Meadows Institute COVID-19 Regulatory & Reimbursement Newsletter
Letter to Providers #44: State and Federal Updates – February 12, 2021

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With federal and state health care policies changing in response to COVID-19, the Meadows Mental Health Policy Institute (Meadows Institute) is issuing COVID-19 Regulatory & Reimbursement Newsletters to support providers. In these newsletters, we highlight recent changes and extensions to regulatory and reimbursement rules, as well as newly published or updated guidance and answers to frequently asked questions.

These newsletters, along with additional information on mental health resources during a pandemic, are posted here: https://mmhpi.org/work/covid19/. If you would like to have additional organizations added to our distribution list or have follow up questions on the content, please email Catie Hilbelink at chilbelink@mmhpi.org.

Texas Updates

COVID-19 Disaster Declaration

<table>
<thead>
<tr>
<th>Date</th>
<th>February 4, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>Governor Abbott extended the state’s COVID-19 disaster declaration for an additional 30 days. The declaration now expires March 6, 2021.</td>
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Governor Abbott 2022-2023 Budget

<table>
<thead>
<tr>
<th>Date</th>
<th>February 5, 2021</th>
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<tbody>
<tr>
<td>Summary</td>
<td>Governor Abbott released his budget for the 2022-2023 biennium. Highlights of his budget include:</td>
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<td>• Ensuring access to COVID – 19 vaccines and monoclonal antibody therapeutics;</td>
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<td>• Ensuring healthcare access for Texans with preexisting conditions;</td>
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<td>• Increasing the availability of teleservices and expanding access to broadband; and</td>
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<tr>
<td></td>
<td>• Addressing learning loss due to COVID-19.</td>
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New State Guidance on Hospitals at Home Program

**Date**: February 8, 2021

**Summary**: HHSC issued a guidance letter and details on a new emergency rule permitting hospitals to apply to the Health and Human Services Commission (HHSC) to temporarily participate in the Centers for Medicare & Medicaid Services’ (CMS) Acute Hospital Care at Home program to expand hospital capacity in response to the COVID-19 pandemic. Under the emergency rule, a Texas hospital licensed under Chapter 241, Health and Safety Code, may treat eligible patients at patient residences if all of the following conditions are met: the hospital obtains CMS approval to participate in the Acute Hospital Care at Home program; the hospital submits a *state application* to HHSC via email to infohflc@hhs.texas.gov; the hospital provides a copy of the CMS approval and any additional information HHSC requires; and the hospital receives written approval from HHSC to participate in the CMS Acute Hospital Care at Home program. HHSC may withdraw its approval at any time for a hospital to participate in the CMS Acute Hospital Care at Home program. See the latest *list* of hospitals federally approved for participation, including several Texas hospitals, and *FAQs* on the program for more.


Age Outs and Waiver Terminations

**Date**: February 4, 2021

**Summary**: HHSC Medicaid and CHIP Services provided the following update on age outs and waiver terminations at the recent COVID-19 stakeholder webinar. To comply with the Families First Coronavirus Response Act (FFCRA), HHSC has maintained members’ Medicaid coverage during the federal COVID-19 public health emergency (PHE). On October 28, 2020, CMS issued new guidance (Interim Final Rule CMS 9912 IFC) that clarifies this requirement. While HHSC will continue to maintain members’ Medicaid coverage until the federal COVID-19 PHE ends for members who would otherwise be determined ineligible, states are no longer restricted from moving beneficiaries to the most appropriate Medicaid program for which they are eligible.

For example, STAR Kids and STAR Health members who turned 21 on or before March 31, 2021 and are not receiving Medically Dependent Children Program (MDCP), prescribed pediatric extended care center (PPECC), or private duty nursing (PDN) services will transition to the STAR+PLUS or STAR programs effective April 1, 2021.
Updated FAQs

**LTCR COVID-19 Vaccine FAQs**

**Date**  
February 9, 2021

**Summary**  
HHSC Long-term Care (LTC) Regulation published COVID-19 Vaccine Frequently Asked Questions (FAQs).

**Link**  

**HCSSA Providers**

**Date**  
February 9, 2021

**Summary**  
HHSC published updated Frequently Asked Questions About COVID-19 for home and community support services agencies (HCSSAs).

