



TEXAS
Health and Human
Services

NF Updates and Q&A HHSC LTC Regulation and DSHS

September 14, 2022

For more information:

Web: [Coronavirus \(COVID-19\) Provider Information](#)

Web: [Nursing Facilities \(NF\) Provider portal](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161

NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation



Today's Webinar

In today's webinar, time permitting, we will be covering the following:

- Information from TMF Health Quality Institute
- Information from DSHS
- Announcements
- Priority alerts since our last webinar
- Monkeypox
- CMS QSO-22-19-NH



Next Webinar

NF Provider Webinars are changing to a quarterly schedule. The next webinar will be on Wednesday, December 14, 2022, at 2:30 pm.

- Registration information is sent at least two weeks before each webinar via [GovDelivery email](#). An alert is also posted to the [Nursing Facility Provider Portal](#) in the Communications section.
- The recording and slides from today's webinar will be posted to the [Nursing Facility Provider Portal](#) and sent out via [GovDelivery alerts](#).
- Webinar recordings and slides are typically posted within a few days of the session.



NF Updates

Panelist

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT

TeamSTEPPS® Master Trainer
INTERACT® Certified Champion
Healthcare Quality Improvement Specialist



TMF Health Quality Institute: tmf.org



National Healthcare Safety Network (NHSN) Training by the Centers for Disease Control and Prevention (CDC)

Updates to the NHSN Event-Level (Person-Level) COVID-19 Vaccination Forms

Held Sept. 12, 2022, at noon CT

Watch the website for slides and video
[Weekly HCP & Resident COVID-19 Vaccination](#)

NHSN and Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

If you have an SNF QRP issue, it is because of one of two reasons:

1. A week or more in the quarter are missing reporting
2. A duplicate NHSN account exists and no data is reported in the “other” account

The fix:

1. Report weekly
2. Report into both accounts

NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard ▶

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

COVID-19 ▶

Vaccination Summary

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶



Analysis Reports

Expand All

Collapse All

Search

MDRO/CDI Module - LABID Event Reporting

HAI Module

Process Measures

CMS Reports

Skilled Nursing Facility (SNF QRP)

COVID-19 Module

Resident Impact and Facility Capacity

Staff and Personnel Impact

Supplies and Personal Protective Equipment

Ventilator Capacity and Supplies

Generate Data Sets

Reports

Therapeutics

Weekly Influenza Vaccination

COVID-19 Testing

COVID-19 Vaccination

Line Listing - All COVID-19 Vaccination Cumulative Summary Data - HCP




Line Listing - All COVID-19 Vaccination Cumulative Detail Data - HCP

Review Your Reports – Often!

- [How to Pull NHSN Reports](#)
- [Video: How to Pull NHSN Reports](#)

Verify that Your Data Was Complete Before Closing

Confirm submission on the calendar



28 March 2022 - 08 May 2022

Record Complete

Record Incomplete

Weekly Vaccination Calendar

03/28/2022 (Monday) - 04/03/2022 (Sunday)

☒ COVID-19: HCW

☒ COVID-19: Residents

04/04/2022 (Monday) - 04/10/2022 (Sunday)

☒ COVID-19: HCW

☒ COVID-19: Residents

04/11/2022 (Monday) - 04/17/2022 (Sunday)

☒ COVID-19: HCW

☒ COVID-19: Residents

New SNF Quality Reporting Program (QRP) Measures

Measure/Data Collected	Year Rates are Impacted	Data Source
SNF Healthcare-Associated Infections Requiring Hospitalization	FY2023 – 10/1/2022	Claims
COVID-19 Vaccination Coverage among Healthcare Personnel	FY2023 – 10/1/2022	NHSN
Transfer of Health Information to the Provider Post Acute Care (PAC)	FY2024 – 10/1/2023	MDS
Transfer of Health Information to the Patient PAC	FY2024 – 10/1/2023	MDS
Standardized Patient Assessment Data Elements (SPADES)	FY2024 – 10/1/2023	MDS
Influenza Vaccination Coverage Among Healthcare Personnel	FY2024 – 10/1/2023 Initial data submission period from October 1, 2022 through March 31, 2023.	NHSN

NHSN Flu Reporting

[Weekly HCP & Resident Flu Vaccination](#)

Watch for updated tools and training

New NHSN Users

- The **primary way** to get Level 3 access now is using the **Experian ID Verification process** and implementing the **Entrust Soft Token application**
- A SAMS card is now a **requested** item ONLY
- **GOOD NEWS:** The **Entrust Soft Token application** speeds up the access process greatly
- **TMF Quality Innovation Network-Quality Improvement Organization (QIN-QIO) document:** [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#)

ALL NHSN Users Need to:

- Log in to NHSN at least every two to three months to stay active
- Complete the NHSN trainings when changes occur (live, if possible) due to the long delay in posting slides and recordings
- Periodically work in NHSN to stay competent with accurate reporting
- Have access to the facility's tools being used for reporting – lists, spreadsheets, etc.

Increase Access to Level 3

- Go to [SAMS NHSN User FAQs](#) and [How to Add a User](#)
All facilities are strongly encouraged to have **at least two** registered users with Level 3 access
- **Recommend** Experian ID Verification process
- **See the** [SAMS Identity Verification Documents](#)
- **Email** nhsn@cdc.gov with “**SAMS LEVEL 3 ACCESS**” **in the subject line** for assistance with any questions related to this process

