days¹⁰.
- If the death might have resulted from abuse, neglect, or exploitation, additional reporting requirements might apply

At this time CII is accepting initial COVID self-reports by speaking with a live agent at 1-800-458-9858 or email at ciicomplaints@hhsc.state.tx.us. After submission of the initial report, the Provider Investigation Report (3613-A) can be submitted via TULIP (if the initial report was initially submitted via TULIP) or email at ciiprovider@hhsc.state.tx.us

In order to speak with a live agent, providers can dial the toll-free hotline and follow the prompts to get to the provider reporting menu (select a language and then select option 2). Once in the provider menu, they would press 1 to speak to a live agent. The agents are available from 7:00 am to 7:00 pm Monday through Friday. The preferred method is that that providers submit self-reports through the online reporting portal in TULIP.

Do not report subsequent cases and addendums to HHSC.

Self-reported COVID-19 case counts in assisted living facilities can be found in this [downloadable Excel](#). This is a rapidly evolving situation and information will be updated as it becomes available. Check back often for the latest details and what you need to know about COVID-19. Data in this report reflect COVID-19 cases in residents and staff at licensed assisted living facilities, as self-reported by the provider to the Texas Health and Human Services Commission (HHSC) as of the date indicated. This data has been reviewed for data entry and transcription errors, but HHSC cannot verify the accuracy of the facility's report in its entirety. If you find that your data is incorrect or needs to be updated, please [contact the Regional Director](#) for your facility

What can we expect as a facility after we make a report of a staff or resident that has tested positive for COVID-19? What kind of public resource response can we anticipate? Will HHSC or DSHS or the local health department come to the facility to assist?

Answer: The response will depend on the level of COVID-19 event a facility is experiencing or whether the facility requests assistance.

HHSC will serve as the lead state agency in the state's response to an LTCF COVID-19 event. HHSC actions will include:

- Development of testing recommendations, in consultation with DSHS
- Ensuring appropriate/assistance with resident movement
- Providing subject matter experts (SME)
- Coordination of HHSC, DSHS, emergency management and local actions

In addition to the activities above, HHSC will coordinate formation of the Texas COVID-19 Assistance Team – ALF (TCAT-ALF). This team will include representatives from HHSC, DSHS, local health departments (as applicable) and emergency management (as applicable). This team will assist facilities with management of a COVID-19 event through provision of SMEs, resource request management, and support to facility actions through initial response activation. The TCAT-ALF will remain available for a maximum of 48 hours from activation. State and local entities will provide SMEs and continued assistance after TCAT-LTC deactivation. See [COVID-19 Response for Assisted Living Facilities](#) for more information.

COVID-19 Screening and Documentation

If a resident with unknown or confirmed COVID-19 is being transferred to another healthcare facility does the ALF need to inform the receiving facility?

Answer: Yes, the ALF must inform the receiving healthcare facility that the resident is unknown or confirmed to have COVID-19.

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering an ALF?

Answer: ALFs should not require screening of emergency services personnel in the event of an emergency.

Does one positive case of COVID-19 in a resident or staff constitute an outbreak?

Answer: Yes. 26 TAC §553.2003(a)(10) defines an outbreak as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.

How do I Contact the regional directors for Omni care testing?

Answer: You can contact your regional directors by finding your point of contact listed in the regional map. [Refer to the map for the new regional boundaries \(PDF\). Long Term Care Regional Contact Numbers and email addresses](#) can be found online listed by regions. Refer to the map of regional boundaries

Personal Protective Equipment (PPE)

If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care can that person continue to treat ALF residents or are they prohibited from doing so for 14 days?

Answer: An ALF employee or essential visitor, that is providing essential services while using the appropriate PPE, is not prohibited from providing those services to additional resident's while being consistent with the CDC guidelines. If an employee has unprotected exposure, then the facility must make the decision to:

- Exclude from work for 14 days after last exposure
- Advise HCP to monitor themselves for fever or [symptoms consistent with COVID-19](#)
- Any HCP who develop fever or [symptoms consistent with COVID-19](#) should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Due to the evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and your local public health department to reduce the risk of spreading the virus to residents served.

How to put on (don) and take off (doff) PPE gear:

Answer: More than one donning and doffing method may be acceptable. The CDC provides guidance on [how to properly don and off PPE gear](#) and the [sequence for putting on PPE](#).

How do ALFs get personal protective equipment (PPE)?

Answer: Providers must have personal protective equipment available. You should try to get PPE through your normal supply chain or through other resources available to you first. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE. -

Providers who are having difficulty getting PPE should follow national guidelines for optimizing their current supply of PPE or identify the next best option to care for people receiving services from the provider while protecting staff. If providers are unable to get PPE for reasons outside their control, providers should document their attempts to obtain it to present to HHSC surveyors if requested.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

Resources:

- [State of Texas Assistance Request \(STAR\)](#)
- [Public Health Region](#)
- <https://www.dshs.state.tx.us/regions/default.shtm>
- [Local Public Health Organizations](#)
- <https://www.dshs.state.tx.us/regions/lhds.shtm>
- [Texas Division of Emergency Management:](#)
- <https://tdem.texas.gov/>

Are ALF residents, COVID unknown or negative, required to wear masks while they are receiving care or when out of their rooms?

Answer: Have residents wear a cloth face covering or facemasks whenever they are leaving their room, are in a setting in which increases the likelihood of coming within 6 feet of staff or other residents, are being provided care,

or are leaving the facility for a procedure.

The purpose of having residents wear facemasks or cloth face coverings is to prevent the spread of coronavirus by resident unknown to have COVID-19.

For more information regarding cloth face coverings visit:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

What do I need to do if I have a resident that cannot safely wear a mask due to a medical condition?

Answer: If you have a resident who does not have symptoms of COVID-19, and for some reason is not able to wear a face covering when one is otherwise called for, document the reason, and try to ensure that the resident follows the additional guidelines for controlling the spread of COVID-19, such as physical distancing and frequent hand washing.

Document any special exceptions or accommodations that the ALF deems necessary to protect the well-being or safety of a resident in your facility, as well as any additional measures taken to account for any added risks to others that can be posed by the exception or accommodation.

If an ALF has no positive or suspected cases of COVID-19, can staff wear cloth masks in order to preserve their supply PPE in the event that someone in the facility later contracts the virus?