**Link**  

**COVID-19 Reporting Process**

**Date**  
February 9, 2021

**Summary**  
HHSC LTC Regulatory published provider letter (PL) 2021-04, clarifying the triggering events and process for providers to report positive COVID-19 cases to the HHSC. Assisted Living Facilities (ALF), Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), and Nursing Facilities (NF) ALFs, ICF/IIDs, and NFs are required to report to HHSC Complaint and Incident Intake (CII) within 24 hours of:

- a facility’s first positive case of COVID-19 in a resident or staff member; or
- a new positive case of COVID-19 in a resident or staff member after a facility has been without a new case of COVID-19 in a resident or staff member for 14 days or longer.

**Link**  
ICF/IID: Payments for Leave Due

Date: February 4, 2021

Summary: HHSC is authorized by CMS to pay an ICF/IID program provider for up to 90 days if the program provider reserved a bed for a resident who took a temporary leave of absence during the period of March 20, 2020 through October 23, 2020 to reduce the risk of COVID-19 transmission. This leave, known as COVID-19 therapeutic leave, is in addition to therapeutic leave, extended therapeutic leave, and special leave that a resident may have taken during calendar year 2020. COVID-19 therapeutic leave is governed by 26 T.A.C. §261.351, Emergency Rule Related to Leave During the COVID-19 Pandemic, effective January 29, 2021.

Link: https://apps.hhs.texas.gov/providers/communications/2021/letters/IL2021-05.pdf

ICF/IID Provider Bed Hold Payments Reminder to Provide Letter to Families

Date: February 4, 2021

Summary: Information Letter 2020-43, ICF/IID Services During COVID-19, directed program providers to give a copy of the letter attached to that IL to each resident who was:
- Absent from an ICF/IID.
- Not on leave.
- Was not discharged from the ICF/IID.

If providers have not provided the letter to residents who meet that criteria, HHSC requests they do so immediately. It was to be complete by October 5, 2020. Providers must assist residents in deciding to do only one of the following:
- Return to the facility;
- Continue to be absent from the facility, be discharged, but enter into an agreement with the ICF/IID to hold one’s place at the facility; or
- Continue to be absent from the facility and be discharged.

HHSC Medicaid and CHIP Services will issue instructions to providers about entering COVID-19 therapeutic leave for days a resident was away from an ICF/IID to reduce the risk of COVID-19 transmission.

“High Hospitalization” List Updates

<table>
<thead>
<tr>
<th>Date</th>
<th>February 9, 2021</th>
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<tbody>
<tr>
<td>Summary</td>
<td>Several Trauma Service Areas (TSAs), A – Panhandle, B – Lubbock, D – Big Country, F – Northeast Texas, G – Piney Woods, and N – Brazos Valley, have been removed from the list of TSAs that have reached the state’s “high hospitalization” threshold. As a reminder, TSAs in that category are asked to scale down elective surgeries and procedures. Executive orders GA 31 and 32 lay out the threshold for high hospitalizations and impact on elective procedures.</td>
</tr>
<tr>
<td>Link</td>
<td><a href="https://www.dshs.state.tx.us/GA3031/">https://www.dshs.state.tx.us/GA3031/</a></td>
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LTC COVID-19 Vaccination Options

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Summary</td>
<td>HHSC and the Department of State Health Services (DSHS) have published <a href="https://www.tmhp.com/news/2021-02-05-hhsc-and-dshs-publish-ltc-covid-19-vaccination-options">Long-term Care COVID-19 Vaccination Options</a>. The resource document provides COVID-19 vaccination options to:</td>
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<td>• Nursing Facilities;</td>
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<td>• Assisted-Living Facilities;</td>
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<td>• State Supported Living Centers;</td>
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<td>• Community-based intermediate care facilities for individuals with an intellectual disability or related condition regardless of size; and</td>
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<td>• Small group home residence settings (three and four person residences) that are owned and operated by certified Home and Community-based Services Medicaid Waiver Program providers.</td>
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Week Nine Vaccine Allocations (Delivery This Week)

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Summary</td>
<td>DSHS announced week nine vaccine allocations. The state is shipping 410,750 doses to 358 providers in 135 Texas counties. This includes 85 hub providers. The full list is available <a href="https://www.tmhp.com/news/2021-02-05-hhsc-and-dshs-publish-ltc-covid-19-vaccination-options">here</a>. Additional providers include health departments, pharmacies, federally qualified health centers, community and rural clinics, and some medical practices that specialize in care for older adults. DSHS encouraged providers to accommodate people 75 and older, who are at the highest risk of severe disease,</td>
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**Meadows Institute COVID-19 Regulatory & Reimbursement Newsletter #44**

February 12, 2021
hospitalization, and death from COVID-19. For example, providers could set aside a certain number of doses for older adults, serve them during special hours, help them move through vaccine clinics more quickly, or work with local partners to facilitate in-home vaccination. This does not change the groups eligible for vaccination.

