



Coronavirus (COVID-19) Home and Community Support Services Agencies (HCSSAs), Including Hospice Inpatient Units Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all HCSSAs via this regularly updated Frequently Asked Questions (FAQs) document. This FAQ document was revised and reorganized on August 26, 2020.

With each update, new questions will be identified with the date that they were added. If guidance changes, it will be identified in red font as added or deleted text. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hhsc.state.tx.us.

The guidance provided in this FAQ document is intended to reduce the spread of COVID-19 among agency clients and staff. The guidance provided is based on state licensing standards and requirements governing Home and Community Support Services Agencies (HCSSAs) in [26 Texas Administrative Code \(TAC\), Chapter 558](#), as well as best practice and CDC recommendations.

Notice to HCSSAs with Medicare, Medicaid and Contract Agreements -

HCSSAs that participate in Medicare or contract for Medicaid or other programs **must also follow** applicable federal regulations, applicable state program rules and contracts, and policy **guidance for their contracted programs**, including guidance related to reimbursement requirements.

All HCSSAs are responsible for monitoring the following websites for changes to guidance and requirements:

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

Agencies with documented cases of COVID-19 among staff or clients will be subject to survey and inspection activities to ensure compliance with licensing standards and conditions of participation, if applicable.

The questions in this FAQ are grouped into the following categories:

- [Administrative Responsibilities](#)
- [Client Care](#)
- [CMS Waivers and Flexibilities](#)
- [COVID-19 Screening and Documentation](#)
- [Hospice](#)
- [Infection Control Survey Tools](#)
- [Inpatient Hospice](#)
- [Personal Protective Equipment - Supplies](#)
- [Personal Protective Equipment - Use](#)
- [Reporting COVID-19 Cases](#)
- [Return to Work](#)
- [Visits via Telecommunications](#)
- [Resources](#)

Administrative Responsibilities

Does HHSC have documents for HCSSAs' to use to provide client and staff education about COVID-19? If not, can HHSC suggest some topics for client and staff education?

Answer: HHSC does not have specific client education documents. An agency's governing body or administrator should develop procedures with the best guidance available from the CDC, local, state and federal health departments, and relevant regulations. That said, an agency should dispel myths related to such things as handmade sanitizers (they are not effective or recommended by the CDC) and social distancing and wearing a mask (they are highly recommended).

For example, clients and household members can refuse visits by families, neighbors, and agency staff. A good source of information is CDC's [How to Protect Yourself and Others](#). Agency staff can also provide accurate information about

testing in the area, the need to stay in isolation or quarantine as appropriate, and the conditions under which a person might need to be hospitalized.

The Texas Medical Association COVID-19 Task Force and Committee on Infectious Diseases have created a [chart](#) that ranks activities on their risk level for COVID-19. The levels are based on input from the physician members of the task force and the committee, which worked from the assumption that – no matter the activity – participants were taking as many safety precautions as they can, such as wearing a mask and social distancing.

To practice physical distancing, can a HCSSA close its office and arrange for its office staff to telework during this pandemic?

Answer: Yes, the HCSSA can temporarily close its office to walk-in traffic during this pandemic in accordance with the agency’s policies. The HCSSA must:

- Forward its office phone to a teleworking staff during office hours; and
- Post a notice on the front door of the office stating:
 - that the office is temporarily closed to lessen the spread of COVID-19; and
 - the phone number to call during office hours.

The HCSSA does not need to notify HHSC of the temporary office closure.

What happens to our clients when unlicensed attendants are under a stay at home or shelter-in-place order?

Answer: Most local shelter-in-place orders provide exceptions for health care staff. All HCSSA licensed categories provide health care services, and licensed staff and attendants are essential health care personnel. Agencies are encouraged to issue name badges or letters on company letterhead identifying staff as a provider of health care in a client’s home.

What should an agency do if attendants refuse shifts? We do not have enough staff due to daycare closures, illness, and exposure risks.

Answer: This is where the agency’s emergency preparedness and response plan is essential. Implement the agency’s staff back-up plans, such as having arranged for a household member to provide services in an emergency. The household member would have agreed and been trained for an emergency such as a pandemic. Ultimately, an agency must document all its efforts to ensure adequate staff and that services are provided to clients. An agency also must communicate with the client’s physician related to any missed visits.

Should a HCSSA email HHSC Long-term Care Regulation if staff are denied access to a facility?

Answer: Yes. HCSSAs are encouraged to send an email to PolicyRulesTraining@HHSC.state.tx.us that includes a description of the situation, the name and location of the facility, the name and location of the HCSSA, and the name and phone number of a contact person for the HCSSA.

Some assisted living facilities are using their new expanded visitation emergency rule to deny our agency staff entry in the facility. These are the same agency staff who were previously allowed to enter to provide essential services. What should our agency do?

Answer: The new [emergency rule for assisted living facilities](#) specifically allows for persons providing critical assistance, which includes home health and hospice workers, to enter the assisted living facility if they pass the COVID-19 screening. (See [26 TAC, §553.2003](#), subsection (d) and definition of "persons providing critical assistance" in subsection (a)(12).) Please note the definition of an "essential caregiver" is not the same as the definition of "providers of essential services." An agency can convey this information to the facility, or an agency can send an email to HHSC per the answer to the previous question above.

<added 11/9/20> **Is a PAS agency attendant's annual employee evaluation signature exempt due to COVID-19? Can the evaluation be conducted over the phone?**

Answer: Licensing rules (26 TAC, [§558.246\(4\)](#)) require personnel records to contain performance evaluations. The rule does not dictate how an annual employee evaluation is to be conducted. Nor does the rule require a "signature." But it's important for an agency to show the performance evaluation was shared and discussed with the employee, as well as how the agency followed-up on any performance problems. Further, there are ways to acknowledge receipt or understanding other than by signature on the actual document. An email acknowledgement of receipt and understanding of the evaluation from the employee would suffice. <added 11/9/20>

<added 11/9/20> **Does an agency have to initiate its Emergency Preparedness Plan every time there is a hurricane warning? How do we determine if we MUST initiate the plan?**

Answer: An agency should initiate its emergency preparedness plan when the agency anticipates a negative impact on the agency and/or its clients in any geographic location in the agency's service area. <added 11/9/20>

<added 11/9/20> **I saw that the federal HHS was starting to send COVID-19 equipment and supplies out to each governor. Who should we contact at HHSC to get in on this? We have a current CLIA Waiver.**

