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Links to
Handouts at End

Welcome Nursing Facility Providers!

**COVID-19 Updates and Q&A with LTCR
and DSHS**

June 2, 2021

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.texas.gov

Phone: 512-438-3161

COVID-19 Q&A

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation



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Webinar Schedule Change

Starting May 5, 2021, the Nursing Facility Provider Webinars changed to a bi-weekly schedule.

The next webinar will be **June 16th**.

As always, we will send notifications for the webinars through [GovDelivery alerts](#) and post them on the [Nursing Facility Provider Portal](#).



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QIPP Reporting & Performance Reinstated

In response to CMS rescinding MDS blanket waivers effective May 10, 2021, HHSC will now reinstate all Quality Incentive Payment Program performance requirements on MDS quality measures for the 4th quarter of fiscal year 2021.

Effective June 1, QIPP MDS quality metrics will be measured against Quarter 4 performance targets. These are published in the [SFY 2021 initial scorecard](#). HHSC will also reinstate Component 1 reporting requirements.

See [this alert](#) for more information or email QIPP@hhsc.state.tx.us



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Governor's Executive Order - Facemasks

While the new Executive Order [GA 36](#) prohibits governmental entities, including HHSC, from mandating the use of masks, any NF that is Medicaid or Medicare certified must still follow CMS requirements.

NFs must have an infection control program that adheres to national standards, including the use of facemasks in accordance with CDC guidance. The national standard for COVID-19 infection prevention and control measures is the CDC.

CMS and CDC requirements related to facemasks in NFs will be covered later in the webinar.



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New Rules



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Transition for Temporary Nurse Aide Emergency Rules

See attached handouts:

- [*Nurse Aide Transition COVID-19 Emergency Rule*](#)
- [*PL 2021-19*](#)

CNA Emergency Rule

On May 20th, HHSC published new [COVID-19 Emergency Rules related to Nurse Aide Transition from Temporary Status](#) and [PL 2021-19](#).

The emergency rule provides a process for temporary nurse aides hired under the COVID-19 public health emergency waiver to complete a Nurse Aide Training and Competency Evaluation Program (NATCEP) and be added to the nurse aide registry.



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CNA Emergency Rule

Federal and state waivers for nurse aide certification requirements are still in place. However, HHSC encourages NFs and nurse aides to begin the process for obtaining certification.

Nurse aides must be certified within four months following the U.S. HHS ending the COVID-19 public health emergency determination.



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CNA Emergency Rule

The new emergency rule states that:

- Qualifying hours worked or trained in a NF during the COVID-19 pandemic can count towards classroom and clinical training hours required as part of a NATCEP
- Each nurse aide must still successfully complete both the written and oral exams and skill demonstration to become certified.
- Non-NATCEP NFs must work with an approved NATCEP to complete criminal background checks and approve the nurse aides for certification examinations.



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CNA Emergency Rule

For hours trained or worked during the COVID-19 pandemic to count towards certification:

- The training and work hours must include the minimum requirements listed in [26 TAC §556.3\(j\)](#)
- The instructor for the training and work hours at the NF must meet the minimum requirements in 26 TAC [§556.5\(b\)](#)
- The NF must document the training and work hours with an affidavit using Form 3767 (which is attached to [PL 2021-19](#))



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COVID-19 Q&A

Panelist

Christine Riley
Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation



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New Rules



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New Visitation Emergency Rules

See attached handouts:

- *Updated Visitation Emergency Rules*
- *PL 2021-20 (Replaces PL 2021-08)*

Reminder: Visitation Rules

There are four types of visitation addressed in the updated emergency visitation rules:

- Essential Caregiver Visits
- End-of-life visits
- Outdoor Visits
- Indoor Visits

References to 'outdoor visits' and 'indoor visits' refer to visitation with persons other than essential caregivers or those participating in end-of-life visitation. Essential caregiver and end-of-life visits can also occur outdoors and indoors.