Answer: Per the CDC, cloth face coverings are not considered to be PPE, so ALF staff must not use of cloth face coverings. Facemasks are PPE and are often referred to as surgical masks or procedure masks. However, if the facility has a low supply of PPE and there is no COVID-19 infection present in the facility, cloth face coverings are better for source control than no face covering. Contact the ALF's local health department or DSHS for assistance if the ALF has a shortage of PPE, without an adequate supply source. If the ALF is not able to get more PPE, document the shortage and inability to find a supply source, and document that the decision for staff to use cloth facemasks due to the shortage.

What if an ALF has N95 respirators but cannot find anyone to perform fit tests for staff? Can the ALF still use the N95 respirators?

Answer: Guidance from the CDC regarding N95 respirators states they should be fit-tested. The CDC also acknowledges that a fit test may not always be possible during the COVID-19 pandemic. [Proper Respirator Use for](#)

[Respiratory Protection Preparedness is available from the CDC](#). Some manufacturer(s) of N95 respirators produce video guidance for training employees to properly fit the and perform user seal checks for their equipment. [One such video was created by 3M](#). The Occupational Safety and Health Administration (OSHA) also has a [Respirator Fit Testing Video](#) available if fit-testing is unavailable. If an ALF is unable to get its staff fit-tested and decides to use the N95 respirators, document that the ALF tried to obtain test kits or a testing specialist to perform fit tests and was not able to, and the specific steps the ALF took to train the employees to fit the masks properly.

OSHA's [Respiratory Protection eTool](#) is another resource available to ALFs for N95 respirator and fit-testing information and resources.

Do we need to use biohazard bags for disposal of PPE (gown, gloves, masks)?

Answer: Trash from COVID-19 positive resident rooms should be handled as regular trash.

- All trash should be handled with gloves.
- Regular trash, including trash from residents in all types of transmission-based precautions, is not biohazardous waste.

When do I need to change out a resident's mask?

Answer: The mask should be replaced when the mask is not clean, or the resident has left the facility and returns Any time the mask has been exposed to a contaminant, sneezed or drooled into, it should be replaced.

How often should I clean Cloth Face Coverings?

Answer: The CDC recommends that [cloth face coverings should be washed](#) after each use, or when soiled. It is important to always [remove face coverings correctly](#) and [wash your hands](#) after handling or touching a used face covering.

In a washing machine, you can include your face covering with your regular laundry. And use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.

Use a dryer on the highest heat setting and leave in the dryer until completely dry.

Are face shields better than masks?

Answer: It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.

Will HHSC continue to perform surveys/investigations?

Answer: All survey activity, including recertification and re-licensure visits. Facilities that have recertifications/re-licensures that are delinquent should have surveys completed first. Additional survey activity will be gradually added into the normal workload until normal activity is fully resumed.

Beginning once normal activity is resumed, Survey Operations will initiate SWAT team efforts to address the backlog of onsite complaint and incident intakes that resulted from the suspension of survey activity on March 4.

Throughout this recovery process, desk reviews for complaints and follow-up visits will continue.

Types of Visits

What is required for indoor plexiglass visits?

Answer: Once the facility has received their visitation designation an ALF must allow indoor plexiglass visits for all residents who are COVID-19 negative. Prior to using the plexiglass barrier or booth, the ALF must submit a photo of it and its location in the facility for approval from HHSC. The plexiglass barrier or booth is not required to be constructed with three sides or to meet specific size specifications.

What is an indoor plexiglass visit?

Answer: A plexiglass indoor visit is defined as a personal visit between a resident and one or more personal visitors, during which the resident and the visitor are both inside the facility but within a booth separated by a plexiglass barrier. The resident remains on one side of the barrier while the

visitor remains on the opposite side at all times. Prior to its use, the facility must submit, for approval, a photo 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.

What are the requirements for the plexiglass barrier?

Answer: The plexiglass barrier or booth must not be installed in an area of the facility where it:

- blocks or obstructs a means of egress (e.g., exit door, hallway or the way out of a room);
- blocks or interferes with any fire safety equipment or system; or
- offers access to the rest of the facility or contact between the visitors and other residents.

What is the facility responsible for during a plexiglass visit?

Answer: During an indoor plexiglass visit, the ALF must ensure:

- physical distancing of at least six feet is maintained between residents and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit;
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.

What are the requirements for an open window visit?

Answer: Once the facility has their visitation designation an ALF must allow open window visits for all residents who are COVID-19 negative. During an open window visit, the ALF must ensure:

- physical distancing of at least six feet is maintained between residents and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit;
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.

What are the requirements for vehicle parades?

Answer: Once the facility has received their visitation designation an ALF must allow vehicle parades for all residents who are COVID-19 negative. The ALF must provide a comfortable and safe outdoor visiting area for vehicle parades, considering outside air temperatures and ventilation. During a vehicle parade, the ALF must ensure:

- visitors must remain in their vehicles throughout the parade;
- physical distancing of at least six feet is maintained between residents throughout the parade;
- residents are not closer than 10 feet to the vehicles for safety reasons; and
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.

What are the requirements for an outdoor visit?

Answer: Once the facility has received their visitation designation an ALF must allow outdoor visits for all residents who are COVID-19 negative. The ALF must provide a comfortable and safe outdoor visiting area for outdoor visits, considering outside air temperatures and ventilation. During an outdoor visit, the ALF must ensure:

- physical distancing of at least six feet is maintained between residents and visitors;
- visitors wear a facemask or face covering over both the mouth and nose throughout the visit;
- residents wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit; and
- both the visitor and the individual practice proper hand hygiene.

What is an end-of-life visit?

Answer: An end-of-life visit is a personal visit between a visitor and a resident who is at the end-of-life and is permitted in all facilities. An ALF must allow end-of-life visits for all residents with COVID-19 positive, COVID-19 negative, or unknown COVID-19 status. An ALF does not need an approved general visitation designation from HHSC to allow end-of-life visits.

What is a closed window visit?

Answer: A closed window visit is a personal visit between a visitor and a resident during which the resident and visitor are separated by a closed window and the visitor does not enter the building. An ALF must allow closed

window visits for all residents with COVID-19 positive, COVID-19 negative, or unknown COVID-19 status. An ALF does not need an approved general visitation designation from HHSC to allow closed window visits.