Texas posts the number of vaccines administered by providers [here](https://www.dshs.state.tx.us/news/releases/2021/20210205.aspx). According to the data, hospitals have administered 1,373,637 doses. Texas hit 3 million doses administered over the weekend.

**Mobile Vaccine Teams Deployed to Five Underserved Counties**

<table>
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<tr>
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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>Governor Abbott and the Texas Division of Emergency Management (TDEM) announced that the state is deploying five more mobile vaccine teams to underserved communities in Motley, Glasscock, Kenedy, Terrell and McMullen counties. Read more about the state’s mobile vaccination effort <a href="https://gov.texas.gov/news/post/governor-abbott-tdem-deploy-state-mobile-vaccine-teams-to-five-underserved-counties-this-week">here</a>.</td>
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**Vaccine Super Sites**

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<tr>
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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>Governor Abbott announced via Twitter that Texas is working with the Federal Emergency Management Agency (FEMA) to open at least two vaccine “super sites,” starting in Houston and Dallas. Gov. Abbott said the sites would aim to provide up to 6,000 vaccinations per day every day for eight weeks, with possible expansions to other cities.</td>
</tr>
<tr>
<td><strong>Link</strong></td>
<td><a href="https://twitter.com/GregAbbott_TX/status/1358809645578608642">https://twitter.com/GregAbbott_TX/status/1358809645578608642</a></td>
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Race/Ethnicity Now Required for Manual Reporters in ImmTrac2

**Date**  
February 4, 2021

**Summary**  
DSHS announced that race/ethnicity fields will now be a requirement in ImmTrac2 starting February 4, 2021 for providers who input their data manually. This requirement will be active whenever a new client is added or an existing client is edited. Both race and ethnicity fields will have a blue heading with an asterisk indicating they are required. If these fields are left blank, a validation error will be displayed. The state is ramping up its attention and focus on equitable administration of vaccines. The state restructured the front end, where manual data entry occurs, so that critically important race/ethnicity fields are required before being able to submit. For providers that use data exchanges to submit data, race/ethnicity fields are not yet required and submissions won’t be rejected if they do not include race/ethnicity information. The state is working on ultimately making these a requirement and working through information technology and timing issues. Questions can be fielded by DSHS via email.

**Link**  
https://www.dshs.texas.gov/immunize/immtrac/forms.shtm

Best Practices for Vaccine Hubs

**Date**  
February 3, 2021

**Summary**  
Dimmit Regional Hospital Hub and Houston Health Department presented information on a DSHS call regarding best practices for hubs. A few notable takeaways from hubs that have had successful operations and success reaching out to hard-to-reach communities include:

- Use volunteers;
- Set designated hours, with special hours and outreach for seniors;
- Have designated traffic flows and stations;
- At Dimmit, staff prefers to mix at each station, rather than a single mixing station;
- Implement hard stops during the day to conduct dose/registration counts;
- Have morning and evening huddles with staff, volunteers.; and
- Engage partners in the communities (pharmacies, doctors associations, aging agencies, etc.) to reach seniors, at-risk populations and ethnic minorities.
Statewide COVID-19 Rental Relief Program

**Date**  
February 9, 2021

**Summary**  
Governor Abbott announced that the Texas Department of Housing and Community Affairs (TDHCA) has launched the Texas Rent Relief Program — the first statewide rent and utility assistance program for qualifying households throughout Texas. This program has been created to administer the more than $1 billion allocated to Texas through the latest federal COVID-19 stimulus bill. TDHCA will begin accepting applications for the program on Monday, February 15th, but Texans can visit TexasRentRelief.com starting February 9, 2021 to learn more about qualifications, required documents, and the application process.

**Link**  

Federal Updates

**FEMA Awards to $2.5 Billion to DSHS**

**Date**  
January 28, 2021

**Summary**  
FEMA announced it has awarded $2.5 billion to DSHS for costs related to the COVID-19 mission. Per the release, DSHS provided medical care and transport in support of hospitals, nursing homes and long-term health care facilities. DSHS staff purchased and distributed commodities, such as personal protective equipment, medical supplies and ventilators.

**Link**  
Traffic Injuries

Traffic injuries are a leading cause of death and disability worldwide. In the United States, traffic crashes are the leading cause of death for children and young adults. Traffic injuries can be caused by a variety of factors, including alcohol, drugs, speed, and driver error. This section provides information on the sources of traffic injuries, the impact of traffic injuries on public health, and the efforts being made to reduce traffic injuries.

