



**State and Federal
Overview: The Novel
Coronavirus (COVID-19):
March 18 – April 6, 2020**

April 6, 2020

Federal Government



U.S. Centers for Medicare & Medicaid Services

Centers for Medicare & Medicaid Services: Lessons from The Front Lines: COVID-19

On April 3, CMS Administrator Seema Verma, Deborah Birx, MD, White House Coronavirus Task Force, and officials from the FDA, CDC, and FEMA participated in a call on COVID-19 Flexibilities. Several physician guests on the front lines presented best practices from their COVID-19 experience(s). You can listen to the conversation [here](#).

2021 Medicare Advantage and Part D Rate Announcement Fact Sheet

- [Medicare Part C](#)
- [Medicare Part D](#)

Today, the Centers for Medicare & Medicaid Services (CMS) published the Calendar Year (CY) 2021 Rate Announcement, finalizing Medicare Advantage (MA) and Part D payment methodologies for CY 2021. This Rate Announcement addresses comments received on Parts I and II of the CY 2021 Advance Notice, published on January 6 and February 5, 2020, respectively. The final policies in the Rate Announcement will continue to modernize and maximize competition within the MA and Part D programs. Learn [more here](#).

U.S. Department of Health and Human Services

HHS Supports State, Territorial and Tribal Public Health Labs with COVID-19 Rapid Point-of-Care Test

The U.S. Department of Health and Human Services is purchasing the ID NOW COVID-19 rapid point-of-care test, developed by Abbott Diagnostics Scarborough Inc., for state, territorial and tribal public health labs. The ID NOW COVID-19 test is performed on the ID NOW device. This test allows for medical diagnostic testing at the time and place of patient care, provides COVID-19 results in under 13 minutes and expands the capacity for coronavirus

testing for individuals exhibiting symptoms as well as for healthcare professionals and the first responder community. Additionally, this will save Personal Protective Equipment (PPE) and ensure our critical workforce is safe and able to support the response, as only gloves and a facemask are necessary to administer this rapid point-of-care test. Learn [more here](#).

U.S. Department of Labor

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) issued a new poster listing steps all workplaces can take to reduce the risk of exposure to coronavirus. The poster highlights infection prevention measures every employer can implement to protect workers' safety and health this crisis. Find more information and download [the poster here](#).

OSHA has also established a [dedicated website for COVID-19](#).

DOL also announced two new Unemployment Insurance Guidance Letters 16-20 and 15-20: 16-20 covering the additional 39 weeks of unemployment insurance and the additional \$600 weekly payment for eligible individuals provided under the CARES Act.

- Read more information on UIPL [16-20 here](#).
- Read more information on UIPL [15-20 here](#).

Lastly, DOL released [guidance regarding respirators](#) certified under other countries' standards during COVID-19. Guidance can be [found here](#).

U.S. Department of Education

Secretary of Education Betsy DeVos Authorizes New Funding Flexibilities to Support Continued Learning During COVID-19 National Emergency

U.S. Secretary of Education Betsy DeVos announced today a [new streamlined process](#) for providing states funding flexibilities to best meet the needs of students and educators during the COVID-19 national emergency. The new flexibilities, authorized under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, allow schools to repurpose existing K-12 education funds for technology infrastructure and teacher training on distance learning, among other flexibilities to move resources to areas of highest need during the national emergency. Any state may complete a brief form available at [oese.ed.gov](#), and it will receive an initial determination within one business day. Using the form, states can receive flexibility in the use of funds and other requirements covered under the Elementary and Secondary

Education Act of 1965 (ESEA), including the Title I, Parts A-D, Title II, Title III, Part A, Title IV, Parts A-B, and Title V programs. Specifically, states may request a waiver of:

- Section 1127(b) of Title I, Part A of the ESEA to waive the 15% carryover limitation for Title I, Part A funds;
- Section 421(b) of the General Education Provisions Act (GEPA) to extend the period of availability of prior fiscal year funds, for Title I, Parts A-D, Title II, Title III, Part A, Title IV, Parts A-B, and Title V, Part B programs, and the McKinney-Vento Homeless Children and Youth program;
- Section 4106(d) of Title IV, Part A of the ESEA to waive a needs assessment to justify the use of funds;
- Section 4106(e)(2)(C), (D), and (E) of Title IV, Part A of the ESEA to waive content-specific spending requirements;
- Section 4109(b) of Title IV, Part A of the ESEA to waive spending restrictions on technology infrastructure; and
- Section 8101(42) of the ESEA to waive the definition of “professional development,” which might otherwise limit the ability to quickly train school leaders and teachers on topics like effective distance learning techniques.

Learn [more here](#).

The State of Texas



The Governor's Press Conference

The Governor stated that he had a conference call with governors and public health officials today. On the call, Dr. Birx stated that looking at the data, it is clear that mitigation efforts are working. We are getting close to bending the curve. If we let up now, all our efforts will have been fruitless. The Treasury stated that states should receive funds about April 24th. Direct deposits should begin next week—\$1,200 per eligible person. They are also trying to get money to the states for unemployment funding. Regarding small business loan programs, loans can become grants if employment targets are met and community banks are managing the application process. He recommended that businesses access these funding opportunities as quickly as possible.

Travel restrictions have been maintained from areas with high concentrations of COVID-19. The DPS was pulling over cars en-route from Louisiana; now, there will be check points with

the same restrictions and requirements of mandatory quarantine. Hydroxychloroquine is being tested in a Texas City nursing home where about 30 patients are being treated in to see if it will be effective. They are in their second day of treatment.

Numbers in Texas:

- 85,357 tested; increasing 10% each day
- 7,319 have tested positive; less than 10 percent of all those tested
 - Of these 1,153 hospitalizations
- 140 fatalities

Review the DSHS's data dashboard to [review the counties with the highest number of cases](#). As of today, there are 21,033 available beds statewide and 2,223 ICU beds available. In addition, 6,080 ventilators are available.

PPE DISTRIBUTION IN TEXAS IN PAST WEEK

Numbers from: 3/27/20 – 4/5/20

MASKS	1,676,510
FACE SHIELDS	209,856
GLOVES	2,721,350
GOWNS	169,231
COVERALLS	7,594

Texas has received 2.5 million masks in the last 24 hours with 3 million masks arriving by April 11, 2020.

This was made possible through the:

- Establishment of the supply chain strike forces to collaborate with the public and private sectors to meet the healthcare supply needs
- Creation of the online portal WWW.TEXAS.GOV
- Distribution of supplies from the strategic national stockpile

Dr. Hellerstedt explained the prioritization process used. The following are in priority order:

- Hospitals or health care professionals in contact with or treating confirmed COVID patients with potential for high loss of life.
 - Needed to protect most critical capacity in hospitals
 - Losing hospital capacity will lead to increased deaths.

- Health care facilities, including long-term care with an emerging or active outbreak (one or more cases)
 - Transmission within vulnerable/elderly population
 - High potential for multiple deaths
- Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population.
 - Health care – hospitals
 - EMS – based on triage – needed for respiratory issues
 - Hospital staff for in-house testing – hospital emergency departments
 - Long-term care facilities with history of COVID
 - Isolated patient step-down locations
- Health care facilities, providers, and first responders that have general patient encounters and needs.
- Other health care settings not caring for inpatient COVID patients with general need
- Other health care professionals collecting specimens
- Other first responders

Distribution process

- PPE comes to State central warehouse
- Central Warehouse ships to Hospital Preparedness Program (HPP) providers and to local Texas Military Department Armories
- Amount shipped to HPP regions is percentage of total PPE on-hand based on number of total hospital beds
- To submit a State of Texas Assistance Request (STAR) form for PPE, work with local emergency management coordinator and HPP providers

Local officials should track receipts for federal reimbursement to be reimbursed by both FEMA Category B and the CARES ACT.

Review the [PowerPoint](#) to see the distribution by region.

Questions and Answers

Should the feds take over the supply chain process? The Feds played an early important role but lately, the private sector has provided a new robust response. This private sector response includes the new 15-minute tests. Now that we have an effective supply chain organization, there are numerous opportunities for PPE.

Is Texas in the position to help other states? Texas is always ready to step up and help others. Texas numbers are on the rise; we are about a week or two behind the other hard-hit states. We are expecting increasing numbers in Texas and our first obligation is to Texans



who may become infected with COVID-19. When we know we have 100 percent capability for our citizens then we can help other states.

In addition to HHSC's mental health hotline, what other mental health measures are being taken? Dr. Hellerstedt stated that it is important that people realize there are things they can do to bend the curve, making the disease less severe. This gives people hope. HHSC has made the hotlines available.

PPE availability confidence. The Governor stated he feels more comfortable than he has felt in the past. We have more than enough for right now. More is coming in and purchase orders are being developed. Texas looks very well-supplied.

The Governor asked Dr. Fauci for his insights on our efforts in Texas. He stated that the focus is good, but compliance must be enforced. Dr. Birx and Dr. Hellerstedt also participated in the discussion.

From the Office of the Governor, Greg Abbott

Care.com Initiative Available to Increase In-Home Child Care Access for Frontline Workers

Governor Greg Abbott today announced that [Care.com](https://care.com) is increasing in-home child care access for frontline workers responding to the COVID-19 emergency. As part of this initiative, Care.com is offering 90 days of free, premium access to their services, along with specific portals for frontline workers and caregivers in Texas. Frontline workers looking for child care as well as prospective caregivers can both enroll at <https://texasfrontline.care.com/>. Potential caregivers are subject to Care.com's extensive background and safety checks. While childcare services are not typically free of charge, the Texas portal gives residents the ability to waive their fees and volunteer as caregivers, providing additional support to frontline workers. Read [the full release here](#).

Governor Abbott Waives Certain Regulations to Expand Health Care Workforce During COVID-19 Response

Governor Greg Abbott has temporarily waived certain regulations to expand the health care workforce to assist with Texas' COVID-19 response. Under this waiver, Physician Assistants (PA), Medical Physicists, Perfusionists, and Respiratory Care candidates for licensure who have completed all other requirements may enter the workforce under an emergency license working under supervision prior to taking the final licensure examination. The Governor's waiver also provides for emergency licensees to undergo name-based background checks in place of fingerprint checks while fingerprint checks are unavailable due to the crisis.



Additionally, the Governor's waiver allows more flexibility between physicians and the PAs and Advance Practice Registered Nurses they supervise including allowing for oral prescriptive delegation agreements to enable rapid deployment of those practitioners during the emergency. Read the [full release here](#).

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 11:45 AM today, can be found by accessing the [DSHS COVID-19 Dashboard](#).

Notice regarding testing and submission of specimens for COVID-19 testing to the DSHS Austin Laboratory

The DSHS Interim COVID-19 Case Report Form (found at <https://www.dshs.texas.gov/coronavirus/public-health.aspx>) is no longer required with sample submission. For further details, please see the [COVID-19 Specimen Collection and Submission Instructions](#) located on the [DSHS Laboratory](#) website. PUI ID is no longer required. However, ALL specimens for COVID-19 testing require preapproval. Contact your Local Health Department or DSHS Public Health Region (<https://www.dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>) to ensure patient meets Patient Under Investigation (PUI) criteria for testing and to obtain DSHS approval to test. Specimens MUST meet DSHS PUI criteria prior to shipping and WILL NOT be tested without prior approval. Please DO NOT ship specimens prior to receiving this approval. Learn [more here](#).

Health and Human Services Commission

Temporary Change in HCS and TxHmL Policy for Service Providers of Respite and CFC PAS/HAB

HHSC is permitting individuals who reside in the same home as the HCS and TxHmL client to provide respite and CFC PAS/HAB services. However, spouses and parents of minor children



are still prohibited from being paid providers. Read the [full release here](#).

HHSC Reaffirms Guidance to Long Term Care Facilities.

Effective immediately, a provider must report every presumptive and confirmed case of COVID-19 in staff and individuals receiving services from the provider as a self-reported incident. A presumptive or confirmed case is considered a critical incident. Providers (other than HCS and TxHmL providers) must notify HHSC through [TULIP](#) or by calling Complaint and Incident Intake (CII) at 1-800-458-9858. HCS and TxHmL providers must notify HHSC at: waiversurvey.certification@hhsc.state.tx.us

The [Recording of NF COVID-19 Q&A Provider Webinar Available](#) here.

Texas WIC Expands Eligible Foods, Launches Updated App

Texas Health and Human Services announces Texas WIC, the special supplemental nutrition program for women, infants, and children, is expanding the number of food items eligible for purchase through the program. It is also updating the MyTexasWIC app to ensure Texans who need access to nutritious food will be able to find it in their local grocery stores. Effective immediately, there are additional options for certain food items WIC participants can buy. These food items include more options for milk, bread, rice, pasta and eggs. In addition, Texas WIC is permanently adding canned fruits and vegetables to the food package. Items at the grocery store with a pink sticker that says "WIC Approved" are products eligible for shoppers to purchase using WIC. WIC participants can find detailed information on the [Texas WIC website](#). WIC participants can also download the latest version of the MyTexasWIC shopping app on the [Google Play Store](#) or [Apple App Store](#), which informs families what the allowable food items are on their benefit package. Texas WIC is operating under modified services throughout the state to help keep clients and staff safe. Families may call their local WIC clinics to learn more about how they can receive services. [Visit the Texas WIC website](#) or call 800-942-3678 to find how your local clinic is handling local services. Many have modified their services and applicants are encouraged to [start their applications online](#) to protect office workers and practice social distancing precautions. Read [more here](#).

Texas Workforce Commission

Workforce Solutions offices have adjusted schedules and availability due to COVID-

19. TWC told customers before going to an office, please check the following page on TWC's website for [updates on office hours](#) as some offices have moved to virtual environments.

TWC has also provided a snapshot of the unemployment insurance claims: [Unemployment Claims by the Numbers](#).

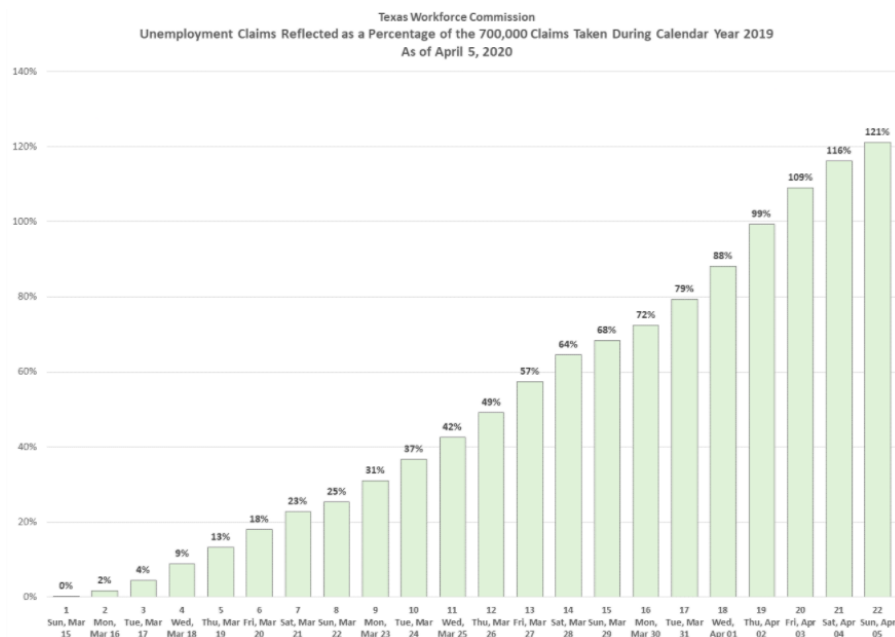
COVID-19 Unemployment Claims Filed

Week Ending	Total	Internet	Telephone	Other
2/22**	7,053	***	***	***
2/29**	7,393	***	***	***
3/7**	6,368	***	***	***
3/14**	6,042	2,731	1,380	1,931
3/21**	158,364	141,632	13,678	3,054
3/28**	292,522	256,214	20,642	15,696
4/4*	361,000	321,000	20,000	20,000
4/11*	34,240	33,000	40	1,200

*Numbers are estimates based on internal data. Does not reflect official DOL data.

** Official Data from DOL

*** Breakdown Data Unavailable



Texas Workforce Solutions-Vocational Rehabilitation Services Notice to Providers on Temporary Exceptions Due to COVID-19
TWC Vocational Rehabilitation Division (VRD) staff and service providers continue to deliver



essential services that are necessary to assist Texans with disabilities to prepare for, obtain and retain competitive integrated employment.

On March 30, 2020, VRD announced the implementation of temporary exceptions to certain requirements in the VR Standards for Providers Manual (SFP). The exceptions are intended to support VRD staff and service providers as we work together to maintain continuity of services to our current customers and access to services for new customers during the COVID-19 pandemic.

The exceptions have been revised to extend the temporary exception period, consistent with GA 14, issued by Governor Abbott on March 31, 2020, as well as any superseding orders issued by the Governor in the coming weeks.

In addition, VRD recognizes that some providers proactively implemented COVID-19 containment strategies during the month of March to protect VRD customers, provider staff and communities. The revisions clarify that VRD staff may approve and pay provider invoices for services rendered during the month of March 2020 that were delivered as allowed in the exceptions issued on March 30, provided that all other applicable requirements are met.

Finally, the revisions clarify language in some sections and provide a more detailed list of services that may be postponed, if necessary, to implement COVID-19 containment measures.

The [revised exception document](#) is now available.

Learn [more here](#).

April 4, 2020

Federal Government



The President's Press Briefing - April 3, 2020

Summary of the President's Press Briefing on April 3, 2020. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can [access it here](#).

International. According to the WHO's [situation report for April 4, 2020](#), one new country/territory/area reported cases of COVID-19 in the past 24 hours: Bonaire, Sint Eustatius and Saba. Worldwide cases are climbing above 1 million and deaths over 50,000.

Small Business Administration. The [U.S. Small Business Administration Administrator Jovita Carranza](#) today launched the Paycheck Protection Program, a \$349 billion emergency loan program created last week with the President's signing of the *Coronavirus Aid, Relief, and Economic Security Act* (CARES). The program provides forgivable loans up to \$10 million to small businesses left financially distressed by the Coronavirus (COVID-19) pandemic. The loans, which will be administered at the local level by a national network of banks and credit unions, are designed to maintain the viability of millions of small businesses struggling to meet payroll and day-to-day operating expenses. Learn [more here](#).

CDC Recommends Face Coverings in Public. The CDC is recommending that people wear [facial coverings](#) in public in addition to continued adherence to [social distancing and hygienic guidelines](#). The catalyst for the change is the rate of transmission from asymptomatic people. The CDC does not recommend medical grade masks, as those should be reserved for first responders. The President stated that this is voluntary, and he will not be wearing one. The Surgeon General stated that originally, face masks were not recommended for the general public—if they were not showing symptoms—because based on the best evidence available at the time, it was not deemed that that would have a significant impact on whether or not a

healthy person wearing a mask would contract COVID-19. We now know from recent studies that a significant portion of individuals with coronavirus are asymptomatic. And that even those who eventually become pre-symptomatic, meaning that they will develop symptoms in the future, can transmit the virus to others before they show symptoms. This means that the virus can spread between people interacting in close proximity: for example, coughing, speaking, or sneezing, even if those people were not exhibiting symptoms. In light of this new evidence, CDC and the task force recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain. These include places like grocery stores and pharmacies. We especially recommend this in areas of significant community-based transmission.

Social Distancing and Disease Projections. The Vice President commended people on their social distancing efforts. Dr. Birx stated that social distancing is having a pronounced impact in California and Washington. She stated that 1.4 million tests have been performed across the country. According to [the CDC](#), there are 277,205 confirmed cases; 6,593 total deaths; and 55 jurisdictions reporting cases. Follow this link for the CDC's new [weekly surveillance summary of U.S. COVID-19 activity](#). Dr. Birx stated that we need to support each other as each state, county, and community moves through this, and really ensure that we can move supplies creatively around the country to meet the needs of both the frontline healthcare providers but also every American who needs our support right now.

Regarding the impact of compliance on the projection models, Dr. Birx stated that there are many ways to look at this, and a lot of the projections are based on the global experience. From the Institute for Health Metrics and Evaluation: *In addition to a large number of deaths from COVID-19, the epidemic in the US will place a load well beyond the current capacity of hospitals to manage, especially for ICU care. These estimates can help inform the development and implementation of strategies to mitigate this gap, including reducing non-COVID-19 demand for services and temporarily increasing system capacity. These are urgently needed given that peak volumes are estimated to be only three weeks away. The estimated excess demand on hospital systems is predicated on the enactment of social distancing measures in all states that have not done so already within the next week and maintenance of these measures throughout the epidemic, emphasizing the importance of implementing, enforcing, and maintaining these measures to mitigate hospital system overload and prevent deaths.* Learn [more here](#).

Testing and Treatment.

Testing

- The FDA has approved the [Cellex antibody test](#).
- Dr. Birx stated that Abbott labs has 18,000 rapid-test machines across the country; and FEMA is acquiring more for distribution.
- Dr. Birx stated they are working on tests critical for surveillance; but they are not prepared to estimate the number of asymptomatic patients. The antibody piece is

critical; and the younger you are the more likely you will be asymptomatic. She stated that we want those tests to be like what we use for HIV and malaria — finger prick onto a cassette. If medical staff can know they have the antibody, that changes things for patient care and health care staff safety. There are 150-plus countries working on this collectively. After the crisis is over, we can go back and look at errors and how we got to where we are.

Insurance

- The President indicated that insurance companies are waiving co-pays for testing, but also temporarily for treatment.
- Secretary Azar stated that newly unemployed individuals that had previously been insured through their employer have a special enrollment period where you may enroll in the individual exchanges of the Affordable Care Act. He stated that the Administration is rolling out \$1 billion in funding from the Families First Coronavirus Response Act to cover providers' expenses for testing and diagnosing the uninsured. Further, he stated that The CARES Act includes another \$100 billion for healthcare providers. They will use a portion of that funding to cover providers' costs of delivering COVID-19 care for the uninsured, sending the money to providers through the same mechanism used for testing. As a condition of receiving funds under this program, providers will be forbidden from balance billing the uninsured for the cost of their care. Providers will be reimbursed at Medicare rates.
- Depending on the state, you may be eligible for Medicaid.
- Insurance coverage for treatment for undocumented individuals is still under discussion.

Treatment

- Hydroxychloroquine is still being investigated. The President stated that initial results look positive. He stated that they have a large supply in the event that it's proven to be effective. Learn more about the [clinical trials for the drugs](#) here.
- Oracle has developed and is donating to the government and the American people a web portal and platform to gather crowd-sourced, real-time information from providers about how patients respond to potential therapeutics. While this doesn't replace the important work of clinical trials, it provides data rapidly. If you are a doctor or a healthcare provider and you would like to help us, you can sign up today to begin reporting on your work. There's a special registration page for providers at COVID19.Oracle.com.

The Oil Industry. In response to a question regarding whether the U.S. is going to cut domestic oil production, the President stated that there is an overabundance of oil, and it will take some time to reduce the excess. He stated in certain areas, the price of oil is down to 90-95 cents a gallon. The oil industry has been hard-hit.

Defense Production Act. The President stated that he is signing a directive invoking the Defense Production Act to prohibit export of scarce health and medical supplies by unscrupulous actors and profiteers. The Secretary of Homeland Security will work with FEMA to prevent the export of N95 respirators, surgical masks, gloves, and other personal protective equipment. Additionally, he stated that under DPA authority, the Department of Health and Human Services, working with the Department of Justice, took custody of nearly 192,000 N95 respirator masks, 130,000 surgical masks, 598,000 gloves, as well as bottles and disinfectant sprays that were being hoarded. He stated that all of this material is now being given to healthcare workers. [Learn more here.](#) He stated that the Defense Department is providing 8.1 million N95 respirators, and this number will be increased soon.

Armed Forces. The President is expanding the role of the armed forces. He stated that retired Army medical personnel are now supporting field hospitals and medical facilities all across the country. National Guard members have been activated to help states build new treatment centers and assist in the seamless distribution of medical supplies. The Army Corps of Engineers has assessed facilities in all 50 states and is rapidly building temporary hospitals and alternative care sites in many states.

National Stockpile. In response to questions regarding Mr. Kushner's comments on the national stockpile, the President that the materials are to be distributed to the states in times of trouble, and otherwise kept by the federal government for the country.

Phase Four Stimulus. A reporter asked the President why, in discussing a phase four of the economic stimulus, it appeared that the President, House Speaker Pelosi, and Senate Leader McConnell appeared to be talking about different things that should be included. The President stated that infrastructure is important to him.

Blood Shortage. To address the shortage of blood supply, the Food and Drug Administration announced yesterday it would ease the restrictions on certain donors, including gay men, who are now required to be abstinent for three months, as opposed to 12 months, to donate. [Learn more here.](#)

General Election, 2020. Looking ahead to the fall the President stated that the general election will happen as-scheduled. The President stated that he is opposed to mail-in-voting because "people cheat."

The State of Texas



From the Office of the Governor, Greg Abbott

Governor Greg Abbott today held a call with Dr. Anthony Fauci of the White House Coronavirus Task Force to discuss Texas' efforts to combat COVID-19 and the state's ongoing collaboration with the federal government to protect public health.

A readout of the call can be found below:

The Governor and Dr. Fauci discussed the importance of adhering to federal guidelines to mitigate the spread of COVID-19. The Governor then detailed the uniform standard among Texans to stay home unless performing an essential service or activity as well as other actions the state of Texas has taken to combat the virus. Dr. Fauci stated that this uniform standard, along with other actions implemented by Texas, will help achieve the goal of slowing the spread of COVID-19 and protecting public health. The Governor and Dr. Fauci discussed the trajectory of COVID-19 in Texas and the importance of continued social distancing through April 30th. The Governor and Dr. Fauci also discussed the expansion of testing in Texas. The Governor concluded the conversation by reiterating Texas' commitment to working with the federal government during the COVID-19 response and by thanking Dr. Fauci for his leadership and advice.

Health and Human Services Commission

COVID-19 Q&A with HHSC LTC Regulatory and DSHS

A recording of the April 3, 2020, COVID-19 Q&A with HHSC LTC Regulatory and DSHS is now available for those who could not attend. [View the COVID-19 Q&A recording here.](#)

Variance Requests Guidance for Child Placing Agencies Conducting Face-to-Face Visits

When requesting a variance through your online [Child Care Licensing Account](#) for conducting face-to-face visits follow the COVID- 19 guidance provided by Child Care Regulation. CCR may approve a variance request for the following minimum standards. These apply to all foster homes:

- §749.1251(a) on pre-placements visits of children into a foster home
- §749.1291(a) and (b) on face-to-face contact between child placement staff and children in foster care
- §749.2815(a)(1) on quarterly supervisory visits of the foster home
- §749.2817(a) on supervisory visits of a foster home where no children are placed

When you submit your request for a variance include your CPA name. Specify which minimum standard the variance request applies to, and the alternate method you will use to address the standard. Below is an example of a variance request. Replace the text enclosed in brackets as appropriate: *"[Child Placing Agency Name] requests a variance in regard to face-to-face [pre-placement visits or supervisory visits or visits with children] in foster homes. [Child Placing Agency Name] requests that visits be held through a real time video and audio application or telephone conference, if the family does not have access to a real time video and audio application. This variance is being requested to reduce the risk of transmission of COVID-19 during the pandemic."*

Observations must meet compliance with all other subsections of the minimum standard. Work with each family to provide technical assistance on available real time video and audio technologies when possible. A [tip sheet for conducting virtual visits of homes \(PDF\)](#) is also available for reference. Contact your inspector if you have any questions.