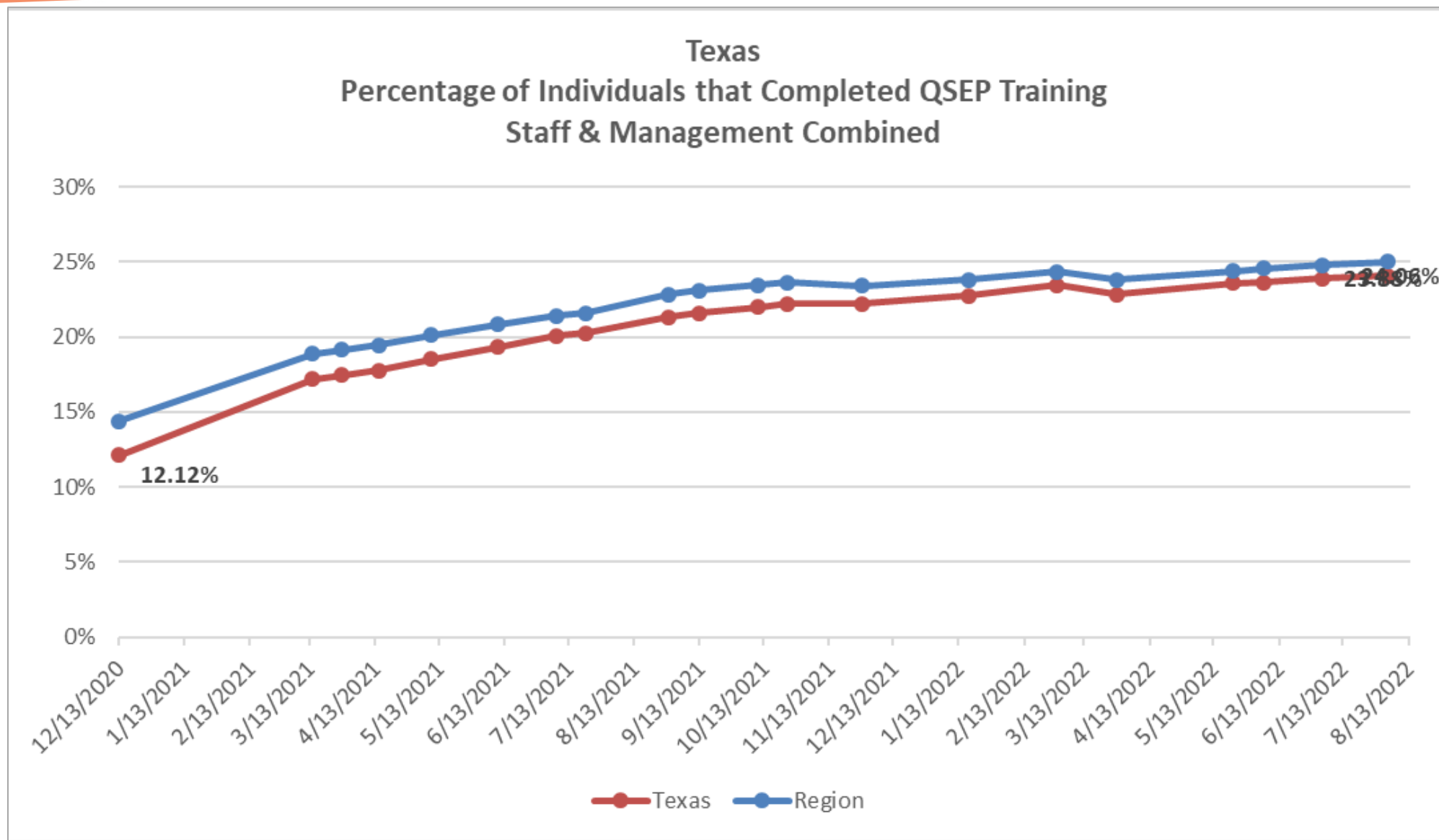
CMS Requiring iQIES Account Registration

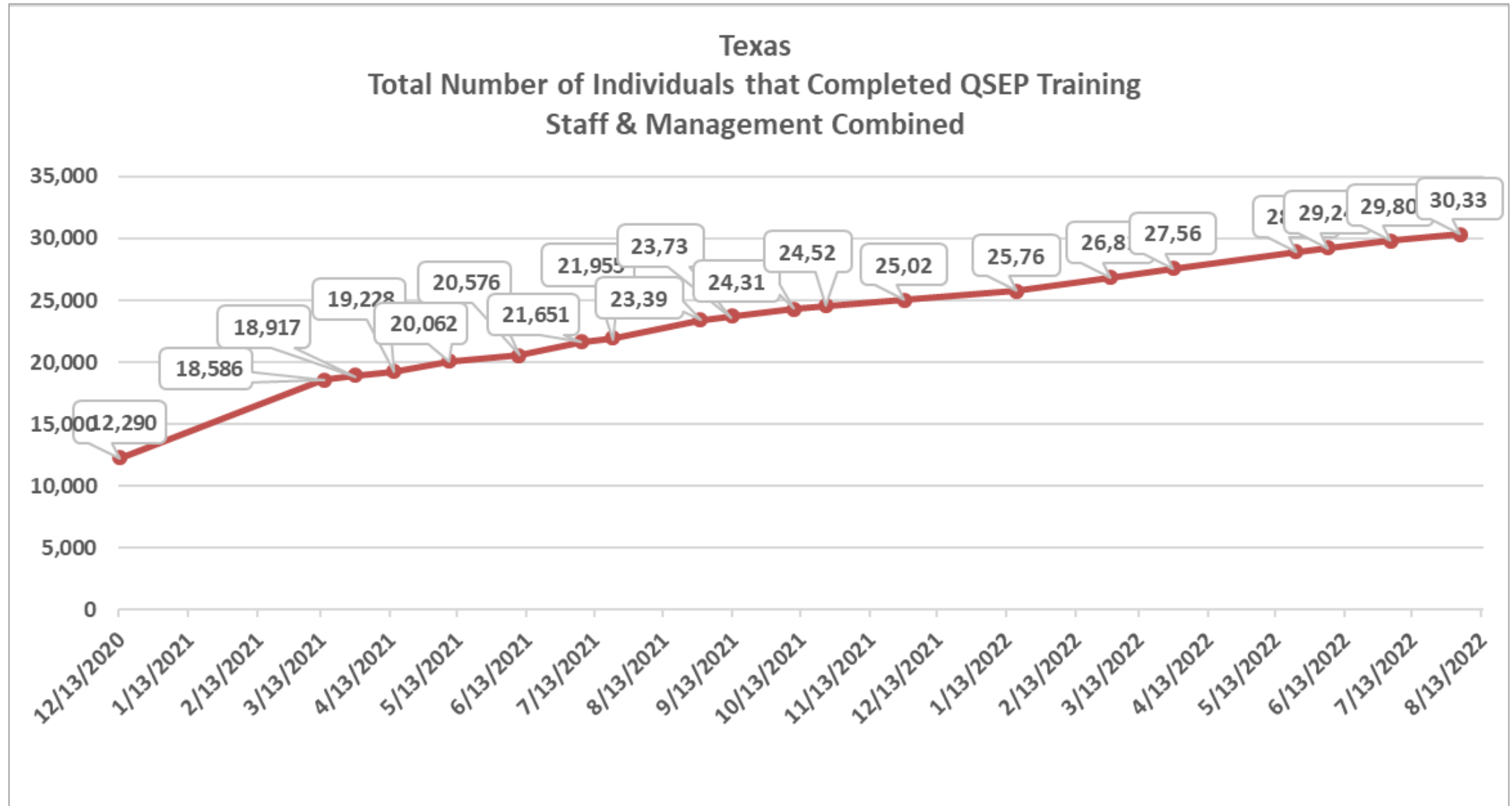
- For the 2023 MDS submission process:
 - › CMS has initiated new security requirements
 - › Two provider security officials (PSO) are recommended for each facility
 - › **CMS outreach for Texas starts Sept. 26**
- [Thursday, Aug. 4, 2022: Skilled Nursing Facilities/Long-Term Care Open Door Forum – Transcript, Q&A and Audio File \(ZIP\)](#)

CMS Requiring iQIES Account Registration

Resources:

- [Creating a HARP Account Training Video](#)
- [iQIES Reference and Manuals Page](#)
- [iQIES Training Videos Page](#)
- [iQIES News and Updates Page](#)





CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#)
- [QSEP Group Training Instructions – Spanish](#)

CMS-Targeted COVID-19

These modules 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

Three 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

Four hours total training time

Influenza MDS Item

- See the O0250: Influenza Vaccine item
- Page O-9 **Coding Tips and Special Populations**
 - › Check with your local health department on the start of the season
 - › Attend our webinar tomorrow!