Essential Caregiver

What is the definition of an essential caregiver visit?

Answer: An essential caregiver visit is defined as a personal visit between an individual and an essential caregiver, permitted in all facilities for COVID-19 negative and unknown COVID-19 status residents.

- ALFs must allow essential caregiver visits.
- An ALF does not need an approved general visitation designation from HHSC to allow essential caregiver visits.
- Up to two essential caregivers can be designated per individual, but each visit is limited to one essential caregiver at a time.
- Each essential caregiver visit must be by appointment and limited to two hours, unless the ALF can only accommodate a visit for a shorter or longer amount of time and adjusts the length accordingly.
- Essential caregiver visits can occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.
- The essential caregiver must be screened before being allowed to enter the facility and trained by the ALF on the appropriate use of personal protective equipment (PPE).
- The resident must wear a facemask or cloth face covering over both the mouth and nose (if tolerated) throughout the visit.
- Essential caregivers do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and other residents and staff.
- An essential caregiver visit is not allowed if the visitor has signs or symptoms of COVID-19, an active COVID-19 infection, or other communicable diseases, or if the resident has an active COVID-19 infection.

Does an essential caregiver visit require HHSC approval for a visitation designation?

Answer: No. A facility does not need to submit an attestation form for approval to allow an essential caregiver visit.

Will the facility be responsible for testing essential caregivers?

Answer: A facility is required to develop and enforce a testing strategy for essential caregivers but is not required to provide nor pay for any essential caregiver testing. Facility policy can require that essential caregivers go to a testing site. If the facility chooses to test an essential caregiver on site, it will need a CLIA waiver.

What rules does the Essential Caregiver need to follow?

Answer: The essential caregiver visitor must:

- wear a facemask over both the mouth and nose and other appropriate PPE recommended by CDC guidance and the ALF's policy while in the facility;
- have had a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the ALF performs a rapid test prior to entry into the facility;
- sign an agreement to leave the facility at the appointed time unless otherwise approved by the ALF; and
- self-monitor for signs and symptoms of COVID-19.

What are the responsibilities of an essential caregiver?

Answer: The essential caregiver must:

- wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;
- have a negative COVID-19 test no more than 14 days before the first essential caregiver visit, unless the assisted living facility chooses to perform a rapid test prior to entry into facility;
- sign an agreement to leave the facility at the appointed time unless otherwise approved by the facility;
- self-monitor for signs and symptoms of COVID-19;
- not participate in visits if the designated essential caregiver has signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases; and does not participate in visits if the resident has an active COVID-19 infection.

What are the requirements an ALF must ensure for an essential caregiver visit?

Answer: The following requirements apply to ALFs allowing essential

caregiver visits:

- inform the essential caregiver of applicable facility policies, procedures, and requirements;
- approve the visitor's facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy, or provide an approved facemask 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 date of the last COVID-19 test as reported by the essential caregiver;
- document the identity of each essential caregiver in the resident's records and verify the identity of the essential caregiver by creating an essential caregiver visitor badge;
- maintain a record of each essential caregiver visit; and
- prohibit visitation by the essential caregiver if the resident has an active COVID-19 infection.

What information is required for an essential care visitor badges?

Answer: Essential care visitor badges must identify the visitor by name and state the purpose of the visit.

Are persons previously designated as "compassionate care" visitors automatically designated as essential caregivers?

Answer: No. If someone was previously designated as a "compassionate care" visitor due to a resident's failure to thrive, the person does not automatically become an essential caregiver. The person must be re-designated by the resident or resident's LAR and meet all associated requirements for essential caregivers.

Will the facility be responsible for testing essential caregivers?

Answer: A facility is required to develop and enforce a testing strategy for essential caregivers but is not required to provide nor pay for any essential caregiver testing. Facility policy can require essential caregivers go to a testing site. If the facility chooses to test an essential caregiver on site, it will need a CLIA waiver.

What training is required for an essential caregiver?

Answer: The facility must ensure that each designated essential caregiver is trained on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette. The facility must have this training documented.

What information is required in each essential caregiver’s record?

Answer: Each facility will be required to maintain a record of each essential caregiver visit that includes:

- 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 resident being visited; and
- attestation that the identity of the essential caregiver visitor was confirmed.

Can the essential caregiver visit the resident every day?

Answer: This would be up to each individual facility to determine. There is not a rule that prohibits an essential caregiver from visiting every day. However, an ALF can adjust the number and duration of essential caregiver visits to accommodate all residents’ needs. Also, visits must be scheduled ahead of time, and facility staff must escort the essential caregiver to and from the designated visitation area. Staff do not have to monitor the essential caregiver visit itself.

Do essential caregivers need to wear full PPE during visits?

Answer: A mask is always required. If the resident has a COVID-19 unknown status, additional PPE may be needed. Essential caregivers must follow CDC guidance and any facility policies that are in place.

Does the essential caregiver visit have to be monitored by facility staff?

Answer: No, because essential caregivers should be trained in the use of PPE and infection policies and practices.

What information is required in a facility’s visitation policies and procedures for essential caregivers?

Answer: The assisted living facility must develop and enforce essential caregiver visitation policies and procedures, which include:

- a COVID-19 testing strategy for designated essential caregivers;
- a written agreement that the essential caregiver understands and agrees to follow the applicable policies, procedures, and requirements;
- training each designated essential caregiver on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- requiring a facemask and other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;
- expectations for caregivers regarding using only designated entrances and exits as directed;
- limiting visitation to the outdoor visitation area, the resident's room, or another area of the facility that limits the visitor's movement through the facility and interaction with other residents;
- facility staff must escort the essential caregiver from the facility entrance to the designated visitation area at the start of each visit; and
- facility staff must escort the essential caregiver from the designated visitation area to the facility exit at the end of each visit.

General Visitation Designation Requirements

What is required to obtain the general visitation designation?

Answer: An Assisted Living Facility must request a facility visitation designation by submitting a completed Long-term Care Regulation (LTCR) Form 2196, COVID-19 Status Attestation Form. An assisted living facility must allow persons providing critical assistance, including essential caregivers, to enter the assisted living facility if they pass the screening. An assisted living facility must allow essential caregiver visits, end-of life visits and closed window visits. Approved visitation designation for a facility is not required for a closed window visit, end-of-life visit, or visits by persons providing critical assistance, including essential caregivers.