Texas Workforce Commission

Previously Ineligible for UI Benefits? TWC Encourages Monetarily Ineligible for UI Benefits to Reapply on April 5, New Quarter

The Texas Workforce Commission (TWC), encourages individuals previously deemed monetarily ineligible for unemployment benefits to reapply online starting Sunday, April 5, 2020. This date marks the beginning of a new quarter and as such the base period for unemployment benefits and those previously ineligible may now qualify.

Unemployment benefit eligibility is based on past wages, job separation and ongoing eligibility requirements. Currently past wages are calculated on a base period of October 2019-September 2019. However, starting on April 5, 2020, the base period changes to January 2019-December 2019. If you were denied unemployment benefits due to insufficient wages and worked during the January 2019-December 2019 base period, please visit the unemployment benefit services portal to reapply online.

To ensure Texans have access to essential benefits Gov. Greg Abbott waived waiting week requirements for those impacted by COVID-19 and TWC followed by waiving job search



requirements. In addition to making it easier for Texans to receive benefits, the Texas Workforce Commission is continuously working to expand tele-center hours. Texans needing to speak to an individual can now call Monday-Friday 8:00a.m. to 6:00p.m. and Saturday 8:00a.m. to 5:00p.m.

TWC recognizes that many Texans have faced delays on the agency's website and tele-centers based on the unprecedented traffic in wake of COVID-19, the agency has made great strides in addressing these concerns. In addition to expanding tele-center capacities, TWC is working closely with the Department of Information Resources (DIR) and other agency partners to expand website capabilities for Texans applying for unemployment benefits online. In addition to expanding capabilities, TWC is asking applicants to stagger their access and call times. Ensuring all Texans have access to benefits is TWC's top priority. We encourage those who may now be monetarily eligible to apply during their suggested time slot.

For questions about eligibility or how to apply visit: <https://twc.texas.gov/jobseekers/eligibility-benefit-amounts>
Learn [more here](#).

April 3, 2020

Federal Government



The President's Press Briefing - April 2, 2020

Participants included: President Trump and Vice President Pence, Treasury Secretary Steven Mnuchin, Small Business Administration Administrator Jovita Carranza, Senior Advisor Jared Kushner, Defense Production Act Coordinator Peter Navarro, Fleet Ordinance and Supply Officer Rear Admiral John Polowczyk, and Dr. Deborah Birx. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can access it [here](#). The broadcast begins at approximately 1:43:00.

International.

Cases. According to the WHO, one new country reported cases of COVID-19: Malawi. Ports, airports and ground crossings require careful monitoring. WHO has produced two online interactive courses to provide guidance for the management of ill travelers and for managing COVID-19 cases or outbreaks on board ships.

- Online course for the management of ill travelers at point of entry: [here](#).
- Online course for operational considerations for managing COVID-19 cases/outbreaks on board ships: [here](#).

Travel Bans. Japan has expanded their entry ban to include the US. The US is looking at a reciprocal ban.

Small Business Administration. With 50% of the nation's workforce being in small businesses under 500 people, the President commented on the Paycheck Protection Program and Main Street Lending. He stated that nearly \$350 billion in loans will be available to small businesses, including sole proprietors. These loans are up to 100 percent forgivable as long as employers keep paying their workers. Secretary Mnuchin stated that they are going to raise the interest rate on these loans — and again, the interest rate is paid for as part of the

program; the borrower doesn't have to pay this — to 1 percent. Learn more about the [Program here](#). Secretary Mnuchin stated that part of their work with the Federal Reserve includes a facility called the Main Street Lending facility. More information on that to follow. Finally, he commented on the IRS Employee Retention Credit, designed to encourage businesses to keep employees on their payroll. The refundable tax credit is 50% of up to \$10,000 in wages paid by an eligible employer whose business has been financially impacted by COVID-19. *To find out whether your business qualifies, [follow this link](#).* In response to a question regarding whether energy companies will receive loans under the CARES Act, Sec. Mnuchin replied that their expectation is that energy companies will be able to participate in broad-based facilities, but not direct lending from the Treasury.

Airlines. Airlines that receive supplemental aid will be for employees; there are requirements to maintain specific routes. Secretary Mnuchin stated that they've hired three outside advisors who will be financial advisors, and three law firms. More information on that will be released soon. It was stressed that this is not a bailout. Specific allocation is yet to be determined.

The Economy. Secretary Mnuchin stated that within two weeks, the first Economic Impact (stimulus) payments will be direct deposited into taxpayers' accounts.

- **From the U.S. Department of the Treasury.** Social Security beneficiaries who are not typically required to file tax returns will not need to file an abbreviated tax return to receive an Economic Impact Payment. Instead, payments will be automatically deposited into their bank accounts. The IRS will use the information on the Form SSA-1099 and Form RRB-1099 to generate \$1,200 Economic Impact Payments to Social Security recipients who did not file tax returns in 2018 or 2019. Recipients will receive these payments as a direct deposit or by paper check, just as they would normally receive their benefits. Find [more information here](#).

Medical Supplies and Testing. Rear Admiral Polowczyk provided an overview of materials being distributed by the federal government.

- 19.5 million N-95 masks
- 27.1 million surgical masks
- 22.4 million pairs of protective gloves
- 5.2 million face shields
- 7,640 ventilators

He stated that 200,000 N95 respirators are being sent to the public health warehouse in New York City today. The President stated that 4 million N95 respirators, 1.8 million surgical masks, 460,000 face shields, 1.4 million gloves, and 4,400 ventilators have been delivered just to the city and to the state of New York. Rear Admiral Polowczyk stated that typically, the industrial base produces approximately 30,000 ventilators a year; the Administration is working to acquire 100,000 by the end of June.

Project Airbridge. Six Air Bridge flights have been completed and 28 have been scheduled. It usually takes 37 days from order to getting the supplies to the US and distributed. Rear Admiral Polowczyk stated that they are working on expediting the process.

Defense Production Act: The Three-Legged Stool

- Mobilization of the industrial base (retooling and/or expanding production),
- Allocation of resources (two issues: strain on the supply chain, and ensuring the product goes to the right recipient), and
- Hoarding of critical or threatened material (seizing critical items from areas where they're being inappropriately stockpiled and giving them to medical professionals).

Ensuring resources are where they need to be takes a, "whole-of-state/whole-of-metro" approach, where resources are reallocated within a state or metro area to harder-hit areas. Dr. Birx praised Governors for their action on this front.

Testing.

- **U.S. Cases.** According to the [CDC](#), there are 239,279 U.S. cases of COVID-19; 5,443 fatalities; and 55 jurisdictions reporting cases (50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands).
- **False Negatives.** In response to a question from a reporter regarding roughly one in three Roche/Abbott tests providing false negatives, Dr. Birx stated that she will look into it. She stated that she reviews the Roche and Abbott numbers every night, and that the numbers are trending in exactly the same way, but she will review again for anomalies.
- **Data Overview.** Two states, NY and NJ, are reporting 35% positive; LA is reporting 26% positive; MICH, CT, IN, IL, GA are reporting 15% positive; CO, D.C., RI, MA are reporting 13% positive; CA and WA hold steady at 8% positive. **She stated that not all groups are reporting, which is necessary for a better understanding of the numbers.**
- Dr. Birx stated that one component of the testing strategy is prioritizing rapid test delivery to areas that may not have the same amount of access — to the Indian Health Services, and to the public health institutions, and the public health and state labs so that they can use that and start forward leaning into surveillance. (*This is good news for Texas.*)

Insurance. Instead of expanding the ACA special enrollment period for those without coverage, the Vice President stated that the White House Coronavirus Task Force is working on a proposal for the President to compensate the hospitals directly for any coronavirus treatment that they provide to uninsured Americans. They are working out the details.

National Recommendation for Face Coverings. Dr. Birx stated that the most important thing is the social distancing and washing your hands. We don't want people to get an artificial sense of protection because they're behind a mask. Though your mouth and nose might be

covered, your eyes are still exposed and you're still touching things with your hands. When further guidance is given, if masks are recommended, it will be in addition to the already established guidance.

Nursing Homes. The President stated that he is issuing guidance to protect elderly Americans residing in nursing homes. He stated that by now, nursing homes should have suspended the entry of all medically unnecessary personnel. He stated that today, the Administration further recommends that all nursing home facilities assign the same staff to care for the same group of residents consistently to minimize any potential spread. He stated that they are also urging facilities to designate separate areas for healthy and sick residents. Learn [more here](#).

Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.

It is critical to emphasize that maintaining 6-feet social distancing remains important to slowing the spread of the virus. CDC is additionally advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. Read the [full release here](#). The President stated that this is voluntary, and he will not be wearing one.

Bureau of Labor Statistics

Today, the Bureau of Labor Statistics released employment statistics for March 2020. March data from the establishment and household surveys broadly reflect some of the early effects of the coronavirus (COVID-19) pandemic on the labor market. We cannot

precisely quantify the effects of the pandemic on the job market in March. However, it is clear that the decrease in employment and hours and the increase in unemployment can be ascribed to effects of the illness and efforts to contain the virus. It is important to keep in mind that the March survey reference periods for both surveys predated many coronavirus-related business and school closures in the second half of the month.

- Total nonfarm payroll employment fell by 701,000 in March, and the unemployment rate rose to 4.4 percent. This is the largest over-the-month increase in the rate since January 1975, when the increase was also 0.9 percentage point.
- Employment in leisure and hospitality fell by 459,000, mainly in food services and drinking places. Notable declines also occurred in health care and social assistance, professional and business services, retail trade, and construction.
- The number of unemployed persons rose by 1.4 million to 7.1 million in March.
- Unemployment rates rose among all major worker groups.
- The number of unemployed persons who reported being on temporary layoff more than doubled in March to 1.8 million. The number of permanent job losers increased by 177,000 to 1.5 million.

Read the [full release here](#).

U.S. Department of Labor

U.S. Department of Labor Announces New Cares Act Guidance on Unemployment Insurance For States In Response To Covid-19 Crisis

The U.S. Department of Labor today [announced](#) the publication of Unemployment Insurance Program Letter 14-20 (UIPL) outlining relevant provisions of the Coronavirus Aid, Relief and Economic Security (CARES) Act related to the administration of and eligibility criteria for state unemployment insurance (UI) programs, including Pandemic Unemployment Assistance (PUA) for those not typically eligible for UI, such as gig workers, and expanded UI benefits. Today's guidance is the first of several upcoming UIPLs to states on the unemployment insurance provisions of the CARES Act. The UIPL outlines several new programs under the recent CARES Act. PUA provides benefits for eligible individuals who are self-employed, seeking part-time employment, or who otherwise would not qualify for UI benefits under state or federal law. To be eligible, among other requirements, individuals must demonstrate that they are otherwise able to work and available for work within the meaning of applicable state law, except that they are unemployed, partially unemployed, or unable or unavailable to work because of COVID-19 related reasons. Under the Federal Pandemic Unemployment Compensation (FPUC) program, eligible individuals who are collecting certain UI benefits, including regular unemployment compensation, will receive an additional \$600 in federal benefits per week for weeks of unemployment ending on or before July 31, 2020. Additionally, the Pandemic Emergency Unemployment Compensation (PEUC) program allows those who have exhausted benefits under regular unemployment compensation or other programs to

receive up to 13 weeks of additional benefits. States must offer flexibility in meeting PEUC eligibility requirements related to “actively seeking work” if an applicant’s ability to do so is impacted by COVID-19. Read [the full release](#).

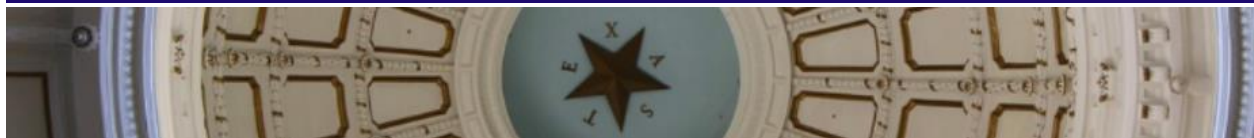
U.S. Department of Labor Announces Additional Guidance Following Paid Sick Leave And Expanded Family and Medical Leave Implementation

The guidance announced today includes a comprehensive webinar explaining which employers are covered by the new law, which workers are eligible, and what benefits and protections the law provides. The Wage and Hour Division (WHD) also added additional Questions and Answers to its website in response to the questions most frequently received to-date through its extensive stakeholder engagement. Workplace posters translated into additional languages, which fulfill notice requirements for employers obligated to inform employees about their rights under the FFCRA, have also been added to WHD’s website. To view the webinar and other guidance materials, visit www.dol.gov/agencies/whd/pandemic. The guidance announced today adds to a growing list of compliance assistance materials published by WHD, including a [Fact Sheet for Employees](#) and a [Fact Sheet for Employers](#), available in both English and Spanish, [Questions and Answers](#) about posting requirements, and a [Field Assistance Bulletin](#) describing WHD’s 30-day non-enforcement policy. Read the [full release here](#).

U.S. Department of Labor Issues Guidance for Respiratory Protection During N95 Shortage Due to Covid-19 Pandemic

The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) has issued [interim enforcement guidance](#) to help combat supply shortages of disposable N95 filtering face piece respirators (N95 FFRs). The action marks the department’s latest step to ensure the availability of respirators and follows President Donald J. Trump’s Memorandum on Making General Use Respirators Available. Read the [full release here](#).

The State of Texas



The Governor's Press Conference

Special Thanks to the Governor’s Office for making the presentation materials available.

The Governor was joined by Texas Department of Health Services Commissioner John Hellerstedt, MD, Executive Vice Chancellor for Health Affairs of the University of Texas System

John Zerwas, MD, and Texas Division of Emergency Management Chief Nim Kidd. The focus of the briefing was to provide an update on the state's COVID-19 hospital capacity.

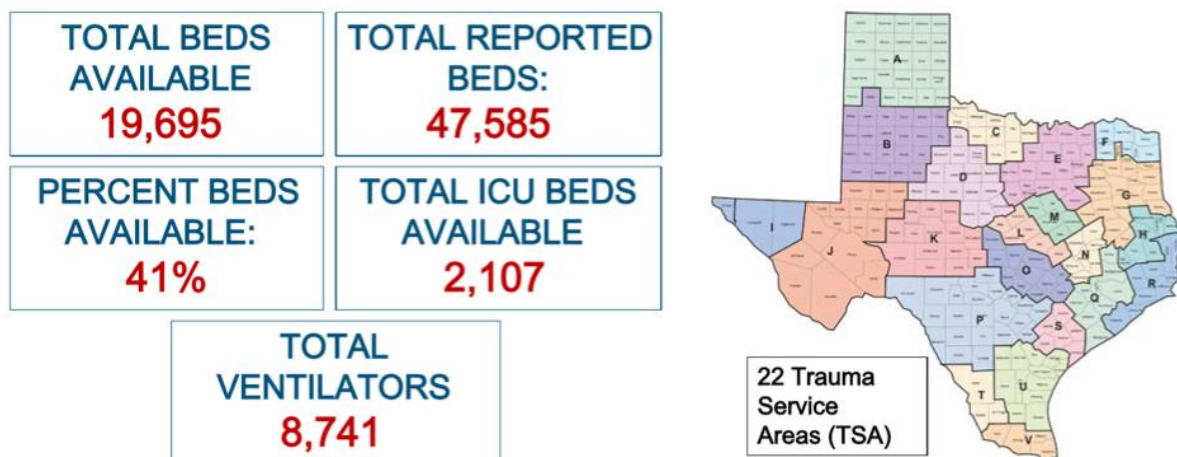
As of today:

- More than 55,000 Texans have been tested
- 5,478 have tested positive
- 827 people hospitalized
- 91 confirmed fatalities
- More than 1.4 million facemasks, 190,000 face shields, 2 million gloves, 160,000 gowns have been provided
- 8,741 ventilators have been identified.

15-Minute Test. There is a new test developed by Abbot Labs that can provide immediate results (5-15 minutes); 10,000 have been shipped to Texas and are now available. The Governor stated that 20,000 would be made available weekly in the future. Seven hospital locations have received the tests and this number will increase to 44. The goal of these tests is to test the people on the front lines (first responders).

Ensuring hospital capacity. Increased hospital beds have been made available through eliminating nonessential surgeries; Waiving regulatory requirements for professionals to enhance staffing; Doubling up on beds per room. Through these efforts, Texas has a 142% increase in available beds (19,695 beds) available for COVID-19.

STATEWIDE



Dr. Zerwas stated that there are five different levels of beds available to address the crisis. These are described below.

Level 5 - support hospital system to maintain current capacity.

Level 4 - support hospital system to open all physical beds and double occupancy through the waiver (accounts for an additional 10,000 beds).

Level 3 - transition or non-traditional care areas such as operating rooms, recovery rooms etc. that could be made available for COVID-19.

Level 2 - could be opened for additional capacity in adjacent medical office or convalescent centers, freestanding ERs, supported by a hospital.

Level 1 - stand up alternate care sites in remote areas that are operated by local gov and/or supported by hospital for less serious patients or patients in recovery.

Please see the [attached PowerPoint](#) for details on the different service areas.

The Governor stated that our capacity should help us avoid the fate that New York is experiencing. We, as a State, have to ensure everyone is doing everything they can to slow the spread. We are asking you to do this through the end of April.

Questions and Answers

Unfortunately, the questions were often inaudible, but the answers have been provided.

The first task we face is ensuring that hospitals have capacity to care for patients. Then we can address the financial support that has been made available. We are reviewing the federal mechanisms to access the funding. There are funds that are made available specifically for hospitals. There is also funding for lost income.

Regarding ventilators and future needs, *the Governor stated that studies have shown that Texas should have the capability to provide ventilators as the need arises. He cautioned, however, that we are dealing with unknowns. We have teams that are working to increase the ability to bring in more ventilators. Dr. Hellerstedt stated that we have a lot of ventilators and we can control future demand by following the established path of social isolation. This will alter the course and reduce the need for ventilators. Dr. Zerwas stated that he feels comfortable with the available inventory. We will be in a good place. The Governor stated that we are starting ahead of the curve but are sprinting to stay ahead of the curve.*

Regarding concern for medical professionals in rural areas potentially falling ill, and subsequent staffing issues at those hospitals, *the Governor stated that we look at PPE, hospital beds, and personnel and staff. Dr. Zerwas stated that the rural areas are a challenge. We have to look at a pipeline of replacement staff and to that end, we are soliciting volunteers. We are testing ways to address this pipeline of professionals and volunteers. The Governor stated that we are assessing the capabilities of the Texas National Guard as well.*

Regarding alternatives to hospitalization, *we have identified hotels and other structures and we review them for suitability. We do look to other structures and to the military to set up structures and convention centers but first, we look to expansion within the existing medical facility. We are identifying facilities across the state.*



Regarding state and federal interaction, *as Governors, we have an ongoing dialogue with the CDC and other professionals. The federal government provides direction on a national level.*

Regarding drive-thru testing facilities, *Texas may be first in the nation for drive-thru facilities. There are ten different "lanes" in Texas receiving FEMA federal funding. We also lead in the number of tests being provided in those lanes. Eventually, we will see only locally supported lanes as FEMA pulls support back. There are three testing providers: public health authorities; FEMA-provided testing; and the primary provider is through the private health care sector. Because of the increased testing, there will be greater access for primary care physicians. Dr. Hellerstedt stated that testing is very important, but we want to focus on prevention. The Governor stated that a negative test is for that day and that day only... you could contract the disease right after being tested as negative.*

Regarding elections and vote-by-mail, *the May primary run-off was moved to July. If at all possible, we want people to vote in-person, which is what the law provides for.*

Have we received what we requested from FEMA? *We have received 3.8 million FEMA masks, but we have asked for many more. We continue to work with FEMA and the goal is to put product back in the supply chain. Project Airbridge will help move the needle to restore the supply chain.*

Regarding hospitalizations, *we have 827 today; these numbers come from the public and private sector hospitals. Earlier numbers were only from public health authorities. We are working on ways to capture all the information we can get on COVID-19 hospital beds. Dr. Zerwas stated that in looking at the capacity, we are prepared to deal with an increase.*

Regarding measuring antibodies, *antibodies are part of the immune system's response to infections. The CDC is working on a [serology test](#) for COVID-19. We look at the technical and medical aspects; the big question is—what does it tell us about the individual's immunity to the disease? We must figure out if the immunity is short-lived or longer term.*

Health and Human Services

Health and Human Services Commission

HHSC Issues Guidance for FFS Service Coordinators and Case Managers
Fee-for-service Medicaid 1915(c) waiver case managers and service coordinators may

continue to suspend face-to-face service coordination visits. This is through April 30, 2020 and applies to:

- Community Living Assistance and Support Services
- Texas Home Living
- Deaf-Blind with Multiple Disabilities
- Home and Community-based Services
- General Revenue Service Coordinators
- Community First Choice Service Coordinators
- Pre-admission Screening and Resident Review Habilitation Coordinators

Due to COVID-19, **HHSC encourages case managers, service coordinators, and habilitation coordinators to complete visits due through April 30, 2020 by phone, telehealth or telemedicine, if possible.** Learn [more here](#).

HHSC Issued Guidance Letter ([GL 20-3003](#)) related to COVID-19 infection control and emergency preparedness in licensed Narcotic Treatment Programs (NTPs), has been posted. This letter provides licensed NTPs with recommendations and guidance to ensure the health and safety of clients and staff during the COVID-19 pandemic. For questions, contact HCO_PRT@hhsc.state.tx.us.

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 12:00 PM today, can be found by accessing the [DSHS COVID-19 Dashboard](#).

DSHS Announces Mental Health Support Line. If you or someone you know is feeling overwhelmed by the COVID-19 pandemic, help is available. Please call the toll-free HHSC COVID-19 Mental Health Support Line at 833-986-1919 to speak with a mental health professional for help dealing with stress, anxiety, or depression. Learn [more here](#).

DSHS Announces EMS Waiver. In response to the Governor's [Proclamation – April 2, 2020](#)

- Local medical directors for licensed EMS providers may permit individuals who are qualified, but not formally certified, to provide critical emergency response services for patients treated and transported by the EMS provider ([Texas Health and Safety Code Section 773.050\(a\)](#), [25 Texas Administrative Code Section 157.11\(h\)](#)).
- First responder organizations may delay submission of renewal applications and certain completion requirements for licensure ([25 Texas Administrative Code Section 157.14\(f\)\(1\) and \(2\)](#)).

- EMS licensees may delay submitting recertification applications and delay meeting recertification requirements ([Texas Administrative Code Section 157.34\(a\)\(3\), 157.34\(e\)\(2\)-\(3\)](#)).
- Out-of-state Advanced Emergency Medical Technicians who are qualified, but currently unable to take the skills test, are able to provide essential EMS services ([25 Texas Administrative Code Section 157.33\(i\)\(2\)\(B\)](#)).

COVID-19 Case Reporting Form Released by DSHS. [DSHS COVID-19 Combined Case Reporting and Contact Investigation Form](#)

Texas Department of Insurance

TDI extends start of updated coastal building code
The Texas Department of Insurance (TDI) issued [an emergency rule](#), effective immediately, to move the start date of the new coastal building code from April 1 to September 1, 2020. The change was made in response to business disruptions caused by the COVID-19 outbreak. TDI recently adopted the 2018 *International Building Code* and *International Residential Code* as the standards for insurance through the Texas Windstorm Insurance Association (TWIA). The new codes provide greater windstorm protection and will apply to new construction, repairs, and additions. TDI is pushing back the start date on the new rules because the pandemic is disrupting supply chains and manufacturing operations around the world. That could make it more difficult for builders to get products that comply with the new building codes. Construction started before September 1 can use either the new or old code and be eligible for TWIA coverage. [Learn more here.](#) **TDI has published guidance on not falling victim to coronavirus scams.**

Scams you might see

- Criminals may try to sell you “coronavirus insurance.” It’s a scam. Remember, if it seems too good to be true, it likely is. TDI has tips on how to search for [real insurance](#).
- Another scam is selling fake coronavirus treatments or questionable cures. Health officials say none of these products help, and they could make you sick.
- You might get a robocall offering coronavirus test kits. This is an attempt to steal your money or personal information. Talk to a doctor if you’re sick or think you might need a test.
- Be wary of calls or emails warning you about problems with your insurance plan. Someone could be trying to get you to reveal personal information.

Read the [full guidance here](#).

Texas Department of Housing and Community Affairs

The Texas Department of Housing and Community Affairs (TDHCA) wants to make sure that owners of multifamily developments are aware of TDHCA's opinion on the applicability of the recently-passed federal CARES Act to several programs that TDHCA administers. These include, but are not limited to, developments that have utilized 9% or 4% Low Income Housing Tax Credits, 811 PRA, Housing Choice Vouchers, Emergency Solutions Grants, and HOME.

TDHCA views the CARES Act as imposing a 120-day moratorium on tenant eviction filings and charging late fees for properties covered under the Violence Against Women Act (VAWA), particularly that such developments may not:

1. Make, or cause to be made, any filing with the court of jurisdiction to initiate a legal action to recover possession of the covered dwelling from the tenant for nonpayment of rent or other fees or charges; or
2. Charge fees, penalties, or other charges to the tenant related to such nonpayment of rent.

In addition, developments may not require tenants to vacate sooner than 30 days after providing notice or issue a notice to vacate until after July 10, 2020. If multifamily development owners have questions about the CARES Act, VAWA, or any other federal or state requirements, they are encouraged to contact their legal counsel.

The Texas Department of Housing and Community Affairs (TDHCA) will hold four virtual meetings to discuss the needs of poverty and homeless service providers, and possible uses of the Emergency Solutions Grants with funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Poverty and homeless service providers are encouraged to attend the virtual meeting that best represents your service area of Texas. However, if the time or date of the virtual meeting for your area does not work for your schedule, you may attend any of the four virtual meetings below.

The CARES Act includes funding for ESG, with an allocation of approximately \$33.2 million to TDHCA in the first round of funding released by the US Department of Housing and Urban Development. TDHCA is working to program this funding quickly for use in Texas communities. We want to hear from Texas poverty and homeless service providers regarding the needs in your communities related to serving persons experiencing homelessness or are at-risk of homelessness with the COVID-19 impact, and possible uses for the ESG CARES Act funds.