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Updated COVID-19 Visitation Rule

HHSC has issued updated COVID-19 Visitation Rule. Key changes include:

- Simplifies cohorting and staff requirements for permitting indoor visitation
- Scheduling visits is permitted but no longer required.
- Follow CDC guidance for close contact for fully-vaccinated residents
- NFs must develop and enforce policies related to facemask/PPE usage for visitors in accordance with CMS requirements (which are outlined in [QSO-20-39](#))



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Reminder: Emergency Visitation Rule Overview



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**Visitation Required
in all Facilities**
*regardless of
presence of COVID-
19 in the facility or
community*

**For all residents, any
COVID-19 status:**

- Essential caregiver visits
- End-of-life visits

**For COVID-19 Negative
Residents:**

- Outdoor visits

Updated Indoor Visitation Criteria Summary



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Facilities that meet the following criteria must allow indoor visitation:

- Revised: Separate areas designated for COVID-19 positive, COVID-19 negative, and unknown COVID-19 residents
- Not had a facility-acquired outbreak in the COVID-19 negative cohort
 - However, indoor visitation can still occur if the outbreak is isolated to a single area

Unvaccinated residents cannot participate in indoor visitation if:

- The NF is located in a county with a more than 10% COVID-19 positivity rate AND
- Less than 70% of residents at the facility are fully-vaccinated

Updated COVID-19 Visitation Rule

Scheduling

Visitation must be facilitated to allow time for cleaning and sanitization of visitation areas between visits and to ensure infection prevention and control measures are followed.

NFs may schedule visits in advance but it is no longer required.

Scheduling in advance may only be used to ensure infection prevention and control measures are followed. Scheduling visits in advance must not be so restrictive as to prohibit or limit visitation for residents.



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Updated COVID-19 Visitation Rule

Indoor Visit – Cohorting Requirements

The updated emergency rules state that facilities must have “separate areas, units, wings, halls, or buildings designated for COVID- 19 positive, COVID-19 negative, and unknown COVID-19 status resident cohorts.”

This replaces the previous requirement that NFs also have separate, dedicated staff for each COVID-19 cohort. NFs must still make all efforts to maintain separate staff for each COVID-19 cohort. This revision was made to provide flexibility for NFs that cannot designate separate staff due to staffing shortages, small cohorts, or other reasons.



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Updated COVID-19 Visitation Rule

Close Contact/Physical Distancing

Visitors should maintain a physical distance of at least 6 feet between themselves and the resident **unless**:

- Participating in an essential caregiver visit
- Participating in an end-of-life visit
- Participating in an indoor or outdoor visit AND the resident has been fully vaccinated*
 - *fully vaccinated being at least two weeks from receiving a single-dose vaccine, or the second dose of a two-dose vaccine



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Updated COVID-19 Visitation Rule

Facemasks / Face coverings

NFs must develop and enforce policies in accordance with CMS requirements related to wearing a face covering or facemask during a personal visit.

NFs must inform all residents and visitors of the policies and procedures.

CDC/CMS facemask requirements will be covered later in this webinar.



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COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
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New Rules



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Updated COVID-19 Response Emergency Rules

See attached handouts:

- *Updated COVID-19 Response Emergency Rules*

Updated COVID-19 Mitigation Rule

HHSC has issued updated COVID-19 Response Emergency Rule. Key changes include:

- Simplifies requirements related to staff working at multiple LTC locations
- Reduces frequency of COVID-19 screening requirements for residents to at least once per day.
- NFs must establish their own infection prevention and control (IPC) policies related to PPE usage. NFs must establish IPC policies in accordance with national standards (i.e. CDC guidance)



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Updated COVID-19 Mitigation Rule

Staff working in multiple locations

The previous requirements related to staff working at multiple locations have been replaced with:

"A nursing facility must develop and implement a policy regarding staff working with other LTC providers that limits the sharing of staff with other LTC providers, unless required in order to maintain adequate staffing at a facility."



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Updated COVID-19 Mitigation Rule

Resident Screening

Residents must be screened for signs and symptoms of COVID-19 at least once per day, regardless of the resident's vaccination status.

Please note that residents still must be cohorted per COVID-19 status and CDC guidance.



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Updated COVID-19 Mitigation Rule

Staff PPE Requirements

As stated previously, the Governor's executive order prohibits HHSC from mandating facemasks.

However, NFs are still required to have written infection prevention and control policies to prevent the spread of COVID-19, which includes wearing PPE.

Facilities should refer to CDC guidance regarding the use of PPE among staff (which will be covered later in the webinar).