Answer: National distribution of tests have been sent to the largest 100+ home health and hospice agencies for distribution to locations within their agencies. Tests allocations will allow agencies to test staff once a week. There is not a current mechanism to request tests. See <https://www.hhs.gov/sites/default/files/abbott-binaxnow-fact-sheet.pdf> <added 11/9/20>

<added 11/9/20> **We are a private pay PAS agency. Since we are providing more PPE than in the past, what is your suggestion to cover this cost, which is NOT built into the hourly rate. What are your rules for recouping this cost?**

Answer: HHSC Regulatory does not address the cost of doing business in its licensure rules; however, please note that some private pay PAS agencies have adjusted their hourly rate to include the additional cost of PPE. <added 11/9/20>

<added 11/9/20> **The emergency HCSSA rule says to make essential visits only, yet our agency received a letter from HHS mandating we do Personal Care Services visits in the member's home. Which directive should we follow?**

Answer: The state emergency rule (§558.960(j)) directs an agency to comply with a more restrictive requirement than the emergency rule if directed to do so by an applicable authority. In this case, HHSC (or an MCO) is directing a contractor to make all scheduled in-home visits to provide Personal Care Services to its members. <added 11/9/20>

<added 11/9/20> **Some nursing facilities are still not allowing hospice staff to enter, stating that the HCSSA is responsible for testing its own staff. I thought facilities were responsible for testing.**

Answer: A nursing facility (NF) is not required to conduct or pay for testing for visiting hospice staff. The NF and hospice agency should come to an agreement regarding testing for visiting hospice agency staff. <added 11/9/20>

<added 11/9/20> **Suppose our agency staff who provides services to a resident in an ALF tests positive for COVID-19. Is our agency responsible for notifying the ALF and the resident and any other resident our staff came into contact with in the ALF or outside the ALF?**

Answer: Although HCSSAs are not required by law or rule to notify the assisted living facility, the agency should notify the ALF because it would help prevent the spread of COVID-19. By rule, an agency must develop and enforce a policy to prevent the spread of infectious and communicable diseases. Additionally, it is possible the contractual agreement between the agency and facility stipulates such reporting requirements for agency staff and facility staff. <added 11/9/20>

Client Care

What is an essential visit?

Answer: An essential visit is one that includes a service that must be delivered to ensure the client's health and safety, such as medication administration or wound care. This is determined on a case-by-case basis and according to the client's need for the service *on the day of the scheduled visit*. Regarding activities of daily living (ADLs) such as meal prep, bathing, and dressing, those could be considered essential services if lack of service delivery would have a negative impact on the client's health or safety. Back-up services provided by a family member or friend may eliminate the need for an essential visit by agency staff.

Does an agency have to continue to provide services to a client who is diagnosed with COVID-19?

Answer: If the service is determined to be an *essential* service, yes, the HCSSA must provide it unless back up service can be implemented. Preventing hospitalization should be the goal, if possible. With the agreement of the client, agency staff can enter the home. However, the agency must adhere to all CDC guidelines for the use of PPE, such as goggles, N95 respirator, gloves, and disposable gown. The agency must reschedule all *non-essential* services to a time when the client has tested negative for COVID-19, has been fever-free for at least 24 hours *without* the aid of medications to reduce fever, or is symptom-free. See CDC's guidance for [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19](#).

Is performing an assessment an essential visit, or could that be done by some other means?

Answer: If an assessment is not required where the services are to be delivered and can be adequately performed via telecommunications, HHSC encourages an agency to use authorized telecommunications to perform the assessment.

Does a HCSSA have to admit a client with COVID-19?

Answer: HHSC licensing rules do not require a HCSSA to admit a client with COVID-19. However, an agency might be required to admit an individual based on the agency's contract with payor source (such as Medicaid).

Should agencies check in daily with clients who have COVID-19?

Answer: An agency can decide, on a case-by-case basis, if it would be in the best interest of the client to receive daily calls from staff. Agencies are in a unique position to assist based on knowledge of the client's needs and an existing connection. A client who lives alone or with an elderly spouse would likely benefit from having a concerned staff contact them to assist in coordination of care, especially since symptoms can change quickly and a person's condition can become dire within a matter of hours. The same is true for staff who have COVID-19; an agency can have a human resources policy that directs a supervisor to maintain frequent contact with a staff who is suspected or confirmed to have COVID-19.

What is the typical timeframe for an individual to become symptomatic after exposure to a person who is infected with COVID-19?

Answer: If infected, an individual may have symptoms within 2 to 14 days after exposure. Some individuals who become infected after exposure never develop symptoms. These individuals are asymptomatic carriers of the COVID-19 virus: they have the virus and are contagious, usually don't know it they have it, and don't have symptoms.

Should an agency document when a staff or client is tested for COVID-19?

Answer: Yes. An agency should document all known and disclosed test results for both staff and clients.

Can our home health agency provide flu shots to our employees and clients?

Answer: Yes. Please note that [26 TAC, §558.303](#) (Standards for Possession of Sterile Water or Saline, Certain Vaccines or Tuberculin, and Certain Dangerous Drugs) would apply.

Regarding the CMS requirement for nursing facilities to routinely test facility staff: The "facility staff" definition is broad and essentially covers anyone entering the facility to provide care and services to residents on behalf of the facility. There are many contractors who have contracts with multiple facilities (hospice, therapy, labs, x-ray) or who only visit facilities

once a month, once a week or at other frequencies – physicians and other healthcare providers. It is not feasible for each facility to test each staff person from these agencies especially if they do not visit the facility at the same frequency of required testing. In addition, these contractors have contracts with multiple facilities and requiring each facility to test these staff is not feasible. Would CMS further clarify the guidance for these types of situations?

CMS Response: The facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own). The facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility's testing frequency. Facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents and staff.

Regarding the CMS requirement for nursing facilities to routinely test facility staff: How should a facility test staff who work PRN, i.e., only on weekends or who work for staffing agencies? These staff may not be in the facility as frequently as testing is required.

CMS Response: The testing requirement applies regardless of whether staff are PRN or work for an agency, as the requirements include individuals, "under arrangement". If staff is not in the building at the time they are supposed to be tested, such as sporadic PRN or staff on vacation, then they insert into the testing schedule at the next possible point.

Is a start-of-care an essential visit, or does an agency determine if start-of-care is an essential visit? We have been completing documentation packets by phone and have not secured any signatures for contracted programs since the last week of March. What is HHSC's licensing expectations of these records without signatures?

Answer: The agency determines whether start-of-care is an essential visit based on the client's needs. In absence of a signature, licensing surveyors will look for documentation that the start-of-care information was shared with the client and that there is an indication of the client's understanding.