Can an ALF apply for an exemption from having to allow visitation?

Answer: An assisted living facility may request exemption from requirements that a facility with a visitation designation allow certain personal visits. Facilities may not request, and HHSC will not approve an exemption from closed window visits or visits by persons providing critical assistance, including essential caregivers and end-of-life visits. If the assisted living

facility determines it is unable to meet one or more of the other visitation requirements of this section, the facility must request exemption from that requirement and explain its inability to meet the visitation requirement on the COVID-19 Status Attestation Form. HHSC will notify the assisted living facility if a temporary exemption for a specific visit type is granted and the time period for exemption.

Who do I send the LTCR Form 2196 to?

Answer: Each ALF must submit LTCR form 2196 to the Regional Director in the LTCR region where the facility is located and must provide information about whether the ALF meets or does not meet the criteria for expanded general visitation.

What happens if an ALF that does not meet the visitation designation criteria?

Answer: An ALF that does not meet the visitation designation criteria must attest that it:

- is permitting closed window visits, end of life visits, and essential caregiver visits;
- will develop and implement a plan to meet the visitation designation criteria as defined in 26 TAC §553.2003; and
- has included the plan with the form or will submit the plan within five business days of submitting the form.

What happens if an ALF does not meet the criteria for a visitation designation?

Answer: If an ALF does not meet the criteria for a visitation designation they must continue to permit closed window visits and end-of-life visits for residents regardless of their COVID-19 status, as well as essential caregiver visits for residents with COVID-19 negative or unknown COVID-19 status.

What must be done before an ALF can allow general visitation?

Answer: An ALF must receive an approved general visitation designation from HHSC before it can begin permitting outdoor visits, indoor plexiglass visits, open window visits, and vehicle parades, and must allow these types of visits upon receiving an approved visitation designation.

Salon Services

What are the requirements for a salon service visit?

Answer: An ALF can allow a salon services visitor to enter the facility to provide services to a COVID-19 negative resident if the requirements in the expanded emergency rules are met, including screening of the barber or beautician. An ALF does not need an approved general visitation designation from HHSC to allow salon services visits.

A salon services visit is not allowed if the visitor has signs or symptoms of COVID- 19, an active COVID-19 infection if the resident receiving the service has an active COVID-19 infection or unknown COVID-19 status.

What are the conditions for having a hairdresser/ barber in the facility?

Answer: The following requirements must be met for allowing a beautician or barber into the facility:

- Each visit is limited to two hours, unless the assisted living facility determines that it can accommodate a visit for a shorter or longer duration or and adjusts the duration of the visit accordingly.
- The visit can occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.
- Salon services visitors do not have to maintain physical distancing between themselves and each resident they are visiting, but they must maintain physical distancing from other residents and staff.
- The resident must wear a facemask or face covering (if tolerated) throughout the visit.
- The assisted living facility must develop and enforce salon services visitation policies and procedures.

What information is required for salon visitor badges?

Answer: Salon badges must identify the visitor by name and state the purpose of the visit.

What does the ALF have to enforce if the facility has a salon service visitor into the facility?

Answer: The assisted living facility must develop and enforce salon services visitation policies and procedures, which include:

- a testing strategy for salon services visitors;
- a written agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements;
- training each salon services visitor on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- the salon services visitor must wear a facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;
- expectations regarding using only designated entrances and exits as directed;
- limiting visitation to the area designated by the facility in accordance with §553.2003(p);
- facility staff must escort the salon services visitor from the facility entrance to the designated visitation area at the start of each visit; and facility staff must escort the salon services visitor from the designated visitation area to the facility exit at the end of each visit. Staff do not have to monitor the salon services visit.

What records does an ALF have to maintain for a salon service visit?

Answer: An ALF must maintain a record of each salon services visit, including:

- the date and time of the arrival and departure of the salon services visitor;
- the name of the salon services visitor;
- the name of the resident being visited; and
- attestation that the identity of the salon services visitor was confirmed.

What information will be required to be in a facility's salon visitation policies and procedures?

Answer: The assisted living facility must develop and enforce salon services visitation policies and procedures, which include:

- a testing strategy for salon services visitors;
- a written agreement that the salon services visitor understands and agrees to follow the applicable policies, procedures, and requirements;
- training each salon services visitor on proper PPE usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- a salon services visitor must wear a facemask and any other

appropriate PPE recommended by CDC guidance and the facility's policy while in the assisted living facility;

- expectations regarding using only designated entrances and exits as directed;
- limiting visitation to the area designated by the facility;
- that facility staff must escort the salon services visitor from the facility entrance to the designated visitation area at the start of each visit; and
- that facility staff must escort the salon services visitor from the designated visitation area to the facility exit at the end of each visit.

Can a salon services visitor who visits the facility work in a public salon? Also, can he or she provide salon services visits in more than one LTC facility?

Answer: The rules do not prohibit salon services visitors from working in public salons or providing visits to more than one facility. However, such a visitor would need to meet rule requirements and could be restricted from such activities or be required to meet more stringent screening requirements under a facility's policies and procedures.

General Visitation

What happens to visitation if there an outbreak of COVID in the facility?

Answer: If, at any time after a visitation designation is approved by HHSC, the ALF experiences an outbreak of COVID-19, the ALF must notify the Regional Director in the LTCR Region where it is located that the ALF no longer meets visitation criteria, and the ALF must immediately stop all visitation, except a closed window visit, end-of-life visit, or visits by persons providing critical assistance, including essential caregivers. The ALF can submit a new request for designation when it meets all visitation criteria.

None of our residents have been tested. Should we get them tested so we know for sure they are negative?

Answer: An ALF is not required to test residents, and if it chooses to test residents, a resident has the right to refuse testing. If a resident has no symptoms and does not have unknown COVID-19 status. A resident with unknown COVID-19 status is defined as a resident who is a new admission, readmission, or has spent one or more nights away from the facility, has had

known exposure or close contact with a person who is COVID-19 positive, or who is exhibiting symptoms of COVID-19 while awaiting test results.

What types of visits are allowed for a positive resident?

Answer: Closed-window visits and end-of-life visits are the only visits permitted for residents who are COVID-19 positive.

Do the rules for essential caregiver visitors apply to family and friends of residents?