April 13, 2020, 10 a.m., Austin local time

- ESG Outreach: CARES Funding for Dallas, Fort Worth/Arlington, and Houston
- Includes Continuum of Care Regions TX-600, TX-601, and TX-700



- <https://attendee.gotowebinar.com/register/3437130929005097483>

April 13, 2020, 3 p.m., Austin local time

- ESG Outreach: CARES Funding for Amarillo, El Paso and San Antonio
- Includes Continuum of Care Regions TX-611, TX-500 and TX-603
- <https://attendee.gotowebinar.com/register/2478757011817070347>

April 14, 2020, 9 a.m., Austin local time

- ESG Outreach: CARES Funding for Austin, Bryan, Waco, Wichita Falls
- Includes Continuum of Care Regions TX-503, TX-701, TX-604, and TX-624
- <https://attendee.gotowebinar.com/register/4920182998875104267>

April 14, 2020, 1 p.m., Austin local time

- ESG Outreach: CARES Funding for Balance of State Continuum of Care
- Includes Continuum of Care Region TX-607 (mainly rural areas)
- <https://attendee.gotowebinar.com/register/3655023347304897803>

Questions can be sent to Naomi Cantu, Homeless Programs Administrator, at naomi.cantu@tdhca.state.tx.us or 512-475-3975.

Texas Workforce Commission

TWC to Implement Staggered Access to Unemployment Benefit Services Portal to Ensure More Texans Can File UI Claims

Recommendations Will Ease Backlog of Texans Unable to Access Unemployment System

Over half a million Texans have filed unemployment claims in the last 18 days as a result of COVID-19. The Texas Workforce Commission (TWC) will soon outpace the total number of claims received in all of 2019. This unprecedented increase has led to long wait times, overwhelmed call centers and technical issues with the [Unemployment Benefit Services portal](#). TWC staff is working around the clock to expand the capacity to take claims but needs your support. Effective immediately, TWC recommends that Texans stagger their calls and access to the online portal based on applicant's area codes. Effective immediately, TWC asks that Texans use their area code to find their proposed call and access times listed below. See below chart for recommended call and access times:



Recommended Call and Access Times	
Area Code of Applicant	Suggested Call Time
Area Codes Beginning with 9	Mon-Wed-Fri 8:00 a.m.-Noon
Area Codes Beginning with 3, 4, 5,6	Mon-Wed-Fri 1:00 p.m. - 5:00 p.m.
Area codes Beginning with 7, 8	Tues -Thurs-Sat 8:00 a.m. - Noon
Area codes Beginning with 2	Tues-Thurs-Sat 1:00 p.m. -5:00 p.m.

Texans will not be penalized for a delay due to call or user volume. Claims for individuals affected by COVID-19 are eligible to be backdated. Staggering claims will provide help to reduce frustrations for many Texans and provide better access to needed services.

For more information on COVID-19 and unemployment benefits, visit: <https://www.twc.texas.gov/news/covid-19-resources-job-seekers>

Learn [more here](#).

April 2, 2020

Texas Insight Podcast Episode 1: Texas Medicaid with Billy Millwee

Welcome to the Texas Insight Podcast. For almost ten years, Texas Insight has provided regular reports on what's happening in the Texas health and human services space. We wanted to experiment with delivering new content through this podcast. We'd love to hear your feedback.

Today's episode is a conversation between Texas Insight Founder Eric Wright and Billy Millwee, Medicaid expert with Millwee & Associates Consulting. Our topics are 1) Texas' Medicaid response to COVID-19 and 2) the recent news about the cancellation by the Texas Health and Human Services Commission of its Medicaid Managed Care procurement. In this episode, we tackle the following:

- How state Medicaid programs are responding in general to COVID-19, and what is in the works for Texas,
- Actions taken by the Federal Government to benefit State Medicaid programs,
- Long-term impacts to Medicaid programs as a result of COVID-19,
- The cancellation of STAR+PLUS contracts awarded in November 2019, and
- Changes at HHSC, such as the recent departure of Executive Commissioner Phillips and the announced retirement of the Medicaid Director Stephanie Muth.

[**Listen Now**](#)

Federal Government



The President's Briefing - April 1, 2020

The White House Coronavirus Taskforce held its daily briefing. Participants included: President Trump and Vice President Pence, Attorney General Bill Barr, Secretary of Defense Mark Esper, National Security Advisor Robert O'Brien, General Milley, Chief of Naval Operations Admiral Gilday, Commandant of the Coast Guard Admiral Schultz, acting Secretary of Homeland Security Chad Wolf, Dr. Deborah Birx, and Dr. Anthony Fauci. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can access it [here](#). Broadcast begins at approximately 1:57:00.

Drug Cartels. Defense Secretary Esper stated that with concerns of drug cartels taking advantage of the pandemic, the Department of Defense has announced an enhanced counter-narcotics operation. Ships, aircrafts, and ground troops will be deployed to the Eastern Pacific Ocean and the Caribbean. He stated that 22 partner countries are lending support.

International. A reporter asked Secretary Esper to comment on the information from the WHO that Iran is vastly underreporting its coronavirus cases and fatalities. He stated that according to on-the-ground estimates, that might be as high as 15.5 thousand deaths; thirty-two commanders in the military in Iran are now confirmed either in dire condition or dead; eight percent of the parliament now down with coronavirus. He asked whether this decreases the credibility of their threats towards the US? Secretary Esper stated that Iran should focus on helping its people recover. In response to a question regarding whether China underreported confirmed cases and deaths related to COVID-19, Ambassador O'Brien stated that they have no way to confirm the data released by China.

The Navy. The Naval ship (the Roosevelt) with confirmed cases is still operational; Admiral Gilday stated that they are making great progress in testing and moving people off of the ship. He stated that across the fleet, sailors are quarantined for 14 days before they get underway. He stated that they've increased the amount of testing equipment, as well as physicians on board their ship at sea.

Public-Private Partnerships. The President stated that he gave Doug McMillon, Walmart, a large order for gowns, PPE, etc. to supply hospitals. He stated that there are 11 companies making ventilators.

VA Hospitals Standing Ready. Veterans Affairs hospitals and facilities are not opened to the public yet, but are prepared to do so if needed.

Stay-At-Home Orders. The President reaffirmed that states should have flexibility on whether to enact stay-at-home orders. Therefore, no national lockdown is recommended.

Hospital Staff Compensation. When asked about hazard pay for hospital workers, the President indicated that some sort of compensation will happen.

Economic Impact Payments. The IRS has [issued guidance](#) for receiving economic impact payments. The distribution of economic impact payments will begin in the next three weeks and will be distributed automatically, with no action required for most people. Social Security beneficiaries who are not typically required to file tax returns will not need to file to receive a payment. Instead, payments will be automatically deposited into their bank accounts. **However, some people who typically do not file returns will need to submit a simple tax return to receive the economic impact payments.** In response to a question regarding the process, the President and Vice President stated that they're looking into it.

Economy. The President stated that the oil industry is down 35-40%. He stated that he has meetings scheduled on Friday with industry leaders. (This has a direct impact on Texas revenues.)

Social Distancing Guidance. A reporter asked Dr. Fauci whether, after the curve goes down, we will need to keep certain social distancing measures in place until we have an approved treatment or vaccine. Dr. Fauci stated that once the curve goes down, it will make sense to relax social distancing. However, he stated that he believes there will be a much more robust surveillance system to identify and isolate individuals with COVID-19. He stated that the ultimate solution to a virus that might keep coming back (he expressed a consensus among health leaders that there may be cycling for another season) is with a vaccine, which is still roughly 12-18 months out.

Medical Bills for the Uninsured. In response to a question regarding COVID-19 medical bills for the uninsured, the President stated that it's something they're looking at.

In Other News

Presidential Nominating Conventions. The Democratic National Committee is postponing the party's Presidential convention until August 17. It will still be held in Milwaukee, now a week before the Republican Party's convention in Charlotte, N.C. Learn [more here](#).

The State of Texas



From the Office of the Governor, Greg Abbott

The Governor Suspends Regulations to Increase EMS, First Responder Workforce.

The Governor today suspended regulations to increase the amount of Emergency Medical Services (EMS) workers and first responders in Texas during the state's response to COVID-19. Under the Governor's direction, local medical directors for licensed EMS providers can permit individuals who are qualified, though not formally certified, to provide critical emergency response services for patients treated and transported by the EMS provider. The Governor has also suspended certain skills testing requirements for EMS personnel in Texas and for out-of-state Advanced Emergency Medical Technicians seeking reciprocity in Texas so that these individuals who are qualified, but currently unable to take the skills test, are able to provide essential EMS services. Additionally, Governor Abbott has also suspended regulations to allow first responder organizations to delay submission on their renewal application and completion requirements for licensure. Read the [full release here](#).

Health and Human Services

HHSC: Medicaid and CHIP Stakeholder Conference Call and Webinar

(Unfortunately, technical issues rendered some comments inaudible.)

States have several avenues to request flexibility during a disaster to ensure client access and to ease administrative burdens for providers, such as:

- 1135 waiver
- 1115 waiver
- 1915(c) waiver Appendix K
- State plan amendment

Texas submitted the initial Medicaid 1135 waiver request on March 25, 2020 and received partial federal approval on March 30, 2020. Because states have different authority, CMS has several ways to request flexibility and the 1135 waiver request is a disaster related waiver request. Flexibility is being sought across all waivers.

HHSC continues to discuss the following flexibilities with CMS:

- Extend to 60 days the amount of time that MCOs have to resolve standard appeals statewide.
- Waive the requirements that a member appealing to an MCO must have their oral request for an appeal be confirmed in writing.
- Authorize the state to extend all deadlines that require a person to request continuation of benefits from 10 days to 30 days.
- Waive any requirements of the state plan that require face-to-face contacts to allow the services to be performed by telehealth, telemedicine, or telephonic contact as consistent with state law and subject to HHSC requirements.
- Extend current medical necessity, service authorizations, and level of care authorizations for state plan fee-for-service and managed care services and programs, including waiver programs.
- Extend or allow the state to waive any requirements that require the signature of physician or DME provider or Medicaid recipient.
- Allow Texas Medicaid to reimburse pharmacies for the administration of flu vaccines, long acting antipsychotics, and drugs used to treat substance use disorder or opioid dependency.
- Waive timeframes associated with public notice requirements for an 1115 waiver.

CMS Approvals (so far) included:

Long Term Services and Supports. Suspending pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days and extending minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents.

Fair Hearings. Extend the amount of time an enrollee has to request a state fair hearing by 30 days.

Other Approvals. Waive the timeframes associated with the public notice requirements for state plan amendments and modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission.

Medicaid Authorizations:

- Extend prior authorizations (PA) for services expiring.
- How HHSC will implement:
 - Managed care and fee-for-service prior authorizations requiring recertification and expiring from March 13 – April 30, 2020 will be extended for 90 days.
 - Extended authorizations must contain the same proportional amount and frequency as was originally authorized.
 - Does not apply to current authorizations for one-time services or pharmacy PAs.
 - A provider may submit an amended request to an existing, extended PA.

- Before reimbursement is requested, providers must have obtained the appropriate required documentation.

Provider Revalidation/Enrollment:

- Postpone deadlines for provider revalidation for providers who are located in the state or otherwise directly impacted by the emergency.
- Waive certain requirements to expedite providers' ability to enroll in Texas Medicaid:
 - Application fee
 - Fingerprint-based criminal background checks
 - Site visits
 - In-state license requirement as long as provider is licensed in another state
 - Medicare enrollment requirements

COVID-19 Provider Applications

How HHSC will implement:

- Temporary expedited enrollment is valid during dates of the current federally-approved public health emergency.
 - All provider types that currently enroll in Texas Medicaid and CHIP using TMHP's systems will enroll through the [expedited process](#).
 - Pharmacies enrolling through the vendor drug program may use the [temporary pharmacy agreement](#).
- At the end of the COVID-19 public health emergency:
 - Temporarily enrolled providers will be identified and contacted.
 - Providers who do not wish to remain enrolled in Texas Medicaid or CHIP will be disenrolled.
 - Providers who wish to remain enrolled must complete all required state and federal screening requirements.

COVID-19 Medical Policy Updates

Rural Health Clinics (RHCs) as distant site providers:

- RHCs can be reimbursed as telemedicine and telehealth distant site providers through April 30, 2020.
- RHCs must bill using procedure code T1015 with the modifier 95 to indicate use of the telehealth or telemedicine modality.

Guidance on THSteps Check-ups:

- Medical and dental providers are encouraged to adjust their clinical operations based on their professional medical judgment and guidance from their professional medical and dental societies.
- Adjustments may include:
 - Temporarily postponing certain check-ups.
 - Limiting check-ups to certain times of the day.
 - Dedicating specific rooms for sick visits and well visits.

- Prioritizing visits for younger children, especially those due for routine vaccines.
- Providers are encouraged to continue providing medical exams for children entering Department of Family and Protective Services (DFPS) conservatorship ("3-day exam") in-person.

DSRIP Flexibility Requests. HHSC requested and received approval from CMS for flexibilities in April reporting and related payments. Information has been shared with the regional anchors. HHSC is also requesting flexibilities around calendar year 2020 measurement.

Questions can be directed to the DSRIP mailbox: TXHealthcareTransformation@hhsc.state.tx.us.

Medicaid coverage. Most coverage will be continued through the COVID-19 emergency period; individuals will automatically remain covered. The only exceptions are voluntary withdraw, or if the person moves or passes away. CHIP, however, is not included in this provision. Public notification has been posted, but recipients will not receive a notice that Medicaid will be sustained. Notification will come when it is time to renew. A policy bulletin related to maintaining service requirements will be made available. HHSC IT has been engaged in addressing the automatic edits that must be suspended during this time period. Any renewal that was due in March or April has been pushed to another date. Again, no action is needed by recipients. The only reason that individuals may see a change is if the new Medicaid group for which they are eligible has better coverage or benefits. After the crisis, people will be notified of changes that will occur to their coverage. There will be sufficient time for people to understand and act on those notices.

Department of State Health Services - Texas Case Count

The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 10:00 AM this morning, can be found by [accessing this spreadsheet](#).

Notices from the Health and Human Services Commission

To Help Hospitals, HHSC Makes Adjustments to UHRIP and QIPP Programs. To assist stakeholders during the coronavirus (COVID-19) emergency, the Health and Human Service Commission (HHSC) is changing the schedule for intergovernmental transfers (IGT) for the Uniform Hospital Rate Increase Program (UHRIP) and the Quality Improvement Payment Program (QIPP). HHSC will allow units of government to make their UHRIP and QIPP IGT

commitments in two quarterly payments. For both programs, the first IGT is due to HHSC by June 3, 2020 and the second is due August 10.

Typically, units of government must transfer half of the required funding for the upcoming program year in the previous May. (e.g. For fiscal year 2021, transfers are due in May 2020). HHSC is making the change to both UHRIP and QIPP to ease cash flow concerns for units of government that have had unexpected expenses due to the coronavirus (COVID-19) emergency. The IGT commitments for the second half of fiscal year 2021 will follow a normal timeline and be due in November.

UHRIP's purpose is to increase access and quality of services provided by hospitals who serve persons with Medicaid. As designed, eligible hospitals receive a percent increase paid on claims submitted to a Medicaid managed care organization (MCO). It is a statewide program that provides for increased Medicaid payments to hospitals for inpatient and outpatient services provided to persons with Medicaid. Texas Medicaid MCOs receive additional funding through their monthly capitation rate from HHSC and are directed to increase payment rates for certain hospitals. Local units of government provide funding for the nonfederal share of the Medicaid funding.

QIPP is a statewide program that provides incentive payments to qualifying nursing facilities. STAR+PLUS MCOs are directed to make payments to qualifying nursing facilities once the facilities demonstrate meeting the required quality improvement goals.

LTC Providers Required to Report COVID-19 to HHSC
Effective immediately, a provider must report every presumptive and confirmed case of COVID-19 in staff and individuals receiving services from the provider as a self-reported incident. A presumptive or confirmed case is considered a critical incident. Providers (other than HCS and TxHmL providers) must notify HHSC through [TULIP](#) or by calling Complaint and Incident Intake (CII) at 1-800-458-9858. HCS and TxHmL providers must notify HHSC at: waiversurvey.certification@hhsc.state.tx.us

Learn [more here](#).

Texas Department of Insurance

Texas Department of Insurance (TDI) emergency rule makes it easier to get medication refills

The Texas Department of Insurance (TDI) today announced an [emergency rule](#) to make it easier for Texans with TDI-regulated health insurance to get early refills and to get

prescriptions at more locations, including by home delivery. The temporary emergency rule requires health plans regulated by TDI to:

- Pay for a 90-day refill of covered medications regardless of when the prescription was last refilled, unless specifically prohibited by law as in the case of controlled substances.
- Allow prescriptions to be filled at out-of-network pharmacies at no additional cost to the consumer if the drug isn't available quickly through mail order or at an in-network pharmacy within 30 miles.
- Allow for substitutions if the plan's preferred drug isn't available due to shortages or distribution issues.
- Waive any requirement for a consumer's signature unless specifically required by law.

The emergency rule doesn't apply to self-insured employer plans, Medicare, workers' compensation, or the state's employee or teacher retirement plans.

TDI-regulated plans cover only about 15% of the Texas market, including plans purchased through Healthcare.gov. The insurance cards for state-regulated plans have either "DOI" (for department of insurance) or "TDI" (Texas Department of Insurance) printed on them.

Learn [more here](#).

From the Office of the Comptroller

Franchise Tax Deadline. In response to the COVID-19 pandemic and to provide Texas businesses relief, Texas Comptroller announced today that his agency is automatically extending the due date for 2020 franchise tax reports to July 15 to be consistent with the Internal Revenue Service (IRS). The due date extension applies to all franchise taxpayers. It is automatic, and taxpayers do not need to file any additional forms.

The [Texas franchise tax](#) is a tax imposed on each taxable entity formed or organized in Texas or doing business in Texas. Unlike the sales and use tax, the franchise tax is not collected from the consumers of those taxable entities.

Franchise taxpayers who need an extension beyond the July 15 date have these options:

- Non-electronic funds transfer (non-EFT) taxpayers who cannot file by July 15 may file an extension request on or before July 15 and must pay 90 percent of the tax due for the current year, or 100 percent of the tax reported as due for the prior year with the extension request. Non-EFT taxpayers who request an extension have until Jan. 15 to file their report and pay the remainder of the tax due.
- On or before July 15, taxpayers who are mandatory EFT payers may request an extension of time to file to Aug. 15 and must pay 90 percent of the tax due for the



current year or 100 percent of the tax reported as due for the prior year with the extension request. On or before Aug. 15, EFT taxpayers may request a second extension of time to file their report and must pay the remainder of any tax due with their extension request. The Aug. 15 extension request extends the report due date to Jan. 15. Any payments made after Aug. 15 will be subject to penalty and interest.

Learn [more here](#).

April 1, 2020

Federal Government



The President's Press Briefing - March 31, 2020

The White House Coronavirus Taskforce held its daily briefing. Participants included: President Trump and Vice President Pence, Dr. Deborah Birx, and Dr. Anthony Fauci. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can access it [here](#) [begins at 1:42:45].

International. According to the WHO's [situation report for April 1, 2020](#), three new countries/territories/areas reported cases of COVID-19 in the past 24 hours: Botswana, Burundi, and Sierra Leone. Additionally, the WHO has released a scientific brief on the off-label use of medicines for COVID-19. A number of medicines have been suggested as potential investigational therapies, many of which are now being or will soon be studied in clinical trials, including the SOLIDARITY trial co-sponsored by WHO and participating countries. More information [can be found here](#).

Americans Returning Home. According to the U.S. State Department, **31,230** Americans have been repatriated from **72** countries since January 29, 2020. Find more information on [repatriation statistics](#) here.

Small Business Relief. The Treasury and Small Business Administration (SBA) released new information on the Paycheck Protection Program (discussed below in further detail).

- Almost \$350 billion in loans to meet payroll and other expenses for up to two months
- Loans are set to be forgiven if employees are kept on the payroll.
- Applications will begin being accepted starting Friday, April 3.

Resources and Supplies. The President stated that medical equipment and supplies are being sent to all 50 states. He stated that almost 10,000 ventilators are being held in stockpile in preparation for the surge.

- He stated that FEMA is supplying ambulances and EMTs to New York.
- He stated that most resources are being sent directly from the manufacturer to hospitals or states, rather than to warehouses.

The President praised the internet and phone providers, as they are working to keep lines open.

Stay-At-Home Orders. When asked about a national stay-at-Home order, the Vice President stated that at the President's direction, the Federal Government will defer to state and local health authorities on any measures that they deem appropriate.

Infrastructure Spending Related to COVID-19. The President indicated that he wanted to put \$2 trillion into roads, highways, bridges, and tunnels for upgrades and construction.

Community Mitigation and Projections. Dr. Birx, citing five or six international and domestic modelers from Harvard, from Columbia, from Northeastern, from Imperial, stated that assuming mitigation efforts in the community, projected fatality rates decrease from 1.5-2.2 million to 100,000-200,000. She stated that there was a modeler out of the University of Washington who utilized global experience. This model provides the most detail regarding the time course possible, but assumes full mitigation. According to [models done by Chris Murray, IHME](#), it will be 15 days until peak resource use and deaths related to COVID-19. For a summary of key findings, please [follow this link](#).

It should be noted that these numbers are adjusted daily.

Testing. The Vice President stated that more than 1.1 million tests have been completed around the country. Dr. Birx stated that currently, there are about 500,000 Abbott tests that have been distributed, but are not being utilized. She stated that they need to raise awareness of this testing method because providers may be relying on and requesting one specific form or another and unaware of other options.

Treatments. The President stated that it is too early to say anything definitive about clinical trials for hydroxychloroquine/chloroquine, but that they have not heard anything catastrophic in connection with the drugs. Dr. Fauci stated that there are a number of vaccine candidates. The drugs under review — for compassionate use, clinical trials — are generally drugs that already exist for other things. He stated that there are numerous drugs and interventions going into clinical trials that are not approved for anything yet. He stated that they are examining a number of things for effectiveness, such as immune serum, convalescent plasma, or hyperimmune globulin, or monoclonal antibodies.

Social Distancing Recommendations. A reporter cited an MIT professor who suggests that coronavirus can be carried on droplets a distance of 27 feet, and asked for Dr. Fauci's response. Dr. Fauci replied that that is terribly misleading. For the coronavirus to travel that distance, it would require a "very robust vigorous 'Achoo' sneeze," and that's an uncommon scenario.

Face Coverings for the General Population. A federal recommendation to wear masks is still being reviewed. The President indicated that it is a good idea.

U.S. Small Business Administration

With \$349 Billion in Emergency Small Business Capital Cleared, SBA and Treasury Begin Unprecedented Public-Private Mobilization Effort to Distribute Funds

Following President Trump's signing of the historic Coronavirus Aid, Relief, and Economic Security (CARES) Act, SBA Administrator [Jovita Carranza](#) and Treasury Secretary [Steven T. Mnuchin](#) today announced that the SBA and Treasury Department have initiated a robust mobilization effort of banks and other lending institutions to provide small businesses with the capital they need. The CARES Act establishes a new \$349 billion Paycheck Protection Program. The Program will provide much-needed relief to millions of small businesses so they can sustain their businesses and keep their workers employed. The new loan program will help small businesses with their payroll and other business operating expenses. It will provide critical capital to businesses without collateral requirements, personal guarantees, or SBA fees – all with a 100% guarantee from SBA. All loan payments will be deferred for six months. Most importantly, the SBA will forgive the portion of the loan proceeds that are used to cover the first eight weeks of payroll costs, rent, utilities, and mortgage interest.

The Paycheck Protection Program is specifically designed to help small businesses keep their workforce employed. Visit [SBA.gov/Coronavirus](https://www.sba.gov/coronavirus) for more information on the Paycheck Protection Program.

- The new loan program will be available retroactive from Feb. 15, 2020, so employers can rehire their recently laid-off employees through June 30, 2020.

Loan Terms & Conditions

- Eligible businesses: All small businesses, including non-profits, Veterans organizations, Tribal concerns, sole proprietorships, self-employed individuals, and independent contractors, with 500 or fewer employees, or no greater than the number of employees set by the SBA as the size standard for certain industries
- Maximum loan amount up to \$10 million
- Loan forgiveness if proceeds used for payroll costs and other designated business operating expenses in the 8 weeks following the date of loan origination (due to likely

high subscription, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs)

- All loans under this program will have the following identical features:
 - Interest rate of 0.5%
 - Maturity of 2 years
 - First payment deferred for six months
 - 100% guarantee by SBA
 - No collateral
 - No personal guarantees
 - No borrower or lender fees payable to SBA

SBA's announcement comes on the heels of a series of steps taken by the Agency since the President's Emergency Declaration to expeditiously provide capital to financially distressed businesses affected by the Coronavirus (COVID-19) pandemic.

Read the [full release here](#).

U.S. Department of Labor Announces New Paid Sick Leave and Expanded Family and Medical Leave Implementation

Families First Coronavirus Response Act Helps Americans Overcome COVID-19 Workplace Challenges

The U.S. Department of Labor today announced new action regarding how American workers and employers will benefit from the protections and relief offered by the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act, both part of the Families First Coronavirus Response Act (FFCRA). The department's Wage and Hour Division (WHD) posted a [temporary rule](#) issuing regulations pursuant to this new law, effective today, April 1, 2020. FFCRA helps the United States combat the workplace effects of COVID-19 by reimbursing American private employers that have fewer than 500 employees with tax credits for the cost of providing employees with paid leave for specified reasons related to COVID-19. The law enables employers to keep their workers on their payrolls, while at the same time ensuring that workers are not forced to choose between their paychecks and the public health measures needed to combat the virus. WHD administers the paid leave portions of the FFCRA.

WHD will post a recorded webinar on Friday, April 3, 2020, to provide interested parties a more in-depth description and help them learn more about the FFCRA. To view the webinar visit www.dol.gov/agencies/whd/pandemic. Learn [more here](#).

The State of Texas



From the Office of the Governor

Governor Abbott Releases Video Message to Texans As Latest Executive Order Goes Into Effect

Governor Greg Abbott today released a video with a statewide message to all Texans as his Executive Order goes into effect requiring all Texans to stay home unless they are participating in an essential service or activity. A list of essential services and activities as defined under the Executive Order [can be found here](#). The Executive Order goes into effect at 12:01 AM, April 2nd. **Transcript:** *Hi, this is Governor Greg Abbott. With COVID-19 spreading across Texas I issued this Executive Order that requires all Texans to stay at home except to provide essential services or do essential things like go to the grocery store. Now I know this is a great sacrifice, and we must respond to this challenge with strength and with resolve. By following social distancing practices, we will slow the spread of COVID-19. We will save lives. And we will make it through this challenge together. Thank you, and God bless you all.* Watch [the video here](#).