Please provide guidance on maintaining appropriate staffing and continuity of care for the clients for a PAS agency when a caregiver answers "yes" to any of the screening questions. Do you have any recommendations to mitigate this issue that keeps everyone safe while maintaining continuity of care?

Answer: This is one of the challenges presented by the COVID-19 pandemic. Agencies must develop strategies to ensure back-up services are available, reschedule services when they can be deemed non-essential on the day of care, and educate clients on the realities of the pandemic and its effects. <added

CMS Waivers and Flexibilities

Where are the CMS waivers?

Answer: [CMS Coronavirus Waivers & Flexibilities](#) lists the documents describing waivers and flexibilities by provider type. [Home Health Agencies: CMS Flexibilities to Fight COVID-19](#) was updated on July 9, 2020. [Hospice: CMS Flexibilities to Fight COVID-19](#) was updated on July 9, 2020.

[Register here for CMS News Updates](#) to stay current on information that might affect a certified home health agency or hospice.

What if a certified hospice is unable to meet the requirements related to volunteers?

Answer: CMS is waiving the requirement at 42 CFR §418.78(e) that hospices are required to use volunteers (including at least 5% of patient care hours). It is anticipated that hospice volunteer availability and use will be reduced related to COVID-19 surge and potential quarantine.

Do hospices have to provide all core services?

Answer: Yes, but considering the circumstances, you might need to look at this on a case-by-case basis. You can ask what is critical and essential today for the patient. It is possible another staff person seeing the patient on a particular day could meet the client's needs that another professional normally does.

Can a certified hospice use telehealth?

Answer: CMS waivers allow for telehealth services to be provided to patient's receiving routine home care, if it is feasible and appropriate to do so. It also allows for the face-to-face encounters for purposes of patient recertification for the hospice benefit. If you have questions about payment, reach out to their fiscal intermediary for guidance.

Does CMS have waivers related to OASIS?

Answer: CMS is providing relief to certified home health agencies on the timeframes related to OASIS transmission through the following actions:

- Extending the 5-day completion requirement for the comprehensive assessment to 30 days.
- Waiving the 30-day OASIS submission requirement. Delayed submission is permitted during the public health emergency.

For full details on certified home health agencies and how the waivers affect OASIS, Initial Assessments, and home health agency supervision, please review the [List of Blanket Waivers \(PDF\)](#). On April 7, 2020, CMS posted [a letter to clinicians](#). The PDF summarizes actions CMS has taken to ensure clinicians have the most flexibility to reduce unnecessary barriers to providing patient care during the unprecedented outbreak of COVID-19.

Contact the Texas OASIS help desk at 833-769-1945 regarding OASIS and iQIES OASIS related issues.

COVID-19 Screening and Documentation

What are the screening criteria?

Answer: The COVID-19 screening criteria are as follows:

1. The following COVID 19 symptoms and any additional signs and symptoms as outlined by the CDC in Symptoms of Coronavirus at cdc.gov:

- fever (100.4 and above as measured with a thermometer);
- chills;
- cough, sore throat, shortness of breath, or difficulty breathing;
- fatigue or muscle or body aches;
- headache;
- new loss of taste or smell;
- congestion or runny nose;
- nausea or vomiting; or ~~and~~
- diarrhea.

2. Contact in the last 14 days, unless to provide critical assistance in a licensed facility or essential services through the HCSSA, with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness.

~~Unprotected 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.~~
3. ~~International travel within the last 14 days.~~

What constitutes a positive screening? When someone meets only one criterion/symptom (such as a cough with no other symptoms) or when they meet multiple criteria?

Answer: Any single criterion that is met results in a positive screening. Please note that a screening needs to be based on any of the symptoms that are NEW to the person being screened. People can experience some of the listed symptoms on a regular basis. The screening should only identify NEWLY experienced symptoms, as in those within the last 48 hours.

What should an agency do if staff, a client, or a client's household member has a positive screening?

Answer: Staff who have a positive screening are not allowed to remain in the agency or make home visits.

If a client or household member has a positive screening, staff conducting the home visit must wear appropriate PPE while providing essential services in the home.

Does an agency have to screen for all criteria? Can an agency just ask about signs and symptoms? Can temperature alone suffice as screening?

Answer: An agency's screening must address all screening criteria every time a screening is performed. Each screening criterium must be asked of the individual being screened.

What is the purpose of screening?

Answer: The purpose of the screening and the timing of the screening is to prevent the potential spread of COVID-19 among staff and clients.

When does screening need to be done?

Answer: A staff member's screening must be performed before making a home visit. A staff member who meets a screening criterium has the potential to infect clients with COVID-19 if the staff member provides services before being screened. For this reason, staff who meet one or more screening criteria are not allowed to make home visits.

Client and household member screenings must be performed before essential services are provided. If the client or household member meets a screening criterium, then staff must 1) protect him/herself by wearing appropriate PPE while

providing services and 2) ensure coordination of services for the client as necessary.

Do all HCSSA types have to conduct screening of staff, clients, and household members?

Answer: Yes. All HCSSA types must conduct screenings. These types are:

- Home health agencies, including therapy-only agencies;
- Hospice agencies that conduct home visits (inpatient hospice screening requirements are addressed separately in emergency rule, 26 TAC [§558.872](#)); and
- Personal assistance services agencies.

Can staff, clients, and household members self-screen?

Answer: Yes. A staff member who self-screens must document his/her self-screen. An agency staff must document a client's or household member's self-screen.

Can screenings be conducted over the phone?

Answer: For PAS-only agencies, if responses to all screening criteria can be obtained by phone then, yes, the screening can be conducted over the phone. If the client cannot report responses over the phone and doesn't have a household member to assist with the phone screening, then the screening cannot be conducted by phone.

For a home health and hospice agency, which must document an actual temperature, the situation is more complicated. If the client can take his/her own temperature and report responses over the phone, then yes, a home health or hospice can conduct screenings by phone. Additionally, a household member can assist in the client's screening by phone, such as taking the client's temperature or asking the client the screening questions and conveying the response to the staff on the phone. If the client cannot take his/her own temperature and report responses over the phone (and doesn't have a household member to assist with the screening), then the full screening cannot be conducted by phone. The home health or hospice agency can conduct part of the screening by phone but must finish the screening (such as taking the temperature) in person using appropriate PPE.

Are PAS agencies responsible for ensuring their staff have thermometers?