Answer: The rules for essential caregivers only apply to a family member or friend who has been designated as an essential caregiver. Prior to gaining access to a facility, the essential caregiver must meet conditions listed in [26 TAC §553.2003](#).

Is a facility previously approved for phase 1 visitation required to complete another attestation form for expanded visitation?

Answer: If a facility has previously been approved for phase 1 visitation, it does not need to fill out another attestation form for expanded visitation. However, if the facility was only approved in phase 1 for outdoor visitation and now requests indoor plexiglass visitation, the facility would need to fill out an expanded visitation form for the indoor visitation request.

What signs need to be posted in the facility?

Answer: An ALF must provide instructional signs throughout the facility and proper visitor education regarding:

- signs and symptoms of COVID-19;
- infection control precautions; and
- other applicable facility practices (e.g., the use of facemasks or other appropriate PPE, specified entries and exits, routes to designated visitation areas, and hand hygiene).

[Resident Activities and Dining](#)

If an ALF is COVID free, can it allow dining in groups greater than 10 if all practice physical distancing?

Answer: Yes. If residents are physically distanced while dining, the facility can exceed more than 10 people in a dining room.

Can COVID-19 be transmitted through food?

Answer: The CDC states that there is no evidence of transmitting the disease through food. For more information refer to the [CDC's Food Safety and Coronavirus Disease 2019 \(COVID-19\)](#).

Can COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?

Answer: Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 associated with food.

It could be possible for a person to get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of poor survivability of coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging. Learn what is known about the [spread of COVID-19](#).

Can ALF residents go outdoors on facility property (to the gazebo or within the fenced area of the property, for example) as a group so long as there are 10 or fewer?

Answer: Guidance has changed to allow group activities are no longer restricted to 10 for residents that are COVID negative. Residents still need to adhere to physical distancing.

Are we allowed to hire a moving company to move residents into or out of the facility?

Answer: Yes, you can. According to the Texas Division of Emergency Management under the US Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (CISA) Guidance on Essential Critical Infrastructure Workforce, "workers responsible for the movement and provision of household goods" are listed as essential critical infrastructure workers. The link to the full document is below. The facility should screen such workers prior to their entering the facility for fever and other symptoms of COVID-19 as it would any vendors.

https://www.cisa.gov/sites/default/files/publications/Version_3.1_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers.pdf

Can family members of a resident moving in or out of the facility be

considered the "moving company" and thereby be allowed into the facility for that purpose only?

Answer: No. The CISA Guidance on Essential Critical Infrastructure Workforce (referenced above) applies only to employees and cannot be applied to family members for the purpose of creating an exception.

Moreover, if facilities were to allow this, it could cause contention among other individuals who would like to be considered an exception to the rule.

How can I keep our residents safe around food and drinks?

Answer: Currently, there is no evidence to suggest that handling food or eating is associated with directly spreading COVID-19. It is possible that a person can get COVID-19 by touching a surface or object, including food, food packaging, or utensils that have the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way that the virus is spread. Remember, it is always important to follow good hygiene to reduce the risk of illness from common foodborne germs.

- Make sure everyone washes their hands with soap and water for 20 seconds before and after preparing, serving, and eating food. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Limit people going in and out of the areas where food is being prepared or handled.
- Wear a [mask](#) while preparing or serving food to others who don't live in your household.
- When serving any food, consider having one person serve all the food so that multiple people are not handling the serving utensils.
- Avoid any self-serve food or drink options, such as buffets or buffet-style potlucks, salad bars, and condiment or drink stations. Use grab-and-go meal options, if available.
- If you choose to use any items that are reusable (e.g., seating covers, tablecloths, linen napkins), wash [and disinfect](#) them after the event.

Look for healthy food and beverage options, such as fruits and vegetables, lean proteins, whole grains, and low or no-calorie beverages, at holiday gatherings to help maintain good health.

[Initiative for free distribution of Antigen Testing](#)

How does the new initiative for free distribution of antigen test kits for essential caregiver's work?

Answer: Texas is distributing antigen tests to certain ALFs for the specific purpose of testing essential caregivers. Requirements for receiving these antigen test kits are as follows:

- The ALF must be located in a county with a greater than 10% COVID-19 positivity rate;
- The ALF must be located in a rural area where access to free testing sites is limited;
- ALFs that are part of a large corporation will need to provide supplemental information regarding specific hardships experienced in obtaining test kits. Otherwise, ALFs that are part of a large corporation cannot receive test kits.

<https://www.hhs.gov/coronavirus/testing/rapid-test-distribution/index.html>

The facility must attest that it meets these requirements and will:

- only use test kits to test essential caregivers;
- administer the test by trained staff; and
- report test results appropriately.
- LTCR and TDEM will review the completed attestation form. Staff may require and request documentation from the facility to support the attestation.

If the facility meets the free kit criteria, HHSC LTCR and TDEM staff will approve the facility for distribution of the free kits.

Submit the signed attestation form to: LTCR [Regional Director](#) for the [region in which the facility is located](#). For additional information, please refer to [PL 20-49](#) and the [LTCR Form 2198](#) on the HHS website.

Is the ALF required to pay for testing?

Answer: A facility is required to develop and enforce a testing strategy for designated essential caregivers and salon services visitors but is not required to pay for any testing.

Can facilities use any of the antigen tests?

Answer: Any type of approved consumer test for COVID-19 can be used, or a facility can require documentation of a negative test taken elsewhere.

Where can I find information on reporting Point of care Antigen

results?

Answer: HHSC has published [Provider Letter 20-46 Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing \(PDF\)](#) for NFs and ALFs. PL 20-46 outlines responsibilities related to reporting COVID-19 test results for providers conducting point-of-care antigen tests within their facilities. This letter is not intended for use by providers that do not conduct COVID-19 POC tests within their facility. Providers that do not conduct COVID-19 POC tests within their facility may refer to [PL 20-37](#).

How soon can our facility start testing?

Answer: Once a facility receives a CLIA waiver number, it can begin testing.

Does the essential caregiver test positive count against the facility as far as an outbreak?

Answer: No, the essential caregiver is not included in the definition of an outbreak that is a laboratory confirmed case of COVID-19 identified in either a resident or paid or unpaid staff. However, the positive result must be reported through the CLIA program.

CLIA Waivers

How long does it take to get a CLIA waiver?