TMF Influenza Quality Measure Resources

- [Vaccine Process Review](#) a writeable PDF
- Video: [Quality Measure: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine \(Short-Stay\)](#)
- Video: [Quality Measures: Percent of Residents Accessed and Appropriately Given the Seasonal Influenza Vaccine \(Long Stay\)](#)



Quality Measure Tip Sheet: Influenza Vaccine – Long & Short Stay

Quality Measure Overview

Numerator:

- This measure reports the percentage of residents who are appropriately given the influenza vaccine during the most recent influenza season.
- Residents meeting any of the following criteria on the selected influenza vaccination assessment qualify if the:
 - resident received the influenza vaccine during the most recent influenza season either in or outside the facility, **or**
 - resident was offered and declined the influenza vaccine, **or**
 - resident was ineligible due to contraindications (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within six weeks after a previous influenza vaccination, bone marrow transplant within the past six months).

Denominator:

- All residents with a selected target assessment, except those with exclusions
This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after Oct. 1 of the most recently completed influenza season (i.e., the target date must fall on or between Oct. 1 and June 30), except those with exclusions.

Exclusion:

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Code the reason the resident did not receive the vaccine as follows:
 - Resident was not in the facility during this year's influenza season
 - Resident received influenza vaccine outside the facility
 - Not eligible – medical contraindication
 - Offered and declined
 - Not offered
 - Inability to obtain vaccine due to declared shortage
 - None of the above, if none of the listed reasons apply or answer is unknown

Notes:

- This measure is only calculated once per 12-month influenza season, which begins on July 1 of a given year and ends on June 30 of the subsequent year, and **reports data for residents who were in the facility for at least one day during the target period of Oct. 1 through March 31.**
- If you code "Not Offered, Inability to obtain vaccine due to declared shortage or None of the above," this will trigger as a missed opportunity on your quality measures.
- Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins.

Influenza Quality Measure Resources

- [Quality Measures User's Manual](#)
- [The Centers for Medicare & Medicaid Services MDS Video Training](#)
 - › [MDS 3.0 Provider Updates: Section O, Special Treatments Procedures and Programs](#)

Upcoming TMF QIN-QIO Training

Nursing Home Office Hours

Sept. 20, 2022

**Motivational Interviewing
Session 2: Setting the Stage for
Change**

10:30 a.m.

[Register](#)

Sept. 27, 2022

**Motivational Interviewing
Session 3: Moving People
Toward Change**

10:30 a.m.

[Register](#)

LTC Connect

Sept. 15, 2022

**Influenza Vaccinations Part 1:
How to Get a 100%
on Influenza Vaccinations**

1:30 p.m.

[Register](#)

Oct. 20, 2022

**Influenza Vaccinations Part 2:
How to Get a 100%
on Pneumonia Vaccinations**

1:30 p.m.

[Register](#)

TMF QIN-QIO Resources

Website: tmfnetworks.org

- [How to Create an Account on TMFnetworks.org](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)

Need Assistance?

Connect With Us!



Email

nhnetwork@tmf.org

Submit requests for
help with NHSN
and/or quality
improvement
assistance.



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[TMF QIN Nursing](#)
[Home Quality](#)
[Improvement](#)
[Facebook](#)

NF Updates

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NF Updates

Panelists

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DSHS: dshs.texas.gov



Department of State Health Services

Links to current information:

- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [Monkeypox](#)
- Facebook: <https://www.facebook.com/TexasDSHS>
- Twitter: @TexasDSHS



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Texas Department of State
Health Services

NF Updates

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NF Updates

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State Long-Term Care Ombudsman Program

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State Ombudsman: Patty Ducayet
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Facebook:

https://apps.hhs.texas.gov/news_info/ombudsman/



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MDS Software to be Updated by Nov. 1 for Section GG Data Collection

July 18, 2022 – Effective Nov. 1, NF providers must complete section GG and related fields when submitting an Omnibus Reconciliation Act (OBRA) Assessment.

- Set the STATE_PDPM_OBRA_CD value to “1 (Yes, perform PDPM calculations for OBRA)” in Minimum Data Set (MDS) software.
- Once this feature is activated, data entered in the applicable MDS fields should not affect OBRA required assessments of resident well-being or the calculation of MDS Resource Utilization Group (RUG) III code.
- The additional data contained in the applicable MDS fields is vital to compare current RUG III data with Patient Driven Payment Model Data.
- Contact your specific MDS software vendor for support.

[Contact MDS program staff](#)



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Texas MDS webinar: PDPM on OBRA Assessments Discussion of GG and I

Webinar: PDPM Data Collection on OBRA Assessments: Understanding Coding for Sections GG and I
Thursday, Sept. 15: Noon - 1:30 p.m. CDT

NF providers are urged to attend.

The webinar will cover:

- The Importance of Section GG
- General Coding of Section GG, use of activity not attempted codes
- Applicable fields which will be active
- Documenting Diagnoses in Section I
- Look back periods in Section I

[Register for the webinar](#)



NF Updates

Panelist

Bijendra Bhandari

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



HHSC Urges Providers to be Vigilant for Monkeypox in LTC Communities

- August 5, 2022 – be alert for people who have [rashes and other symptoms consistent with monkeypox](#). Providers should follow [CDC guidance on monkeypox](#).
- Monkeypox is immediately reportable to DSHS upon suspicion of infection.
- In addition to the DSHS reporting requirements, NFs and ALFs must report confirmed cases of monkeypox to [HHSC Complaint and Incident Intake \(CII\)](#).
- LTC providers should contact either their local health department or DSHS regional offices for questions regarding monkeypox. Email questions on testing, monitoring, postexposure prophylaxis and treatment to EAIDUMonitoring@dshs.texas.gov.



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Monkeypox Virus

- [Monkeypox](#) is a rare disease caused by infection with the monkeypox virus.
- Monkeypox virus is part of the same viral family that causes smallpox. Monkeypox symptoms are similar to smallpox symptoms, but milder, and monkeypox is rarely fatal. Monkeypox is not related to chickenpox.
- The illness typically lasts 2-4 weeks.
- A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed.