Governor Abbott, TDHCA Take Initial Action to Secure Financial Housing Assistance

Governor Greg Abbott and the Texas Department of Housing and Community Affairs (TDHCA) have taken initial action to provide tenant-based rental assistance for Texans experiencing financial hardship due to COVID-19. The Governor has waived statutes relating to the U.S. Department of Housing and Urban Development's (HUD) HOME Investments Partnership program which would allow Texas greater flexibility to use program funds to help certain Texans pay their rent. In addition, TDHCA has sent a letter to HUD requesting federal waivers to allow greater flexibility to Texas to reprogram these funds for that purpose. If these waivers are granted, Texas will reprogram these funds to provide financial housing assistance to certain Texans enduring economic hardships related to COVID-19. Read the [full release here](#).

Governor Abbott Announces Federal Stimulus Package To Help Texans Affected By COVID-19

Governor Greg Abbott today issued a statement regarding the recently passed \$2 trillion federal stimulus package intended to relieve the economic impact of the COVID-19 pandemic, with a special focus on unemployed workers and the state's hardest-hit businesses. Workers are the main beneficiaries of the stimulus dollars, whether their situation consists of reduced

hours, furlough, or termination related to COVID-19. Self-employed Texans whose businesses have failed under the stress of the global pandemic may also be eligible as well. A newly created Pandemic Emergency Unemployment Compensation (PEUC) fund is the bill's primary vehicle, empowering states to extend federally-funded unemployment benefits by an additional 13 weeks (past the usual 26 weeks). The fund also boost weekly benefits for those laid off, terminated or furloughed due to COVID-19 by \$600 per week. The measures also reduces paperwork and speeds the claims process by empowering employers to file one mass claim on behalf of all their employees laid off because of COVID-19. It also eliminates any chargeback to Texas employers for claims filed due to COVID-19. Much like disaster unemployment assistance seen in past weather-related disasters, Pandemic Unemployment Assistance (PUA) may be available for displaced workers not normally eligible for regular or extended benefits. Workers whose hours have been reduced due to the COVID-19 slowdown may qualify for Work Share, a federal Short-Term Compensation program. Employees whose work has been impacted by COVID-19, whether by a reduction in hours or a loss of their job, are encouraged apply for unemployment benefits online or call 1-800-939-6631. Employers can also utilize [online](#) filing for mass claims they file on behalf of employee groups laid off due to COVID-19. Read the [full release here](#).

Governor Abbott Announces \$14.1 Million In Grants to Texas Military Communities

Governor Greg Abbott today announced a new round of grants totaling \$14.1 million from the Texas Military Preparedness Commission's (TMPC) Defense Economic Adjustment Assistance Grant (DEAAG) program awarded to various military communities across the state. This program assists defense communities that may be positively or negatively impacted by a future Base Realignment and Closure (BRAC) round. The grant money will be invested in infrastructure projects and other initiatives to increase the military value of military installations in Texas and protect jobs.

The following entities will receive FY2020-2021 DEAAG disbursements:

- **Abilene** – \$616,389; Security Control Center expansion at Dyess Air Force Base brings additional capacity to the security center
- **Alamo Area Council of Governments** – \$5,000,000; Project reinforces and hardens power distribution across San Antonio and Joint Base San Antonio
- **Corpus Christi** – \$919,500; Flight line security and safety enhancements at Corpus Christi Army Depot
- **El Paso** – \$2,050,000; Expansion of the Kay Bailey Hutchison Desalination Plant, serving El Paso and Fort Bliss
- **Texarkana** – \$516,670; Robotic Vehicle Program preparing Red River Army Depot for the Army's new robotics mission
- **Tom Green County** – \$5,000,000; Project Resiliency funds power infrastructure, human resiliency and communications infrastructure, benefiting San Angelo and Goodfellow Air Force Base



The TMPC is part of the Governor's Office and advises the Governor and the Legislature on defense and military issues and ways to strengthen the position of Texas military installations in preparation for a potential BRAC and other defense-related issues. The commission is composed of 13 members serving six-year staggered terms, typically representing an installation in their community. Read the [full release here](#).

From the Office of the Attorney General, Ken Paxton

Attorney General and Governor Issue a Joint Statement on Houses of Worship as Essential Services. Governor Greg Abbott and Attorney General Ken Paxton today issued joint guidance regarding the effect of Executive Order GA 14 on religious services conducted in congregations and houses of worship.

Houses of worship provide "essential services." On March 31, 2020, Governor Abbott issued Executive Order GA 14, which defines essential services to include "religious services conducted in churches, congregations, and houses of worship." Institutions providing these essential services can provide them under certain conditions described in Executive Order GA 14 and local orders by counties or municipalities that are consistent with GA 14. To the extent there is conflict between the Governor's Executive Order GA 14 and local orders, GA 14 controls. Houses of worship must, whenever possible, conduct their activities from home or through remote audio or video services. Houses of worship often gather as large groups of people in one building during a religious service or activity. But during this public health crisis, in accordance with guidance from the White House, Centers for Disease Control and Prevention ("CDC"), and Texas Department of State Health Services ("Texas DSHS"), providers of essential services must follow certain mitigation strategies to slow the spread of the virus. Thus, under the Governor's Executive Order GA 14, houses of worship should conduct remote audio, video, or teleconference activities whenever possible... Read [the full release here](#).

Texas Department of Insurance

Guidance on COVID-19 and the Workplace

This is a rapidly evolving issue that may require adjustments to reduce the impact on businesses, workers, and the public. At many worksites, employees' [exposure risks](#) are similar to the risks to the general public. Social distancing, proper handwashing, the use of physical barriers to control virus spread, and other [guidelines from the CDC](#) help to [prevent worker exposure to coronavirus](#). However, employees who interact with potentially infected people, such as those working in health care, laboratories, or airline operations, have higher exposure



risks. Read [the full press release](#) for the required OSHA standards to help protect these workers from COVID-19.

The TDI has released the additional guidance for industry April 1: [Coverage for COVID-19 testing and network adequacy](#)

March 31: [Alternative health plan coverage for COVID-19 testing](#)

March 30: [TDI expedites review of COVID-19 filings](#)

March 27: [Claim-submission deadlines](#)

March 27: [Managed Care Quality Assurance filing requirements](#)

March 27: [Electronic signatures for escrow checks and directly issued policies](#)

March 27: [Suspension of certain provisions of the Labor Code and DWC rules](#) See more [guidance documents here](#).

Additionally, TDI has produced a [video](#) discussing ways to cope with mental health issues during the COVID-19 crisis, and services provided by different health plans.

Health and Human Services

Department of State Health Services - Texas Case Count and Testing Guidance

Case	Count
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The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 10:00 AM this morning, can be found by [accessing this spreadsheet](#).

Guidance Regarding Testing and Submission of Specimens for COVID-19 Testing to the DSHS Austin Laboratory.

The recommended specimen type is still a Nasopharyngeal (NP) swab (Dacron-tipped with a plastic or aluminum shaft) in viral transport media (VTM). If VTM is unavailable Universal Transport Media (UTM), Amies, or 0.85% Saline may be substituted. Nasal swabs and nasal mid-turbinate (NMT) swabs are now acceptable. Oropharyngeal (OP) swabs are still an acceptable specimen type. The DSHS Interim COVID-19 Case Report Form (found [here](#)) *must* be included with each sample submission. Learn [more here](#).

Health and Human Services Commission



Webinar Notice: Nursing facility providers from across the state are invited to a COVID-19 webinar in Q&A format. Panelists are from HHSC Long-term Care Regulatory and DSHS. The webinar is limited to the first 1000 registrants.

- **April 3, 2020**
- **10:30 a.m. to noon**
- [Register here for the COVID-19 Q&A](#)

New Guidance: [GL 20-3001](#) related to infection control and emergency preparedness in chemical dependency treatment facilities has been posted. This letter provides licensed CDTFs with recommendations and guidance to ensure health and safety of clients and staff during the COVID-19 pandemic. For questions, please contact HCQ_PRT@hhsc.state.tx.us.

March 31, 2020

Federal Government



The President's Briefing - March 30, 2020

The White House Coronavirus Taskforce held its daily briefing. Participants included: President Trump and Vice President Pence, Dr. Deborah Birx, Dr. Anthony Fauci, Darius Adamczyk of Honeywell, Debra Waller of Jockey International, Mike Lindell of MyPillow, David Taylor of Procter & Gamble, and Greg Hayes of United Technologies Corporation. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can access it [here](#) [begins at 1:45:40].

International. According to the WHO's situation report for [March 31, 2020](#), no new countries/territories/areas reported cases of COVID-19 in the past 24 hours.

Social Distancing Guidance. As with the 30-day guidance, travel restrictions will remain in place. A national stay-at-home order is not being contemplated at this time largely because stay-at-home orders are up to Governors and localities, but Americans were encouraged to stay at home when they can. More specifics related to the extension of current guidelines will be made available soon.

Personal Protective Equipment (PPE).

- The President stated that as demand is met in the US, ventilators and other supplies will be distributed to Italy, France, and Spain.
- Thousands of mask sanitizers are going to key areas. Each sanitizer can sterilize thousands of masks per day; masks can be sterilized up to 20 times.

Beds and Ventilators. This week, hospitals are due to report the number of total beds, ICU beds, and ventilators used daily.

Testing. HHS Secretary Azar stated that there are now 20 different emergency testing options and that number is growing. A Point-of-Care test from Abbott has been developed that generates a result in as little as five minutes. The time it took for development of this test was remarkably short. Additionally, the FDA is approving new options to existing testing, such as self-swabbing.

Treatment, Regulation. Novartis (Sandoz), Bayer, and Teva are set to donate tens of millions of doses of chloroquine and hydroxychloroquine. Clinical trials to determine the effectiveness of the drugs in combating COVID-19 are underway. In order to expand treatment options, CMS is waiving regulatory requirements in the following ways:

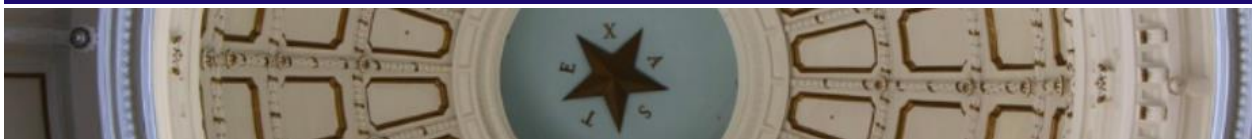
- "Hospitals Without Walls" to expand treatment sites to colleges, hotels, etc.
- To facilitate testing, labs will go out to homes and long-term care facilities to collect test samples as some are too sick to leave their home.
- Expanding the workforce by allowing healthcare professionals to work at the top of their license.
- Further expanding telehealth to allow for phone calls and utilize telehealth in emergency rooms.
- Advanced payments for providers with cashflow issues, since non-essential procedures have stopped.

See CMS' Press Release: *Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge* [here](#).

COVID-19 as a seasonal virus. Dr. Fauci stated that he anticipates that given the degree of transmissibility, this disease will be cyclical. When asked if we are prepared to face this again in the future, Dr. Fauci replied that if it returns, it will be a "totally different ballgame." Several key things will be different:

- The ability to test, identify, and isolate (surveillance) will be better.
- We will have therapeutic interventions.
- We currently have a vaccine that is on-track as well as multiple candidates.

The State of Texas



Governor's Press Conference - March 31, 2020

The Governor praised Texans' efforts.

More tests have been provided, 42,922 individuals have been tested and of those, 3,266 came back positive. Currently, 122 counties have at least one reported case. Only 2.4% of hospital beds available for COVID-19 are being used. There have been 41 deaths. Less than 10% of those who were tested test positive, and just 11% of those who test positive have required hospitalization.

When you look around the community one thing is clear: social distancing is working. Now is not the time to let up on the distancing efforts— we have to redouble our efforts. The President extended the [current guidelines](#) until April 30th. Based on this extension, as well as the advice of other health professionals, the new Executive Order ([EO GA14](#)) is modified to comply with the revised guidance. The protocols direct all Texans to minimize non-essential gatherings and in-person contact with people who are not in the same household. The Governor's Executive Order renews and amends his [previous order](#) enforcing federal social distancing guidelines for COVID-19, including closing schools and instructing Texans to avoid eating or drinking at bars and restaurants. The protocols allow exceptions for essential activities and services based on the [Department of Homeland Security's guidelines on the Essential Critical Infrastructure Workforce](#). Examples of these essential services include healthcare, grocery stores, banking and financial services, utilities, child care for essential service employees, and government services. This Order follows the decision by President Trump and the Centers for Disease Control and Prevention (CDC) to enhance social distancing guidelines and extend the deadline for these guidelines to April 30th.

The Essential Services guidelines are based on the federal guidelines, and can be found at WWW.TDEM.Texas.GOV/essentialservices. Jogging, biking, hunting and fishing are allowed. Religious activities may continue remotely or, if in-person, should adhere to social distancing standards.

All critical infrastructure will remain operational. Travel is still allowed, but must adhere to social distancing guidelines. School will remain closed until Monday May 4th, unless developments related to the virus require the timeframe to be extended. He stated that by adhering to the previous Executive Orders, Texans have slowed the spread of the virus.

Additional Comments

Lt. Governor Dan Patrick stated that Texas' per capita death rate is one of the lowest in the country.

Speaker Bonnen quoted Churchill—"It is not enough that we do our best; sometimes we must do what is required." People must stay home if what they do is nonessential. The process

must continue for 30 more days. The better we do this together, the sooner we will be out of this together.

Dr. Hellerstedt stated that the EO is based on sound public health principles. We see that people are responding.

Mr. Kidd stated that the priority is ensuring that health care workers and first responders have what they need, and that the infrastructure stays up and running.

Texas Education Agency Commissioner Mike Morath stated that there is a new reality in education. Educators are working with love and diligence to support the parents and students.

Every Texan is important to our state and the Governor asked citizens to follow the rules and to stay healthy.

Questions/Topics and Answers

(Paraphrased for brevity. Not all questions were audible.)

In response to a question regarding businesses, essential services, shelter in place— *When we talk about "shelter in place," it means that wherever you are, you should take shelter there. The term does not accurately capture what we're describing; the EO also does not contain a "stay at home" strategy, in the strictest sense. This is a standard based on essential services as defined above. Those who want to access those services have the ability to access them, and personal health and physical fitness are important. The point is to abstain from group activities and to follow social distancing guidelines.*

How do you enforce this order? *Any law enforcement officer can enforce the elements of the EO with fines or jail time up to 180 days. Dr. Hellerstedt has also ordered that violations can result in a quarantine.*

In response to a question regarding supply chain issues— *Chief Kidd has increased the supply of PPE. It is no secret the supply chain has taken a hit. There is a rationing system of one mask per person per shift. We are working to find the right PPE for staff. We want to distribute resources according to the greatest need. The Governor stated that additional supplies are coming from the Federal Government.*

In response to a question regarding essential services interacting/conflicting with local ordinances— *The EO has specific paragraphs addressing local ordinances or rules where the EO overrides local ordinances. Local jurisdictions can establish their own rules if the standards are not included in the EO.*

This executive order shall supersede any conflicting order issued by local officials in response to the COVID-19 disaster, but only to the extent that such a local order restricts essential services allowed by this executive order or allows gatherings prohibited by this executive order. I hereby suspend Sections 418.1015(b) and 418.108 of the Texas Government Code, Chapter 81, Subchapter E of the Texas Health and Safety Code, and any other relevant statutes, to the extent necessary to ensure that local officials do not impose restrictions inconsistent with this executive order, provided that local officials may enforce this executive order as well as local restrictions that are consistent with this executive order.

In response to a question regarding the CDC considering face coverings— *The Governor stated that any order or revision thereof offered by CDC will be considered by Texas. They stay connected to the CDC standards, so any revisions or additions to CDC standards will be reviewed.*

In response to a question— *We want to achieve the highest level of collaboration. We have been required to impose information-gathering standards to provide information to the CDC. It may be necessary for local governments to access critical information; to the extent that it is available, we should pursue that.*

In response to a question regarding closures of schools and restaurants— *The extension of prohibitions is also for restaurants and bars. Additional business [are listed](#) for clarification.*

In response to a question regarding State Supported Living Centers (SSLCs) and other facilities serving vulnerable Texans— *We also list the importance of SSLCs or Senior living facilities. These are a top priority because they house vulnerable populations. We will increase surveillance of these facilities and there is an increase in testing in these facilities. We want to protect all lives.*

In response to a question regarding the Texas Workforce Commission being overwhelmed with calls— *We are adding people by the hundreds to respond to the unemployment claims. The Governor stressed that the funding is available. There is a need for speed, and the Governor understands this.*

In response to a question regarding a potential Statewide Stay at Home order— *Any decision in that direction will be based on the advice of health and emergency professionals.*

From the Office of the Governor, Greg Abbott

Governor Abbott issued a [proclamation](#) regarding his prior [Executive Order mandating a self-quarantine for individuals arriving from the New York Tri-State Area and New Orleans, Louisiana](#). The Executive Order now includes air travelers arriving from the following states and cities:

- California
- Louisiana
- Washington
- Atlanta, Georgia
- Chicago, Illinois
- Detroit, Michigan
- Miami, Florida

Governor Abbott Announces Comfort Food Care Packages for Texas Youth and Families

Governor Greg Abbott today announced the Comfort Food Care Package (CFCP) program to provide meals for at-risk youth and families in communities across Texas as the state responds to COVID-19. As part of the program, participating restaurants offer CFCPs for patrons to purchase on behalf of families and youth in need. Each care package contains enough food to feed a family of 5 to 6 and will be delivered to recipients' homes. The program is a partnership between the Governor's Public Safety Office, the Texas network of Family and Youth Success Programs (formerly called Services to At-Risk Youth), Favor Delivery, and the Texas Restaurant Association. Read the [full release here](#).

Department of State Health Services - Texas Case Count and Testing Updates

The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 10:00 AM this morning, can be found by [accessing this spreadsheet](#).

Drive-Thru

Testing

Locations

People can get tested for COVID-19 at drive-thru locations in certain parts of Texas. Locations may use different screening criteria to determine if you are able to get tested. Please contact the drive-thru provider to see what their testing criteria are.



The testing sites listed below are not run or overseen by the Texas Department of State Health Services. Listings are accurate according to the best available information at the time of listing. DSHS will update information as it becomes available.

How to get your COVID-19 test results: Please contact the telephone number or online lab information provided on your drive-thru testing receipt. If your specimen was sent to LabCorp or Quest Diagnostics to be tested, the following document contains instructions on how to obtain your COVID-19 test results online: [How to Log in to LabCorp and Quest Diagnostics](#) (PDF, V.1.0, released 3/31/2020).

Testing sites have been updated to include the following:

- [Austin/Round Rock](#)
- [Dallas/Fort Worth/Irving/Plano](#)
- [El Paso](#)
- [Houston/Katy/Baytown](#)
- [San Angelo](#)
- [San Antonio](#)

Upcoming Webinars Related to COVID-19

Medicaid	CHIP	COVID-19	Information	Sessions
Call regarding the actions taken to implement federal flexibilities in response to the COVID-19 pandemic, including the 1135, Appendix K and 1115 options.				
When:				
<ul style="list-style-type: none">• April 2, 2020 from 1 - 2 p.m.• April 9, 2020 from 1 - 2 p.m.				
Learn more and register here .				

THBI and Texas Biomedical Research Institute

Discuss the latest COVID-19 research and development efforts being conducted at the Texas Biomed campus in San Antonio. **Tuesday, April 7th, 3:00- 4:00 pm.**

To participate:

By Computer:

- <https://zoom.us/j/897511742>pwd=NytpTFJYdHFXNVZHTzdyTEFCMnZtZz09
- Meeting ID: 897511 742
- Password:024880

By Phone:

- Call-In: +1-346-248-7799

- Meeting ID:897511742#

Health and Human Services

HHSC Launches Statewide COVID-19 Mental Health Support Line. Health and Human Services has launched a 24/7 statewide mental health support line to help Texans experiencing anxiety, stress or emotional challenges due to the COVID-19 pandemic. This new resource (which is offered by the Harris Center for Mental Health and IDD) offers COVID-19-related mental health support for all Texans. People can call the Statewide COVID-19 Mental Health Support Line 24 hours a day, 7 days a week toll-free at **833-986-1919**. The support line offers trauma-informed support and psychological first aid to those experiencing stress and anxiety related to COVID-19. Counseling services are confidential and free of charge to people who call the hotline. Read the [full release here](#).

HHSC and CMS Release Guidance for Infection Control and Prevention of COVID-19 in ICF/IIDs.

The Centers for Medicare & Medicaid Services released a letter providing additional guidance for Intermediate Care Facilities for Individuals with Intellectual Disabilities to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation. Access [the letter here](#).

HHSC Releases Spanish Screening Tool for Community Attendants and In-Home Caregivers Related to COVID-19

HHSC is releasing a [Spanish Agency Based In-Home Caregivers Screening Flow Chart \(PDF\)](#). This is for community attendants and other in-home caregivers who make home visits or provide services in a home or community setting. Contact your [Public Health Region](#) or your [Local Public Health Organization](#) if you need PPE.

Texas Commission on Environmental Quality

Texas Department of Environmental Quality Issues Guidance Related to Disposal of Coronavirus (COVID-19) Contaminated Waste. The Texas Department of State Health Services (DSHS) and the Texas Commission on Environmental Quality (TCEQ) generally define medical waste as special waste from health care-related facilities (25 TAC 1.132(46) and 30 TAC 326.3(23)), and includes: treated and untreated animal waste, bulk human blood and body fluids, microbiological waste, pathological waste, and sharps. TCEQ's webpage "[What is Medical Waste?](#)" contains additional information on medical waste generation and treatment. Approved methods for treatment of medical waste are listed in DSHS rules and include steam sterilization (autoclave), incineration, chemical treatments, and shredding (25 TAC 1.136).



After treatment, medical waste may be managed as routine municipal solid waste and disposed of in a municipal solid waste landfill. Find TCEQ's [Regulatory Guidance on Disposal of COVID-19 Medical Waste here](#).

March 30, 2020

Federal Government



The President's Press Briefing - March 29, 2020

Participants included: President Trump and Vice President Pence, Dr. Deborah Birx, Dr. Anthony Fauci, and representatives of the private sector. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can access it [here](#).

International. According to the WHO, no new countries/territories/areas have reported cases of COVID-19 in the past 24 hours. In addition to their regular situation reports ([see report for March 30, 2020](#)), the WHO has published a [situation dashboard](#) containing global case counts and fatalities.

Supply Chain. The FDA [has approved the Battelle Decontamination System](#) to re-sterilize masks up to 20 times for each mask. The U.S. supply chain, though experiencing significant demand, is "resilient." FEMA is working with UPS, FedEx and other shippers on "Project Airbridge" to bring medical goods into the US from other countries. The President stated that FEMA has scheduled 19 additional flights (bringing the total to 51) and is adding more daily.

Economic Recovery. The President is proposing restoring the deductibility of meals and entertainment costs for corporations so that corporations can send people to restaurants and take a deduction on it.

Insurance. The President stated that Humana and Cigna are waiving all co-pays, deductibles, and coinsurance for COVID-19-positive patients.

15-Day Guidelines. March 30, 2020, is "Day 15" of the current guidelines for social distancing and hygienic practices to combat COVID-19. Tuesday, the White House will extend

these guidelines to April 30th, and will provide a summary of findings, supporting data, and strategy.

Testing. Admiral Giroir stated that as of Saturday, more than 894,000 tests have been completed nationwide. Additional testing updates:

- On Friday, the FDA authorized a new test developed by Abbott Labs that delivers rapid results. Abbott has stated that they will begin delivering 50,000 tests each day, starting this week.
- Adm Giroir stated that 18,000 point-of-care tests currently exist in doctors' offices and hospitals across the country.

Flattening the Curve/Peak. Dr. Birx discussed different models (such as IHME, Chris Murray) predicting the impact of COVID-19. She stated that currently (allowing for a large confidence interval), the range of potential fatalities is from roughly 80,000 to potentially 200,000.

Army Corps of Engineers and Naval Response. The Army Corps of Engineers is working to increase hospital capacity through:

- Building a 2,900-bed facility in NYC,
- Building other facilities, likely in New Jersey and Louisiana, and
- US Navy sent the USNS Comfort to NYC, equipped with 12 operating rooms, with hospital beds, a medical laboratory, a pharmacy, an optometry lab, digital radiology, a CAT scan, two oxygen-producing plants and a helicopter deck (see the [full press release](#) from the Department of Defense).

From the Centers for Medicare & Medicaid

Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge

The Centers for Medicare & Medicaid Services (CMS) today is issuing an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. CMS sets and enforces essential quality and safety standards for the nation's healthcare system, and is the nation's largest health insurer serving more than 140 million Americans through Medicare, Medicaid, the Children's Health Insurance Program, and Federal Exchanges. Read the [full release here](#).

Trump Administration Engages America's Hospitals in Unprecedented Data Sharing

The Trump Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily reporting regarding

bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. Read the full release here. Read the [full release here](#).

Trump Administration Provides Financial Relief for Medicare Providers

The Centers for Medicare & Medicaid Services (CMS) is announcing an expansion of its accelerated and advance payment program for Medicare participating health care providers and suppliers, to ensure they have the resources needed to combat the 2019 Novel Coronavirus (COVID-19). This program expansion, which includes changes from the recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act, is one way that CMS is working to lessen the financial hardships of providers facing extraordinary challenges related to the COVID-19 pandemic, and ensures the nation's providers can focus on patient care. Read the [full release here](#).

Johnson & Johnson Announces Vaccine Candidate

Johnson & Johnson today announced the selection of a lead COVID-19 vaccine candidate from constructs it has been working on since January 2020; the significant expansion of the existing partnership between the Janssen Pharmaceutical Companies of Johnson & Johnson and the Biomedical Advanced Research and Development Authority (BARDA); and the rapid scaling of the Company's manufacturing capacity with the goal of providing global supply of more than one billion doses of a vaccine. **The Company expects to initiate human clinical studies of its lead vaccine candidate at the latest by September 2020 and anticipates the first batches of a COVID-19 vaccine could be available for emergency use authorization in early 2021**, a substantially accelerated timeframe in comparison to the typical vaccine development process. Read [more here](#).

U.S. Drug Enforcement Administration

The upcoming National Prescription Drug Take Back Day scheduled for Saturday, April 25, 2020 is postponed due to the ongoing coronavirus (COVID-19) pandemic. DEA will reschedule Take Back Day for a date shortly after the health crisis recedes and national emergency guidelines are lifted. [Learn more here](#).