Sources of Traffic Injuries

Traffic injuries can be caused by a variety of factors, including alcohol, drugs, speed, and driver error. Alcohol impairment is a significant factor in traffic crashes, with alcohol involved in nearly half of all fatal crashes. Speeding is another major factor, with speeding contributing to a significant proportion of traffic injuries. Driver error is also a significant factor, with driver error occurring in a significant proportion of traffic injuries.

Impact of Traffic Injuries on Public Health

Traffic injuries have a significant impact on public health, both in terms of morbidity and mortality. Traffic injuries result in a significant number of hospitalizations and disabilities, with many people suffering from long-term effects of traffic injuries. Traffic injuries also result in a significant number of deaths, with traffic injuries causing a significant number of fatalities each year.

Efforts to Reduce Traffic Injuries

Efforts to reduce traffic injuries are underway, with a variety of strategies being implemented to reduce traffic injuries. These strategies include implementing laws to reduce alcohol impairment, implementing laws to reduce speeding, and implementing education and awareness campaigns to reduce driver error. Additionally, new technologies, such as advanced driver assistance systems, are being developed to help reduce traffic injuries.
Biden Announces Members of the COVID-19 Health Equity Task Force

**Date**
February 10, 2021

**Summary**
To help ensure an equitable response to the pandemic, President Biden signed an executive order on January 21, 2021 creating a task force to address COVID-19 related health and social inequities. This Task Force is chaired by Dr. Marcella Nunez-Smith. The President announced the following individuals to serve as non-federal members of the Biden-Harris COVID-19 Health Equity Task Force:

- Octavio Martinez of New Braunfels, TX
- Mayra Alvarez of San Diego, CA
- James Hildreth of Nashville, TN
- Andrew Imparato of Sacramento, CA
- Victor Joseph of Tanana, AK
- Joneigh Khaldun of Lansing, MI
- Tim Putnam of Batesville, IN
- Vincent Toranzo of Pembroke Pines, FL
- Mary Turner of Plymouth, MN
- Homer Venters of Port Washington, NY
- Bobby Watts of Goodlettsville, TN
- Haeyoung Yoon of New York, NY

**Link**

Biden Announces Community Health Centers Vaccination Program

**Date**
February 9, 2021

**Summary**
President Biden announced the launch of the Federally Qualified Health Center program that will provide more vaccines for Community Health Centers that are reaching underserved and vulnerable communities. Additionally, the administration will increase the vaccine supply to states, Tribes, and territories by 5% over last week, for a total of a 28% increase in the last three weeks.

**Link**
Johnson & Johnson Files for EUA

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<tr>
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<tbody>
<tr>
<td>Summary</td>
<td>Johnson &amp; Johnson announced it has filed an application for emergency use authorization (EUA) of its coronavirus vaccine by the Food and Drug Administration (FDA). As a reminder, the Johnson &amp; Johnson vaccine only requires basic refrigeration and is given as a single dose.</td>
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FDA Updates

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Summary</td>
<td>FDA issued an EUA for bamlanivimab and etesevimab administered together for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age or older weighing at least 40 kilograms [about 88 pounds]) who test positive for SARS-CoV-2 and who are at high risk for progressing to severe COVID-19. The FDA warned providers against using compounded remdesivir drug products due to the potential for patient exposure to substandard or adulterated products.</td>
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COVID-19 Communications Guidance

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<tbody>
<tr>
<td>Summary</td>
<td>The National Academies of Science, Engineering and Medicine this week released guidance on communications strategies to combat mistrust and build confidence in COVID-19 vaccines. The report recommends focusing communications on those who are skeptical or hesitant rather than firmly opposed to vaccination; tailoring messages to specific audiences; adapting messaging as circumstances change; and using trusted messengers with roots in the community to overcome mistrust and build confidence, among other strategies.</td>
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CDC Report: Disparities in Behavioral Health Conditions, Psychosocial Stressors

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<td>Summary</td>
<td>A new Centers for Disease Control and Prevention (CDC) report discusses the disparities in the behavioral health conditions and psychosocial stressors racial and ethnic groups have experienced during the pandemic. Hispanic adults reported higher rates of depression, suicidal thoughts, and increased/newly initiated substance use than non-Hispanic White, non-Hispanic Black and multiracial and non-Hispanic respondents of other races/ethnicities.</td>
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<tr>
<td>Link</td>
<td><a href="https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e1.htm?s_cid=mm7005e1_w">https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e1.htm?s_cid=mm7005e1_w</a></td>
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