Answer: No. Use of a thermometer is the recommended method for determining a person's temperature and whether a fever exists. However, a PAS agency, which is a non-medical service model, might not have thermometers available for staff to use to screen for fever. Although a thermometer is strongly recommended by DSHS

and the CDC, a PAS agency can screen for all other symptoms when a thermometer is unavailable and can ask if the client and household members are “feeling feverish.”

Does a home health or hospice agency have to get a temperature reading from household members?

Answer: Yes. Screening for clients is the same as for household members.

Does a home health agency that only provides therapy services have to record an actual temperature when screening clients and household members?

Answer: Yes.

Some clients are provided services by several agency staff members on the same day. Does each staff member providing services that day have to screen the client and household members before visiting?

Answer: To avoid the need for multiple client/household member screenings on the same day, an agency must implement coordinated screenings and exchange of information between staff providing services to the client that day. An agency must ensure all staff providing services to the client subsequent to the screening that day are aware of the screening results for the client and household members before providing services. An agency must have a policy related to the coordination and exchange of information among staff.

What if a household member refuses to participate in the screening process?

Answer: If a household member declines to be screened, then the agency should educate the household members about the reason for the screening and the efforts to keep the client and staff safe. The agency can also have the staff use an appropriate amount of PPE based on existing risk factors (i.e., the services to be provided, the staff’s potential exposure to the household members, other screening criterium that is known to the staff) while providing only essential services. If an agency cannot let staff continue to use limited PPE because of uncooperativeness by a client’s household member, the agency can postpone all essential visits or discharge the client in accordance with the applicable rule requirements. Regardless of the disposition, an agency must document all discussions and decisions related to a client or household member’s refusal to participate in a screening.

How should we conduct a screening for a client who lives in a care facility? Do we call and get daily screening information from the facility?

Answer: Yes, that is an option. HHSC recommends an agency call the facility in advance of the visit. Since facilities are required to screen their residents each day, the agency should ask for the facility's screening information for the client conducted that day. The agency should also ask if the facility has any active COVID cases. An agency can talk with facility staff about the outcome of the client's screening ahead of the visit, then document the information provided by the facility. Agency staff should use pertinent screening information in determining the appropriate PPE to use but must also follow all infection control protocols of the licensed facility, as required by emergency rule ~~<added 12-2-2020> 26 TAC §558.960(c) <added 12-2-2020> <deleted 12-2-2020> 26 TAC §558.408(e) <deleted 12-2-2020> .~~

Does screening for the staff, client, and household members need to be documented every time it occurs?

Answer: Yes. Every required screening must be documented.

Can an agency document screening for both staff and client/household members on the same paper log? Or file the documentation in the same folder?

Answer: Yes, but the "same paper log" can include only one staff and one client and must clearly show:

- Which is the staff's screening (including results of the screening);
- Which is the client's screening (including results of the screening); and
- Which are the household members' screenings (including results of the screening).

An agency can file the documentation in one folder or separate folders. Regardless of where an agency chooses to file the documentation, it must be retrievable if requested by a surveyor.

How should an agency document a household member's screening? Some household members don't want their names used.

Answer: Household members should have an identifier that is not their name. For instance, they can be identified by their relationship to the client (e.g., spouse, daughter, son#1, roommate#2).

When documenting a screening, does an agency have to record a "yes" or "no" response to each symptom and each screening question? Or can documentation be a narrative that the staff, client, or household member

has “reported no to all screening questions” or, if a screening criterium was met, “reported no to all screening questions except (*name of criterium that was met*)”?

Answer: Documentation can be a narrative that the individual being screened “reported no to all screening questions” or, if a screening criterium was met, “reported no to all screening questions except (*name of criterium that was met*).” A home health agency and a hospice would also need a temperature reading.

Does documentation need an original signature?

Answer: Only paper logs require an original signature of the staff who conducted or verified the screening.

How can staff sign electronic documentation?

Answer: Only paper logs require a signature of the screener. Electronic documentation should require a user’s authentication (such as a phone number or a username and password), which serves as name and signature.

Does an agency have to use just one type of documentation or can multiple types of documentation be used?

Answer: An agency can use multiple methods of documentation as long as it can retrieve the documentation when requested by a surveyor. Agencies can mix-and-match their documentation methods – some staff can use paper logs, other staff can document electronically such as by Robo-call, texts, or email.

Provider Letter 20-35 says that paper logs must have specific information, such as time/date and name and signature of the screener. Does electronic documentation have to have the same elements?

Answer: Generally, yes. Time and date are evidentiary requirements to show that the screening took place before the visit occurred. An electronic “time stamp” can provide the necessary date/time and the user’s authentication (such as a phone number or a username and password) serves as name and signature.

Provide Letter 20-35 refers to a “report” containing screening documentation. What does it mean?

Answer: An agency needs to provide the surveyor with the screening documentation requested, at least for the sample staff and clients. A surveyor can request that staff demonstrate an understanding of the procedures for screening. Also, a surveyor might ask an agency to show evidence that the agency’s documentation method complies with the agency’s policy.

Provider Letter 20-35 says the documentation requirements in the letter are effective July 22, 2020. What documentation was required before then?

Answer: For screenings conducted before July 22, 2020, HHSC will accept whatever documentation the agency has on record that was supported by the agency's policy at the time. HHSC will not accept an absence of documentation based on an agency's "no documentation" policy.

Provider Letter 20-35 says that screening documentation must be incorporated in the client's record. The last webinar said it could be stored in a separate binder. We prefer to store the screening documentation in a separate binder. Is that okay? <added 11/9/20>

Answer: An agency must file all screening documentation (staff/client/household member) in a manner that is retrievable when requested by HHSC and readily available to the agency's QAPI committee and management. HHSC plans to revise the provider letter to clarify that an agency must maintain screening documentation in a manner that allows the agency to retrieve the documentation when requested by HHSC.

Is a COVID-19 screening required for a deployment of telemonitoring devices?

Answer: Yes, because the person installing the telemonitoring device will be entering the home of a client. The installer, the client, and the client's household members must be screened. The agency must ensure appropriate action is taken if someone does not pass the screening. If the installation is in a facility, the installer must submit to a facility screening.

Would it be acceptable for us to add an item to our screening stating that the person being screened will need to report any new symptom not otherwise attributed to a known condition?

Answer: Yes. An agency can include additional screening criteria but must have policies and procedures related to any action the agency will take if the person being screened meets the additional criteria.

Does an agency's client screening forms have to be filed within 21 days, or can they be filed monthly with the attendant screening forms?