Answer: The current goal is 48 hours if all forms are filled out correctly with no errors. Once the waiver number is returned to the requestor in an email, a facility can begin testing. The waiver process is currently at 72 hours. The applicants should annotate that the CLIA waiver is requested in reference to “LTC COVID testing requirements” to expedite the request.

Where do I send my CLIA waiver request and questions to?

Answer: If you have any questions about the application process, please call your [CLIA zone office \(PDF\)](#). Please forward completed documents to your appropriate CLIA zone office in order for your CLIA application to be accepted and processed. Your application will not be processed until all requested information is received and approved by this office.

How much will the CLIA waiver cost?

Answer: Do not send CLIA fee payments with the initial application. After an initial application has been received by the Health Facility Compliance zone

office and a CLIA number has been assigned, a facility will receive a fee coupon with which to submit a fee payment. For more information, see the Centers for Medicare and Medicaid Services, [CLIA Certificate Fee Schedule](#).

What information is required for a CLIA certificate?

Answer: The information required for a CLIA Certificate includes:

For section I, General Information with the facility name, Federal Tax ID Number, email address, Telephone and fax numbers, Facility address (physical location) and a mailing/ billing address. Then select the desired send fee coupon to this address, send certificate to this address and fill in corporate address if necessary. Fill in the name of the director along with their credentials.

For section II, Type of Certificate requested. You will select "Certificate of Waiver".

For section III, you will need to select 04 for Assisted Living Facility.

For section IV, you will need to fill out the times you are planning by start and end time by day or simply check the 24-hour box.

For section V, if your facility has multiple sites, you will need to determine if the certificate is to cover a single site or multiple ones. If the desired certificate is for a single, select no, and go to the next section. If yes, then you will need to answer:

- Is this a laboratory that is not at a fixed location?
- Is this a not-for-profit or Federal, State or local government laboratory?
- Is this a hospital with several laboratories located at contiguous buildings?

For section VI you will need to identify the waived testing (to be) performed and be as specific as possible.

If you are only applying for a Certificate of Waiver you can skip to section IX.

For section IX, Type of control, you will need to select if you are a voluntary nonprofit type, for profit or government type.

For section X, Director affiliation with other laboratories, you will need to disclose other CLIA numbers that the director is associated with along with the names of those laboratories.

After filling out all the applicable sections, review the "Attention: Read the following carefully before signing the application" section. Once the form is filled out you agree to everything on the form, sign it and then it must be sent to your local State Agency. Do not send any payment with your completed application. For more detailed information on instructions for how to complete this for please refer to page 6 of the [CMS-116](#) or the [quick start guide](#).

The CLIA application is used for a variety of services. ALFs requesting a CLIA waiver in order to provide COVID-19 testing should indicate this on Section VI of the form. The form asks for the facility name, physical address, type of certification requested (CLIA waiver) and the type of facility requesting the information. There are also specific instructions relating to which sections the facility needs to fill out and how to do so.

<https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

Staff

Are staff allowed to give tours for perspective residents and family members?

Answer: No. Tours are not allowed at this time.

Are home health and hospice staff required to be designated as essential caregivers in order to provide care in an ALF?

Answer: No. Hospice and home health aides can be designated as essential caregivers under the rules. However, as they are already considered under the rules as "providers of essential services," they need not be designated as essential caregivers (and thus be limited by the applicable restrictions on such persons) to provide care in an ALF.

Who are providers of essential services?

Answer: The rules at [§553.2003](#) define providers of essential services as Contract doctors, contract nurses, home health and hospice workers, and mental health specialists whose services are necessary to ensure resident health and safety.

What is the CDC's updated Symptom-based strategy for determining when HCP can return to work?

Answer: HCP with mild to moderate illness who are not severely

immunocompromised:

- At least 10 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

HCP with [severe to critical illness](#) or who are severely immunocompromised¹:

- At least 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

As described in the [Decision Memo](#), an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under [critical staffing shortages](#) might choose to allow HCP to return to work after 10 to 15 days, instead of 20 days.

Does the CDC have a current Test-Based Strategy for Determining when HCP Can Return to Work?

Answer: Yes, in some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#)

What are some of the CDC's return to Work Practices and Work Restrictions?

Answer: After returning to work, HCP should:

Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care can that person continue to treat ALF residents or are they prohibited from doing so for 14 days?

Answer: An ALF employee or essential visitor, that is providing services while using the appropriate PPE, is not prohibited from providing services to additional residents while being consistent with the CDC guidelines. If an employee has unprotected exposure, then the facility must make the decision to isolate the staff member while they monitor the signs and symptoms of the infection, also consistent with CDC guidelines, or ensure the employee goes home to self-quarantine.

Due to the evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and your local public health department to reduce the risk of spreading the virus to residents served.

What is the best thing to do for facilities that have staff that go to multiple facilities?

Answer: The facility needs to know if employees work in multiple facilities and be able to contact the other facility if the employee gets COVID. Health care personnel (HCP) who work in multiple locations can pose higher risk and should be asked about exposure to facilities with recognized COVID19 cases. Facilities must screen all HCP at the beginning of their shift for fever and respiratory symptoms. Facilities must take HCPs temperature and document absence of shortness of breath, new or change in cough, and sore throat. If an HCP is ill, the HCO should don a facemask and leave the workplace. Facilities should also use the CDC's exposure risk assessment table for guidance on how to handle staff that have had different levels of exposure to COVID-19 cases. Each person only needs one COVID-19 test. However, that staff member will need to provide documentation of the testing to all facilities where they work.

What can an ALF do to protect their staff?

Answer: Facilities must ensure they have an Emergency Preparedness Plan that addresses all required elements as addressed in 26 TAC [§553.44](#) including:

- Universal precautions by using PPE supplies, conservation strategies, and strategies to address possible shortages
- Staffing and contingency plans

- Provisions of health and safety services such as dialysis, oxygen and hospice
- Ensuring uninterrupted supplies such as linen, food, medications and other needed supplies

Facilities must comply with all infection control requirements as required in 26 TAC [§553.41\(n\)](#), including:

- Reinforcing strong hygiene practices for residents and staff such as proper handwashing, covering of coughs and sneezes and use of hand sanitizer
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility
- Regularly disinfect all workspaces such as nurse's stations, phones, and internal radios
- Actively and consistently monitor residents for potential symptoms of respiratory infections

The CDC provides additional guidance on [how to clean and disinfect](#) different surfaces throughout the facility.

