

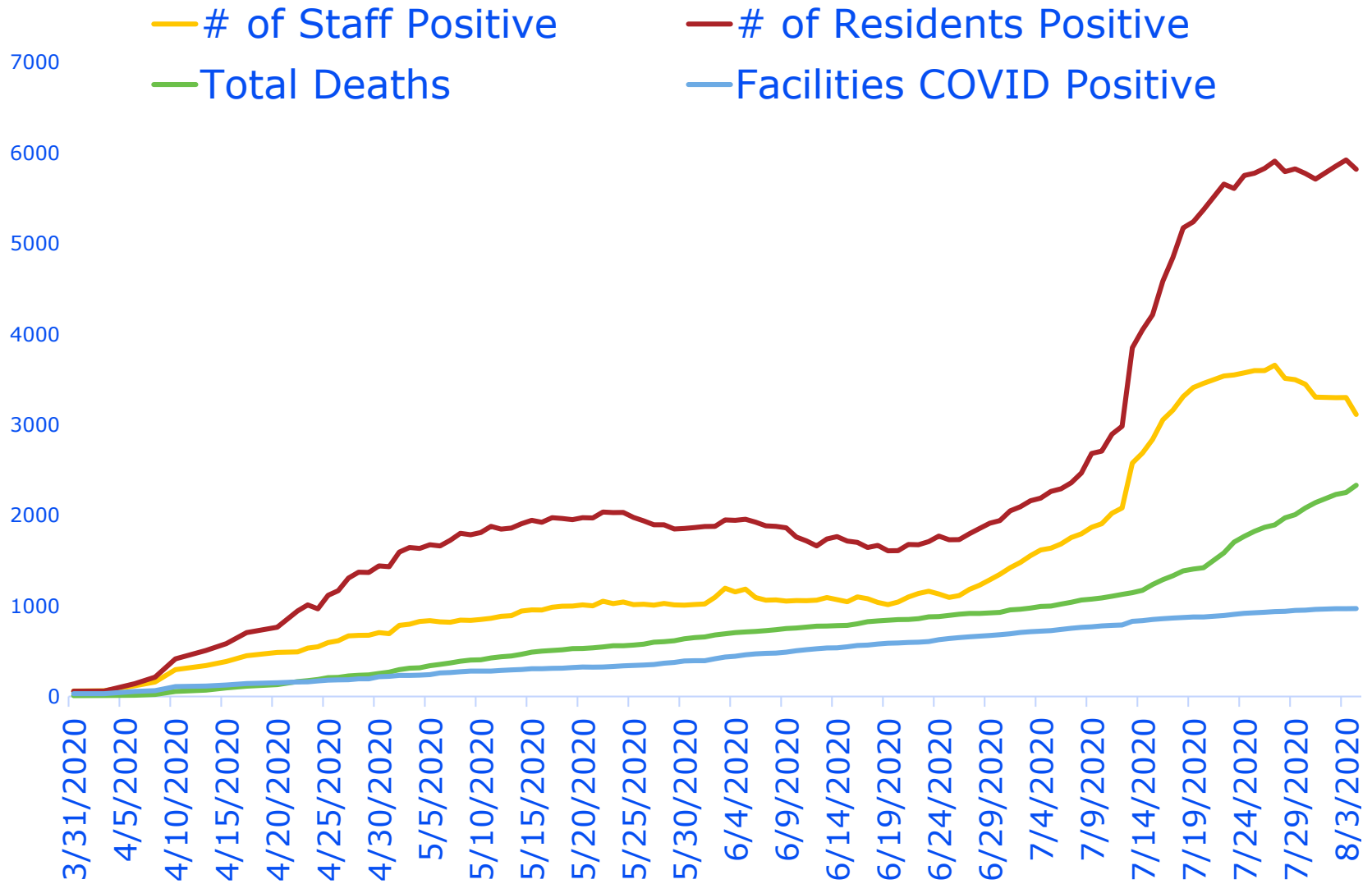
HHS COVID-19 Response in Long-Term Care Facilities

August 7, 2020



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COVID-19 in Nursing Facilities