U.S. Department of Labor

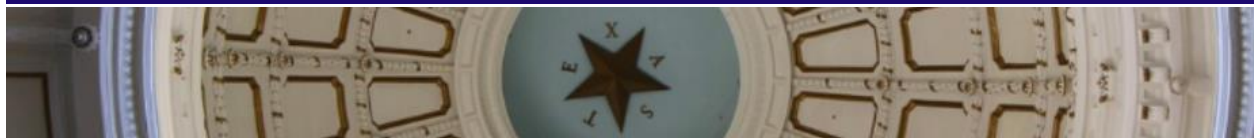
March 28, the U.S. Department of Labor's Wage and Hour Division (WHD) published more guidance to provide information to employees and employers about how each will be able to take advantage of the protections and relief offered by the Families First Coronavirus Response Act (FFCRA) when it goes into effect on April 1, 2020. The latest round of guidance includes [questions and answers](#) addressing critical issues such as the definition of a "health care provider," and the scope of the small business exemption for purposes of exclusion from the provisions of the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act, as well as whether public sector employees may take paid family and medical leave. In addition, WHD posted its two recently released posters and fact sheets in Spanish on its [COVID-19 website](#). Read the [full notice and find additional information here](#).

U.S. Small Business Administration

In response to the Coronavirus (COVID-19) pandemic, small business owners in all U.S. states, Washington D.C., and territories are eligible to apply for an Economic Injury Disaster Loan advance of up to \$10,000.

The SBA's Economic Injury Disaster Loan program provides small businesses with working capital loans of up to \$2 million that can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing. The loan advance will provide economic relief to businesses that are currently experiencing a temporary loss of revenue. Funds will be made available within three days of a successful application, and this loan advance will not have to be repaid. Apply for a COVID-19 Economic Injury Disaster Loan [here](#).

The State of Texas



From the Office of the Governor, Greg Abbott

Governor Abbott Waives COVID-19 Medical Cost-Sharing for Public Safety Employees

Governor Greg Abbott has waived certain statutory provisions to ensure public safety employees who contract COVID-19 during the course of their employment will be reimbursed

for reasonable medical expenses related to their treatment of COVID-19. Because the nature of their duties has caused them to increase their risk of contracting COVID-19, the Governor has waived these statutory provisions so that public safety employees who contract COVID-19 are not also financially penalized. Read the [full release here](#).

Governor's EMS Trauma Advisory Council (GETAC) forms COVID-19 Taskforce. The charge of the Task Force will be to advise DSHS as needed or requested on COVID-19 related matters at this extraordinary time. The Task Force will be led by Robert Greenberg, MD, Chair and Alan Tyroch, MD, Vice Chair; and include Sheila Faske, Jorie Klein, RN, and Ryan Matthews, LP. "We are truly in this together and it will take all of us to fulfill our vision of a unified, comprehensive and effective Emergency Healthcare System at this unprecedented time in our lives."

Department of State Health Services - Texas Case Count

The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 10:00 AM this morning, can be found by [accessing this spreadsheet](#).

Texas Health and Human Services Commission

Updated Notice to Child Care Providers Regarding Child Care Task Force and Availability Portal

Health and Human Services Commission Issues Updated Notice to Child Care Providers Regarding Child Care Task Force and Availability Portal

The HHSC is requesting that child care providers complete [this form](#) before 8:00 pm on Tuesday, March 31. This is not a regulatory requirement, though the Agency would like to publish accurate information listed for child care operations in the upcoming Frontline Child Care Availability Portal. While providers can continue entering information after this deadline, this portal will be launched for parents the evening of April 1, and the Agency wants parents to have accurate information. Read the [full notice here](#).

CMS Approves Home and Community-Based Services (HCS) Waiver, Amendment

2

The Centers for Medicare and Medicaid Services approved the Home and Community-based Services Program Waiver Amendment 2, effective March 9, 2020. The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide. A copy of the amendment is available on the [HCS Waiver web page](#).

Long-Term Care Regulatory (LTCR) Releases Web-based Training for Home Health and Hospice Providers

Long-Term Care Regulatory is announcing the release of a Web-based training that is available as a resource for [Home Health and Hospice \(PDF\)](#). Contact your [Public Health Region](#) or your [Local Public Health Organization](#) if you need PPE.

HHSC Adjusts the Timelines of Supplemental Payments

To assist hospitals and other Medicaid providers during the coronavirus (COVID-19) emergency, the Health and Human Service Commission (HHSC) will make Disproportionate Share Hospital (DSH) and the Uncompensated Care (UC) program payments earlier than anticipated. The final federal fiscal year 2020 DSH payments will be distributed in May instead of June. The final demonstration year 9 UC payments will be distributed in June instead of September.

HHSC is adjusting the payment timelines to provide participating Texas Medicaid providers with funding earlier so that the payments can be used during the COVID-19 public health emergency.

DSH and UC Programs Background

Disproportionate Share Hospital (DSH) payments are authorized by federal law to provide



hospitals that serve a large share of Medicaid and low-income patients with additional funding. DSH payments are supplemental payments to help cover more of the cost of care for Medicaid and low-income patients.

Uncompensated Care (UC) payments to hospitals are authorized under Section 1115 demonstrations. UC payments originated as a way for Texas to continue to expand managed care in Medicaid programs and continue making supplemental payments to hospitals. States negotiate the parameters of their uncompensated care pools with the Centers for Medicare and Medicaid Services (CMS). Texas UC payments may be used to reduce the actual uncompensated cost of medical services provided to uninsured individuals who meet a provider's charity care policy. Participants include: public and private hospitals, public ambulance providers, government dental providers, and physician practice groups.

AG Paxton Files Brief to Enforce Governor's Executive Order Halting Unnecessary Medical Procedures, Including Abortions

Texas Attorney General Ken Paxton today filed a brief in a United States District Court in Austin to enforce Governor Abbott's Executive Order (GA 09) postponing any unnecessary medical procedures to preserve desperately needed medical supplies for the health care professionals combating the Coronavirus (COVID-19) pandemic.

Find the [full press release here](#).

Texas' Social Distancing Efforts

A company called Unacast aims to provide organizations fighting COVID-19 with an understanding of the efficacy of social distancing initiatives, currently seen as the most effective way of slowing the spread of the virus. To see Texas' grade, access the [Social Distancing Scoreboard](#).

March 29, 2020

The State of Texas



The Governor's Press Conference

The Governor was joined for the press conference by Major General Tracy Norris of the Texas Army National Guard, USACE Southwest Division Commander and Chief Engineer Brigadier General Paul Owen, Texas Department of State Health Services Commissioner John Hellerstedt, MD, Texas Division of Emergency Management Chief Nim Kidd, and Supply Chain Strike Force member and former State Representative John Zerwas, MD.

Please note: *there were technical issues with the audio, which impacted reporting.*

The Governor thanked the public for their response to COVID-19, stating that the stronger the response, the faster we will be able to control the impact of the virus. He commented on the drive-thru testing facilities and private labs that have contributed to the success of this effort. Recent numbers are:

- 25,483 Texans tested,
- 2,552 were confirmed positive,
 - Of those, 176 have been hospitalized,
- 118 counties have reported a positive case, and
- 34 fatalities have been reported connected to COVID-19.

On average, of those tested, less than 10% have tested positive. Less than 10% of those who test positive have needed hospitalization.

To date, most of the numbers reported are infections that occurred before social distancing orders were in effect. Hopefully, the numbers will improve, even with increased testing. *(Remember that testing will show the number of individuals testing positive as increasing.)* Hospital capability is being monitored. The State is working to ensure the availability of beds in the event that there is a dramatic increase in those needing hospitalization related to COVID-19. In the last week, the number of available hospital beds dedicated to COVID-19 patients doubled. Before March 19th, there were 8,100 COVID-19-dedicated beds available; now, there are 16,000 available. These came online pursuant to the executive orders restricting Elective Procedures. The number of available beds and rooms will grow still more, because the impact of the EO requiring two people to a room (where possible), has yet to be reported. The number of Texans hospitalized due to COVID-19 is less than 2% of available

hospital bed capacity. Those numbers are an average for the entire State, so individual county numbers will vary. The Governor stated that our job is to ensure that we are looking 3-4 weeks down the road. Existing hospitals will be the primary location to treat those in need. The State has to ensure capability for the worst-case scenario. The National Guard has been tasked to identify locations to be used if current hospital capacity is insufficient. This will be based on the unique needs of each area.

The first of these facilities has been identified for the Dallas Ft-Worth area at the Kay Bailey Hutchison Convention Center. At this location, medical equipment is now present for 250 beds with room for expansion. There is also the capability to go to other locations if needed; the Governor stated that they will be looking in all locations for future capability. Local leaders are being asked to contact the Governor if there are local facilities available for use. www.Texas.Gov.

The Governor announced two new Executive Orders being released today. In the first Executive Order ([GA-12](#)) announced today, the Governor mandated a 14-day quarantine for road travelers arriving in Texas from any location in Louisiana. The self-quarantine procedure will mirror the process outlined in the Governor's [previous Executive Order requiring mandatory self-quarantine for air travelers from the New York Tri-State Area and New Orleans, Louisiana](#). This mandated quarantine will not apply to travel related to commercial activity, military service, emergency response, health response, or critical infrastructure functions.

In the second Executive Order ([GA-13](#)) announced today, the Governor prohibited the release of individuals in custody for or with a history of offenses involving physical violence or the threat of physical violence. This Executive Order comes in response to concerns of the release or anticipated release of individuals because of COVID-19 who are deemed a danger to society.

The Governor also issued a proclamation regarding his prior [Executive Order mandating a self-quarantine for individuals arriving from the New York Tri-State Area and New Orleans, Louisiana](#). The amended Executive Order now includes air travelers arriving from the following states and cities:

- California
- Louisiana
- Washington
- Atlanta, Georgia
- Chicago, Illinois
- Detroit, Michigan
- Miami, Florida



View the Governor's Executive Orders: [GA-12](#) and [GA-13](#).

View the Governor's [proclamation](#).

He stated that what we have done as Texans over the last ten days has helped maintain maximum containment; Texans have always been up to the challenge.

The Army Corp of engineers stated that over the last week, they have worked with HHS and FEMA to find alternative sites for treatment. These included hospitals and clinics not in use, arenas, convention centers, and hotels. All facilities can be adapted if necessary. At this point, they have focused on DFW, but they have assessment teams available to address the entire state.

General Norris, Texas National Guard, stated that they have joined the COVID-19 response team. She stated that people will begin to see the National Guard in their communities. There are ten general support units across the state with the missions of securing personnel and equipment, medical support, and expanding hospital capacity. She added that they are neighbors and citizen warriors. We will get through this together.

Dr. Hellerstedt stated they will be working to increase hospital bed capacity, PPE and testing, and the impact of social distancing.

Dr. Zerwas stated that a strike force was convened to look at supply chain and hospital capacity. The number of beds has been doubled and the availability of critical equipment has increased. There are 30,000 additional licensed beds that could be converted if necessary. The suitability of those beds needs to be determined.

Nim Kidd stated his appreciation for the first responders, healthcare workers, and state agencies. He also thanked the federal partners. He stated that the supply chain is being rebuilt; it is based on bed-count. He added that PPE has to be made available to the areas with the greatest need.

Questions and Answers (Paraphrased for brevity.)

There are homeless people needing shelter in the Kay Bailey Hutchison Convention Center. *There is plenty of space available to utilize without impacting those people; three other locations have been identified as well.*

In response to a question regarding school closures, *the Governor stated he has the authority to ensure schools stay closed if necessary. He is meeting with TEA and will make a decision based on health and safety in consultation with Dr. Hellerstedt, DSHS.*

In response to a question regarding the Texas border— *The agreement between the US and Mexico was developed to eliminate nonessential travel going both ways. When discussing international travel, the federal government has the final authority.*

In response to a question regarding the total number of ventilators— *We are continuing to monitor and to add to the supply. We do not know what our needs will be in the future, but we are looking across the nation and the globe to ensure capacity.*

Different businesses are saying they are essential. Does that factor into your decision to adopt a statewide solution to combat the virus? *The decisions are based on guidance from the CDC, Dr. Birx, and Dr. Hellerstedt. Many local entities have enacted stricter standards than the federal requirements and state guidance. About 75% of the counties in Texas have restricted movement. The President will be making an alteration to the federal standard and Texas will make the decision based on this information and in consultation with state and federal health officials.*

In response to a question related to economic programs— *We are looking at the federal dollars and programs that have come down. They are evaluating all the economic programs available to find the best solutions for Texas.*

In response to a question regarding reopening the economy— *It is hard to assess. State leaders have to base decisions on medical professionals. The worst scenario would be to open businesses and then have to shut them back down. Any decision will be informed by the data.*

From the Office of the Governor, Greg Abbott

Governor Abbott Announces HHSC Request of Section 1135 Waiver To Support Health Care Workforce In Medicaid Program

The Texas Health and Human Services Commission (HHSC) has submitted a Section 1135 waiver to the Centers for Medicare and Medicaid Services (CMS) requesting flexibility in administering Medicaid to mitigate potential health care workforce shortages during the COVID-19 outbreak. If approved, the federal flexibilities would include:

- Allowing fully trained, qualified nurse aides to provide home health and hospice services even if they have not been employed and paid as an aide within the preceding 24 months, which will help expand the eligible pool of direct care workers and help providers facing any critical staffing shortages.

- Allowing non-clinical staff to provide feeding assistance to residents in nursing facilities without completing the required 16-hour training course. Since group meals are no longer served due to social distancing, additional feeding assistants are needed for one-on-one assistance. These assistants would be supervised and assigned only to non-complex cases.
- Allowing individuals with intellectual disabilities in the Home and Community-based Services and Intermediate Care Facility programs to temporarily receive their same services in either setting. This will give providers greater flexibility to meet staffing and resource challenges while continuing to provide critical services in both programs.

If approved by CMS, the Section 1135 Medicaid waiver flexibilities would remain in place for as long as necessary during the public health emergency. Read [more here](#).

From the Office of the Governor, Greg Abbott

Texas allows "home-rule" charter government in the state. The charter is a document that establishes the governmental structure and provides for the distribution of powers and duties among the various branches of government. Home rule charters have the inherent authority to do anything that qualifies as a "public purpose" and is not contrary to the constitution or laws of the state. If a city or county have a charter in place they will have regulatory authority in those areas. The Texas Department of State Health Services (DSHS) provides the minimum standards for food safety in the state with the Texas Food Establishment Rules (TFER). However, cities that have a charter in place have the ability to enforce more stringent rules and regulations. Access the page by following [this link](#).

Texas Department of State Health Services (DSHS) Food Establishments: Response to Coronavirus Disease 2019 (COVID-19) Recommendations

- Wash Hands frequently for 20 seconds, using hot water, soap, and vigorous rubbing. Minimize bare-hand contact with all food products and food contact surfaces.
- Practice extra precaution with Highly Susceptible Populations: Nursing Homes, Hospitals, Elementary Schools, Daycares
- Avoid touching face, mouth, nose, and eyes.
- Sanitize high frequency points: tables, door handles, counters, door frames, chairs, and seating areas.
- Stay home when you are sick, except to get medical care.

The developing outbreak of the novel (new) coronavirus is being monitored by the Texas DSHS by closely working the Center of Disease Control (CDC). Updates can be followed at the [DSHS website](#). Although COVID-19 is not identified as a foodborne illness, it is contagious.

It is spread by airborne droplets from coughing and sneezing and by touching a surface or object that has the virus on it and then touching one's own mouth, nose, or eyes. Symptoms of COVID-19 include coughing, fever, and shortness of breath with mild to severe respiratory illness.

People who are ill, especially those with symptoms consistent with influenza or COVID-19, should isolate themselves at home until they recover. Such persons should only present for medical evaluation and treatment if their symptoms are such that they cannot continue to be cared for in their home. And, when seeking medical care should call their doctor or health care facility before arriving to allow them to prepare. Food employees should be excluded from the food establishment until cleared to return by a health practitioner.

According to TFER 228.257, certain persons (e.g. physician, physician assistant) shall report certain confirmed and suspected foodborne diseases. The reporting of communicable diseases is required by 25 TAC Chapter 97 Subchapter A Control of Communicable Diseases. Persons-in-charge (PIC) at food establishments shall require food employees to report to them any symptoms of sore throat with fever, according to Texas Food Establishment Rule (TFER) 228.35(a)(1)(D). Food establishment PICs shall assist in the report of communicable diseases by excluding a food employee working in a food establishment serving a highly susceptible population or restrict the employee if they work in a food establishment not serving a highly susceptible population (228.36(8)(A) and (B)).

Download the [Guidance Document \(PDF\)](#).

Drive Through Testing Sites. People can get tested for COVID-19 at drive-thru locations in certain parts of Texas. Locations may use different screening criteria to determine if you are able get tested. Please contact the drive-thru provider to see what their testing criteria is. DSHS will update the drive-thru testing list as information becomes available. Check with local healthcare providers, local health departments or call 2-1-1 for more screening locations. To receive testing results, contact the telephone number or online lab information provided on your drive-thru testing receipt.

- [Austin/Round Rock](#)
- [Houston](#)
- [San Antonio](#)
- [Dallas/Fort Worth](#)
- [San Angelo](#)

Learn [more here](#).

March 28, 2020

Federal Government



The President's Press Briefing - March 27, 2020

Participants of the briefing included: President Trump and Vice President Pence, Director of Trade and Manufacturing Policy Peter Navarro, Secretary of Education Betsy DeVos, Secretary of Agriculture Sonny Perdue, Dr. Deborah Birx, Dr. Anthony Fauci, McLane Global Chairman Denton McLane, and Panera President and CEO Niren Chaudhary. Below are selected points of importance, as well as supplementary information from trusted third-party sources. For the purpose of brevity, speakers' statements are often paraphrased. Those wanting to watch the briefing can access it [here](#).

China. The President spoke with President Xi Jinping from China; they discussed vaccines and therapeutics among other things.

Ventilator Production and PPE. The President stated that in the next 100 days, we will either make or get, over 100,000 ventilators. He stated that he has invoked The Defense Production Act (DPA) to [compel General Motors](#) to accept, perform, and prioritize federal contracts for ventilators.

- Peter Navarro has been named the National DPA Policy Coordinator.
- Boeing CEO Dave Calhoun will be producing and donating face shields. Boeing has also offered the use of three Dreamlifter cargo planes for the distribution of products and supplies.
- The Supply Chain Stabilization Taskforce is working on airlifts of medical protective equipment from countries around the world to bring to the US.
- Resources and supplies will continue to be focused on harder-hit areas, while still sending them to lower need areas.

- FEMA Administrator Gaynor to speak to all state emergency directors in America to discuss the availability of resources; encourage them to have a plan to perhaps use their National Guard to move medical equipment from storehouses to hospitals. ([Letter](#) to Emergency Managers Requesting Action on Critical Steps.)
- (**Note that** the [CDC](#) has published a [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#), a spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for response to COVID-19.)

Medical Personnel. [Executive Order](#) was issued giving the Department of Defense and the Department of Homeland Security the authority to activate the Ready Reserve components of the armed forces to mobilize medical disaster and emergency response personnel.

Population. Some states have looser restrictions, even with older populations, but it is up to each state to develop their regulations related to population movement and issues. Governors in several states have issued quarantine orders for travelers coming from other states. The President indicated that it is important that people not leave hard-hit areas and go to states less impacted by the virus.

Legislation.

- House passed H.R. 748 "THE CARES ACT" by voice vote; President Trump signed the bill this afternoon (March 27, 2020).
- A "Phase IV" to the stimulus plan will depend on the success of the first three phases.

Economy.

- The Dow closed down 915.39 points, ending at 21,636.78.

Medical.

- Follow the [15-day guidelines](#).
- Individuals were urged again to adhere to their local and state authorities. In areas not under order, continue to follow the guidelines.
- Monday is "Day 15", which is when a new determination will be made as to whether to extend or modify the guidelines.
 - Exceptions include heavily impacted areas like New York.
- Previous infection modeling and projections needed to be adjusted based on mitigation efforts.
 - Data from this week and next week will not reflect mitigation.
 - Hospital admissions we see this week and next week will be from infections that occurred before mitigation efforts were enacted.
- A public website with testing data is not yet available; the CARES Act now requires private labs to provide testing information to the CDC. Once the data is collected, it will be made available.
- Testing strategy moving forward needs to weave together testing strategies for surveillance and diagnosis.

- China and South Korea had different mitigation efforts (removing COVID-19 positive individuals from their homes) that the US has adapted in different ways (social distancing and quarantining with family).
- The Army Corps of Engineers is working to increase hospital capacity through:
 - Hospital tents and
 - Repurposing local hotels
- Apple launched a “COVID-19” app to help triage individuals with symptoms and utilize HHS recommendations on whether to seek testing.
- Emory University in Atlanta has started enrolling local volunteers in a Phase I clinical trial of another possible vaccine.

Education.

- 47 states have requested waivers for the school year on spring standardized tests. K-12 distance learning is ramping up. (South Carolina is deploying 3,000 buses with mobile Wi-Fi hotspots to help kids in remote areas access learning that way). Other online platforms for educators: www.ed.gov/coronavirus
- **Financial support** is being provided in the form of “micro grants.”
- **Higher Education** has been granted regulatory flexibility for learning to go online; working on improved distance learning policies, shorter-term programs, and apprenticeships.
- Student loan relief has been granted with zero percent interest rates and deferred payments for 60 days.
- **School nutrition** is important, as many students receive two meals a day at school.
 - DOE and USDA are working with private companies to provide meals to students throughout the country.
 - Waivers to increase flexibilities to provide meals when children cannot congregate in a single location: the USDA Food and Nutrition Service [has approved](#) waivers from all 50 states, DC, Guam, Puerto Rico, and the Virgin Islands, enabling Summer Food Service Program (SFSP) and National School Lunch Program Seamless Summer Option (SSO) sponsors to serve meals in a non-congregate setting and at school sites during school closures related to the coronavirus. Follow [this link](#) for guidance on meal delivery.
 - Corporate efforts are supporting food programs in different states. Panera Bread and [McLane Global Logistics](#) are working with the USDA to deliver food to children.

H.R. 748, H.R. 6074, and H.R. 6201. Confused? Here’s the Difference

H.R. 6074: On March 6, 2020, the Coronavirus Preparedness and Response Supplemental Appropriations Act, H.R. 6074, was signed into law. Of the \$8.3 billion in emergency funding provided in the bill, \$1.6 billion (19%) is dedicated to the international response. The bill broadly enhances the **national response** to the coronavirus by providing \$6.7 billion (81%) as follows:

- \$3.4 billion for the Office of the Secretary – Public Health and Social Services Emergency Fund, which includes:
 - More than \$2 billion for the Biomedical Advanced Research and Development Authority (BARDA);
 - \$300 million in contingency funding for the purchase of vaccines, therapeutics, and diagnostics if deemed necessary by the HHS Secretary; and
 - \$100 million for the Health Resources and Services Administration (HRSA) for grants under the Health Center Program, which services the geographically isolated and economically or medically vulnerable.
- \$1.9 billion for the Centers for Disease Control and Prevention (CDC), which includes
 - \$950 million for state and local response efforts, of which \$475 million must be allocated within 30 days of the enactment of the bill
 - \$300 million for the replenishment of the Infectious Diseases Rapid Response Reserve Fund, which supports U.S. efforts to respond to an infectious disease emergency.
- \$836 million for the National Institute of Allergy and Infectious Diseases (NIAID), which conducts research on therapies, vaccines, diagnostics, and other health technologies at the National Institutes of Health (NIH).
- \$61 million for the Food and Drug Administration (FDA) for the development and review of vaccines and therapeutics, and to address potential supply chain interruptions.
- \$20 million for the Small Business Administration (SBA) disaster loans program.

The bill also includes a waiver removing restrictions on Medicare providers, allowing them to offer telehealth services regardless of whether the beneficiary is in a rural community, at an **estimated cost of \$500 million**. For more information on funds dedicated for international support efforts, please visit the [Kaiser Family Foundation's summary of the legislation](#).

H.R. 6201: On March 18, 2020, the second stimulus plan, **Families First Coronavirus Response Act, H.R. 6201, was signed into law**. This bill provides paid sick leave and free coronavirus testing, expands food assistance and unemployment benefits, and requires employers to provide additional protections for healthcare workers through emergency supplemental appropriations for the fiscal year ending September 30, 2020. The bill addresses:

- Nutrition Programs. H.R. 6201 includes \$250 million for the Senior Nutrition program in the Administration for Community Living (ACL) to provide approximately 25 million

additional home-delivered and pre-packaged meals to low-income seniors who depend on the Senior Nutrition programs in their communities. This bill also provides additional Supplemental Nutrition Assistance Program flexibilities; \$500 million to the Special Supplemental Nutrition Program for Women, Infants, and Children; \$400 million to assist local food banks to meet increased demand for low-income Americans during the emergency; and Richard B. Russell National School Lunch Act requirement waivers.

- Coverage of Testing for COVID-19. This bill requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center, and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.
- Emergency Paid Leave Benefits. The bill provides for paid emergency sick leave for certain absences related to COVID-19. It also amends the Family and Medical Leave Act (FMLA) to provide up to 12 weeks of leave "because of a qualifying need related to a public health emergency." The cost of this paid leave is offset by employer tax credits.

Find [more information here](#).

H.R. 748. on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, H.R. 748, was signed into law. The bill is the third COVID-19 legislative package and includes \$2 billion in relief to address the impacts of the COVID-19 pandemic. A few highlights of what's included in the package:

- Creates a \$150 billion Coronavirus Relief Fund for state, local and tribal governments. [See estimated state allocations](#), courtesy of Federal Funds Information for States.
- \$30 billion for an Education Stabilization Fund for states, school districts and institutions of higher education for costs related to the coronavirus.
- \$45 billion for the Disaster Relief Fund for the immediate needs of state, local, tribal and territorial governments to protect citizens and help them respond and recover from the overwhelming effects of COVID-19.
- \$1.4 billion for deployments of the National Guard. This level of funding will sustain up to 20,000 members of the National Guard, under the direction of the governors of each state, for the next six months in order to support state and local response efforts.
- An additional \$4.3 billion, through the Centers for Disease Control and Prevention, to support federal, state and local public health agencies to prevent, prepare for, and respond to the coronavirus.
- Requires the Department of Homeland Security to extend the Real ID deadline for full implementation by states from Oct. 1, 2020, to no earlier than Sept. 30, 2021. DHS subsequently [announced](#) that the new deadline would be Oct. 1, 2021.
- \$25 billion for transit systems. These funds would be distributed through existing formulas.
- \$400 million in election security grants to prevent, prepare for, and respond to coronavirus in the 2020 federal election cycle. States must provide an accounting to

the Election Assistance Commission of how the funds were spent within 20 days of any 2020 election.

- Expands unemployment insurance from three to four months, and provides temporary unemployment compensation of \$600 per week, which is in addition to and the same time as regular state and federal UI benefits.
- Establishes a \$500 billion lending fund for businesses, cities and states.
- Provides a \$1,200 direct payment to many Americans and \$500 for each dependent child.

Find [more information here](#).

The State of Texas



From the Office of the Governor, Greg Abbott

Governor Abbott Removes Licensing Barriers for Advance Practice Registered Nurses

Governor Greg Abbott has waived certain regulations allowing for an expedited licensing reactivation process for Advanced Practice Registered Nurses (APRN) in Texas. Under these waivers, an APRN with a license that has been inactive for more than two years, but less than four years, will not have to pay a reactivation fee, complete continuing education credits, or complete the current practice requirements. For APRNs with a license that has been inactive for more than four years, the reactivation fee and continuing education requirements will be waived. Read the [full notice here](#).