(cont. on next slide)



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Updated COVID-19 Mitigation Rule

Staff PPE Requirements (cont.)

The updated COVID-19 Response Emergency Rule also specifically permits fully-vaccinated staff to dine and socialize together in break rooms or in-person meetings without wearing a facemask or other PPE and without physical distancing.

HHSC encourages NFs to facilitate breaks for their staff in order to help prevent contamination due to prolonged use of PPE.



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Updated COVID-19 Mitigation Rule

The following provisions from the COVID-19 Response Emergency Rule have not changed:

- Cohorting residents by COVID-19 status per CDC guidance
- Screening staff for signs and symptoms of COVID-19 before each shift
- Reporting new, confirmed COVID-19 cases to HHSC when a facility has been 14 days without a new case. See [PL 2021-04](#) for more information on the HHSC COVID-19 reporting requirement and [PL 2020-46](#) for additional reporting requirements.



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COVID-19 Q&A

Panelist

Bijendra Bhandari
Infection Prevention Policy Specialist
Policy & Rules
Long-term Care Regulation

CDC facemask guidance



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Facemasks

Governor Greg Abbott issued an Executive Order ([GA-36](#)) prohibiting governmental entities from mandating facemasks.

As a governmental entity, HHSC cannot mandate facemasks. HHSC revised both the mitigation and visitation emergency rules to comply with EO GA-36.

A business, such as a NF, may still set their own policies about hygiene practices, including the use of facemasks for visitors.



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Staff PPE

Per state and federal rules, a NF must have infection prevention and control policies and procedures that follow accepted national standards related to standard precautions and transmission-based precautions to prevent the spread of infections.

The CDC is an accepted national standard.

- All certified NFs must comply with CMS IPC requirements. 42 CFR [§483.80](#)
- All licensed NFs must comply with HHSC IPC requirements. 26 TAC [§554.1601](#)



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Staff PPE

Per the CDC, [standard precautions](#) are the minimum infection prevention practices that apply to all resident care, regardless of suspected or confirmed infection status of the resident. Standard precautions include:

- Hand hygiene
- Use of personal protective equipment
- Respiratory hygiene / cough etiquette
- Appropriate resident placement
- Sterile equipment and devices
- Safe laundry practices
- Clean and disinfected surfaces
- Sharps safety & safe injection practices



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Staff PPE

Per the CDC, [transmission-based precautions](#) are the second tier of basic infection control used in addition to Standard Precautions for residents who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. TBP include:

- Standard precautions
- Source control
- Appropriate resident placement
- Use of personal protective equipment
- Limit resident transport and movement
- Disposable or dedicated equipment/devices
- Prioritize cleaning and disinfection of rooms



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Staff PPE

Per [CMS](#) and [the CDC](#), all staff must wear at least a facemask when working in any area of the building.

- Per facility policy, fully-vaccinated staff may remove their facemask and don't need to maintain physical distancing during breaks or in-person meetings with other fully-vaccinated staff.

Staff must wear full PPE during the provision of care to residents with either COVID-19 unknown or positive status. Full PPE includes N95 mask, eye protection, gloves and gown.



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Resident Facemask

Per [CMS](#) and [the CDC](#) and as tolerated, a resident must wear a facemask or face covering during:

- A personal visit if either the visitor or resident is not fully-vaccinated
- Group activities and communal dining (except when eating or drinking) if residents who are not fully-vaccinated are participating in the activity/dining
- Transport or movement if the resident has COVID-19 positive or unknown status
- Other activities of daily living, appointments, etc. when the resident is outside their bedroom and has COVID-19 positive or unknown status



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Visitor Facemask

Per CMS and [the CDC](#), all visitors must wear a facemask or face covering during:

- A personal visit if either the visitor or resident is not fully-vaccinated
- Walking to and from the private indoor or outdoor visitation area
- A personal visit not conducted in a private indoor or outdoor visitation area

If both the visitor and resident are fully-vaccinated, both may remove their facemask or face covering during a visit in a private visitation area.