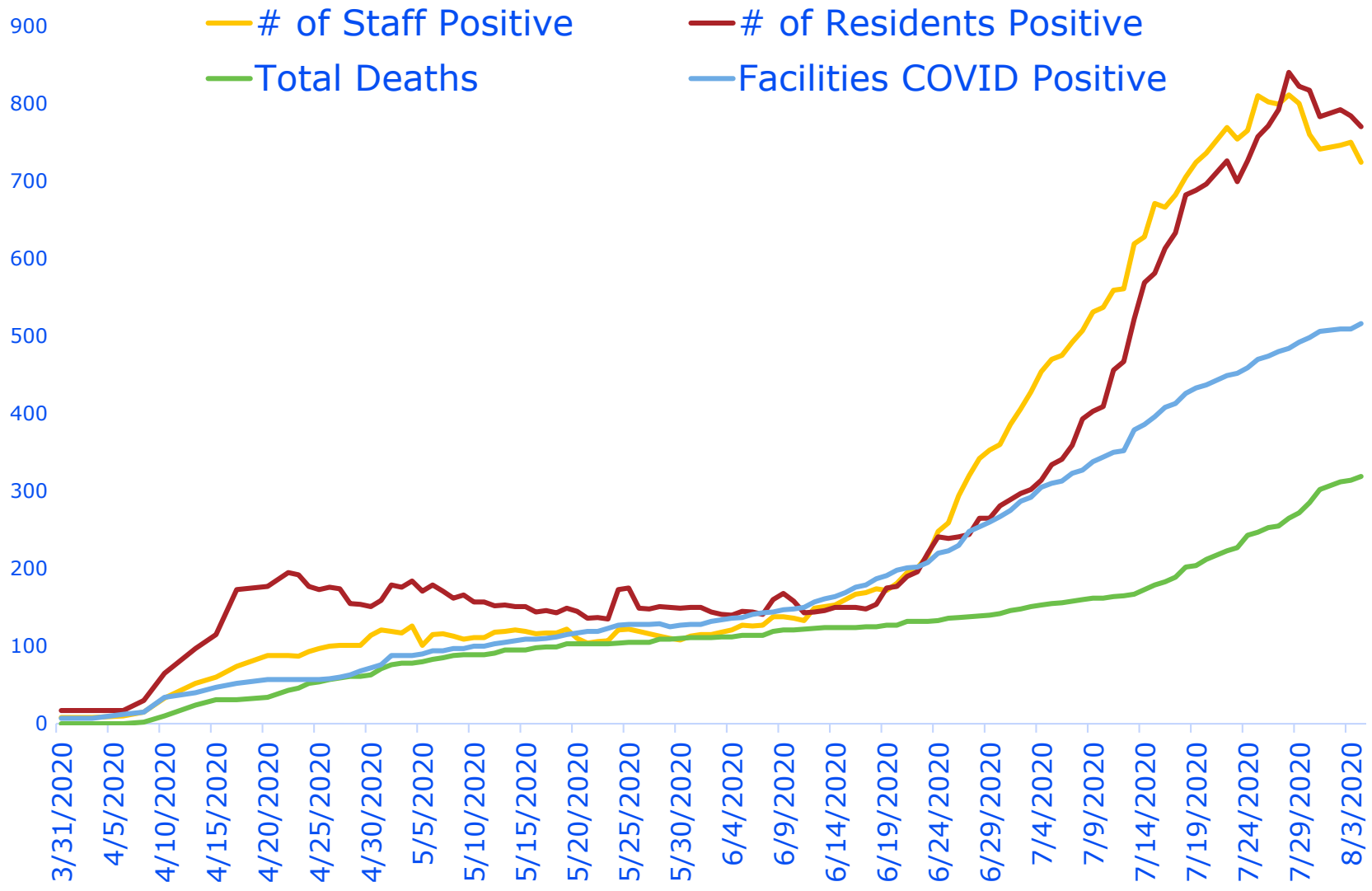


COVID-19 in Nursing Facilities

Total # of Residents/Clients Recovered	7,142
Total # of Resident Deaths (cumulative)	2,333
State's Total # of Nursing Facilities	1,223
Percentage of State's Total Facilities Affected (cumulative)	79.39%
Percentage of State's Total Facilities with 1 or more active cases (staff and/or residents)	59.20%
Percentage of State's Total Facilities with 1 or more active cases (residents only)	40.39%
Percentage of State's Total Facilities Recovered (current)	20.20%



COVID-19 in Assisted Living Facilities



COVID-19 in Assisted Living Facilities (ALFs)

Total # of Residents/Clients Recovered	717
Total # of Resident Deaths (cumulative)	319
State's Total # of Assisted Living Facilities	2,020
Percentage of State's Total Facilities Affected (cumulative)	25.50%
Percentage of State's Total Facilities with 1 or more active cases (staff and/or residents)	16.93%
Percentage of State's Total Facilities with 1 or more active cases (residents only)	8.56%
Percentage of State's Total Facilities Recovered (current)	8.56%



COVID-19 Response Partnership



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HHSC Regulatory Services

Ensures that facilities are in compliance with all health and safety standards, including infection control, and also serves as the frontline point of contact to assess facility needs.

