



LTCR FORM 2196: Expansion of Reopening Visitation Status Attestation Form for ALF Only

SECTION 1: Facility Information

Instructions: Submit Form 2196 to your Regional Director to request designation as a visitation facility. You must wait for approval prior to implementing new expansion of reopening visitation protocols.

https://hhs.texas.gov/about-hhs/find-us/long-term-care-regulatory-regional-contact-numbers

Facility Type: Facility Name: Facility #/ID#: Contact Name: Contact #: Contact's Email: Address: Facility's County: Visitation Designation requested: List each wing, unit, area, or building for which you are requesting visitation designation below.

Indicate type of visitation:

- Indoor plexiglass booth/barrier visitation only (only select if requesting an exemption for outdoor visitation types)
Outdoor visitation, vehicle parades and open window visits only (only select if requesting an exemption for indoor plexiglass visits)
Indoor plexiglass booth/barrier and outdoor visitation

If requesting an exemption (indoor plexiglass visitation only or outdoor visitation only), an ALF must complete Section 2 and Section 5 of this form.

If requesting indoor plexiglass booth/barrier visitation, please attach pictures of the existing booth, the location of the booth/barrier in the facility, and the building map that indicates where in the facility the booth/barrier is located.

Note: there may be more stringent restrictions from local authorities that prohibit visitation to a facility. The facility must follow the more stringent guidelines.

SECTION 2: ALF meets the visitation designation criteria

Note: All ALFs must offer visitation, per state guidance. Complete Section 2 if your facility meets the visitation designation criteria. Complete [Section 3](#) if your facility does not meet visitation designation criteria. Visitation criteria from 26 TAC §533.2003(h) and (i) are listed in [Section 7](#) for your reference. All ALFs must complete [Section 6](#), the signature section.

I hereby attest that:

- There have been no confirmed COVID-19 cases in facility staff for at least 14 consecutive days in the specified areas, wings, units or buildings.
- There are no active or facility-acquired COVID-19 cases in residents in the specified areas, wings, units or buildings.
- I have attached a facility map indicating which areas, wings, units or buildings accommodate COVID-19 negative, COVID-19 positive and unknown COVID-19 status residents.
- There is no local order prohibiting visitation in this facility.

I hereby further attest that either:

- There have been no confirmed COVID-19 cases in facility staff and/or residents in the in the specified areas, wings, units or buildings of the facility.

OR

- There have been previous cases of COVID-19 in facility staff and/or residents in the specified areas, wings, units or buildings of the facility, and:
 - (A) all staff and/or residents in the specified areas, wings, units or buildings have fully recovered,
 - (B) the facility has adequate staffing to continue care for all residents and visits permitted in expansion of reopening visitation, and
 - (C) the facility is in compliance with infection control requirements and emergency rules related to COVID-19.

I understand that HHSC may verify this attestation through an onsite visit.

SECTION 3: ALF DOES NOT meet visitation designation criteria

I hereby attest that:

I have attached a facility map indicating which areas, wings, units, or buildings accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents.

The facility does not currently meet the criteria for visitation designation.

and

The facility is permitting closed window visits, end-of-life visits, and essential caregiver visits.

and

There is no local order prohibiting visitation in this facility.

I further attest that:

The facility has developed and implemented a plan to meet the visitation designation criteria as defined in 26 TAC §533.2003(h) or (i), and the plan is included with this form.

or

The facility will submit a plan to meet the visitation designation criteria defined in 26 TAC §553.2003 (h) and (i) within 5 business days of submitting this form.

SECTION 4: ALF unable to offer visitation because of local order

I hereby attest that:

There is a local order prohibiting visitation in this facility.

and

Once the local order is no longer in effect, I will resubmit LTCR Form 2196 and request visitation designation.

I hereby further attest that:

I have included a copy of the local order or the website where the local order can be viewed. _____

SECTION 5: ALF unable to offer both indoor plexiglass and outdoor visitation

An ALF facility may request an exemption for outdoor visits, indoor plexiglass visits, open window visits, or vehicle parades. If your facility is unable to offer outdoor visits, indoor plexiglass visits, open window visits or vehicle parades, please provide an explanation as to why the facility is unable to meet the visitation requirements specified in 26 TAC

§553.2003 (l)(6), (l)(12)-(13), (m) or (n), and submit the explanation to this form. The visitation criteria are located in [Section 7](#) for your reference. HHSC will review the rationale to determine if an exemption can be approved and will notify the ALF if an exemption is approved or denied, and whether the exemption is temporary or long-term, dependent upon the situation

SECTION 6: Signature and HHSC Review

Name and title of ALF administrator/manager providing attestation:

Signature:

Date:

Email the form (and any applicable pictures, facility maps, and attachments) to the LTCR regional director in the LTCR region where the facility is located.

Approved by/date: _____

Denied, Reason for denial/date: _____

Note: there may be more stringent restrictions from local authorities that prohibit visitation to a facility. The facility must follow the more stringent guidelines.