Facilities should have PPE available, be equipped with soap, hand sanitizer and any other disinfecting agents to maintain a healthful environment and provider staff with adequate office supplies to avoid sharing.

Does one positive case of COVID-19 in a resident or staff constitute an outbreak?

Answer: Yes. 26 TAC §553.2003(a)(10) defines an outbreak as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid/unpaid staff.

Is it mandatory that an ALF follow DSHS guidance regarding when and how an employee can return to work?

Answer: DSHS developed its strategies for healthcare personnel with confirmed COVID-19 returning to work based on current CDC guidance. While neither is mandatory, they provide guidance to aid ALFs in fulfilling their [obligation to protect their residents from the spread of disease infection](#).

What is the CDC's updated Symptom-based strategy for determining when HCP can return to work?

Answer: HCP with [mild to moderate illness](#) who are not severely

immunocompromised:

- At least 10 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

HCP with [severe to critical illness](#) or who are severely immunocompromised¹:

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- Symptoms (e.g., cough, shortness of breath) have improved

As described in the [Decision Memo](#), an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, the more conservative period of 20 days was applied in this guidance. However, because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under [critical staffing shortages](#) might choose to allow HCP to return to work after 10 to 15 days, instead of 20 days.

Does the CDC have a current Test-Based Strategy for Determining when HCP Can Return to Work?

Answer: Yes, in some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#)

How do I take care of a COVID-19 positive resident's laundry?

Answer: You can wash the resident's laundry with other resident laundry. Here are tips for how to handle such laundry:

- Wear disposable gloves when handling dirty laundry, then throw the gloves away.
- Don't shake dirty laundry if you can avoid it.
- Wash items using the warmest possible water, and dry items completely.

Trips Away From the Facility

Can ALFs prohibit residents from attending routine doctor visits?

Answer: No, the facility should encourage residents to wear a facemask or cloth face covering (as tolerated) for source control whenever they are around others including whenever they leave the facility. The resident status would remain the same as it was before leaving the facility, as long as all infection prevention protocols are followed.

Can ALF residents leave the facility to go to hair and nail salons?

Answer: Yes, however the new emergency rules [§553.2003 Assisted Living Facility COVID-19 Response](#) allow salon visitors salon services are now allowed in the facility under certain conditions.

Can ALF residents leave to see family and if so, do they have to be quarantined when they come back?

Answer: A resident who leaves the facility, is not gone overnight, and did not have contact with others who may potentially or actually have COVID-19, does not have to be quarantined upon returning to the facility, even if the resident leaves with someone other than an essential caregiver or facility staff. The resident status would remain the same as it was before leaving the facility, as long as all infection prevention protocols are followed.

Additionally, the facility has a responsibility to ensure the resident is making an informed decision. Specifically, the facility must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. If the resident makes an informed decision and chooses to leave the facility, the facility must also educate the resident and family member about infection control and prevention procedures, including:

- wearing a facemask or face covering, if tolerated for the resident, but necessary for the family member and medical provider
- performing hand hygiene
- cough and sneeze etiquette
- physical distancing (maintaining at least six feet of distance between themselves and others besides the family member and medical provider)
- being aware of others who may potentially or actually have COVID-19
- reporting any contact with another person who may potentially or actually have COVID-19 to the facility

All residents and their loved ones are encouraged to follow infection control and prevention procedures to increase their own personal safety while they are enjoying time in the community or going to appointments.

Can a resident leave the facility to attend a funeral?

Answer: Yes; the resident would not need to be quarantined upon return.

The facility must ensure the resident understands the risks and benefits of spending time in the community, including the potential risk for being exposed to or contracting COVID-19. If the resident makes an informed decision and chooses to leave the facility, the facility must also educate the resident and family member about infection control and prevention procedures.

Visitation

Can a visitor share a meal with the resident during a visit?

Answer: Visitors must wear a facemask or face covering at all times during the visit and residents should also wear a facemask or face covering (if tolerated); therefore, sharing a meal during a visit is not permissible.

Are nurses allowed into the facility to administer flu shots?

Answer: Yes, nurses administering flu shots would be considered providers of essential services.

Can small facilities that do not have designated areas for COVID-19 positive, negative, and unknown status still get visitation designation?

Answer: Yes. To do so, a small assisted living facility that cannot provide separate areas, including enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative, or unknown COVID-19 status, must demonstrate that for the entire facility:

- (1) there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff;
- (2) there have been no facility-acquired COVID-19 confirmed cases for at least 14 consecutive days in residents; and
- (3) if an assisted living facility has had previous cases of COVID-19 in staff or residents, HHSC LTCR has conducted a verification survey and confirmed the following:
 - (A) all staff and residents have fully recovered;
 - (B) the assisted living facility has adequate staffing to continue care for all residents and monitor visits permitted by the rules; and

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

Can facilities restrict physical contact as part of facility visitor condition?

Answer: Physical contact between residents and visitors is prohibited, except for essential caregiver and end-of-life visits per 26 TAC [§553.2003\(e\)\(3\)](#).

What does a facility need to do to get a visitation designation?

Answer: To request a facility visitation designation, an ALF must submit a completed Long-term Care Regulation (LTCR) form 2196, COVID-19 Status Attestation Form, including a facility map indicating which areas, which include enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings which accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents, to the Regional Director in the LTCR Region where the facility is located. A facility with previous approval for visitation does not have to submit Form 2194 and a facility map, unless the previous visitation approval has been withdrawn, rescinded, or cancelled.

Can family members bring things, such as a cell phone, toiletries or groceries, to a resident in an ALF if they don't physically enter the facility, but meet with a staff member outside to drop off the items?

Answer: Yes. HHSC suggests that the facility establish procedures for a family member to call to make arrangements for drop-off, with agreement to appropriate disinfection before staff brings the items into the facility.

Are masks required for indoor plexiglass visits?

Answer: The visitor must wear a face mask or face covering over both the mouth and nose throughout the visit. The resident must wear a face mask or face covering (if tolerated) throughout the visit.

Are plexiglass barriers required for outside visitation?

Answer: No. Plexiglass barriers are required only for indoor visits.

What safety precautions must be in place to allow for visits to occur at the facility?