Governor Abbott Waives Certain Licensing Regulations for Pharmacists, Technicians

Governor Greg Abbott has waived certain licensing renewal regulations for Texas pharmacists, pharmacy technicians, and pharmacy technician trainees. With these waivers, the Governor is temporarily extending expiration dates for licenses and temporarily suspending continuing education requirements for pharmacists. Read the [full notice here](#).

Supplemental Nutrition Assistance Program (SNAP)



HHSC Temporarily Waives Renewal Requirements for Medicaid, SNAP Clients During COVID-19 Crisis; Texas Waives Interview Requirements for Households Applying for SNAP

Health and Human Services announced today SNAP and Medicaid benefit renewals currently due will automatically be renewed so existing clients can maintain continuity of coverage during the COVID-19 public health crisis.

To ensure benefits continue, Texas requested and received federal approval to automatically extend benefits for recipients who were up for renewal. Renewing the SNAP and Medicaid applications automatically means that those who were up for a renewal do not have to call or complete their renewal to receive continuous coverage. SNAP and Medicaid benefits are extended until further notice, and Texas HHS will continue to provide updates to the public during the coming months.

Additionally, as authorized by [Section 2302](#) of the Families First Coronavirus Response Act, Texas is also waiving interview requirements for households applying for SNAP. As part of that, households are not required to complete an interview before approval if identity has been verified and mandatory verification steps are completed.

Waiving interview requirements means people do not have to come into an office or call the agency about their application or renewal, and HHS can process applications as they are received and make eligibility determinations faster.

Read the [full release here](#).

Comptroller for Public Accounts

Existing Payment Plans. The Comptroller's office recognizes that many taxpayers face serious hardships because of steps businesses and Texans have taken, on their own or at the instruction of state or local governments, to lessen the spread of the coronavirus (COVID-19). To help these taxpayers avoid default on existing payment plan agreements, the Comptroller's office will consider, on a case-by-case basis, postponement on the deadlines to remit payments to the Comptroller's office.

Postponement will only apply to payment plan agreements currently in effect. The potential postponements will not extend or delay a taxpayer's due dates for remitting or reporting tax collected by taxpayers on behalf of state and local governments. It also will not apply to resolution agreements that specify a deadline to make a single lump sum payment of the entire liability.



The total amount due under the payment plan agreement will not be reduced. After the expiration of the postponement period, all payment deadlines will resume on the next periodic payment deadline as provided in the payment plan agreement.

Postponed payments will be added to end of the term of the agreement. To learn more about payment postponement and to determine if you qualify, please contact the Comptroller's Enforcement Division at 1-800-252-8880. Learn [more here](#).

March 27, 2020

Updated: Medicaid in the Time of Corona



HHSC Stakeholder COVID-19 Conference Call and Webinar

The Health and Human Services Commission held a conference call related to COVID-19 and the Medicaid program. Agency staff presented information on the progress that has been made so far, not only as it pertains to the Medicaid program, but across the agency.

Texas Insight would like to thank the dedicated staff at HHSC for their diligence in keeping the community informed. There is not a better group of public servants anywhere.

The situation is changing rapidly, and the response is iterative. An 1135 waiver request was submitted, but certain flexibilities have already been implemented. HHSC is working through all the issues that have been identified by the public.

To access additional information:

- **People Receiving Services:** [This page provides policy, procedural and office-closure information to Texans receiving HHS services.](#)
- **Providers:** [This page provides information on flexibilities that may be requested of providers and how they can best assist those impacted by the coronavirus.](#)

Submit questions to: Medicaid_COVID_Questions@hhsc.state.tx.us

Implemented to Date

Teleservices:

- Reminded managed care organizations (MCOs) about existing flexibility to provide teleservices and the ability for a member's home to be a place of service.
- Clarified that CHIP co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members.

- FQHCs can be reimbursed as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers.
- HHSC is allowing telephonic only behavioral health services and office visits for medical services through April 2020. HHSC notified providers on March 20, 2020.

Face-to-Face Visit Requirements:

- Directed MCOs to suspend face-to-face service coordination visits for 30 days in STAR Kids, STAR+PLUS, and STAR Health.
- Authorized fee-for-service case managers and service coordinators to suspend face-to-face service coordination visits for 30 days and encouraged telephonic, telehealth, or telemedicine visits if appropriate.
- Extended services for people whose reassessments are scheduled from now through the end of April 2020 in HCBS waivers.
 - Extends medically necessity/level of care determinations, service authorizations, and individual service plans.
 - Applies to STAR+PLUS Home and Community Based Services, the Medically Dependent Children Program (MDCP), and 1915(c) waivers for individuals with intellectual and developmental disabilities.
- Directed STAR, STAR Health, STAR Kids, and STAR+PLUS MCOs to allow FMSAs to suspend providing face-to-face orientations for CDS employers for the next 30 days. Employer orientations scheduled in the next 30 days will be virtual or by telephone. Face-to-face will be required after the suspension.

Electronic Visit Verification (EVV):

- Payments for services delivered through April 2020 will not be conditioned on an upfront EVV match. Providers will continue to use EVV to the extent possible. All service delivery must be documented in the EVV system, even if initially documented on paper. Payments and encounters will be reconciled to an EVV record retrospectively.

Pharmacy:

- Texas State Board of Pharmacy authorized pharmacists in Texas to dispense up to a 30-day supply of medication (other than a schedule II-controlled substance) in the event a prescriber cannot be reached.
- To address possible drug shortages in short acting agents, HHSC moved drugs in the Bronchodilators, Beta Agonist drug class from non-preferred to preferred status, effective March 21, 2020. Drugs with preferred status do not require non-preferred prior authorization. HHSC will monitor shortages.

CHIP Co-payments:

- CHIP co-payments for medical office visits are waived through April 2020 for COVID-related concerns.

COVID-19 Testing:

- Medicaid and CHIP will cover COVID-19 testing for Medicaid and CHIP clients with no prior authorization required.

Durable Medical Equipment:

MCOs may not require Durable Medical Equipment (DME) providers to obtain the member or member's guardian signature on DME Certification and Receipt Forms. Effective through April 30, 2020.

Medicaid 1135 Waiver Request

Medicaid Authorizations: Allow Texas Medicaid Healthcare Partnership (TMHP) and MCOs to extend prior authorizations (PA) for services expiring in the next 30 days when a PA cannot be obtained because a provider's office has access issues.

Long Term Services and Supports:

- Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days.
- Extend minimum data set (MDS) authorizations for nursing facility and skilled nursing facility (SNF) residents.

Provider Enrollment:

- Waive payment of application fee to temporarily enroll a provider.
- Waive criminal background checks associated with temporarily enrolling providers.
- Waive site visits to temporarily enroll a provider. (Fingerprint provision.)
- Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollees and be reimbursed for that service.
- Streamline provider enrollment requirements.
- Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency.
- Waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state.
- Waive conditions of participation or conditions for coverage for existing providers for facilities for providing services in alternative settings, including using an unlicensed facility, if the provider's licensed facility has been evacuated.
- (These are for temporary enrollments)

Appeals and Fair Hearings:

- Extend to 60 days the amount of time that MCOs have to resolve standard appeals statewide.
- Waive the requirements that a member appealing to an MCO must have their oral request for an appeal be confirmed in writing.
- Extend the amount of time an enrollee has to request a state fair hearing by 30 days.

- Authorize the state to extend all deadlines that require a person to request continuation of benefits from 10 days to 30 days.
- Extend the state's deadline to take final administrative action in a Fair Hearing by 30 days.

Other Flexibilities:

- Waive any requirements of the state plan that require face-to-face contacts to allow the services to be performed by telehealth, telemedicine, or telephonic contact as consistent with state law and subject to HHSC requirements.
- Waive the timeframes associated with the public notice requirements for the state plan and 1115.
- Extend current medical necessity, service authorizations, and level of care authorizations for state plan fee-for-service and managed care services and programs, including waiver programs.
- Extend or allow the state to waive any requirements that require the signature of physician or DME provider or Medicaid recipient.
- Allow Texas Medicaid to reimburse pharmacies for the administration of flu vaccines, long acting antipsychotics, and drugs used to treat substance use disorder or opioid dependency.
- Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission.

Waive public comments and other waiver submission requirements to allow quicker response to need.

Other Updates

Eligibility Services

[HR 6021](#). Family First Coronavirus Response Act. Temporarily increases the State FMAP and requires ensuring that households remain eligible until after the crisis has abated. To comply, HHSC is reviewing the process of automation to make sure coverage is maintained and requires no action from the client. The provision for FMAP does not apply to CHIP. HHSC is requesting approval from CMS to extend the certification periods for CHIP so that recipients will have coverage through the duration of the public health emergency.

Section 6008. Temporary Increase of Medicaid FMAP. This section provides that for the duration of the crisis, the FMAP for each state will be increased by 6.2 percentage points. A state may not receive the increase if, for the duration of the crisis: eligibility standards are more restrictive than they were as of January 1, 2020; premiums exceed the amounts established on January 1, 2020; enrolled individuals lose their eligibility before the conclusion

of the crisis (unless they voluntarily withdraw, move, or pass away); or if the State does not provide coverage without the imposition of cost-sharing for testing services and treatments for COVID-19, including vaccines, specialized equipment, and therapies.

HHSC will be providing more information through policy bulletins for staff and the public.

Regulatory

Everything discussed here is listed on the HHSC COVID-19 page, as well as respective provider portals. There have been waivers of licensure regulations and statutes by the Governor. These can be found in provider letter ([PL 2020-21](#)); they include every provider type under Long-Term Care Regulatory: Nursing Facility (NF), Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), Assisted Living Facility (ALF), Day Activity and Health Services (DAHS) Facility, Prescribed Pediatric Extended Care Center (PPECC), Home and Community Support Services Agency (HCSSA), Home and Community-based Services (HCS) Provider, Texas Home Living (TxHmL) Provider. We do have some waivers applicable to nursing facility administrators, certified nursing assistants, and medication assistants. (*Texas Insight* has previously posted the Nursing and Physician waivers in detail.)

We also have provider letters for each of our provider types. Those include every provider type and specific information applicable to that provider type. There are also webinars for nursing facilities specifically related to infection control and emergency preparedness rules. Those webinars are self-paced. There are also joint training opportunities that are specific to infection control and PPE. These will take place on a weekly basis.

HHSC has reached out to the 1,200 nursing homes, providing each facility with information on their respective Technical Assistant Advisors, and contact information. They will answer any question a provider might have. They are acting on behalf of Long-Term Care Regulatory at this time.

Quality Monitoring Partners are also reaching out to HCS and TxHML providers. They are equipped to answer questions. If you receive a call, please work with them because they are there to assist you. There are several email boxes listed throughout the provider letters and in the provider portals.

We are actively posting provider webinars and conference calls. Partners across HHSC are invited to assist and answer questions. Our next provider call is Day Activity Health Services on Monday, March 30, 2020. Information for that call is on the HHSC COVID-19 page.

Visit the [COVID-19 section of the HHSC website](#) for more information and for postings for provider webinars and conference calls



Comments, Questions, and Answers will be addressed in the future through written or conference call communication.

March 26, 2020

Federal Government



The President's Press Conference - March 25, 2020

The following is a summary of the key points from the President's press conference yesterday:

More Disaster Declarations were signed, including:

- 5 Tribes
- 5 Territories
- All 50 states and DC

The private sector:

- Approximately 70 companies are repurposing their businesses and manufacturing facilities to help meet the need.
- Youth are helping as well by providing free childcare to hospital staff, and grocery shopping and meals to seniors.
- Dr. Fauci indicated that the need for privately made fabric masks arises in desperate situations, but with the inflow of deliveries, they may no longer be necessary.

FEMA has sent out:

- 9.4M N-95 masks
- 20M surgical masks
- 3.1M face shields
- 2.6M surgical gowns
- 14.6M gloves
- 6,000 ventilators (4,000 to NY)

There are 16,000 ventilators in the stockpile with another 150,000 in the healthcare sector.

- The device used by anesthesiologists during outpatient surgeries can be converted to a ventilator with a vent change. Hospitals will also get more staff.

- As granular data is collected at the county level, it can be determined where the virus has been, where it is now, and where it is going. If it has cycled through an area, those resources can be shifted to the next hard-hit areas.
- (There is still some uncertainty as to whether, between shifting resources and ramping up production, there will be enough ventilators.)

The FDA authorized individual self-testing in drive-thru testing facilities. This needs to be implemented to save on PPE.

If you are in an impacted area, listen to state and local officials; **everyone should be following the 15-day guide.**

Phase III: \$2.2 Trillion Stimulus Package Includes:

- \$350B in loans to small businesses to pay employees. Loan forgiveness is available, but businesses must continue to pay employees during this time. Loans will be administered through FDIC-backed financial institutions; they should be able to start next week if the bill is signed.
- \$300B in direct cash payments to citizens making under \$99,000 annually; a typical family of four should see \$3,400. Once signed, the checks should be sent out within three weeks.
- Up to \$250B in expanded Unemployment Insurance, full salary for up to four full months. Independent contractors and self-employed individuals will be included.
- \$130B to support doctors, nurses, and hospitals.
- \$45B for the Disaster Relief Fund (more than doubling the amount).
- \$27B to rebuild the National Strategic Reserve Stockpile.
- More funding for vaccine development, not including the \$8B already supplied in the previous bill.
- Over \$500B for the hardest-hit industries with restrictions on stock buyback and executive compensations.
- \$16B in PPE.
- \$150B to impacted states and localities.

Small businesses that do not qualify for the small business loan will be eligible for the economic program of tax incentives.

The stimulus package is meant to get the economy through the next three months; however, the President stated that hopefully, it won't take three months to get everyone back to work.

Nationwide testing is not feasible. However, to date, 432,000 tests have been completed, not including private and hospital labs which are almost caught up. Tens of thousands of tests are being added daily.

We cannot forget that while COVID-19 is making the headlines, there are also two outbreaks running simultaneously: Influenza A and B. All localities need to keep their flu surveillance systems going and watch for changes.

Anyone who has recently been to the NYC metro area NEEDS TO SELF-ISOLATE. Different countries are at different phases and we can learn from them.

- China has already been through the full cycle of the virus. However, new cases were imported as the country's borders were reopened to travel.
- The southern hemisphere is going into winter and seeing an increase in cases. This indicates that it may be cyclical. If that's the case, we need to be ready with a vaccine and therapeutics.

New Guidance from The Centers for Disease Control and Prevention (CDC)

The guidance changes include:

- Updated cleaning and disinfection guidance
- Updated best practices for conducting social distancing
- Updated strategies and recommendations that can be implemented now to respond to COVID-19

Businesses and employers can prevent and [slow the spread of COVID-19](#). Employers should plan to respond in a flexible way to varying levels of disease transmission in the community and be prepared to refine their business response plans as needed. According to the Occupational Safety and Health Administration (OSHA), most American workers will likely experience low (caution) or medium exposure risk levels at their job or place of employment (see [OSHA guidance for employers](#) for more information about job risk classifications).

Businesses are strongly encouraged to coordinate with [state](#) and [local](#) health officials so timely and accurate information can guide appropriate responses. Local conditions will influence the decisions that public health officials make regarding community-level strategies. CDC has [guidance for mitigation strategies](#) according to the level of community transmission or impact of COVID-19.

All employers need to consider how best to decrease the spread of COVID-19 and lower the impact in their workplace. This may include activities in one or more of the following areas:

1. reduce transmission among employees,
2. maintain healthy business operations, and
3. maintain a healthy work environment.

Reduce Transmission Among Employees
Actively encourage sick employees to stay home:

- Employees who have [symptoms](#) (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home.
- Sick employees should follow [CDC-recommended steps](#). Employees should not return to work until the criteria to [discontinue home isolation](#) are met, in consultation with healthcare providers and state and local health departments.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow [CDC recommended precautions](#).

Identify where and how workers might be exposed to COVID-19 at work:

- See [OSHA COVID-19](#) webpage for more information on how to protect workers from potential exposures and [guidance for employers](#), including steps to take for jobs according to exposure risk.
- Be aware that some employees may be at [higher risk for serious illness](#), such as [older adults](#) and those with chronic medical conditions. Consider minimizing face-to-face contact between these employees or assign work tasks that allow them to maintain a distance of six feet from other workers, customers and visitors, or to telework if possible.

Separate sick employees:

- Employees who appear to have [symptoms](#) (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.
- If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The fellow employees should then self-monitor for [symptoms](#) (i.e., fever, cough, or shortness of breath).

Educate employees about how they can reduce the spread of COVID-19:

- Employees can [take steps to protect themselves](#) at work and at home. Older people and people with serious chronic medical conditions are at [higher risk for complications](#).
- Follow the policies and procedures of your employer related to illness, cleaning and disinfecting, and work meetings and travel.
- Stay home if you are sick, except to get medical care. Learn [what to do if you are sick](#).
- Inform your supervisor if you have a sick family member at home with COVID-19. Learn what to do [if someone in your house is sick](#).
- Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about [coughing and sneezing](#) etiquette on the CDC website.

- Clean AND disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use [products that meet EPA's criteria for use against SARS-CoV-2](#), the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Practice social distancing by avoiding [large gatherings](#) and maintaining distance (approximately six feet or two meters) from others when possible.

Maintain Healthy Business Operations

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Implement flexible sick leave and supportive policies and practices.

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive "emergency sick leave" policies.
- Employers should not require a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor's](#) and the [Equal Employment Opportunity Commission's](#) websites).
- Connect employees to employee assistance program (EAP) resources (if available) and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with the death of a loved one.

Assess your essential functions and the reliance that others and the community have on your services or products.

- Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations if needed).

- Identify alternate supply chains for critical goods and services. Some good and services may be in higher demand or unavailable.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response plans. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from [childcare programs and K-12 schools](#).

- Plan to monitor and respond to absenteeism at the workplace.
- Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
- Prepare to institute flexible workplace and leave policies.
- Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

Consider establishing policies and practices for social distancing. Social distancing should be implemented if recommended by state and local health authorities. Social distancing means avoiding [large gatherings](#) and maintaining distance (approximately 6 feet or 2 meters) from others when possible (e.g., breakrooms and cafeterias). Strategies that business could use include:

- Implementing flexible worksites (e.g., telework)
- Implementing flexible work hours (e.g., staggered shifts)
- Increasing physical space between employees at the worksite
- Increasing physical space between employees and customers (e.g., drive through, partitions)
- Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
- Downsizing operations
- Delivering services remotely (e.g. phone, video, or web)
- Delivering products through curbside pick-up or delivery

Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their COVID-19 response plan based on local conditions.

Maintain a healthy work environment
Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Increase the percentage of outdoor air that circulates into the system.

Support respiratory etiquette and hand hygiene for employees, customers, and worksite visitors:

- Provide tissues and no-touch disposal receptacles.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer. Ensure that adequate supplies are maintained.
- Place hand sanitizers in multiple locations to encourage hand hygiene.
- Place posters that encourage [hand hygiene](#) to [help stop the spread](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Discourage handshaking – encourage the use of other noncontact methods of greeting.
- Direct employees to visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.

Perform routine environmental cleaning and disinfection:

- Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use. To disinfect, use [products that meet EPA's criteria for use against SARS-Cov-2](#), the cause of COVID-19, and are appropriate for the surface.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- If a sick employee is suspected or confirmed to have COVID-19, follow the [CDC cleaning and disinfection recommendations](#).

Advise employees before traveling to take additional preparations:

- Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from countries with travel advisories, and information for aircrew, can be found on the [CDC website](#).
- Advise employees to [check themselves for symptoms](#) of COVID-19 (i.e., fever, cough, or shortness of breath) before starting travel and notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Take care when attending [meetings and gatherings](#):

- Carefully consider whether travel is necessary.
- Consider using videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces.

New Guidance from the US Department of Education

Although schools have been closed for the present, the Department offers [guidance for school settings](#).

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 ("Coronavirus") into communities across the United States. [Coronavirus.gov](#) offers the most up-to-date information about this rapidly evolving situation.

Through collaboration and coordination with State and local health departments, State and local educational agencies, other education officials, and elected officials, schools can disseminate critical information about the disease and its potential transmission to students, families, staff, and community.

The State of Texas



The Governor's Press Conference

The Governor stated that we are on course to exceed the testing goals set previously, having tested 21,000 in the state to date. That rate of increase should continue to grow.

He reminded us that the more people are tested, the more will test positive. previously, only 97 had tested positive and now, 1,424 have tested positive. This number changes daily. However, less than 10% of those tested have tested positive.

- Last Friday, there were five deaths from COVID-19; there have now been 18 deaths.
- Last Friday, thirty-nine (39) counties had reported a positive test; now, there are 90 counties reporting at least one positive test.

We have 100 patients in hospitals in Texas with COVID-19, however, less than 10% of those testing positive need hospitalization at this time. The goal is to test as many people as possible and then we will see a leveling off of the numbers in Texas. The number of positive tests will continue to increase. Social distancing will help the numbers level off.

The Governor stated that many new drive-thru testing facilities or easy access facilities have been established. Private sector medical centers are also stepping up for testing. We have a collective responsibility to live up to the national standard. He expressed his gratitude for the medical volunteers and medical personnel on the front lines. He reminded citizens that they should access WWW.Texas.GOV/COVID19 for donations.

The Governor stated that they have been making a good assessment of hospitals by setting standards for bed capacity as well as improving access to information on hospital bed capacity. He reiterated the importance of eliminating elective, non-medically-necessary surgery, waiving licensing regulations, and doubling the number of beds in hospital rooms. This has resulted in an additional 3,000 beds across Texas. Dallas has 1,700 beds and 2,300 in the greater metroplex available to address the virus. We are always looking ahead in order to determine, and be prepared for, the worst-case scenario.

Disaster Declaration. A major [disaster declaration was approved for the state of Texas by the President](#). This will benefit emergency measures, counseling, and other key responses. We must do everything we can over the next few weeks to slow the spread of the virus. He stated that Texas is doing a good job implementing social distancing and other efforts to combat the virus.

New Executive Order (EO) Mandating 14-Day Quarantine For Travelers Arriving From New York Tri-State Area, New Orleans. With New York being the center of the pandemic, people traveling from the NY area should self-quarantine. Dr. Fauci made this recommendation at the press conference last night. The EO is consistent with this guidance. For those traveling from New York, New Jersey, and Connecticut, there will be a **mandatory self-quarantine** for 14 days or for as long as they stay in Texas, whichever is shorter. The EO will also apply to those flying from the City of New Orleans. The Department of Public Safety (DPS) will operate the effort. A questionnaire will determine the quarantine location. DPS will verify compliance with the Order by visiting the quarantine location determined through the process. This could be a hotel room or other location. Violation of the quarantine will be a criminal offense with a penalty of up to 180 days in jail. These people are not to leave and not to visit public places. Read the [Order here](#).

The Governor stated that *there is more work ahead of us, but we are up to the task. There is a tremendous supply chain operating across medical and emergency needs. With each day, we get closer and closer to putting this behind us.*

Commissioner Hellerstedt stated that the public health basis for the forced quarantine is very sound.

Mr. Kidd stated that the declaration granted will help our partners and the links in the supply chain.

Questions // Answers (paraphrased for brevity)

How many hospital beds does Texas have and need? *We have to maintain some beds for ongoing needs, so the total number is not relevant. The number of beds available for COVID-19 is relevant. They are monitoring for different scenarios and then developing strategies to increase the bed capacity. They are continually working with the hospitals to determine the bed situation.*

What about ventilators? *Ventilator capacity data is being collected from all hospitals. There are multiple strategies to ensure sufficient capacity.*

What about quarantine location origin for travelers and what about other areas? *There is language in the EO that would allow expansion of the quarantine list. There is nothing in the Order related to travel by roadway.*

The timeframe for school closures is coming to a close, what is the guidance to schools? *That will be coming soon. There will be a national reassessment. Next steps for Texas will be guided by medical experts and the CDC. The safety of children and educators will be the primary focus of any decision. It is possible that the time will be extended.*

Why aren't we testing more per capita, as some other states are? *We are using every test we get. Supplies are provided by the federal government. They have triaged California and New York because of the high concentration. Texas ranks 11th or 12th in the number of deaths. Number of deaths is the chief factor in the prioritization of tests.*

The Governor was asked for a response to President Trump's comment about getting back to work. *There is an urgent desire by Americans to get back to work, as well as a strong desire to not be confined to the home. The decision regarding when and how to reopen the economy will be based on evaluations and best judgments. The reopen will likely not occur all at once, but will happen in phases.*

Medicaid 1135 Waiver Submission

Today, Governor Greg Abbott announced that the Texas Health and Human Services Commission (HHSC) has submitted a [Section 1135 Medicaid Waiver](#) to the Centers for Medicare and Medicaid (CMS). If approved, this would grant Texas flexibility in administering Medicaid while the state continues to respond to COVID-19.

"The flexibilities we are requesting will help ensure Texans on Medicaid continue to have their routine needs met, even as the state responds to COVID-19," said Governor Abbott. "I ask CMS to grant this waiver so that we can expand care capacity for Texans who utilize services through Medicaid."

If approved, the federal flexibilities would include:

- Temporarily extending existing prior authorizations for services so that Texans can get the care they need without delay.
- Extending deadlines for state fair hearings and appeals.
- Allowing services to be performed by telehealth, telemedicine, or telephonic contact.
- Extending current medical necessity, service authorizations, and level of care authorizations for Medicaid programs.
- Allowing the state to waive any requirements that require the signature of a physician, durable medical equipment provider, or Medicaid recipient.
- Streamlining provider enrollment for out-of-state and new providers to increase the number of providers in Texas, which will ensure continued access to care.



- Waiving requirements that health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state.

HHSC will also be seeking additional regulatory flexibilities through the Section 1135 Medicaid waiver related to federal requirements for long-term care providers, intermediate care facilities, home and community-based services programs, and hospitals.

If granted, this Section 1135 Medicaid waiver flexibilities would remain in place for as long as necessary during the public health emergency.

Release Requested for Unemployment Funds

The request has been made for access to interest-free federal loans (known as Title XII funds) to pay unemployment claims and the accelerated release of funds from the Texas account of the federal Unemployment Trust Fund. Title XII is a federal process that allows states to receive advances (loans) from the federal government to continue to cover Unemployment Benefit payments without disruption. Read [the letter here](#).

March 25, 2020

HHSC: Medicaid in the Time of Corona



Texas Health and Human Services Commission

The Health and Human Services Commission tried to hold a conference call related to COVID-19 and the Medicaid program. Staff from across the agency were scheduled to make presentations, however, due to telephonic technical difficulties (and people on the call refusing to mute their phones) the call is being rescheduled. *Texas Insight* will cover the call when it is re-established. The following is the information that was going to be presented on the call.