Answer: The timeframe for filing the screening documentation is at an interval set by the agency's policy.

Our agency collects a screening form from every attendant/provider. Do we also have to collect one for every client and household member?

Answer: Yes. Documentation for screening for clients and the client's household members has been required of all HCSSAs since April. Elsewhere in this FAQ document, it explains that clients/household members can self-screen or agency staff can conduct their screenings.

Our agency has several employees who work entirely remotely and do not come in contact with any other office staff or any clients or family members. Do they have to be screened every workday?

Answer: No.

The FAQ document says if an attendant meets just one screening criterion/symptom, then he or she can't work. We have an attendant who gets a headache once or twice a month. Are you saying she shouldn't be allowed to work if she has a headache? A person can have congestion, runny nose, nausea, vomiting, or diarrhea one day as a "new" symptom but it is gone by next day. Should that exclude them from working if they have no other symptoms?

Answer: The purpose of screening is to prevent the spread of COVID-19. A HCSSA should do all it can to prevent the spread. A staff who experiences a single symptom that occurs semi-regularly can be allowed to work if the staff wears full PPE. A staff who experiences a single symptom that is new but can be explained (e.g., vomiting or diarrhea due to consuming excessive dairy) can be allowed to work if the staff wears full PPE. In both cases, full PPE should be worn until the risk of infection is mitigated.

A staff who experiences one or more symptoms that is new and unexplainable must not work and must follow CDC guidelines for "[Returning to Work.](#)"

Are initials accepted for attendant daily screenings, or do they have to be actual signatures daily?

Answer: Initials are not acceptable. Actual signatures are required.

Do office staff need to be screened daily as well?

Answer: Office staff need to be screened at the beginning of the workday if they will come to contact with home visit staff, potential clients, or family members of potential clients. <added 11/9/20>

What do we do when some of our clients don't complete the forms even though they are aware of the screening requirements?

Answer: The emergency rule does not require clients to complete forms. The rule requires an agency to screen its clients before a visit to provide essential services. If client declines to self-screen or document on an agency's form, then agency staff must screen the client and document the screening.

Our agency uses the VESTA Mobile App for the attendant and client screenings. Is this appropriate?

Answer: Agencies that use mobile apps for staff screenings are responsible for determining whether the apps meet HHSC's requirements for screening and documentation.

Do paper logs have to have an original signature? Can we accept a faxed or emailed version of a paper log?

Answer: A paper log, which must have an original signature, can be faxed or scanned and emailed to the HCSSA office for filing.

If an agency sends its attendants a monthly paper log to document their self-screenings and the screenings of their clients and the clients' household members – can there be one signature line for the screener for the whole month of screenings?

Answer: A screener's signature on a paper log is necessary for each screening event. A screening event is:

- when the staff self-screens at the beginning of a work day
- when the staff screens the client and the client's household members before the first home visit for the day
- when the staff screens the client and the client's household members before the second home visit for the day<added 11/9/20>

Are the attendants required to sign by every date they screen themselves?

Answer: Yes.

Can a PAS agency use a single screening form for the attendant to check off that she has screened herself, the client, and household members? The client doesn't like to sign the form daily. Or do we need separate forms for the attendant, the client, and each household member that the attendant will need to sign for each form on a daily basis?

Answer: If a single screening form is being used, then it must identify responses to screening questions for each person screened. There is no requirement that a client sign a screening form. The staff person conducting the screening or documenting the client/household members' self-screenings must sign the screening form.

Hospice

Could a hospice agency amend its contract with a nursing facility (NF) so that the NF's registered nurse (RN) would be responsible for meeting the needs of the hospice's clients during an emergency?

Answer: Yes, contracts may be amended, but only:

- as appropriate to the needs of the hospice's clients;
- if the NF is able and willing to take on the responsibility; and
- if the hospice and NF are able to coordinate care.

How many family members can be in the room with someone who is actively dying? Does the hospice or the facility make this policy? What about local ordinances?

Answer: An end-of-life situation does not negate required infection control practices, and emergency rule ~~<added 12-2-2020>26 TAC §558.960(c)<added 12-2-2020>~~ ~~<deleted 12-2-2020>26 TAC §558.408(c)<deleted 12-2-2020>~~ requires hospice staff to follow the infection control protocols of a licensed facility. Of course, local ordinances must take precedence. However, in the absence of a local ordinance that bans such indoor gatherings or explicitly identifies the number of people who can gather indoors, considerations would include, at a minimum:

- The capacity for social distancing in the space;
- Risks for the family members (age, medical conditions, whether they live together, etc.);
- Availability of PPE;
- The extent of infection control education provided to the staff and family members/visitors;
- Compliance with infection control precautions by family members/visitors; and
- The adequacy of facility and hospice infection control policies, procedures, and practices.

Can a hospice discharge a client if the facility in which the resident resides won't let us in?

Answer: Yes. The discharge should be discussed with the client, client's family or legally authorized individual, and the client's attending physician. Prior to discharge,

the hospice should communicate with the facility to explain the nature of essential hospice services for the client.

Infection Control Survey Tools

Do audit surveys focused on infection control apply to PAS-only agencies?

Answer: Yes, in accordance with [26 TAC §558.285](#), all agencies must adopt and enforce infection control policies. Since a personal assistance services (PAS) agency does not provide clinical services, their policies will differ from those of a home health or hospice agency. HHSC has developed an [Infection Control Probe Tool](#) for PAS-only agencies to review the effectiveness of their infection control policies. Long Term Care Regulation survey staff will use these prompts to conduct infection control focused surveys. HHSC encourages all PAS agencies to use the tool to determine whether their infection control policies and procedures prevent and control the spread of communicable diseases such as COVID-19. Use of the tool is not required but is an important part of an agency's Quality Assessment and Performance Improvement (QAPI) process.

Where can I find an infection control checklist for home health agencies like the one HHSC has for PAS-only agencies?

Answer: There is no infection control probe tool specifically for home health agencies. CDC's [Infection Control Assessment Tools](#) can be used for all agency categories to the extent applicable to its services and clientele. The CDC developed these tools to assist health departments in assessing infection prevention practices and to guide quality improvement activities (e.g., by addressing identified gaps). The tools also can be used to conduct internal quality improvement audits.

When will HHSC start infection control surveys, and what is the impetus for such a survey?

Answer: HHSC is currently conducting focused infection control surveys. The impetus for a focused infection control survey can be a complaint, a reported case of COVID-19, or as part of contact tracing in connection with a reported case.

Inpatient Hospice

Is family allowed to visit inpatient hospice patients?