Department of State Health Services (DSHS)

Provides clinical direction and guidance through infection control epidemiologists who train facility staff to implement infection prevention strategies and deploy resources, as appropriate, to conduct patient health assessments.

State Operations Center (SOC)

Led by Texas Division of Emergency Management (TDEM), the SOC facilitates getting critical resources to facilities, including personal protective equipment (PPE), staffing, testing, site assessment, and disinfection services.

Local Partners and Stakeholders

Includes county governments, local public health authorities, and local fire departments, that connect facilities with local resources and execute disaster response missions.

Long-Term Care Facilities

COVID-19 Outbreak Response



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Step 1

- HHSC surveyors on site to investigate a facility within 24 hours, review infection control and other health and safety practices, identify violations, and require facility to come into compliance.

Step 2

- As needed, DSHS epidemiologists specializing in infection control come on site to conduct assessments, identify concerns, and train facility staff on proper procedures, including the appropriate use of PPE.

Step 3

- For higher-risk facilities, the Rapid Assessment-Quick Response Force is deployed, and additional resources are brought in to assist the facility, including additional staff. The Emergency Medical Task Force can bring in testing teams.

Step 4

- Some local health departments send in EMS squads to help with staffing shortages, patient assessments, and testing, in addition to the transport of residents needing a hospital level of care.

Step 5

- HHSC Regulatory, DSHS, and emergency management staff lead daily nursing facility coordination calls to resolve questions, triage the most critical issues in specific facilities, and quickly develop mitigation strategies.

Regulatory Response



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Rapid Assessment – Quick Response Force

- Identify, assess, triage, and determine critical resource needs in response to COVID-19 outbreak in facilities
- COVID-19 mitigation

Quality Monitoring Program Support

- Ongoing technical assistance to nursing facilities on infection control
- Facility monitoring, outreach, and education

Federally Directed- Infection Control Surveys

- 2,395 on-site inspections focused on infection control in nursing facilities by HHSC Regulatory surveyors since March 9

First round of state-administered facility testing

- Coordinated by SOC, conducted by the EMTF, the Texas Military Dept, local health depts, and local fire depts
- Some facilities opted for testing by private labs.
- All 1,230 NFs tested by June 11

Special Infection Control Assessments

- Targeted technical assistance to NFs to strengthen infection control policies and procedures
- Conducted by contractor, BCFS
- 996 facilities assessed from June 12 – July 11

Second round of state- administered facility testing

- Testing in response to known outbreaks as well as some voluntary surveillance testing by TDEM contractor, Omnicare
- Since June 11, 191 facilities tested, includes NFs and ALFs



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Reopen Visitation – Phase 1 Nursing Facilities

Limited outdoor visits by family and friends of residents are allowed at nursing facilities under certain conditions where:

- one or more staff have not been confirmed positive in the last 14 days
- there are no active positive cases in residents
- through HHSC survey verification in a nursing facility that experienced a COVID-19 outbreak and has fully recovered, adequate staffing is in place and the facility is adequately preventing transmission of COVID-19
- facility staff are being tested weekly.

Indoor visitation is not allowed, except for compassionate care situations.



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Reopen Visitation - Phase 1 Other Long-Term Care Facilities

The following provider types are allowed limited indoor and outdoor visits by family and friends of residents/clients:

- Assisted living facilities
- Intermediate care facilities (including State Supported Living Centers)
- Home and Community-based Services (HCS) and Texas Home Living waiver group homes

Limited indoor and outdoor visits are allowed under the following conditions:

- where one or more staff have not been confirmed positive in the last 14 days and
- there are no active positive cases in residents.
- provider attests to having adequate staffing to facilitate visitation in compliance with requirements.

Indoor visitation must take place through the use of a plexiglass booth/wall that ensures visits meet certain criteria.



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Nursing Facility Emergency Rules

These rules require nursing facilities to implement response plan guidelines to mitigate the spread of COVID-19.

- Each facility must have a COVID-19 response plan that includes designated staff to work with cohorts of residents who have tested positive for COVID-19, and staff should not change designation from one day to another, unless required to maintain adequate staffing for a cohort.
- All nursing facilities must screen all residents, staff, and people who come to the facility in accordance with specified criteria, and each resident must be screened at least three times a day for signs or symptoms of COVID-19.
- Each facility must have plans for obtaining and maintaining a two-week supply of personal protective equipment and resident recovery plans for continuing care when a resident recovers from COVID-19.