Answer: The following requirements apply to outdoor visits, window visits and plexiglass indoor visits,

- The facility must provide hand washing stations or hand sanitizer to the visitor and resident before and after visits;
- The visitor and resident must practice hand hygiene before and after the visit; and
- The resident and visitor must wear a facemask or face covering over both the mouth and nose throughout the visit.

What do I need to know about a plexiglass safety divider for inside visitations?

Answer: The facility must ensure the resident remains on one side of the barrier while the visitor remains on the opposite side. The facility also must limit the number of residents in the visitation area as needed. Additionally:

- The plexiglass booth must be installed in an area 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, the facility must, prior to use, 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 also can be conducted.
- A facility that wants to allow indoor visitation should attach a photo of the visitation booth and its location in the facility to the attestation form to facilitate approval.

What are the steps that a facility needs to follow to become designated for visitation?

Answer: To receive a facility visitation designation, a facility must demonstrate that it has separate areas, units, wings, halls, or buildings designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 status resident cohorts; separate dedicated staff are working exclusively in the separate areas, units, wings, halls, or buildings; and there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff working in the area, unit, wing, hall, or building that accommodates residents who are COVID-19 negative. If the facility was previously

designated as a phase 1, you do not need to resubmit for the visitation designation unless you have not been approved for all visitation types.

What does staff monitoring of a visit consist of?

Answer: Facility staff must monitor the entire visit to ensure the following protocols are followed:

- Visits are scheduled in advance and are by appointment only;
- Visitation is scheduled to allow time for cleaning and sanitation of the visitation area between visits;
- Physical contact between residents and visitors does not occur;
- Visits occur where adequate space is available that meets required criteria and when adequate staff are available to monitor visits; and
- All visitors are screened prior to being allowed to visit, except visitors participating in a vehicle parade or a closed window visit.

Are open window visits allowed without an approved facility designation?

Answer: An assisted living facility, with an approved visitation designation by HHSC, must allow open window visits with residents with COVID-19 negative status. During an open window visit visitors must be screened, wear a mask or cloth face covering, practice social distancing and facility staff must monitor the visit to ensure proper infection control protocol is being followed.

A closed window visit does not require a visitation designation. During a closed window visit the visitor does not have to be screened or wear a mask or cloth face covering but must remain on the opposite side of the closed window outside of the facility.

Can a facility choose not to allow inside visits?

Answer: If the assisted living facility determines it is unable to meet one or more of the other visitation requirements of the §553.2003, the facility must request exemption from that requirement and explain its inability to meet the visitation requirement on the COVID-19 Status Attestation Form.

Facilities may not request and HHSC will not approve an exemption from closed window visits or visits by persons providing critical assistance, including essential caregivers and end-of-life visits.

When considering exceptions for end of life, does it apply to the

relatives or loved ones of those residents who are under hospice care or only those who are actively dying?

Answer: If the resident is actively dying, then visitors could include family and friends of residents at the end of life. They do not have to be on hospice care to be actively dying. The persons including providers of essential services, persons with legal authority to enter are family members or friends of residents at the end of life, and the two designated essential caregivers.

Resources

How can I sign up for email alerts from Texas Health and Human Services?

Answer: Please visit the following link and select the topics you are interested in receiving alerts for:

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/network>

Where do ALF providers go for COVID-19 information?

Answer: Reliable sources of information include:

- [The Centers for Disease Control and Prevention](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

Is there a checklist available for ALFs that will help assess and improve our preparedness for responding to COVID-19?

Answer: Yes, CDC's [COVID-19 Infection Control Assessment and Response \(ICAR\) tool](#) was developed to help nursing homes prepare for coronavirus disease 2019 (COVID-19). Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to COVID-19. This ICAR tool should be used as one tool to develop a comprehensive COVID-19 response plan.

The CDC provides additional guidance on [how to clean and disinfect](#) different surfaces throughout the facility.

Facilities should have PPE available, be equipped with soap, hand sanitizer and any other disinfecting agents to maintain a healthful environment and provider staff with adequate office supplies to avoid sharing.

Where can I find current up to date information on outbreaks, trends and information on COVID cases in the state?

Answer: DSHS has created a [COVID-19 Dashboard](#) which provides data which are updated daily and include datasets such as:

- Number of Cases per County
- Fatalities over Time by County
- Estimated Cases over Time by County
- Cumulative Tests over Time by County
- COVID-19 Hospitalizations over Time by Trauma Service Area (TSA)
- COVID-19 Outbreaks in Long-term Care Facilities
- U.S. Cases, Date and Surveillance
- COVID-19 Forecast (National and State)

Where can I find available information on Facemasks and Respirators?

Answer: HHSC released [COVID-19: Questions and Answers Regarding Facemasks and Respirators](#)

Where can we go to find the most up-to-date guidance and information from HHSC about the COVID-19 Pandemic? Can we share COVID-19 information from HHSC with family?

Answer: HHSC has created a document called the Texas Health and Human Services [COVID-19 Response Plan](#) for Assisted Living Facilities. This document is available on the HHSC [home page](#) for assisted living facilities at the link titled, "COVID-19 Response Plans for ALFs." It is updated as information and guidance changes, as this pandemic is an ever-evolving situation. You are welcome and encouraged to share this and any other general information and guidance HHSC puts forth regarding COVID-19.

Which products are the most effective for disinfecting and sanitizing surfaces to prevent the spread of COVID-19?

Answer: The CDC maintains a list, called List N, of products that meet the EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19. The EPA updates the list with additional products as needed. You can download List N here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into an ALF?

Answer: Yes. These are considered essential services, and these vendors should be granted access if they are screened and follow the appropriate CDC guidelines for transmission-based precautions. See CMS **QSO-20-14-NH** and **CDC guidance**.

Training and Webinar links

[November 4, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[November 4, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[October 21, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[October 21, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[October 14, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[October 14, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[October 7, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[October 7, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[September 30, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[September 30, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[September 23, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[September 23, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[September 16, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[September 16, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[September 9, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[September 9, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[September 3, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[September 3, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[August 26, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[August 26, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[August 19, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[August 19, 2020 – ALF COVID-19 Q&A Webinar Recording](#)
[August 12, 2020 – ALF COVID-19 Q&A Webinar Slides \(PDF\)](#)
[August 12, 2020 – ALF COVID-19 Q&A Webinar Recording](#)