Answer: Yes. Emergency rule 26 TAC §558.950 governing visitation at a hospice inpatient unit was adopted effective September 24, 2020. Please note that end-of-life visits continue to be permitted without separate approval or designation by HHSC for general visitation.

If a patient with confirmed or suspected COVID-19 is being transferred to an in-patient hospice facility from another health care facility, does the transferring facility have to inform the in-patient hospice facility?

Answer: Yes, the transferring facility must inform the in-patient hospice facility that the patient is suspected or known to have COVID-19. The hospice facility should explicitly confirm with the transferring facility whether the patient is suspected or known to have COVID-19 and take all appropriate precautions.

Is there a checklist for COVID-19 for long-term care facilities that might be helpful to inpatient hospices?

Answer: Yes. The CDC has issued guidance for preventing the spread of COVID-19 in long-term care facilities, which includes a preparedness checklist. See CDC guidance for [Preparing for COVID-19 in Nursing Homes](#).

The new emergency rule ([26 TAC §558.950](#)) addresses all types of visits such as essential caregiver visits, outdoor visits, Plexiglass indoor visits, and end-of-life visits. A client's stay at our hospice inpatient unit is generally less than a week, so we only accommodate end-of-life visits. Does our inpatient unit have to allow for all types of visits, develop policies and procedures for essential caregivers, and request a visitation designation?

Answer: No. A hospice inpatient unit can identify the types of visits that best suit the hospice agency and the clients and families it serves and allow for those visits in accordance with the emergency rule.

[Personal Protective Equipment - Supplies](#)

How do HCSSAs get more personal protective equipment (PPE)?

Answer: Providers should first try to get PPE through their normal supply chain or through other available resources. Some resources are sister facilities, local partners or stakeholders, Public Health Region, Healthcare Coalition, or Regional Advisory Councils.

If an agency cannot get PPE from vendor(s) and have exhausted all other options, they should contact the [Regional Advisory Council](#) for their service area. Additionally, the Texas Division of Emergency Management (TDEM): <https://tdem.texas.gov/> can assist. An agency can request PPE through TDEM's STAR program. The [State of Texas Assistance Request \(STAR\) User Guide](#) provides instructions for submitting a request.

How can an agency calculate how much PPE it will need?

Answer: The CDC has two types of "calculators" to estimate how many days a PPE supply will last given current inventory levels and PPE use rate.

The first "calculator" is the [PPE Burn Rate Excel Spreadsheet \[3 sheets\]](#). To use the calculator, enter the number of full boxes of each type of PPE in stock (gowns, gloves, surgical masks, respirators, and face shields, for example) and the total number of HCSSA clients. The tool will calculate the average consumption rate, also referred to as a "burn rate," for each type of PPE entered in the spreadsheet. This information can then be used to estimate how long the remaining supply of PPE will last, based on the average consumption rate. Using the calculator can help HCSSAs make order projections for future needs.

The second "calculator" is the National Institute for Occupational Safety and Health (NIOSH) phone app ([NIOSH PPE Tracker](#)). Based on the Excel spreadsheet model, the app features several improvements, including an easy-to-use interface and the ability to add restock. The app is available for both iOS and Android devices.

Our HCSSA received only a portion of the PPE it ordered through a State of Texas Assistance Request (STAR). Can we re-request PPE from STAR?

Answer: Yes, an agency should re-request PPE if necessary. The [State of Texas Assistance Request \(STAR\) User Guide](#) provides instructions for submitting a request.

How much PPE should an agency have on hand when a surge outbreak occurs?

Answer: HHCS recommends an agency maintain at least a two-week supply of PPE at all times. Shortages of PPE can happen at any time, so agencies should be mindful to conserve supplies when possible.

Is an agency required to provide PPE to its contract staff since they are supposed to use their own supplies?

Answer: An agency that uses independent contractors or arranged services must do so in accordance with [26 TAC, §558.289](#) (Independent Contractors and Arranged Services). Further, the contract should address which entity has responsibility for providing PPE. Regardless of any contractual obligations, the licensed agency is ultimately responsible for ensuring appropriate PPE is provided to staff delivering services to the agency's clients and that staff use appropriate PPE when delivering services to the agency's clients.

Is an agency required to hand deliver PPE to attendants, or can an agency just inform its attendants that PPE is available at the office?

Answer: An agency can decide what works best for the agency and its clients. However, a licensed agency is ultimately responsible for ensuring appropriate PPE is provided to staff delivering services to the agency's clients and that staff use appropriate PPE when delivering services to the agency's clients.

Personal Protective Equipment - Use

Can agency staff use a cloth face covering instead of a surgical or procedure mask?

Answer: The CDC states that cloth face coverings are not personal protective equipment (PPE). Masks or facemasks (surgical masks and N95 respirators) are commercially made PPE intended for use by health care workers. Face coverings can be handmade or commercially-made, but they are not sterile and are not intended for use by health care workers.

Because COVID-19 continues to be a public health crisis, HCSSA staff must wear a facemask at all times while providing services. A surgical mask is used, unless COVID-19 is present or suspected, then an N95 respirator must be worn. HCSSA staff can wear cloth face coverings only when PPE is not available for purchase through normal supply and state emergency supply chains. HCSSA staff must not wear cloth face coverings instead of a respirator or facemask if more than source control is needed. Further, if an agency uses cloth face coverings, HHSC surveyors will expect to find evidence of the agency's efforts to obtain PPE through normal supply and state emergency supply chains, as well as evidence of staff training on the effective use of PPE.

What do you mean by full PPE?

Answer: Full PPE means gloves, gown, surgical or procedure mask, and face shield or goggles. If the client is positive for COVID-19 or suspected positive, then an N95 respirator is used instead of a surgical or procedure mask.

When should staff wear full PPE?

Answer: Staff should wear full PPE when a client or a household member has COVID-19, is awaiting test results for COVID-19, meets a screening criterion, or the tasks being performed would result in aerosolizing of droplets, such as breathing treatments. In these situations, staff must wear full PPE even if the client or household member is asymptomatic.

In the absence of N95 respirator availability, can KN95 respirators be used in the care of clients with confirmed or suspected COVID-19?

Answer: The FDA issued an emergency use authorization (EUA) for certain KN95 respirators. Agencies can use a KN95 respirator in the care of clients with confirmed or suspected COVID-19 if the respirator is listed on [Appendix A: Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China \(Updated: August 14, 2020\)](#).

Considering Executive Order GA-29 directing Texans to wear a face covering, should agency staff wear a mask while providing services in a client's home?