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Monkeypox Symptoms

Symptoms of monkeypox can include:

- Rash
- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- Respiratory symptoms (e.g., sore throat, nasal congestion, or cough)



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Monkeypox Rash

- The [rash](#) may be located on or near the genitals or anus but may also appear on the hands, feet, chest, face, or mouth.
- The rash will go through several stages, including scabs, before healing. The rash can look like pimples or blisters and may be painful or itchy.
- A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed.



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Monkeypox Rash: Examples

MONKEYPOX

VISUAL EXAMPLES OF
MONKEYPOX RASH



Photo Credit: NHS England High Consequence Infectious Diseases Network



CS328947-EK



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Monkeypox Rash: Examples (cont.)

MONKEYPOX

VISUAL EXAMPLES OF
MONKEYPOX RASH



Photo Credit: UK Health Security Agency



CS328947-EK



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Transmission

How the virus can [spread](#):

- Direct contact with the rash, scabs, or bodily fluids.
- Respiratory secretions during prolonged, face-to-face contact, or intimate contact.
- Touching objects, fabrics (e.g., clothing, bedding, or towels), and surfaces used by someone with monkeypox.
- Pregnant women can spread the virus to their fetus through the placenta.



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Vaccination

- People can be vaccinated after exposure to the monkeypox virus, ideally within 4 days, to help prevent the disease.
- JYNNEOS vaccine is FDA-approved for prevention of monkeypox. It is the primary vaccine being used in the U.S during this outbreak.
- Due to limited supply, all requests for JYNNEOS need to be routed through the local health department or DSHS. They can supply providers as needed.
- Private providers cannot directly order JYNNEOS at this time.



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Treatment

- There are no treatments specifically for monkeypox.
- Antivirals, such as tecovirimat (TPOXX) may be used for people more likely to get severely ill, such as patients with weakened immune systems.
- TPOXX is [available](#) for monkeypox treatment.
- Due to limited supply, all requests for TPOXX need to be routed through the local health department or DSHS. They will facilitate getting TPOXX for the provider.
 - a) Only public health entities can order TPOXX directly at this time.
 - b) Private providers can request TPOXX for specific patient use from the public health entities. They cannot directly order it at this time.



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Resident Placement

1. Providers should follow [CDC guidance on monkeypox](#).
2. A resident with suspected or confirmed monkeypox infection should be placed in a single-person room. The door should be kept closed (if safe to do so). The resident should have a dedicated bathroom.
3. Transport and movement of the resident outside of the room should be limited to medically essential purposes.
4. If the resident is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown.



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Isolation Precautions

1. If a resident requires inpatient medical care and is isolated for monkeypox, decisions regarding discontinuation of isolation precautions should be made in consultation with the local or state health department.
2. [Isolation Precautions](#) should be maintained until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.



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Management of Staff and Residents with Monkeypox Exposure

- Staff and residents who have had contact with animals or people confirmed to have monkeypox should be monitored for symptoms for 21 days after their last exposure.
- Healthcare personnel and residents who have had exposure to monkeypox should be monitored and receive postexposure management according to [current recommendations](#) from the CDC.



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Management of Staff with Monkeypox Exposure

- Any staff member who has cared for a resident with monkeypox should:
 - be alert to the development of the virus's symptoms, especially within the 21-day period after exposure, and
 - notify their facility's infection control, HHSC and DSHS to be guided about medical evaluation and appropriate isolation.
- Staff who have unprotected exposure to residents with monkeypox do not need to be excluded from work duty, but should undergo active surveillance for symptoms.
- Symptom surveillance includes checking temperature at least twice daily for 21 days following exposure.
- Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.



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PPE During Care for Residents with Monkeypox

PPE used by healthcare personnel who enter the resident's room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher



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Environmental Infection Control

- According to the [CDC](#), standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant that is effective against emerging viral pathogens.
- Products [effective against Emerging Viral Pathogens](#) are found on the EPA's [List Q](#). Follow the manufacturer's directions for concentration, contact time, and care and handling.



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Environmental Cleaning/Disinfection

1. Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with recommended standard practices. *Discourage family members from doing laundry.*
2. Avoid contact with any lesion material that may be present on the laundry.
3. Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material. Use laundry bags that go directly in the washer to avoid secondary contamination.



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Visitation for Residents with Monkeypox

- Visitors for residents with suspected or confirmed monkeypox should be limited to those essential for the resident's care and wellbeing (e.g., parents of a child, spouse).
- When making decisions about who might visit, the following factors are among those typically considered:
 - the resident's age
 - their ability to advocate for themselves
 - their ability to adhere to IPC recommendations
 - whether the visitor may already have had higher risk exposure to monkeypox than the resident has.



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Visitation for Residents with Monkeypox: Additional Considerations

1. Visitation is a resident right, and facilities will need to work with the visitors to ensure that they understand and can follow the recommended precautions.
2. In general, visitors with contagious diseases should not be visiting residents in healthcare settings, in order to minimize the risk of transmission to others.



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Panelist

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Senior Policy Specialist
Policy & Rules
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QSO-22-19-NH

June 29, 2022 – CMS published [QSO-22-19-NH](#) Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide
Effective Date: October 24, 2022.

Revisions include:

- Phase 2 and Phase 3 guidance
- State Operations Manual - Chapter 5 Complaint Procedures guidance.
- Psychosocial Outcome Severity Guide clarifications



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CMS Training Available for Providers

[CMS Quality, Safety & Education Portal \(QSEP\)](#) for training related to the revisions in QSO-22-19-NH.

[Long Term Care Regulatory and Interpretive Guidance and Psychosocial Severity Guide Updates - June 2022](#)



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Document Name	Document Name	Document Name
483.10 - Resident Rights	483.35 - Nurse Staffing and Payroll Based Journal	483.80 - Infection Control
483.12 - Abuse, Neglect, and Exploitation	483.40 - Behavioral Health	483.85 - Compliance and Ethics
483.15 - Admission, Transfer, and Discharge	483.45 - Pharmacy Services	483.90 - Physical Environment
483.24 & 483.25 - Quality of Life & Quality of Care	483.60 - Food and Nutrition	483.95 - Training Requirements
483.25 - Trauma Informed Care	483.70 - Arbitration	Psychosocial Outcome Severity Guide
483.30 - Physician Services	483.75 - Quality Assurance and Performance Improvement	

SOM Chapter 5 Complaints Procedures

CMS is revising the SOM Chapter 5: Complaints Procedures related to investigating complaints and facility reported incidents (FRIs).

The revised guidance in Chapter 5 includes:

- Revision to timeframes for initiation of investigations; and
- The State Agency is required to report all suspected crimes to law enforcement;
- Guidance related to communication to complainants.