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David Gruber
Associate Commissioner for Regional and
Local Health Operations
DSHS



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State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412

- Statewide email:

ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet,
737-704-9075 (or)

patty.ducayet@hhs.Texas.gov

Bi-Weekly Facebook Live Q&A for Families of LTC
Residents: Every other Wednesday (on weeks
with no NF Provider webinar), 12:15 to 12:45

<https://www.facebook.com/texasltcombudsman?ref-ts>



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Long-Term Care Ombudsman

Have legal authority to access residents and facilities, which applies to **both** volunteer and staff ombudsmen.

LTC ombudsmen:

- Are subject to screening for COVID-19 symptoms and exposure.
- Will wear a facemask, if the facility policy requires a facemask for any person entering the facility.
- Will supply their own PPE and will **not** use a facility's PPE.
- Are **not** required to be tested by the facility or provide a test result to the facility.
- Are **not** required to provide the ombudsman's vaccination status.



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TMF Health Quality Institute CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

State Veterans Homes COVID-19 Tool

- Slides, forms and other information are posted on their website to enable mandated reporting of resident and staff-level data to NHSN and the Veterans Health Administration.
- <https://www.cdc.gov/nhsn/ltc/vha/index.html>

NHSN Quick Learn Demonstration: Reporting Weekly Cumulative COVID-19 Vaccination Data Recording – May 2021

- › [YouTube Link \[Video – 21 min\]](#)
- › [Slideset pdf icon\[PDF – 1 MB\]](#)

NHSN Vaccine Reporting Modules

Weekly COVID-19 Vaccination Reporting

- Master website link for this module:
<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
- *Please send any questions via e-mail to: nhsn@cdc.gov with the subject line: **'Weekly COVID-19 Vaccination'***

*Weekly reporting is **Mandatory** for both COVID-19 vaccination modules.*

First week of required reporting is 6/7 – 6/13, 2021.

NHSN Vaccine Q&A

Q: What if a HCP or resident was confirmed to have received the COVID vaccination in the trial?

A: Use the earliest date possible of 12/1/2020 for the date of the vaccination.

Q: Should I go back and do the historical data of the COVID immunizations or just start at current?

A: It is up to you. The first week of required reporting is 6/7 – 6/13, 2021, *by 6/13 @ 11:59 pm.*

NHSN Vaccine Q&A

Q: How can I be in compliance if I get an admission over the weekend?

A: Data can be edited any time and corrected. But the week's submission is due by 11:59 p.m. on Sundays

NHSN Vaccine Q&A

Q: There are only 2 vaccine options in the Worksheets. How can we input the other vaccine type(s)?

A: The Worksheets have been updated! Copy your current data into the new one, column by column.

TIP: Use the comments section to document education provided & date each one when added to comments.

[Weekly HCP & Resident COVID-19 Vaccination Page](#)

NHSN Vaccine Q&A

Q: Do we remove DC'ed residents from the Vaccine Worksheet?

A: We recommend No; same with terminated employees. By leaving everyone in place, you can easily restart them if/when they come back and have a complete list of all who ever received a vaccine & or was in your facility, admitted or hired.

NHSN Vaccine Q&A

Q: Do we complete question “*4. For the current reporting week, please describe the availability of COVID-19 vaccine(s) for your facility’s residents/HCQW”?

A: Yes - then the remainder of section 4, as they apply to your facility. These are Mandatory.

NHSN Q&A

Q: How do I know if I have Level 3 Access

A: You will have received a SAMS Grid Card & have access to the POC Testing module. Details on obtaining SAMS Level 3: [Increasing LTCF SAMS Level Access](#)

SAMS Grid Card



Click the Login button to sign on
with a SAMS Grid Card

Login

Key Points:

- **Read the Instructions!**
- *Look for the Revised documents:*
<https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html>
- **Get Level 3 Access – Level 1 is temporary**
- **Anticipate Changes.....**

Add Vaccine Data

Flu Vaccine: Residents

Flu Vaccine: HCW

COVID-19 Vaccine: HCW

COVID-19 Vaccine: Residents

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

Date Created:

*Facility ID: 72526

*Vaccination type: COVID19

*Week of Data Collection: 05/31/2021 - 06/06/2021

*Date Last Modified:

Cumulative Vaccination Coverage

Healthcare Personnel (HCP) Categories

	*All HCP (Total)	Ancillary services employees ^a	Nurse employees ^b	Aide, assistant, and technician employees ^c	Therapist employees ^d	Physician and licensed independent practitioner employees ^e	Other HCP ^f
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*All HCP (Total)	Ancillary services employees ^a	Nurse employees ^b	Aide, assistant, and technician employees ^c	Therapist employees ^d	Physician and licensed independent practitioner employees ^e	Other HCP ^f