Answer: Yes. HHSC strongly encourages all agency staff to wear a surgical or procedure mask while providing services. Additional PPE and an N95 respirator can be indicated as a result of a client's or household member's screening.

Does HHSC have any guidance for PAS agencies with respect to their unlicensed staff wearing full PPE when they are not trained to don and doff PPE appropriately?

Answer: If unlicensed staff at a PAS agency need to use full PPE, the PAS agency must ensure staff are trained in how to put on and take off PPE properly. The CDC has information about:

- how to don and doff PPE to minimize infection transmission (see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>); and
- the sequence for donning and doffing PPE (see <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>).

Should a client and household members wear face coverings while staff are in the home providing services to the client?

Answer: CDC recommends that clients and household members wear masks or cloth face coverings while agency staff are providing services in the client's home.

Does an agency have to provide full PPE (mask, gloves, gown, face shield/goggles) to staff?

Answer: Yes, when necessary. If a client has COVID-19 or is suspected of having COVID-19, the HCSSA should provide staff with *full* PPE to wear, including an N95 respirator, when providing essential services. Otherwise, the agency must determine which PPE is appropriate for the staff to use depending on the risk factors, such as how many screening criteria the client/household members have met and the nature of the services being provided. If a gown is indicated, then a gown should be provided by the agency and worn by the staff.

How often should an agency provide PPE to its staff?

Answer: An agency is responsible for ensuring its staff have the necessary PPE to meet transmission-based precautions for COVID-19 at frequencies necessary to deliver services as identified in the care plan, plan of services, or individualized service plan. A client's essential services cannot be adversely affected due to an agency's failure to provide staff with necessary PPE in a timely manner.

Does an agency have to conduct visits if PPE is necessary, but none is available?

Answer: No. In situations where a client or household member has failed a COVID screening, HCSSA staff are not required to conduct visits without PPE when it is unavailable. Essential visits that are not conducted must be documented along with justification for the visit not occurring. Also, the client's attending physician must be notified of the missed visit. The agency should assist the client in transferring to another agency that can provide services. Please see [PPE Supplies](#) in these FAQs for information about obtaining PPE.

Does an agency whose office staff are not teleworking need to supply its office staff with masks?

Answer: Yes, if the office staff will be accepting visitors and having face-to-face contact with clients or staff who conduct home visits. Additionally, Executive Order GA-29 directs Texans to wear a face covering when outside their home.

Can an agency reuse PPE?

Answer: An agency should not reuse surgical/procedural masks, gloves, or gowns after a home visit. Goggles and face shields can be reused but must be sanitized

between home visits. Regarding the reuse of N95 respirators, the [CDC recommends extreme caution](#) when deciding whether to reuse N95 respirators, stating that: "Some manufacturers' product user instructions recommend discard after each use (i.e., "for single use only"), while others allow reuse if permitted by infection control policy of the facility. The most significant risk is of contact transmission from touching the surface of the contaminated respirator." HHSC recommends against reusing N95 respirators unless the home health or hospice agency has robust and detailed infection control policies that address the concerns and recommendations contained in CDC's guidance.

Why do staff have to dispose of a PPE gown after exiting a home? Why can't that gown be used again for that client only?

Answer: Since gowns are worn for positive cases of COVID-19, as well as suspected cases, the reuse of a gown for the same client increases the risk to the staff person who must handle the gown multiple times. The risk of infection for the staff person also increases the risk for other clients the staff visits because the staff might become an asymptomatic carrier of the virus.

Can an agency throw out PPE used to treat a COVID-19 positive client like regular trash or should it be disposed as biohazard waste?

Answer: PPE used to treat a COVID-19 positive client does not need to be disposed as biohazard waste. It can be thrown away like regular trash. However, HHSC recommends that all used PPE be handled carefully and staff that touch used PPE practice hand hygiene protocols.

We are unable to obtain fit test kits for N95 respirators, should we use them anyway?

Answer: Yes, but HHSC recommends that a face shield be used over the N95 respirator.

Reporting COVID-19 Cases

Why do HCSSAs have to report COVID-19 cases to the local health entity?

Answer: State statute (Texas Health and Safety Code, [§81.042\(e\)\(4\)](#)) and HCSSA licensing standards (26 TAC, [§558.285\(1\)\(A\)](#)) require HCSSAs to report communicable diseases to their local health entity or DSHS.

Do HCSSAs have to report both client and staff COVID-19 cases?

Answer: Yes. Please note that a HCSSA must report a client's COVID-19 case when the HCSSA has provided services to the client within the previous 14 days. A HCSSA is not required to report a client's COVID-19 case if the HCSSA has not provided services to the client within the last 14 days.

If an agency client tests positive for COVID-19 while in a hospital emergency room and is then admitted to the hospital for treatment, does the agency have to report the positive case to the local health entity?

Answer: This depends. The agency must report the positive case to the local health entity if the agency provided services to the client within 14 days before the client was admitted to the hospital.

How does an agency with multiple branch offices in a large service area report cases of COVID? Can our corporate office just report all cases to DSHS?

Answer: When reporting confirmed COVID-19 cases to the local health entity, it is important to *report in the county of residence or location for the client* or individual. This enables accurate epidemiological data for hot spots, needed resources, case counts, etc.

Many providers have tried to report their COVID-19 clients to their local health entities without success. The local health entities are refusing to take their information. Other than documenting their attempts, what else does HHSC recommend?

Answer: If a HCSSA is unable to report to the local health entity, a required report must be made to the DSHS regional office. See the listing of local health entities by county at [Coronavirus Disease 2019 \(COVID-19\) Local Health Entities](#). See the listing of DSHS Regional Offices [at Public Health Regions](#).

If a hospice agency is providing care in a long-term care facility to a client who contracts COVID-19, are both the hospice agency and the facility required to report the COVID-19 positive case to the local health entity or regional office of DSHS?

Answer: Yes.

Is there a report that must be completed when an agency reports a COVID-19 client/attendant infection to the local health department? What information must be submitted to the local health department?

Answer: There is no specific reporting form or format that is required when reporting to local health entities. Some counties might have specific requirements and prescribed forms that they request when reporting, and agencies will have to comply with those requirements. There are links, along with phone numbers, for local health entities and regional DSHS offices in the FAQ document. Additionally, HHSC can require an agency to provide data related to COVID-19 cases.

What date was the reporting of COVID-19 infected clients or employees required to be reported to the local health entity?

Answer: HCSSAs were required to report client and staff COVID-19 cases to their local health entities starting at the end of March 2020.