SOM Chapter 5 – Investigation Time Frames

SOM - Chapter 5 Complaint Procedures

Section 5075.9 - Maximum Time Frames

Intake Prioritization				
Provider Type	IJ (P1)	NIJ-High (P2)	NIJ-Med (P3)	NIJ-Low (P4)
Nursing Home complaints	Statute requires entry within 24 hours	SA must initiate an onsite survey within an annual average of 15 business days of receipt of the initial report, not to exceed 18 business days.	SA must initiate an onsite survey within 45 calendar days of receipt of the initial report.	SA must track/trend for potential focus areas during the next onsite survey, or initiate a new complaint survey.
Nursing Home incidents	Statute requires entry within 24 hours	SA must initiate an onsite survey within an annual average of 15 business days of receipt of the initial report, not to exceed 18 business days.	With an inadequate facility response, SA must initiate an onsite survey within 45 calendar days of receipt of the initial report.	With a potentially adequate facility response, SA must track/trend for potential focus areas during the next onsite survey, or initiate a new complaint survey.



SOM Chapter 5 – Law Enforcement Notification of Suspected Crime and Provider Investigation Report

Section 5310.1 – Action on Allegations of Resident Neglect and Abuse, and Misappropriation of Resident Property for Nursing Homes: Written Procedures

Section 5330 – Reporting Abuse to Law Enforcement and the Medicaid Fraud Control Unit for Nursing Homes

- HHSC is reviewing [Form 3613-A Provider Investigation Report](#) to determine if it contains all elements from:
[QSO-22-19-NH Exhibit 358 - sample form for Facility Reported Incidents](#) and
[QSO-22-19-NH Exhibit 359 - sample Follow-Up Investigation Report](#)



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Psychosocial Outcome Severity Guide Clarifications - Summary

CMS revised the Psychosocial Outcome Severity Guide and information in Appendix PP related to F600 to enhance oversight of compliance to ensure residents' right to be free from abuse.

These revisions include:

- Providing more information on and clarification for applying the reasonable person concept; and
- Listing examples that may be considerations for determining abuse and its severity level.



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Phase 2 Guidance - Summary

With QSO-22-19-NH, CMS is revising the Phase 2 guidance to enhance quality and oversight regarding:

- abuse and neglect,
- admission, transfer, and discharge, and
- improving care for individuals with mental health or substance use disorder (SUD) needs.

Guidance was also added to incorporate the use of Payroll Based Journal (PBJ) staffing data submitted by providers.



Phase 2 Guidance - Summary

Phase 2 revisions also were made to:

- Ensure visitation can occur while preventing community-associated infection or the spread of communicable disease; and
- Assist in investigating situations where a resident may have been inaccurately diagnosed and/or coded with schizophrenia.

Additional clarifications are incorporated into the regulatory groups of:

- Quality of Life and Quality of Care,
- Food and Nutrition Services, and
- Physical Environment.



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Phase 3 Guidance - Summary

CMS is providing guidance to implement these requirements for Phase 3:

- All facilities to have an Infection Preventionist; and
- Arbitration Agreements;
- Trauma Informed Care;
- Compliance and Ethics; and
- Quality Assurance Performance Improvement (QAPI) / Quality Assessment and Assurance (QAA).



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Panelist

Christine Riley, RN

Nurse III - Clinical Policy Specialist
Policy & Rules
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Appendix PP Revisions

- F557 Respect and Dignity
- F561 Self-Determination
- F563 Visitation
- F582 Beneficiary Notice
- F600 Freedom from ANE
- F607 ANE P&P
- F608 - regulatory requirements relocated to F607 and F609
- F609 Reporting
- F622 Transfer and Discharge
- F623 Notice Before Transfer
- F626 permitting residents to return
- F641 Accuracy of Assessments
- F656 Comprehensive Care Plans
- F658 CCP
- F687 Foot Care
- F689 Accidents and Supervision
- F694 Parenteral Fluids
- F697 Pain Management
- F699 Trauma-Informed Care
- F700 Bed Rails
- F712 Frequency of Physician Visits
- F725 Nursing – Sufficient Staff
- F727 RN
- F729 Registry Verification
- F732 Nurse Staffing Information



Appendix PP Revisions, cont.



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- F740 Behavioral Health
- F741 Sufficient/Competent Staff – BH Needs
- F755 Pharmacy Services
- F758 Unnecessary Psychotropic Drugs
- F812 Food Safety Requirements
- F847 Binding Arbitration Agreements
- F848 Arbitrator/Venue Selection, Retention of Agreements
- F851 PBJ
- F865 QAPI
- F866 regulatory requirements relocated to F867
- F867 QAPI – Program Feedback, Data Systems and Monitoring
- F868 QAA
- F880 Infection Control
- F881 Antibiotic Stewardship
- F882 Infection Preventionist
- F895 Compliance and Ethics Program
- F919 Resident Call System
- F940 Training Requirements
- F941 Training – Communication
- F942 Training – Resident Rights
- F944 Training – QAPI
- F945 Training – Infection Control
- F946 Training – Compliance and Ethics
- F947 Inservice Training – Nurse Aides
- F949 Training – Behavioral Health

F557 Respect and Dignity

- Adds language for noncompliance to include facility staff searching a resident's body or possessions without their consent.
- Facility staff should have knowledge of the signs, symptoms and triggers of possible illegal substance use.
- The facility should not act as law enforcement (e.g., doing an involuntary search), but should refer concerns about illegal substances to local law enforcement.
- The facility may need to provide additional monitoring to protect the health and safety of other residents.



TEXAS
Health and Human
Services

F561 Self Determination

If a facility changes its policy to prohibit smoking, they should still allow current residents who smoke to use a smoking area that maintains their quality of life, while also being mindful of residents who are non-smoking.



TEXAS
Health and Human
Services

F563 Right to Receive/Deny Visitors

- Facilities may need to modify visitation practices during an infectious outbreak or pandemic to align with CMS requirements and CDC guidance.
- Facilities may deny access to provide supervised visitation to visitors with a history of bringing illegal substances into the facility.
- If the facility determines illegal substances have been brought in by a visitor, the facility should follow the same protocol described previously and refer to local law enforcement.



TEXAS
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Services

F582 Beneficiary Notice

- Provides information regarding Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123. The NOMNC informs beneficiaries of the right to an expedited review by a Quality Improvement Organization.
- Provides information on SNF Advanced Beneficiary Notice of Non-coverage (SNF ABN), Form CMS-10055, which is issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare. Triggering events are listed.



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F600 Freedom from Abuse, Neglect and Exploitation (ANE)

- Resident-to-resident altercations should be reviewed as a potential situation of abuse but not assumed as abuse.
- The facility must take steps to ensure residents are protected from abuse, including evaluation of the resident's capacity to consent to sexual activity.
- Prior to citing a deficiency as past-noncompliance (PNC), surveyors should investigate each instance to determine if appropriate actions were taken by the facility.
- Expands the definition of "neglect" and provides examples.
- Adds language for surveyors to use if Tag F600 is cited for abuse and/or neglect.