The situation is changing rapidly and the response is iterative. To access additional information:

- People Receiving Services: [This page provides policy, procedural and office-closure information to Texans receiving HHS services.](#)
- Providers: [This page provides information on flexibilities that may be requested of providers and how they can best assist those impacted by the coronavirus.](#)

Implemented to Date

Teleservices:

- Reminded managed care organizations (MCOs) about existing flexibility to provide teleservices and the ability for a member's home to be a place of service.
- Clarified that CHIP co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members.
- FQHCs can be reimbursed as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers.
- HHSC is allowing telephonic-only behavioral health services and office visits for medical services through April 2020. HHSC notified providers on March 20, 2020.

Face-to-Face Visit Requirements:

- Directed MCOs to suspend face-to-face service coordination visits for 30 days in STAR Kids, STAR+PLUS, and STAR Health.

- Authorized fee-for-service case managers and service coordinators to suspend face-to-face service coordination visits for 30 days and encouraged telephonic, telehealth, or telemedicine visits.
- Extended services for people whose reassessments are scheduled from now through the end of April 2020.
- Extends medically necessity/level of care determinations, service authorizations, and individual service plans.
- Applies to STAR+PLUS Home and Community Based Services, the Medically Dependent Children Program (MDCP), and 1915(c) waivers for individuals with intellectual and developmental disabilities.
- Directed STAR, STAR Health, STAR Kids, and STAR+PLUS MCOs to allow FMSAs to suspend providing face-to-face orientations for CDS employers for the next 30 days. Employer orientations scheduled in the next 30 days will be virtual or by telephone. Face-to-face will be required after the suspension.

Electronic Visit Verification (EVV):

- Payments for services delivered through April 2020 will not be conditioned on an upfront EVV match. Providers will continue to use EVV to the extent possible. All service delivery must be documented in the EVV system, even if initially documented on paper. Payments and encounters will be reconciled retrospectively.

Pharmacy:

- Texas State Board of Pharmacy authorized pharmacists in Texas to dispense up to a 30-day supply of medication (other than a schedule II-controlled substance) in the event a prescriber cannot be reached.
- To address possible drug shortages in short acting agents, HHSC moved drugs in the Bronchodilators, Beta Agonist drug class from non-preferred to preferred status, effective March 21, 2020. Drugs with preferred status do not require non-preferred prior authorization.

CHIP Co-payments:

- CHIP co-payments for office visits are waived through April 2020.

COVID-19 Testing:

- Medicaid and CHIP will cover COVID-19 testing for Medicaid and CHIP clients with no prior authorization required.

Durable Medical Equipment:

- MCOs may not require Durable Medical Equipment (DME) providers to obtain the member or member's guardian signature on DME Certification and Receipt Forms. Effective through April 30, 2020.

Medicaid 1135 Request

Medicaid Authorizations:

- Allow Texas Medicaid Healthcare Partnership (TMHP) and MCOs to extend prior authorizations (PA) for services expiring in the next 30 days when a PA cannot be obtained.

Long Term Services and Supports:

- Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days.
- Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents.

Provider Enrollment:

- Waive payment of application fee to temporarily enroll a provider.
- Waive criminal background checks associated with temporarily enrolling providers.
- Waive site visits to temporarily enroll a provider.
- Permit providers located out-of-state/territory to provide care to an emergency State's Medicaid enrollees and be reimbursed for that service.
- Streamline provider enrollment requirements.
- Postpone deadlines for revalidation of providers who are located in the state or otherwise directly impacted by the emergency.
- Waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state.
- Waive conditions of participation or conditions for coverage for existing providers for facilities for providing services in alternative settings, including using an unlicensed facility, if the provider's licensed facility has been evacuated.

Appeals and Fair Hearings:

- Extend to 60 days the amount of time that MCOs have to resolve standard appeals statewide.
- Waive the requirements that a member appealing to an MCO must have their oral request for an appeal be confirmed in writing.
- Extend the amount of time an enrollee has to request a state fair hearing by 30 days.
- Authorize the state to extend all deadlines that require a person to request continuation of benefits from 10 days to 30 days.
- Extend the state's deadline to take final administrative action in a Fair Hearing by 30 days.

Other Flexibilities:

- Waive any requirements of the state plan that require face-to-face contacts to allow the services to be performed by telehealth, telemedicine, or telephonic contact as consistent with state law and subject to HHSC requirements.
- Waive the timeframes associated with the public notice requirements for the state plan and 1115.
- Extend current medical necessity, service authorizations, and level of care authorizations for state plan fee-for-service and managed care services and programs, including waiver programs.

- Extend or allow the state to waive any requirements that require the signature of physician or DME provider or Medicaid recipient.
- Allow Texas Medicaid to reimburse pharmacies for the administration of flu vaccines, long acting antipsychotics, and drugs used to treat substance use disorder or opioid dependency.
- Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission.

From the Office of the Governor Greg Abbott

Governor Abbott Announces Approval of Major Disaster Declaration

Governor Greg Abbott today released a statement thanking President Trump for issuing a Major Disaster Declaration for the State of Texas. This announcement comes after the Governor requested the declaration—citing the need for additional federal assistance to save lives, to protect property, public health, and safety, and to lessen or avert the threat of COVID-19. Read the [full announcement here](#).

Governor Abbott Takes Action to Expand Texas Hospital Capacity

Governor Greg Abbott today has temporarily waived certain hospital licensing rules and the Texas Health and Human Services Commission (HHSC) has adopted an emergency rule to meet Texas' need for additional hospital capacity while the state responds to COVID-19. These actions allow for certain facilities that have pending licenses or facilities that have been closed for no more than 36 months to come online under existing hospital building licenses. These facilities will be administered and operated by hospitals with existing licenses. The waivers also remove certain mileage restrictions which will allow hospitals to operate additional facilities that are more than 30 miles away from the main licensed hospital. Read the [full announcement here](#).

Governor Abbott Sends Letter Seeking Permission for SNAP Recipients To Use Their Benefits At Take Out And Drive-Thru Restaurants

Governor Greg Abbott and the Texas Health and Human Services Commission sent a letter yesterday to the United States Department of Agriculture seeking permission to move forward to allow Texas Supplemental Nutritional Assistance Program (SNAP) recipients to use their benefits at take out and drive thru restaurants throughout the state as Texas continues to combat COVID-19. If approved, it would open up another food source for 3.2 million Texans. Read the [statement](#) and the [letter](#).

Governor Abbott Announces Federal Grant for Senior Citizen Meals

Governor Greg Abbott today announced that Texas has received a \$16.2 million grant from the Department of Health and Human Services' (HHS) Administration for Community Living



(ACL) to help communities provide meals for older adults. The grant was part of a \$250 million dollar outlay authorized by the Families First Coronavirus Response Act, signed into law by President Trump on March 18, 2020. Originally created by the Older Americans Act (OAA) of 1965, these programs provide meals to more than 2.4 million older adults nationwide each year, both through home delivery and in places like community centers. Read the [full statement and find more information here](#).

March 24, 2020

Federal Government



The President stated he hopes to have people back to work by Easter in order to “restart the economy,” back-tracking on his own position on social distancing and contradicting the advice of his public health advisors.

The President held a press conference later today and *Texas Insight* will report any new developments made clear by the press conference.

The State of Texas



Governor Abbott's Press Conference

715 Texans have tested positive for Coronavirus (COVID-19), with 11 fatalities, across 65 Counties. Total COVID-19 tests conducted exceed 11,000 to date. The Governor stated that 10,000 masks, PPE suits, and tents were shipped out yesterday across the state.

The newly established Supply Chain Strike Force has already secured more than \$83 million of purchase orders for essential supplies. Additionally, the Governor announced that the Texas Division of Emergency Management (TDEM) will begin receiving 100,000 masks per day by the end of this week and the Supply Chain Strike Force will begin receiving an additional 100,000 masks per day by the end of next week—meaning the State of Texas will soon be

receiving more than one million masks per week. Additionally, TxDOT delivered 3,500 N95 masks.

The Governor also announced the launch of an online portal run by the Supply Chain Strike Force to streamline the process and validation of leads for more supplies, found on www.texas.gov. The portal will serve as an intake process for those wanting to provide valid leads on PPE and donations; and as a portal for those wanting to donate supplies, services, or time—specifically medical professionals and nurses looking to volunteer.

The Governor also issued an [Executive Order](#) to better track both hospital bed capacity and COVID-19 test results across the state.

- Requires all hospitals, excluding psychiatric hospitals, to submit daily reports on hospital bed capacity to the Texas Department of State Health Services (DSHS) who will then share this information with the Centers for Disease Control and Prevention (CDC).
- Requires every public or private entity utilizing FDA-approved COVID-19 tests to submit daily reports of all results to the local health department and DSHS who will then share this information with the CDC.

The Governor stated that the state is incorporating all CDC recommendations and has a 15-day goal to slow the spread of COVID-19.

The Governor was joined by John Hellerstedt, MD, Commissioner, DSHS; Nim Kidd, Chief, TDEM; Luis Rios, MD, President, Texas Society of Plastic Surgeons; Raymond Risk, CEO and President, Texas Construction Association; David Fleeger, MD, President, Texas Medical Association; Mahlon Kerr, MD, President, Austin Society of Plastic Surgeons; Kenneth Shaffer, MD, President/Governor, Texas Chapter of American College of Cardiology; and David Yu, DDS, MS, Member, Texas Society of Periodontists.

Questions and Answers

The Governor said that his orders are predicated on communications with the federal Coronavirus Taskforce and assistance from Dr. Hellerstedt and other physicians. The Governor said that the state is competing for supplies with other states and the federal government but an increasing amount of medical supplies are becoming available.

The Governor stated that there are local health authorities available to every county. Where there are local health departments, they will provide and ensure COVID-19 testing. In counties that do not have a local health department, the DSHS will issue the COVID-19 tests.

Lt. Governor Dan Patrick on *Fox News*: "The mortality rate is so low, do we have to shut down the whole country for this? I think we can get back to work and we should wait out his (Pres. Trump's) time and if he says we need another week, I trust his judgment but we have to have a time certain. We can't say in three months or six months or 12 months. These businesses can't wait that long."

In a departure from Lt. Governor Patrick's position, the Governor stated that the primary job is ensuring the public health and safety and to save every life. The best thing we can do for the economy is—get COVID-19 behind us.

The Governor stated that the stay-at-home orders are similar to the Executive Order, however, we may not be achieving the level of compliance needed. He will use data to inform his decision; it is possible that if compliance does not meet the necessary levels, there may be a need for heightened enforcement.

Central Texas Press Conference

Austin/Travis County joins 13 other counties to issue a [STAY AT HOME ORDER](#). Austin Mayor Steve Adler signed the order Tuesday morning; it will take effect at midnight tonight. Travis County Judge Sarah Eckhardt and Williamson County Judge Bill Gravell are signing similar orders at the county level, and all three spoke at a noon press conference to discuss the orders and the COVID-19 outbreak. This is not just a county approach but a regional approach. This order calls for residents to shelter in place at home, except for essential business. The move follows others in the state's urban areas, including Houston, Dallas-Fort Worth, Waco, and San Antonio. Nonessential businesses are ordered to close; the list of exemptions is lengthy but precautions are stressed. Restaurants will still be allowed to remain open for pick-up and delivery; food and liquor stores will remain accessible for purchases; Health Care facilities will remain open. For a complete list, follow the link above.

The Mayor stated that we have to decrease our direct interactions by 90%. If we can do this, we can weather the crisis. This is necessary to see that health care workers have the PPE that they need and that sufficient ventilators will be available for those who get sick. The Mayor stated that we should each count the number of people we have been in contact with during the day. He cited other examples of the community needing to pull together (Austin package bombs, water shortage).

Without these measures, public health officials stated that we would need 20,000 hospital beds by May in the Central Texas Area alone. They stated they do not want to have to make decisions about who gets a ventilator and who does not. The focus is to stall the virus until

we can get better prepared. Public and private schools are recommended to stay closed through the end of the semester.

The provision will stay in effect until April 13th but can be extended depending on circumstances.

Employees Retirement System of Texas (ERS) Conference Call

In a conference call today, ERS stated that this is an uncertain environment for investments with high volatility. However, the investments for the retirement system are well-diversified. The trust is down 10.7 percent but compared to the S&P, which is down 23.5%, the ERS investments are doing very well under the circumstances. They are differently structured from the 2008 crisis and therefore, better positioned to weather the downturn. In 2008, the investments were only 6% alternatives and now we are at 29%. Liquidity is strong at \$4.8 billion and ERS can take advantage of that. That is not to say we ERS can go on like this forever, we have to see the health crisis contained. This statement supports the Governor's statement that for the economy to turn around, we have to defeat the virus. ERS noted that, though less severe, we have something like this every ten years.

With the oil war going on West Texas, Crude has dropped from \$64 a barrel to \$23 a barrel. They stated that we will be going into a recession and the question is how long it will last and what the damage will be. This could be short-lived depending on policymakers' response. This is not financially caused and therefore does not need a financial response. If the right things happen, this could be a short-lived negative environment where we see the markets recover quickly. ERS is slowly and thoughtfully deploying capital back into the equity markets. As the state moves forward, ERS stated that they will rebalance the portfolio on the equity side. This situation is temporary and ERS is positioning the trust for the future.

Comptroller's Guidance for Texas Businesses

The State Comptroller has published a message to businesses to use as initial guidance. He encouraged businesses to use the online tools, [tutorials](#), and [other resources for tax services](#), and establish 24/7 account access on [Webfile](#). A Webfile account can be accessed any time and can be used to digitally submit sales tax reports, make payments, change on-file mailing address, close a business location and more.



The Comptroller is stuck between a rock and a hard place. The tax revenue is needed as a regular course of state business, but particularly now, as tax revenue is expected to be negatively impacted by COVID-19 responses. However, businesses too are facing very difficult times, making tax payments more challenging. The Comptroller stated that his office recognizes the hardships businesses are facing during these uncertain times, but the taxes that are due are based on sales made in February and collected by businesses on behalf of the state and local governments in February. Therefore, **the decision was made to not extend or delay the March due dates for state and local sales taxes, hotel taxes, mixed beverage gross receipts and sales taxes, motor vehicle rental tax, seller-financed motor vehicle sales tax and motor fuels taxes.** [Learn more here.](#) In a follow up to this statement, the Comptroller published another message stating that the agency is available to offer assistance (in the form of short-term payment agreements and, in most instances, waivers of penalties and interest) to those businesses that are struggling to pay the full amount of sales taxes they collected in February.

Contact the **Enforcement Hotline at 800-252-8880** to learn about options for remaining in compliance and avoiding interest and late fees on taxes due.

Face-to-face activities with offices of the Comptroller and training functions have been suspended.

Statewide Procurement

Information for Vendors. The Texas State Operations Center (SOC) has dedicated a vendor inquiry form for vendors/suppliers who may be able to offer products to the state for COVID-19 incident response. Contact [SOC by email](#) or use the [form](#). When a vendor submits the online form, Texas Department of Emergency Management (TDEM) staff will automatically receive your detailed information for evaluation. Vendors should also check their contact information is up-to-date on the Centralized Master Bidders List. [Log into your CMBL account](#) or contact CMBL Support at [512-463-3459](#).

Statewide

HUB

Registrations

The Historically Underutilized Business (HUB) program is processing applications and providing support to Texas HUBs via our toll-free number [888-863-5881](#) and by the [Statewide HUB email](#). Application information can be found on the [HUB pages](#). Supporting documents for new HUB applications and recertification may be mailed to:

Statewide HUB Program
PO Box 13186
Austin, TX 78711-3186

No in-person appointments or drop-off applications are being accepted at this time.

Transfer of Motor Vehicles Temporary Extension

In view of the COVID-19 crisis, Texas Governor Greg Abbott and the Texas Department of Motor Vehicles recently granted a temporary extension for the registration and titling of purchased vehicles. This will allow auto dealers and individuals more time before they have to appear in person at a county tax assessor-collector office (CTAC) to make these arrangements, furthering the current societal goal of social distancing.

To preserve this accommodation, the Texas Comptroller's office is providing an extension of up to 90 days past the original due date to pay the motor vehicle tax due on these purchases. The Comptroller's office is authorized to make this extension by Section 111.051(b) of the Texas Tax Code. Late penalties will be assessed as if the last day of the extension is the original due date.

Learn more [here](#).

COVID Tracking Project

The [COVID Tracking Project](#) tries to provide the most comprehensive data on state-level testing for the novel coronavirus. Testing is a crucial part of any public health response, and sharing testing data is a necessary part of understanding this outbreak. Thus far, the CDC has declined to provide comprehensive testing data. That's why a group of volunteers came together to provide this essential data to the public. Suggestions for how the data should be released for maximum civic understanding are as follows.

Post All Test Data	Post all test data: positive, negative, and pending (including commercial labs).
Update Daily	Update the numbers daily, at least, including the weekends.
Include Timestamp	Post the actual time the data went up.
Post Data on Website	Post the data in a table on a web page, not a PDF.
Add Link to Your Public Health Site	Place a prominent link to the testing data on your main Public Health web page and your State web page.
More Specific Locations	Consider reporting sources of samples in a more specific way, e.g. county or zip code of sample origin.

States should consider sharing more data and structuring it in a consistent way. Some additional recommendations include:

Enable Automated Alerts	Consider a mechanism for people to sign up to have alerts pushed to them rather than requiring a visit to the web site.
Structure Your Data	Consider using microformats, microdata, RDFa, or some other mechanism to mark up the data so that it can be easily crawled. Or share your data in a structured format: csv, json, xml.
Real-Time Event Log	Consider a real-time event log that can be consumed by a subset of parties for real-time reporting.

The Project has given Texas a grade of A for its reporting and data management.
The Texas Data as of March 23rd appears below. [Click here for Texas data trends.](#)

Positive	Negative	Pending	Hospitalized	Deaths	Total
352	9,703			8	10,055

Last updated: 3/23 13:00 ET • Last checked: 3/24 00:53 ET

Nursing

Texas Board of Nursing: Nurse Requirements Waived
On March 21, 2020, in accordance with section 418.016 of the Texas Government Code, the Office of the [Governor granted the Board of Nursing's request](#) to suspend 22 Tex. Admin Code

217.3(a)(2) and (4), 22 Tex. Admin. Code 214.10(e)(3), 22 Tex. Admin. Code 217.9(f), and 22 Tex. Admin. Code 217.9(g). This suspension is in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires.

Rules Temporarily Waived:

22 Tex. Admin. Code §217.3(a)(2) and (4) relating to Temporary Authorization to Practice/Temporary Permit:

This rule relates to temporary authorization to practice/temporary permits for graduate nurses and graduate vocational nurses. Prior to this waiver, the rule limited the length of a graduate nurse (GN) or graduate vocational nurse (GVN) permit to 75 days.

The granted waiver now allows the Board to extend GN and GVN permits up to 6 months. This extension will allow nurse graduates to continue to practice until they can take the licensing exam. These individuals must still be supervised by a licensed nurse in their GN/GVN roles. Employers will be able to employ these graduates and meet health care demands during the declared emergency. Further, the public will have greater access to care when health care demands are stretched if these individuals can practice during this time. [22 Tex. Admin. Code §214.10\(e\)\(3\)](#) and [§215.10\(e\)\(3\)](#) relating to Clinical Learning Experiences for Vocational Nursing and Professional Nursing Education Programs: Prior to this waiver, these rules limited clinical learning experiences for vocational nursing and professional/registered nursing students to 50% simulation activities in each clinical course.

The granted waiver now allows students in their final year of a nursing education program to meet clinical learning objectives by exceeding the 50% limit on simulated clinical learning experiences. This temporary waiver may help senior nursing students enrolled in a program that has ceased direct care clinical learning experiences to graduate as planned and become a part of the nursing workforce during this unprecedented disaster when employers need “all hands on deck”. [22 Tex. Admin. Code 217.9\(f\)](#) and [217.9\(g\)](#) relating to Inactive and Retired Licensure Status: Prior to this waiver, Rule 217.9(f) required a nurse who has not practiced in Texas and whose license has been in inactive state for less than 4 years to complete a reactivation application form, pay a fee, and submit verification of 20 hours of Continuing Education (CE).

The granted waiver now eliminates licensure reactivation fees and CE requirements for these applicants. This will help expedite reactivation of licenses during this time of great need to increase the nursing workforce. Prior to this waiver, Section 217.9 (g) required a nurse whose license has been inactive for more than four years to complete an additional refresher course and jurisprudence exam, in addition to a reactivation fee and completion of CE.

This waiver eliminates licensure reactivation fees, CE requirements, refresher course requirements, and the jurisprudence exam requirement. Employers who seek to employ nurses who have been out of practice for a significant period of time are encouraged to assess each nurse's competency and offer orientation necessary to assure the nurse is competent to practice safely.

Out of State Nursing Waiver
[Governor Abbott directed the Texas Board of Nursing \(TBON\)](#) to fast-track the temporary licensing of out-of-state nurses, and other license types to assist in Texas' response to COVID-19. [[Learn more here.](#)] In accordance with [Section 418.171 of Texas Government Code](#), any out-of-state nurse may practice in Texas for the purpose of rendering aid, provided the nurse holds a current license in good standing in their home state. **Therefore, any out-of-state nurse with a license in good standing* is not required to hold a Texas license in order to practice nursing in a disaster relief effort operation setting.**

Additionally, Texas is a member state of the [Nurse Licensure Compact](#). As such, any LVN or RN holding an active compact license already holds a privilege to practice in Texas. APRNs are still required to have a delegating physician that meets the requirements of [Texas Medical Board \(TMB\) Rule 172.21](#). Please note that TMB Rule 172.21(b)(1) requires that the physician hold TX licensure and have been practicing in Texas prior to the date on which the emergency was declared. APRNs are not required to have a written prescriptive authority agreement for practice in a disaster relief effort operation setting. However, we recommend that APRNs keep their own personal records of the physician(s) with whom they collaborate for disaster relief purposes should that information be required in the future for any reason.

Nurses who plan to practice telehealth during this disaster:
 Telenursing involves nursing practice via any electronic means such as telephone, satellite, or computer. Examples of telenursing practice may include (but are not limited to) teaching, consulting, triaging, advising, or providing direct services. All of these actions constitute the practice of nursing, even when there is no face-to-face or physical contact with a person or patient. If a job description requires a person to hold a valid nursing license, then the job duties therein involve the practice of nursing. This means a nurse must comply with the [Texas Nursing Practice Act](#) and [Board Rules](#) in the exercise of his/her practice of nursing. [Board Rule 217.11](#), Standards of Nursing Practice, is the primary rule applied to nursing practice in any setting. Telenursing may also involve practicing nursing across state lines. For example:

- A nurse working in an emergency hotline center in Virginia may provide advice to clients in Texas;
- A nursing faculty professor from Arizona may teach nurses enrolled in an online graduate (Master's Degree) nursing education program in Texas; or
- An RN working for an insurance company in New York may assess ongoing home healthcare needs of a patient in Texas.

If a nurse from another state provides nursing services to a patient located in Texas, except as excluded in the Nursing Practice Act, Section [301.004](#), *Application of Chapter*, the nurse must hold a valid Texas nursing license or a valid nursing license with multistate privileges in another Compact state in order to practice nursing in the State of Texas and/or with Texas residents. **If telehealth practice is performed pursuant to an emergency or disaster declaration, a nurse with a license in good standing issued by any state (compact or not) may practice in Texas. Those who do not have a license in good standing may pursue temporary application for authority to practice (see below).**

As for other out-of-state nurses seeking to practice in Texas who do not hold a license in good standing to practice nursing, the Texas Board of Nursing will allow out-of-state licensed vocational nurses (LVN), registered nurses (RN), and advanced practice registered nurses (APRN) to apply for a Texas limited emergency license or hospital-to-hospital credentialing until the disaster declaration is lifted or expires.

Each employer planning to employ nurses practicing under this exception should notify the Texas Board of Nursing. Please include: nurse's name, home state, licensure type and number, and the employing facility name and location. This can be submitted after the nurse is employed.

Send notifications by email to: Mark.Majek@bon.texas.gov OR Fax to: 512-305-7401
***Good standing means there is not current disciplinary action on your state nursing license(s).**

The BON is not soliciting volunteers, however, nurses wishing to volunteer may contact the following to inquire about volunteer needs:

1. Texas Department of State Health Services Texas Disaster Volunteer Registry at: <https://www.texasdisastervolunteerregistry.org/>
2. The American Red Cross, <http://www.redcross.org/> Phone: (866)526-8300

Texas Medical Board

COVID-19 Disaster Licensing for Out-of-State Providers.
Pursuant to Title 22, [Chapter 172.20 and 172.21](#) of the Texas Administrative Code, the Texas Medical Board will allow out-of-state physicians to obtain a Texas limited emergency license or hospital-to-hospital credentialing for no more than thirty (30) days from the date the physician is licensed or until the disaster declaration has been withdrawn or ended, whichever is longer. Other types of out of state health care professionals regulated by TMB may also receive a temporary license under these rules.

Hospital-to-Hospital

Credentialing

A physician who holds a full, unlimited and unrestricted license to practice medicine in another U.S. state, territory or district and has unrestricted hospital credentials and privileges in any U.S. state, territory or district may practice medicine at a hospital that is licensed by the Texas Health and Human Services Commission upon the following terms and conditions being met: (A) the licensed Texas hospital shall verify all physician credentials and privileges; (B) the licensed Texas hospital shall keep a list of all physicians coming to practice and shall provide this list to the Board within ten (10) days of each physician starting practice at the licensed Texas hospital; and (C) the licensed Texas hospital shall also provide the Board a list of when each physician has stopped practicing medicine in Texas under this section within ten (10) days after each physician has stopped practicing medicine under this section.

Hospitals can e-mail the required provider information to: TMBtransition@tmb.state.tx.us Learn more [here](#).

Limited Emergency License

A practitioner who holds a full, unlimited and unrestricted license to practice in another U.S. state, territory or district may qualify for a limited emergency license upon the following conditions being met: (A) the Texas sponsoring physician must complete a limited emergency license application; and (B) the Board shall verify that the practitioner holds a full, unlimited and unrestricted license to practice in another U.S. state, territory or district. (C) The Board may limit the sponsored practitioner's practice locale and scope of practice. (D) The Texas sponsoring physician shall be considered the supervising physician for the sponsored practitioner. (E) The Board shall have jurisdiction over all practitioners practicing under this subchapter for all purposes set forth in or related to Texas Occupations Code, and all other applicable state and federal laws, and such jurisdiction shall continue in effect even after any and all practitioners have stopped practicing under this section related to providing medical services in Texas during the disaster or emergency. (F) A practitioner license issued under this subchapter shall be valid for no more than thirty (30) days from the date the practitioner is licensed or until the emergency or disaster declaration has been withdrawn or ended, whichever is longer. (G) Practitioners holding limited emergency licenses under this subchapter shall not receive any compensation outside of their usual compensation for the provision of medical services during a disaster or emergency.