Return to Work

When can an agency staff return to work after being diagnosed with COVID-19?

Answer: The CDC has provided guidance for [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 Infection](#). This guidance includes staff who experienced COVID-19 symptoms as well as those who were asymptomatic.

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work health care professionals (HCP) who continue to shed detectable COVID-19 RNA but are no longer infectious. The following two scenarios are the symptom-based strategy for determining when HCP can return to work:

* 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.

Note: HCP who **are not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

* HCP with **severe to critical illness or who are severely immunocompromised**:

- At least 10 days and up to 20 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.
- Consider consultation with infection control experts.

Note: HCP **who are severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Does an agency staff need a medical release to return to work?

Answer: The agency's own policy would govern requirements for a medical release.

Please provide guidance for return to work time frames in situations where there is not a clear difference between staff having the flu or COVID-19.

Answer: The CDC provides information on the [similarities and differences between flu symptoms and COVID-19 symptoms](#). Testing is the only sure way to determine if someone has the flu or COVID-19. An agency should follow its testing strategy if it has one. Otherwise, since the duration of the flu is generally shorter than COVID-19, [CDC guidance for returning to work](#) is acceptable guidance when it is not known whether a health care professional has the flu or COVID-19.

Visits via Telecommunications

Can an agency conduct initial visits via telehealth and telemedicine?

Answer: Yes, but an agency must determine whether the use of telehealth or telemedicine for the initial visit would be appropriate on a case-by-cases basis, according to the client's needs and circumstances and the agency's policies and procedures.

Can supervisory visits be conducted by phone or video conferencing?

Answer: Yes. Supervisory visits determined to be non-essential can be conducted via phone or video conferencing.

What if our clients are asking for a postponement of their visits? Can we do telecommunication visits?

Answer: Yes, non-essential services can be provided via telecommunication visits. The client always has the option to refuse a visit or request postponement. An agency must document a client's refusal or postponement request.

Can orientation for unlicensed staff be conducted via telephone?

Answer: This is permissible, but the agency must determine whether the orientation is appropriate to be conducted by telephone or whether video communication is needed, so that demonstration of an assigned task can be seen. An agency will need to document that the call/communication took place (date, time, length of call) and what was covered during the call. This information needs to be in the HCSSA's staffing records to show what was done, what was discussed, and what orientation was provided according to the tasks that the staff would perform.

How long are we allowed to do telecommunication in place of in-person visits?

Answer: That is unknown as this time. HHSC will keep HCSSAs informed of waivers and exceptions through required rule-related notifications in the Texas Register, GovDelivery announcements, provider letters, and HCSSA home page postings.

Can we use electronic signatures, or just not get signatures for initial visits and assessments?

Answer: For any documentation requiring a signature, an electronic signature is acceptable as long as it contains adequate security and authentication measures to reliably identify the signer and securely transmit the signature. For documentation relating to an initial visit and assessment that does not require signature, documentation of required components and indication of the client's understanding is sufficient.

Our agency is having difficulty meeting our frequency of visits as outlined in the plan of care, care plan, or individualized service plan. How should we handle this?

Answer: If you are unable to meet the frequency of visits outlined in the plan, update the plan and then document why you are unable to meet its requirements at this time. Be sure to let the client/family/caregiver know of the change and why.

Is an agency able to extend the date of a supervisory visit if the client is quarantined due to COVID19?

Answer: Yes, the date of supervisory visit can be extended.

Resources

Where should HCSSAs go for COVID-19 information?

Answer: Reliable sources of information include:

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

How do I get in touch with the Department of State Health Services (DSHS)?

Answer: The following are ways to access DSHS information and staff:

- DSHS website: <http://dshs.texas.gov/coronavirus>
- DSHS Contact Information: If you have any questions or would like more information about COVID-19, contact DSHS by email or by phone 24/7:
 - Email: coronarvirus@DSHS.texas.gov
 - Phone: Dial 2-1-1, then choose Option 6. If you experience difficulty when dialing 2-1-1, please email at address above.
- See the listing of local health entities by county at [Coronavirus Disease 2019 \(COVID-19\) Local Health Entities](#).
- See the listing of DSHS Regional Offices [at Public Health Regions](#).

Does DSHS have guidance for public home health service providers?

Answer: Yes. On the [DSHS Coronavirus: Information for Hospitals and Healthcare Professional](#) webpage is a link for the updated home health service providers in English and Spanish under "Infection Control."

Are recordings of the HHSC HCSSA webinars on the HHSC website?

Answer: Yes, recorded webinars are available on the HHSC website on the [HCSSA home page](#).

How can a HCSSA determine if a particular disinfectant product will actually kill the COVID-19 virus?

Answer: [List N](#) on the Environmental Protection Agency's website contains disinfectants for use against COVID-19. An agency can search the list by entering the product's EPA registration number, which is found on the product's label.

There are so many hand sanitizers available. Are they all safe and effective?

Answer: No. The Food and Drug Administration (FDA) has posted [updates on hand sanitizers consumers should not use](#). ~~Hand sanitizers must have a final concentration of 80% ethanol or 75% isopropyl alcohol to be effective against COVID-19.~~

Does HHSC have any guidance on the use of UV-C lights for disinfecting purposes?

Answer: HHSC recommends following CDC guidance for [Cleaning and Disinfection Your Facility](#) under Alternative Disinfection Methods. That guidance recommends the use of only List N surface disinfectants, and it states, with respect to alternative disinfection methods, such as UV-C lights:

The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19. CDC only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.

Resources related to PPE:

For N95 respirator and fit-testing information and resources: [Occupational Safety and Health Administration Respiratory Protection eTool](#)

The CDC also has specific information relating to:

- [Strategies to Optimize PPE and Equipment](#)
- [Strategies to Optimize Eye Protection](#)
- [Strategies to Optimize Isolation Gowns](#)
- [Strategies to Optimize Face Masks](#)
- [Strategies to Optimize N-95 Respirators](#)

Information about facemasks and respirators is available at [COVID-19: Facemasks and Respirators Questions and Answers](#) and can be shared with family members and caregivers.

Below are several other helpful "mini webinars" from the CDC:

- Sparkling Surfaces - <https://youtu.be/t7OH8ORr5Iq>
- Clean Hands - <https://youtu.be/xmYMUly7qiE>
- Closely Monitor Residents for COVID-19- <https://youtu.be/1ZbT1Njv6xA>
- Keep COVID-19 Out! <https://youtu.be/7srwrF9MGdw>