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Services

F607 ANE Policies & Procedures

- Provides revised definitions of “covered individual”, “crime”, “law enforcement”, “serious bodily injury”, and “criminal sexual abuse.”
- Clarifies that if a facility has not developed or implemented policies related to screening procedure prior to employment, a finding on noncompliance should be considered at F607, not F606.
- Provides information regarding reporting of reasonable suspicions of a crime. Policies should be developed and implemented to promote a culture of safety and open communication, such as prohibiting retaliation against an employee who reports a suspicion of a crime.
- Clarifies that the facility must develop policies and procedures detailing how staff will communicate situations of abuse, neglect, etc. with the QAPI program.
- Includes investigative protocol uses and procedures.



TEXAS
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F608 Reporting of Reasonable Suspicion of Crime

- Regulatory requirements §483.12(b(5)(ii)(iii) relocated to F607.
- Regulatory requirements for §483.12(b(5)(i)(A)(B) relocated to F609.



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F609 Reporting of Alleged Violations

- Provides information on the intent of facilities developing and implementing policies and procedures.
- Revised definitions of “covered individual”, “crime”, “law enforcement”, “serious bodily injury”, “criminal sexual abuse”, and “willful.”
- Clarifies how facility staff should proceed in ensuring reporting occurs when a crime is suspected.
- Addresses facility responsibilities for reporting allegations involving staff-to-resident abuse, resident-to-resident altercations, unknown injuries, misappropriation of resident property/exploitation, and mistreatment; Updated tables describing the different reporting requirements for each type of alleged abuse.
- Includes investigative protocol uses and procedures.



TEXAS
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F641 Accuracy of Assessments

F656 Comprehensive Care Plans

F641 Accuracy of Assessments

- Adds a note pertaining to potential misdiagnosis related to antipsychotics and determining non-compliance.

F656 Comprehensive Care Plans (CCP)

- Revises definitions of “culture,” “cultural competency,” and “trauma-informed care.”
- Provides tag references when investigating concerns related to culturally competent and trauma-informed care.



F658 CCP – Professional Standards

F687 Foot Care

F658 CCP – Professional Standards

- Adds a note pertaining to potential misdiagnosis related to antipsychotics and determining non-compliance.

F687 Foot Care

- Adds language detailing proper infection prevention practices for foot care equipment/devices for facility staff to follow.



F689 Accidents and Supervision

- Adds electronic cigarettes to resident smoking section, details the risks associated with them.
- Adds language regarding situations of elopement and the risks it poses to a resident's health and safety.
- Expands on safety for residents with SUD and their elopement risks.
- Provides additional reference information regarding the use of physical restraints in nursing homes.



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F694 Parenteral (IV) Fluids

F697 Pain Management

F694 Parenteral (IV) Fluids

- Revises definitions of “parenteral fluid” and “intravenous (IV) therapy.”
- Adds the use of proper antiseptic policy to minimize risks to a resident receiving IV therapy.
- Adds information on the proper frequency of assessment of IV catheter, and factors which may determine frequency.

F697 Pain Management

- Revises definitions of “medication assisted treatment (MAT)” and “opioid use disorder (OUD).”
- Provides references and details on precautions due to the increasing opioid addiction, abuse, and overdose.
- Adds additional information and references to monitoring, reassessment, and care plan revision to include details regarding evaluation of side effects and increased pain.



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F699 Trauma-Informed Care

- Several sections added to this tag with updated intent, definitions, guidance, references, examples, and deficiency categorization.
- While care and services must always be person-centered and honor residents' choices and preferences, what is different about providing care and services to a trauma survivor is that these residents may have lost the ability to trust caregivers, and to feel safe in their environment. As a result, the principles of trauma-informed care must be addressed and applied purposefully.



F700 Bed Rails

F712 Physician Visits

F700 Bed Rails

- Adds a section regarding appropriate alternatives indicating that the facility must attempt alternatives prior to installing or using bed rails that are safe and appropriate for the resident.
- Adds guidance that facilities should have a process for determining whether beds (including mattresses and rails) are appropriate and safe for residents; Provided considerations, examples and guidance to follow manufacturers' recommendations.

F712 Physician Visits

- Adds a new column for Admission Orders in Table 1: Authority for Non-Physician Practitioners to Perform Visits, Sign Orders and Sign Medicare Part A Certifications/Re-certifications when Permitted by the State.



TEXAS
Health and Human
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F725 Sufficient Nursing Staff

F727 RN

F725 Sufficient Nursing Staff

- Expands on compliance with state staffing standards vs. compliance with federal staffing standards.
- Provides information about submitting staffing data through the CMS Payroll-Based Journal (PBJ) System.
- Separates the procedures section from the probe section and expanded probes to include absences of licensed nursing staff in a 24-hour period.
- Adds additional examples to deficiency categorization levels.

F727 RN 8 hours/day, 7 days/week; Full Time DON

- Adds procedures to the guidance section.
- Adds a section for various probes and deficiency categorization.



TEXAS
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Services

F729 Nurse Aide Registry Verification

F732 Nurse Staffing Information

F729 Nurse Aide Registry Verification

- Adds procedure to review a minimum of five nurse aide personnel folders in case concerns are identified with Nurse Aide Services at F725 and F726.

F732 Nurse Staffing Information

- Adds a section for procedures and probes that surveyors must determine through information obtained by observations and verified records.



F740 Behavioral Health (BH)

- Adds references to definitions of “mental disorder” and “SUD.”
- Updates guidance related to SUD and Pre-admission Screening and Resident Review (PASARR).
- Expands the description of depression and added descriptions of schizophrenia and bipolar disorder.
- Adds an example of severity level 4 non-compliance under deficiency categorization.
- Adds several links to resources pertaining to behavioral health care and services.



F741 Sufficient/Competent Staff - BH Needs

F755 Pharmacy Services

F741 Sufficient/Competent Staff (BH) Needs

- Expands definition of “mental disorder” and added definitions for “SUD”, “trauma”, and “post-traumatic stress disorder.”
- Adds an example of severity level 2 non-compliance under deficiency categorization.

F755 Pharmacy Services

- Expands on proper disposal of fentanyl patches.



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Services

F758 Unnecessary Psychotropic Meds

- Revises definitions of “dose”, “duplicate therapy”, and “excessive dose.”
- Expands on the risks and proper use of psychotropic medications and concerns related to the inappropriate prescribing of these medications.
- Adds information regarding when dose reductions should occur.
- Adds clarification to evaluation for when a resident may have experienced psychosocial harm from side effects of medications.



TEXAS
Health and Human
Services

NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-term Care Regulation



F622 Transfer and Discharge Requirements

- Outlines situations when residents sign out of or leave the facility Against Medical Advice (AMA). This should be investigated to determine if the discharge is facility- or resident-initiated.
- Provides a case in which residents are admitted short-term under Medicare and the possibility of the resident not being ready to leave the facility. Such cases may require further investigation to preclude discrimination against payment source.
- Clarifies and provides examples on resident right to remain in facility.
- Clarifies that emergency transfers to acute care are considered facility-initiated transfers, not discharges.
- Provides examples of severity levels in deficiency categorization.