2. Cumulative number of HCP in Question # 1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:

Add vaccine:

*Any completed COVID-19 vaccine series

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*All HCP (Total)	Ancillary services employees ^a	Nurse employees ^b	Aide, assistant, and technician employees ^c	Therapist employees ^d	Physician and licensed independent practitioner employees ^e	Other HCP ^f

3. Cumulative number of HCP in Question # 1 with other conditions:

Save

Cancel

Edit COVID-19 Data

Date for which counts are reported: 05/27/2021

Facility CCN: 675751

Facility Type: LTC-SKILLNURS

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies and Personal Protective Equipment

Ventilator Capacity and Supplies

Therapeutics

Date Created: 05/27/2021 11:34AM

Counts should be reported on the correct calendar day and include only the new counts for the calendar day (specifically, since counts were last collected). If the count is zero, a "0" must entered as the response. A blank response is equivalent to missing data. **NON-count** questions should be answered one calendar day during the reporting week.

Facility Capacity

74

ALL BEDS (enter on first survey only, unless the total bed count has changed)

41

*CURRENT CENSUS: Total number of beds that are occupied on the reporting calendar day

Resident Impact for COVID-19 (SARS-CoV-2)

0

ADMISSIONS: Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. Excludes recovered residents.

0

POSITIVE TESTS (previously called "Confirmed"): Number of residents newly positive for COVID-19 based on a viral test result.

TEST TYPE: Based on the number of reported Positive Tests, indicate how many were tested using each of the following:

- Positive SARS-CoV-2 antigen test only [no other testing performed]
- Positive SARS-CoV-2 NAAT (PCR) [no other testing performed]
- ²Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)
- ²Any other combination of SARS-CoV-2 NAAT (PCR) and/or antigen test(s) with at least one positive test

²Only include if the two tests were performed within 2 days of each other. Otherwise, count first test only.

Important: The total for Test Type should equal the total for Positive Tests.

0

CALCULATED TOTAL CONFIRMED (not editable by user):

VACCINATION STATUS: For positives in each test type category, indicate how many residents received COVID-19 vaccination at least 14 days before the positive test.

Positive SARS-CoV-2 antigen test only [no other testing performed]:

Save

Cancel

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Apr 18	19 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	20	21	22	23	24
25	26 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	27	28	29	30 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	May 01
02	03	04	05	06 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	07	08
09	10 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	11	12	13	14 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	15
16	17 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	18	19	20	21	22
23	24 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	25	26	27 <ul style="list-style-type: none"> Resident Staff Supplies Ventilator Therapeutics 	28	29

Edit COVID-19 Data

Date for which counts are reported: 04/12/2021 Facility CCN: 675751 Facility Type: LTC-SKILLNURS

Resident Impact and Facility Capacity
Staff and Personnel Impact
Supplies and Personal Protective Equipment
Ventilator Capacity and Supplies

Therapeutics

Date Created: 04/12/2021 4:11PM

Report total counts for the below questions only one calendar day during the reporting week and include only new counts since the previously reported counts. If the count is zero, a "0" must be entered as the response. A blank response is equivalent to missing data.

For each therapeutic listed, enter number of residents who received the therapeutic at this facility or elsewhere during the reporting week:

Therapeutic	How many residents were treated from stock stored at this facility?	How many residents were treated from stock that was stored at another facility, such as an infusion center?
Casirivimab/imdevimab (Regeneron)	* <input style="width: 50px;" type="text" value="0"/>	* <input style="width: 50px;" type="text" value="0"/>
Bamlanivimab/etesevimab (Lilly)	* <input style="width: 50px;" type="text" value="0"/>	* <input style="width: 50px;" type="text" value="0"/>
Bamlanivimab alone (Lilly)	* <input style="width: 50px;" type="text" value="0"/>	* <input style="width: 50px;" type="text" value="0"/>

Mandatory fields marked with *

Updated Links:

- [How to Edit Email Addresses in SAMS and NHSN Facilities \(cdc.gov\)](#)
- [Weekly COVID-19 Vaccination Summary Form for Residents at LTCFs \(57.218\) – May 2021 pdf icon\[PDF – 100 KB\] Rev. 3](#)
- [Resident Table of Instructions Rev. 3](#)

NHSN RESOURCES

- TMF NHSN resources: [NHSN Resources](#)
- CDC NHSN COVID19 Module:
<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#).
- *Can be completed on a cell phone*
- **Frontline nursing home staff modules:**
Module 1: Hand Hygiene and PPE
Module 2: Screening and Surveillance
Module 3: Cleaning the Nursing Home
Module 4: Cohorting
Module 5: Caring for Residents with Dementia in a Pandemic
- **3 hours total training time**

- **Management staff modules:**

Module 1: Hand Hygiene and PPE

Module 2: Screening and Surveillance

Module 3: Cleaning the Nursing Home

Module 4: Cohorting

Module 5: Caring for Residents with Dementia in a Pandemic

Module 6: Basic Infection Control

Module 7: Emergency Preparedness and Surge Capacity

Module 8: Addressing Emotional Health of Residents and Staff

Module 9: Telehealth for Nursing Homes

Module 10: Getting Your Vaccine Delivery System Ready

- **4 hours total training time**

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning Q & A

- **Q:** If someone has completed the QSEP training for one facility, quits and come to work for you do they need to complete it a second time?
- **A: No.** They should contact the help desk to move their account to the new facility and it will count towards the new facility.
- helpdesk@qsep.org

CMS Targeted COVID-19 Training AKA QSEP Training Q & A

Q: If someone works in multiple facilities, how does each facility get credit for their training.

A: Up to 4 facility names and CCNs can be put into the QSEP system for 1 person.

However, due to COVID working in multiple healthcare institutions is still not recommended.

TMF LTC Connect – 30 minute sessions

- **June 10 – Hit the Easy Button on NHSN COVID Data *Part 2***
- Register: [NHSN COVID Data Part 2](#)
- Sessions start at 1:30 pm

Reach out to us at:
nhnetwork@tmf.org
to submit requests for
assistance with
**NHSN reporting problems
or quality improvement
assistance.**

COVID-19 Q&A

Panelist

Heidi Lizyness
Policy Specialist
Policy & Rules
Long-term Care Regulation



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Reminders

GovDelivery Alerts

Don't forget to sign up for GovDelivery alerts

<https://service.govdelivery.com/accounts/TXHHS/C/subscriber/new>

Select "Nursing Facility Resources" as a topic option to receive webinar updates.

CMS/CDC COVID-19 Training

CMS is offering free online training for nursing facilities related to COVID-19

[Click here](#) to view currently available pre-recorded trainings.

Facilities also have access to the [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#)



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Reminders

Creating a Culture of Normalcy within COVID-19 Regulations for NFs.

This revised webinar focuses on creating a culture of normalcy within COVID-19 regulations with emphasis on returning to daily routines, meaningful activities and mental health for residents and staff.

- June 3rd | 10 – 11:30am: [Register here](#)



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Reminders

CNA Symposium Webinar Recordings.

View recorded sessions from the April 8, 2021 virtual CNA Symposium: CNA Strong: Proud. Trusted. Valued. Videos are available to view until June 30, 2021. [View the recorded webinar sessions: CNA Strong Symposium Video Library.](#)

For CNAs, this offering may meet some, but not all, of the annual in-service requirements. No CE is offered to licensed nurses, administrators or social workers for viewing these videos.

Email nurseaideregistry@hhsc.state.tx.us with questions.



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Questions?

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.texas.gov

Phone: 512-438-3161



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Thank you!

For more information:

Web: <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

Email: LTCRPolicy@hhs.Texas.gov

Phone: 512-438-3161

Links to Handouts

- [Nurse Aide COVID-19 Transition from Temporary Status Emergency Rule](#)
- [NF Updated COVID-19 Visitation Emergency Rule](#)
- [NF Updated COVID-19 Mitigation and Response Emergency Rule](#)
- [Revised Provider Letter 2021-20 - COVID-19 Response - Expansion of Reopening Visitation \(replaces PL 2021-08\)](#)
- [Provider Letter 2021-19 - Certification Process for Nurse Aides Training and Working Under a Waiver](#)



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