TEXAS
Health and Human
Services

F623 Notice Requirements Before Transfer and Discharge

- Clarifies that when residents sign out of the facility or leave AMA, it should be investigated to determine if the discharge is facility- or resident-initiated.
- Expands on notice timing exceptions to the 30-day requirement.
- If a change in destination indicates that the original basis for discharge has changed, a new notice is required and additional appeal rights may exist for the resident. Further investigation may be required.

F626 Permitting Residents to Return to Facility

- Revises guidance to clarify that bed-hold policies apply to all residents regardless of payment source; Guidance also outlines bed-hold period policies that must be implemented by the facility.
- Clarifies that when a resident returns from a composite distinct part, they must be allowed to return to an available bed in the location of the composite distinct part they resided in previously.
- Adds language to the summary of investigative procedures with regards to situations when a resident is not allowed to return.



F812 Food Safety Requirements

- Separates and expands the definitions of “food distribution” and “food service” that were previously grouped as one.
- Adds additional guidance regarding complications from foodborne illness to include general safety information .
- Adds information on the current standards of practice according to the Food Code of the FDA, covering the use of hair nets and glove use when cooking.
- Expands on proper food distribution and food service practices.



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F847 Binding Arbitration Agreements

- New tag with the intent to ensure that LTC facilities inform residents or their representatives of the nature and implications of any proposed binding arbitration agreement, to inform their decision on whether to enter into such agreements. (No current TAC equivalent.)
- Adds definitions to include “arbitration”, “binding arbitration agreement”, “pre-dispute binding arbitration agreement”, “post-dispute binding arbitration agreement”, “dispute”, and “judicial proceedings.”
- Provides guidance and requirements regarding the use of arbitration to resolve disputes.
- Provides procedures and probes surveyors should follow to verify with the facility whether arbitration agreements are used to resolve disputes.
- Covers key elements of noncompliance.



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F848 Arbitrator/Venue Selection, Retention of Agreements

- New tag with the intent to provide a neutral and fair arbitration process by ensuring both the resident or their representative, and the facility agree on the selection of a neutral arbitrator, and that the venue is convenient to both parties. (No current TAC equivalent.)
- Adds definitions to include “arbitrator”, “convenient venue,” and neutral arbitrator”
- Provides guidance and requirements regarding reasonable efforts made to ensure that any arbitration agreement entered into with a resident, or their representative provides for the selection of an arbitrator who is impartial, unbiased, and without the appearance of a conflict of interest.
- Provides procedures and probes surveyors should follow to verify with the facility whether arbitration agreements are used to resolve disputes.
- Covers key elements of noncompliance.



F851 Payroll Based Journal (PBJ)

- Provides additional guidance that surveyors can obtain PBJ data from Certification and Survey Provider Enhanced Reports (CASPER) to determine if the facility submitted the required staffing information based on payroll in a uniform format.



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F865 QAPI

- Adds definitions to include “governing body,” “indicators,” “quality assurance and performance improvement (QAPI),” “quality assurance (QA),” and “performance improvement (PI).”
- Adds information regarding program and documentation indicating that each facility must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
- Adds information regarding program design and scope indicating that each facility must have an effective QAPI program that is ongoing, comprehensive, and capable of addressing the full range of care and services it provides.
- Adds information regarding governance and leadership where the facility’s governing body or executive leadership must ensure certain requirements.



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F865 QAPI (continued)

F866 QAPI Data Collection and Monitoring

F865 QAPI (continued from previous slide)

- Provides examples of when disclosure may be necessary to determine compliance.
- Expands good faith attempts to include sanctions and how a facility can establish a good faith attempt to correct a deficiency.
- Provides clarification regarding investigative procedure and what surveyors should refer to when investigating concerns and citing non-compliance related to QAPI.

F866 QAPI Data Collection and Monitoring

Regulatory requirements §483.75(c) and §483.75(c)(1)-(4) relocated to F867



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F867 QAPI/QAA Improvement Activities



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- Adds intention to ensure facilities obtain feedback, use data, and take action to conduct structured, systematic investigations and analysis of underlying causes or contributing factors of problems affecting facility-wide processes that impact quality of care, quality of life, and resident safety.
- Revises definitions of "adverse events," "incidence," "indicator," "medical error," "near miss," "prevalence," "systematic," and "systemic."
- Adds guidance indicating that the facility must develop and implement systems that ensure the care and services it delivers meet acceptable standards of quality in accordance with recognized standards of practice.
- Adds a section for program feedback indicating that each facility must establish and implement written policies and procedures for feedback.
- Adds a section for data collection systems and monitoring indicating that each facility must collect and monitor data reflecting its performance.
- Adds a section for performance indicators indicating that facilities must have policies and procedures in place for developing, monitoring and evaluating performance indicators.

F867 QAPI/QAA Improvement Activities, cont.

- Adds a section for systematic analysis and action indicating that facilities are responsible for having systems in place intended to improve performance.
- Adds a section for establishing priorities indicating that facilities must establish priorities for performance improvement activities that focus on resident safety, health outcomes, autonomy, choice and quality of care, as well as high-risk, high-volume, and problem-prone areas.
- Adds a section for medical errors and adverse events indicating that facilities must track medical errors and adverse resident events.
- Adds a section for performance improvement projects (PIPs) indicating facilities must conduct distinct performance improvement projects.
- Adds a section for quality assessment and assurance detailing certain requirements the facility's QAA is responsible for meeting.
- Provides more information on investigative procedure to include references for surveyors when investigating concerns and citing non-compliance related to QAPI.
- Adds several key elements of non-compliance in which a surveyor should cite deficient practice at F867.

F868 QAA Committee

- Adds definitions for “infection preventionist (IP)” and “regular basis.”
- Expands guidance to include the requirement that the IP must be a participant on the facility’s QAA committee and report on the Infection Prevention and Control Program (IPCP) and on incidents identified under the program on a regular basis.
- Provides information on QAA committee and the governing body detailing that the QAA committee is responsible for reporting its activities to the governing body.
- Provides more information on investigative procedure to include references for surveyors when investigating concerns and citing non-compliance related to QAPI.



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Services

NF Updates

Panelist

Bijendra Bhandari

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



F880 Infection Prevention and Control

- Adds definitions for “C. difficile infection (CDI),” “legionellosis,” and “multidrug-resistant organisms (MDROs).”
- Expands infection control policies and procedures to include standard precautions, transmission-based precautions, and environmental cleaning and disinfection.
- Adds a section on water management detailing the risks of the bacterium Legionella and the importance of facilities being able to demonstrate measures to minimize the risk of Legionella and other opportunistic pathogens in building water systems, such as by having a documented water management program.
- Expands on the appropriate use of PPE and sterilization procedures.
- Adds information on three categories of transmission-based precautions: contact precautions, droplet precautions, and airborne precautions.
- Adds a section regarding MDRO colonization and infection and the situations and strategies used for residents infected or colonized with MDROs.
- Expands on droplet precautions in relation to resident placement.
- Updates information and potential noncompliance regarding cleaning and disinfection of blood glucose meters.



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F881 Antibiotic Stewardship Program

F882 Infection Preventionist

F881 Antibiotic Stewardship Program

- Updates investigative procedures to use the Infection Prevention, Control & Immunizations Facility Task, along with the above interpretive guidance, when determining if the facility meets the requirements for, or when investigating concerns related to, the antibiotic stewardship program.

F882 Infection Preventionist

- Updates intent to ensure that the facility designates a qualified individual or individuals onsite, who is responsible for implementing programs and activities to prevent and control infections.
- Adds guidance indicating that facilities must designate one or more individuals as the infection preventionist (IP) responsible for assessing, developing, implementing, monitoring, and managing the IPCP. Also provides the content required.
- Provides requirements and qualifications the IP must meet and the required IP hours of work .
- Adds details on investigative procedures, key elements of compliance, and examples in deficiency categorization.



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F895 Compliance and Ethics Program

- Adds intent to ensure that facilities have an effective compliance and ethics program that uses internal controls to more efficiently monitor adherence to applicable statutes, regulations and program requirements to deter criminal, civil and administrative violations under the Act and promote quality of care for nursing home residents.
- Adds definitions for “due care” and “entire staff.”
- Expands guidance to include background information and requirements for all facilities: compliance and ethics; written standards; policies and procedures, high-level personnel oversight; sufficient resources and authority; delegation of substantial discretionary authority; effectively communicating program standards, policies and procedures; reasonable steps to achieve program compliance; consistent enforcement through disciplinary mechanisms; response to detected violations; and annual review.
- Provides additional requirements for operating organizations with five or more facilities.
- Adds investigative procedures to use probes to assist with investigating and determining compliance.



TEXAS
Health and Human
Services

NF Updates

Panelist

Caroline Sunshine

Policy Specialist
Policy & Rules
Long-term Care Regulation



F919 Resident Call System

F940 Training Requirements - General

F919 Resident Call System

- Adds guidance that the call system must be accessible to residents while in bed, at each toilet, and bath or shower facility.
- Provides additional questions regarding the call system when interviewing residents about whether calls are being answered.

F940 Training Requirements – General

Adds that facilities are required to develop, implement, and maintain an effective training program for all staff.



F941 Training - Communication

F942 Training - Resident Rights

F941 Training – Communication

- Adds definitions for “communications,” “direct care staff,” and “effective communications.”
- Adds guidance to include recommended methods of effective communication and training resources.
- Adds probes to utilize in interviews if there is a concern about effective communication.

F942 Training - Resident Rights

- Adds intention to ensure all facility staff understand and foster the rights of every nursing home resident.
- Adds guidance that facilities must develop and implement an ongoing education program on all resident rights and facility responsibilities for caring of residents.



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F944 Training - QAPI

F945 Training - Infection Control

F944 Training – QAPI

- Adds definition for “quality assurance and performance improvement (QAPI).”
- Facilities must conduct mandatory training for all staff on the facility’s QAPI program.
- Adds probes for surveyors to use when determining a deficiency.
- Potential tags for additional investigation: F865-F868

F945 Training - Infection Control

- Facilities must develop, implement, and permanently maintain an effective training program for all staff.
- Adds probes to utilize if there is a concern about infection prevention and control practices or healthcare-associated infections in the facility.
- Potential tags for additional investigation: F880.



F946 Training – Compliance and Ethics

F947 Training – In-Service Nurse Aides

F946 Training – Compliance and Ethics

- Adds definition for the term “staff”
- Adds guidance that the operating organization must provide a training program to the entire staff to effectively communicate the standards, policies, and procedures of the compliance and ethics program.

F947 Training – In-Service Training for Nurse Aides

- Adds a definition for “performance reviews.”
- Updates guidance that nurse aide training should reflect their performance reviews in order to address identified areas of weakness.



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F949 Training – Behavioral Health

F949 Training – Behavioral Health

- Adds guidance that all facilities must develop, implement, and maintain an effective training program for all staff, which includes training on behavioral health care and services that are appropriate and effective.
- Adds probes to utilize if there is concern that the behavioral health needs of residents are not being met.



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CMS QSO-22-19-NH and Attachments

[QSO-22-19-NH \(PDF\)](#)

[Appendix PP Guidance to Surveyor for Long Term Care Facilities \(PDF\)](#)

[SOM Chapter 5 - Complaint Procedures \(PDF\)](#)

[SOM Exhibit 23 - ACTS Required Field \(PDF\)](#)

[SOM Exhibit 358- Sample Form for Facility Reported Incidents \(PDF\)](#)

[SOM Exhibit 359- Follow-up Investigation Report \(PDF\)](#)

[Psychosocial Outcome Severity Guide \(PDF\)](#)



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Nurse Aide Certification Waiver Ended

The CMS waiver suspending the requirement for Nurse Aides to earn certification within four months of working at a nursing facility ended on June 6.

- Nurse Aides wishing to work for four months or more in a nursing facility will need to earn certification by October 6.
- Coursework completed in temporary nurse aide training programs might not count towards eligibility to sit for the certification exams.
- Eligibility to sit for the Nurse Aide certification exam may be earned through traditional or transitional process outlined in [PL 2021-19](#).



Nurse Aide and Medication Aide Permit Expiration

The state waiver is still in place allowing both CNAs and CMAs to work on expired permits.

- How long waiver will last is currently unknown.
- CNAs and MAs are encouraged to keep their permits current.
- CNAs working in NFs can renew expired permits by completing "Infection Control for Nurse Aides Computer-based Training" on HHSC's [Nurse Aide In-Service Education](#) webpage and sending in completed employment verification form on the [Nurse Aide Registry](#) site. If employment cannot be verified, may need to re-train/test.



CMA Permit Expiration

- CMAs may work on a permit expired March 12, 2020 or after.
- CMAs whose permits expired **before** March 12, 2020 and did not take required Continuing Education Unit (CEU) training before expiration will need to re-train and pass the state exam.
- Permits for CMAs working in LTCFs can be renewed by completing an HHSC-approved 7-hour [MA CEU Program](#) and having approved fingerprint background check.
 - Note: CEU hours not required for first renewal.
- More info available on [Medication Aide Program](#) page.



Reminders

GovDelivery Alerts

Don't forget to sign up for [GovDelivery alerts subscriber](#).
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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Questions?

For more information:

Web: [Coronavirus \(COVID-19\) Provider Information](#)

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161



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Thank you!

For more information:

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