Required Forms to Be Filled Out by Texas Sponsoring Physician:

- [Physician Emergency Visiting Practitioner Temporary Permit](#)
- [Non-Physician Provider - Emergency Visiting Practitioner Temporary Permit](#)

To expedite processing, e-mail the completed form and any supporting documents to: TMBtransition@tmb.state.tx.us

March 23, 2020

The Good News and the Bad News...



Centers for Disease Control Funding

Governor Greg Abbott today announced that Texas has received \$36.9 million from the Centers for Disease Control and Prevention (CDC) as part of the state's initial allotment of funding from the first emergency coronavirus bill passed by Congress. The Texas Department of State Health Services (DSHS) will distribute \$19.5 million to 43 local health departments to aid in their COVID-19 response. This includes \$1.75 million for Dallas County, Tarrant County, and the San Antonio Metro Health District where operations have been impacted by federal activities. The remaining funds will be used by DSHS to support operations in areas of the state not covered by local health departments and for statewide response activities.

These funds will be used to strengthen Texas' community intervention efforts to slow the spread of COVID-19 and preserve critical healthcare, workforce, and infrastructure functions, while minimizing social and economic impact. In addition, these funds will be used to scale up Texas' surveillance, lab testing, and reporting capabilities.

The Governor stated that, "The State of Texas is at a crucial stage in our COVID-19 response, and these funds are essential to supporting health authorities throughout the state to scale-up testing and community intervention efforts."

The majority of the will go directly to local health departments to address the specific needs of local communities. A portion is being used for funneling airports which are used for screening and possible quarantine of passengers to the U.S. The U.S. Department of Homeland Security (DHS) has set up 13 airports to manage the screening and quarantine process of at-risk passengers. A small amount is being used for sites being used for repatriation of Americans. Below is an overview of the first allotment of funding:

Texas Federal Funding Overview		
CDC Distribution to DSHS		\$36.9 M
Portion Retained by DSHS		\$17.6 M (48%)
Local Distribution		\$19.4 M (52%)
Amount Dedicated to Local Federal Activity Reimbursement		\$1.75 Million
Number Recipients Statewide		43
\$1.75 Million Overview		
Jurisdiction	Federal Activity within Jurisdiction	Allocation Amount
Dallas	Funneling Airport	\$184,225
San Antonio	Repatriation	\$996,725
Tarrant	Funneling Airport	\$559,225

The Comptroller of Public Accounts Paints a Bleak Financial Picture

In a conference call on Sunday between the Comptroller and members of the Texas House of Representatives. As originally reported in the [Quorum Report](#), The Comptroller referred to the current economic picture as a “recession” and told members that when he revises revenue estimates in July, the numbers will be shifted downward to the tune of billions of dollars. He cautioned that the situation is too volatile for his office to produce any sort of reliable economic forecast. Revenues will continue to drop during the biennium and the general revenue end balance (which had been anticipated to come in around \$2.9 billion) will instead be a negative ending balance. Lawmakers meet again in a regular session in 2021. This negative balance will be what they will be facing. This is unprecedented.

The *Economic Stabilization Fund's* end balance was expected to be more than \$9 billion but it will also be revised downward.

The Comptroller has not confirmed the information presented in this report.

Governor Abbott Requests an Emergency Declaration

Today, the Governor sent a [letter](#) to President Trump requesting a presidential declaration of a major disaster in Texas based on the continued impact of COVID-19. This action follows on the heels of a series of proactive measures, including declaring a state of disaster for all 254 Texas counties on March 13, 2020. The request was filed in accordance with the Stafford Disaster Relief and Emergency Assistance Act. COVID-19-related expenses and obligations are already exceeding \$50 million and they are expected to continue to grow. To date, more than 466 Texas jurisdictions have submitted local disaster declarations and this number is expected to rise.

The request letter also detailed the state's efforts to mitigate the impact of COVID-19, including executing the state's emergency management plan and issuing multiple executive orders, in accordance with guidelines from President Trump and the Centers for Disease Control and Prevention (CDC). These include:

- mandatory avoidance of social gatherings of more than 10 people;
- mandatory avoidance of dine-in eating and drinking at bars or restaurants, and of gyms or massage establishments;
- prohibition on non-critical visits to nursing homes, retirement or long-term care facilities; and
- the temporary closure of in-person school operations.

The requested federal aid would be used to overcome the current shortage of personal protective equipment (PPE), needed medical equipment and testing supplies as well as looming shortages of hospital beds, medical equipment, and a healthy and adequate cadre of medical personnel. The letter also designated Chief Nim Kidd as the Governor's Authorized Representative and State Coordinating Officer, tasked with continuing his coordination with FEMA on all matters related to COVID-19.

From the Texas Health and Human Services Commission

PPE Infection Control Basics Webinar for Nursing Facilities

The webinar emphasizes how to prevent or minimize the spread of infectious disease by using personal protective equipment or PPE. Using PPE protects ourselves and our fellow Texans. During this webinar we will review:

- Standard and transmission-based precautions
- Learn proper hand hygiene techniques



- Demonstrate how to utilize PPE
- Discuss the importance of social distancing in an outbreak situation

March 24 10 -11 a.m.

March 24 3 - 4 p.m.

March 27 10 -11 a.m.

March 27 3 - 4 p.m.

Find more information and register for the Webinar [here](#).

COVID-19 Information for HCS and TxHmL Program Providers

This information letter contains information on COVID-19 guidance for HCS and TxHmL Providers.

Addressed to:

- Home and Community-based Services (HCS) Program Providers
- Texas Home Living (TxHmL) Program Providers
- Financial Management Services Agencies

Find more information and the information letter [here](#).

March 22, 2020

The State of Texas



From the Office of the Governor

Prior to the press conference, the Governor issued the following:

With there being a growing need for medical professionals to help respond to the unique and challenging times we are going through, Governor Greg Abbott has [waived several regulations to help meet Texas' growing need for](#) nurses as the state responds to the COVID-19 virus. The Governor's actions will expand Texas' active nursing workforce by doing the following:

- Allowing temporary permit extensions to practice for graduate nurses and graduate vocational nurses who have yet to take the licensing exam.
- Allowing students in their final year of nursing school to meet their clinical objectives by exceeding the 50% limit on simulated experiences.
- Allowing nurses with inactive licenses or retired nurses to reactivate their licenses.

Press Conference

Testing. 334 individuals have tested positive across 43 counties in Texas. There have been six deaths. There is a rapid increase in the number being tested:

- March 20th: 2,335 tested;
- As of yesterday: 6,400; and
- Today: 8,700.

Less than 10% of tested individuals are testing positive. There are drive-through testing facilities in large urban areas.

Executive Order related to Hospital Bed Access. The Governor has issued a new Executive Order to maximize the capacity of hospital beds:

- All licensed health care professionals to postpone all procedures that are not medically necessary to save lives; and
- Expand the hospital rooms available, treating more than one person in a room, constructing new stand up facilities (tents and current structure renovation) freeing up countless hospital beds.

Read [the order here](#).

New COVID-19 Strike Force. He announced the development of a [Strike Force](#) to accelerate all resource availability to immediately respond to COVID-19. Texas has the money to purchase PPE immediately but the supply is not available. He stated that we are asking the federal government to expedite access to PPE and other necessary equipment on a global basis.

Strike Force Members:

- **Keith Miears**, Senior Vice President of Worldwide Procurement at Dell Technologies, to serve as Supply Chain Director for the state of Texas.
- **Dr. John Zerwas, MD**, who will assist with hospital relations and preparedness.
- **Clint Harp**, Vice President of Transmission Strategic Services for the Lower Colorado River Authority, who will assist with asset research and procurement
- **Elaine Mendoza**, Chair of the A&M Board of Regents, who will assist with statewide child care infrastructure for critical workers.

Mandatory Shelter in Place. He stated that there have been questions about the need for a statewide mandatory Shelter in Place order. The reasons this is not prudent at this time:

- There appears to be good compliance with the social distancing Executive Order and he would like to see how that is working before any forced shelter in place is used;
- There are 254 counties, many of which do not have any cases at all so far, so a statewide solution does not make sense;
- Local authorities already can force mandatory Shelter in Place orders where community spread is strong. (Options for enforcement include fines, jail time, quarantine.)

Use of National Guard. The national guard had been previously activated and they will now be used as needed (assisting with the drive-through testing process, not doing the testing). They will also assist with the renovation of existing structures and the building of hospital tents for expansion of bed capacity.



Dr. Hellerstedt, Commissioner of Department of State Health Services (DSHS) made supportive comments of the Governor's plan as did Chief Nim Kidd, Texas Department of Emergency Management (TDEM).

Questions & Answers

(Some questions could not be heard or understood.)

When do we believe the peak will be? *We looked at several models and it depends on our ability to prevent the spread. We have to slow it down so the peak comes later and lower. This could take months.*

Will schools resume this year? *It depends on whether there is a reduction in COVID-19. We have to look weeks out. The expectation is that educators will have other strategies for education (online learning and the delivery of education packets to students' homes).*

Is there a criterion for when a statewide Shelter in Place order would be implemented? *It will be an aggregation of factors. We want to monitor compliance with the current standard. If there is compliance, that will improve our mitigation of COVID-19. If not, then stricter standards will be needed.*

How will the hospital bed expansion be carried out? *There are several strategies they were working on to ensure sufficient bed supply: eliminate elective procedures and where possible, have two beds to a room. Hospital CEOs have stated a preference for hospital tents where facility expansion is needed. (Hotel and Motel rooms could be an option for mild cases needing isolation.)*

What about mild medical emergencies that may not be life-threatening, like kidney stones and other conditions? *These would meet the medical necessity criteria and should be addressed. They are also looking at the possibility of alternative facility types for the care of such patients.*

Where does Texas stand on the Personal Protective Equipment (PPE) supply? *Texas is like every other state. All states need more PPE. We have to respond to the growth of COVID-19 but will be handicapped without PPE. That is why we are working with the federal government. We have the ability to pay. We just do not have the supply.*

March 20, 2020

From the CDC: CASES	Texas	United States	Global
Confirmed	352	16,621	267,920
Deaths	5	225	11,187
Recovered	4	125	90,603

Federal Government



From the President

- The Department of Education is not enforcing national testing requirements.
- The Department of Education has waived all interest on federally held student loans and suspended loans without penalty for 60 days.
- Treasury moved tax filing day to July 15th with no interest or penalties
- As with Canada, the US and Mexico have restricted nonessential traffic (not a complete border closure).
- Regarding the Defense production act, companies are voluntarily offering to switch production to produce Personal Protective Equipment and Ventilators. The President has not felt it necessary to enforce the more draconian measures found in the Act.
- The State Department has issued a Level 4 Travel Advisory and all international travel should be avoided. People abroad are advised to return home rapidly or be prepared

to stay overseas for what could be an extended period of time. Work is being done to use contracted commercial flights to bring Americans home in the absence of commercial flights.

- CDC orders migrant deportation at Mexican, Canadian borders for those without proper papers. People are being sent home to their country of origin.
- Individuals under 20 suffer serious illness if infected with the virus, but have recovered to date.
- The mortality of males is twice that of females.
- We do not know the level of risk for children because the numbers are very low. Despite rumor and the internet, no one is immune and we do not know if the contagion levels are different for each individual.
- No National lockdown is being considered at this time.
- When asked what he would say to a frightened America, the President stated that the journalist was a nasty reporter and he should get back to journalism and not sensationalism.

The State of Texas



COVID-19 and the State Budget

There was no Texas press conference today, however, Texas Insight has some concerns related to a prolonged pandemic and its impact on the state budget. The Texas Comptroller has stated that our economy remains strong, but we are in the early stages of this pandemic. There are several concerns that Texas Insight specifically has related to the COVID-19:

- The retirement systems investments are heavily reliant on a bull stock market. A continued decline in stock value could impact these systems significantly.
- The state budget is built on, and supported by, a strong revenue base that comes from taxes. Any prolonged downturn in the Texas economy will reduce taxes and provide a difficult budget situation for the Legislature that convenes less than a year from now. This type of calamity was not anticipated in the Comptroller's Biennial Revenue Estimate.
- The impact to, and possible increased demand on, Medicaid services due to COVID-19 is unknown but was not anticipated in the caseload and service estimates of the Legislative Budget Board. Significantly increased demand on Medicaid due to COVID-

19 would increase the already anticipated need for an already growing supplemental appropriation. With a potential decreasing revenue source, as described above, addressing the supplemental need and the new budget demands could be catastrophic.

- **Finally, and the most compelling issue, is the potential impact of the virus on the Economic Stabilization Fund and Transportation Funding.** Both are dependent on the revenue from severance taxes and are linked through a constitutional amendment. Severance Taxes fund both of these entities and are derived from oil revenue. The price for West Texas Crude has plunged to \$30.97 per barrel. It has not been this low in decades. As if that was not enough, The Chairs of both the Senate and House Transportation Committees recently sent a letter to the Department of Transportation recommending that they postpone the adoption of the 2020 Unified Transportation Plan (the plan that guides highway development for ten years) because “there has been immense volatility in global financial markets, a near-collapse in the oil market and a threat of recession, just in the last couple of weeks.” The letter referenced the Coronavirus Pandemic as a contributing factor.

From the Office of the Governor...

Governor Abbott Waives Regulations to Support Pharmacy Operations, Allow Telephonic Consultations

Governor Greg Abbott today announced that he is temporarily suspending certain regulations to ensure that Texans will have continued access to their pharmacists as the state responds to COVID-19. The Governor’s actions will allow pharmacists to conduct telephonic consultations, and remove regulatory barriers so that pharmacies can operate at full strength. [Read the statement.](#)

Governor Abbott Waives Health Care Fees for Incarcerated Texans In TDCJ Facilities

Governor Greg Abbott today directed the Texas Department of Criminal Justice (TDCJ) to temporarily suspend inmate fees for health care services related to COVID-19. While incarcerated Texans housed within TDCJ facilities are never denied access to health care due to an inability to pay, this temporary waiver will encourage timely reporting of COVID-19 symptoms so that offenders are given the treatment they need. Read [the full announcement.](#)

March 19, 2020

Current Numbers

- 10,700+ cases diagnosed (including 2,900+ increase in the last 24 hours). This is likely due to additional tests being made available.
- 154 deaths (including 36 in the last 24 hours).
- Data will continue to increase in the next couple of days as the backlog of tests is being processed. 10% of test results are positive for COVID-19. 50% of cases come from only 10 counties across the country.

Federal Government



The President signed the *Family First Coronavirus Response Act (HR 6201)*.

HR 6201 responds to the coronavirus outbreak by providing paid sick leave and free coronavirus testing, expanding food assistance and unemployment benefits, and requiring employers to provide additional protections for health care workers.

Specifically, the bill provides FY2020 supplemental appropriations to the Department of Agriculture (USDA) for nutrition and food assistance programs, including:

- the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);

- the Emergency Food Assistance Program (TEFAP); and
- nutrition assistance grants for U.S. territories.

The bill also provides FY2020 appropriations to the Department of Health and Human Services for nutrition programs that assist the elderly.

The supplemental appropriations provided by the bill are designated as emergency spending, which is exempt from discretionary spending limits.

The bill modifies USDA food assistance and nutrition programs to:

- allow certain waivers to requirements for the school meal programs,
- suspend the work requirements for the Supplemental Nutrition Assistance Program (SNAP, formerly known as the food stamp program), and
- allow states to request waivers to provide certain emergency SNAP benefits.

In addition, the bill requires the Occupational Safety and Health Administration to issue an emergency temporary standard that requires certain employers to develop and implement a comprehensive infectious disease exposure control plan to protect health care workers.

The bill also includes provisions that

- establish a federal emergency paid leave benefits program to provide payments to employees taking unpaid leave due to the coronavirus outbreak,
- expand unemployment benefits and provide grants to states for processing and paying claims,
- require employers to provide paid sick leave to employees,
- establish requirements for providing coronavirus diagnostic testing at no cost to consumers,
- treat personal respiratory protective devices as covered countermeasures that are eligible for certain liability protections, and
- temporarily increase the Medicaid federal medical assistance percentage (FMAP).

Yesterday, the President Invoked the Defense Production Act.

The Defense Production Act (DPA) is the primary source of Presidential authorities to expedite and expand the supply of resources from the U.S. industrial base to support military, energy, space, and homeland security programs. Homeland security programs eligible for DPA support include:

- Efforts to counter terrorism within the United States;
- Emergency preparedness activities conducted pursuant to title VI of the Stafford Act;

- Protection and restoration of critical infrastructure; and
- Continuity of Government.

Find more information on the Act [here](#).

The President is working with Congress to provide additional relief for the most hard-hit industries.

Additionally,

- The cruise industry is making ships available, if necessary, for medical purposes.
- Two members of Congress have tested positive and more than two dozen are in self-quarantine.
- The military will be assisting in getting Americans home across the world.

FDA Commissioner

The FDA is making progress with the private sector to slash red tape to develop vaccines and therapies.

The first clinical trial for a vaccine has started, but production could be 12 months away. Clinical trials are underway for anti-viral therapies that have shown good promise in treating COVID-19.

- Antiviral therapies are being explored and developed. "First, do no harm." The treatments would be used to reduce the symptoms and improve health. Clinical trials are underway for many therapies. Americans are being offered available drugs that show good promise. These will show which are safe and work the best and are for immediate use.
- The FDA has approved [Compassionate use](#) for a limited number of patients on drugs approved in other countries or for other uses. "[Right to Try](#)" treatments are showing promise, and being made available to patients. There have been liability issues in the past which complicated the release of these treatments. This recent effort is beyond "Right to Try." If treatments are known to be working in other countries, we will allow their use here.
- **Gilead Sciences Inc's** experimental antiviral drug [Remdesivir](#) and the generic antimalarial drug [hydroxychloroquine](#) are being explored. A preliminary trial (in France) involving a total of 36 COVID-19 patients showed a "significant" reduction in viral load in the patients treated with [hydroxychloroquine](#), and that the effect was reinforced by azithromycin. 70 percent of the treated patients were considered cured.

The Vice President

- This response is locally executed, state-managed, and federally supported.
- Vice President Pence held a meeting via teleconference with the governors at FEMA HQ today.
- FEMA will take the lead in the national response. An Incident Command Group has been operating since the beginning of the pandemic to expand the therapeutic options available.
- Testing is available in all 50 states and availability is increasing every day. Tens of thousands of tests are being done every day, but only those with symptoms should be tested. The refusal to accept the WHO's offer for tests is coming back to haunt local entities where testing is not available. The nation is catching up, but with 50% of the cases in ten counties, the tests are being triaged to those more populated areas. High-profile celebrities getting access to testing while the rest of the nation waits, is not sitting well with people.
- Companies like Honeywell and 3M are taking advantage of law changes to increase supply and production.
- The administration is working to locate ventilators for hospitals and has identified hundreds of thousands of ventilators that can be converted and retrofitted to treat patients.
- People were encouraged to consider donating blood. A blood shortage is coming as many blood drives have been canceled. As a reminder, homosexual men are not allowed to donate blood unless they have been celibate.
- [Convalescent Plasma](#) is being investigated as well.
- The CDC is advising citizens to use scarves or bandanas for viral protection, even though the Vice President stated that 35 million masks are available. The disoriented response from different parts of the administration creates doubt in the minds of the public.

The Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA released information/guidance Part 2 related to ensuring that substance use disorder treatment services are uninterrupted during this public health emergency. SAMHSA released this guidance to help providers with patients

and the requirements for patient consent for disclosure, and providers' ability to conclude necessity under a medical emergency. Find [today's guidance here](#).

The State of Texas



Texas Leadership Press Conference

Comments from the Governor

- The Governor provided a review of the timeline of the Coronavirus (COVID-19) and state actions to combat the virus. He stated that when he declared a disaster last Friday, there were 39 cases of COVID-19 and now there are more than 140 cases. He further said that at the time of the declaration, there were no fatalities related to COVID-19 and now there are at least three fatalities. He added that since the declaration, counties with reported cases increased from 10 to 27 counties.
- The Governor stated that Texas leads the nation in natural disaster declarations and through this experience of these disasters, the state is better prepared for events like the spread of COVID-19. He said that declarations allow local governments to take swift action to address disasters.
- The Governor stated that we as a country need to swiftly elevate the response to COVID-19 and that all jurisdictions should comply with the CDC articulated standards.
- All Americans and jurisdictions should comply with the CDC standards for the next two weeks to work to combat this virus. He said that John Hellerstedt, M.D., DSHS, has declared a public health disaster declaration—the first since 1901. He stated that this declaration gives state and local officials important tools to ensure effective response to COVID-19.
- The Governor stated that he is also Issuing an [executive order \(EO\)](#) that adopts the standards set by the President and the CDC: every person in Texas should avoid gatherings of more than 10 people; people should avoid eating and drinking at bars, restaurants, and food courts, or visiting gyms; the use of drive-thru is allowed for these establishments and is highly encouraged; no visits to nursing homes, retirement homes, or long-term care facilities, unless to provide critical assistance; and schools in the state shall be temporally close but this does not mean that education stops. He

added that superintendents should work with the Texas Education Agency to continue online educational options.

- **Please Note:** The Governor announced Wednesday night that Texas restaurants will be allowed to deliver alcoholic beverages along with food purchases as part of the state's actions to help the hospitality industry during the coronavirus pandemic, Abbott issued waivers that also directed the Texas Alcoholic Beverage Commission to allow manufacturers, wholesalers, and retailers of alcoholic beverages to buy or sell back unopened products.
- The Governor stated that the EO is effective as of midnight tomorrow and continues through midnight April 3, 2020. It may be extended depending on the status of COVID-19 in Texas. He said that this is not a "shelter in place" order and that all critical infrastructure will remain open. Domestic travel will remain open and unrestricted.
- All offices will remain open but should only ask essential personnel to report to the place of work; where feasibly, employees should be encouraged to work from home.
- Governor Abbott said that through the public health declaration the state has quarantine authority, but at this time, he does not want to order that quarantine. However, if Texans do not follow the orders, then the state may take such action. He stated that the faster everyone adheres to the aforementioned orders, the faster people may return to work. He further stated that through the EO, he has accelerated the unemployment benefits process so that benefits may be distributed faster. He mentioned the legislation being considered in Congress that will provide benefits to the unemployed. He added that the Governor's office began working back in January 2020 with local officials to prepare for the actions considered today.
- The Governor stated that Texas has been able to increase COVID-19 testing to 15,000 to 20,000 tests by the end of the week through public health authorities, private entities, and hospitals, and said that the public should expect to see more confirmed cases of COVID-19 due to increased testing. He said that once the spike of cases levels off, we will have a good idea that the state has made progress against the virus. He said that the state is working with medical facilities to use medical tents and discussed the use of hotels for people to self-isolate if they have tested positive for COVID-19. He stated that he is reducing his travel and his exposure due to COVID-19, and followed-up that he has no symptoms COVID-19.

Comments from Texas Department of State Health Services (DSHS) Commissioner John Hellerstedt, M.D., Texas Division of Emergency Management (TDEM) Chief Nim Kidd, Lieutenant Governor Dan Patrick, and Speaker Dennis Bonnen

- **Dr. Hellerstedt** stated that [the public health disaster declaration](#) was necessary due to the clear trajectory that COVID-19 will follow if not combated. He said that there is sound evidence of community spread in Texas.
- **Chief Kidd** stressed the importance of people not panicking, and encouraged all Texans to follow local recommendations, and to refrain from "panic buying."

- **Lieutenant Governor Dan Patrick** said that the sooner that all Texans adhere to the orders, the sooner normalcy may return; it's up to all Texans to combat COVID-19.
- **Speaker Bonnen** reiterated that if Texans come together and follow guidelines, the start of normalcy will return.

Texas Health and Human Services Commission

The Health and Human Services Commission (HHSC) sponsored a webinar today to provide guidance to CLASS and DBMD providers regarding COVID-19. They stated that though this is specific to the two waivers listed, it has applicability to other waivers as well. The guidance is as follows:

- Always follow federal law; regulatory and emergency guidance have been provided.
- Staff cautioned that it would be best not to go to Day Hab as it is associated with significant health risks.
- HHSC is pursuing a federal waiver for paying non-traditional providers in case of staff shortages
- Essential visitors should be screened and nonessential visitors should not be allowed access.
- When individuals are being served in their own homes, initial visitors should be screened: temperatures should be taken and survey questions asked, including whether the visitor has had contact with any person who has tested positive for COVID-19 in the past 14 days. If found to have tested positive, even essential visitors should not be allowed.
- People should be instructed to follow CDC guidance for cleaning: sneeze in their arms, practice social distancing, regularly use gloves, look for symptoms and stay in contact with individual physicians and nursing staff.
- Providers are instructed that if for some reason, essential service providers cannot get to the client, then they should find an alternate way to provide that service because it is an essential service.
- Regarding adding additional service hours because of school and other activity closures, HHSC is looking to make that process more available. Work with the case manager to request service plan revisions so transitions from the closed service can occur.
- HHSC will be waiving many requirements that they have the ability to waive. Other requirements that require federal approval to waive will be pursued quickly with CMS. These include:
 - Where Day Hab can occur (in-home, etc). When providing in the home, if approved, the guidance will be to bill the regular daily rate using the appropriate codes.

- 14-day out of home rule. For sick family members, families can take them home until the virus has been cured. This should not impact the time away issues, but it is being discussed.
 - CPR knowledge requirement for replacement staff or family members filling in.
 - Respite service limit extensions.
- Providers should work with case managers about defining essential services for each individual, and then the risk should be weighed as to whether to provide the service. Core services and daily living services are obviously essential.
- At this time, Day Hab is not prohibited but they are asking all providers to follow all local, state, and federal guidance.
- The annual planning meeting (Service Planning Team) should be done by phone if possible. HHSC is looking at the list of policies that still have to be revised regarding face-to-face contact. Risk and levels of care have to be reviewed as well. Service plan revisions can clearly be done over the phone. Firm guidance will be forthcoming but some will require federal waivers (face-to-face requirements).
- Regarding signature requirements: the three-signature requirement, Physician signatures, and the use of electronic signatures are still be evaluated by regulatory staff. Sign and return using mail services could be a possibility.
- Specialized services should be evaluated on an individual case-by-case basis, addressing whether, if a person does not receive service, that person will be at risk (health and safety). The attending physician must also be involved.
- Documentation requirements are being reviewed. Requests to use emails and documented phone calls can be submitted and be considered. Decisions of essential and nonessential service must be documented. Documentation of contacts with the attending physician is all under review.
- CMS can request immediate jeopardy (IJ) under COVID-19 and this is being considered for children and youth now out of school with no care available during the usual school time. HHSC is not ready to release that policy yet. Case managers should work with the providers now to get those plan revisions in the works. The IJ policy has not been changed, so people can use that policy for individuals who are home from school because the additional need for service constitutes medical necessity and /or a health and safety concern. HHSC is looking at IJ for this and other issues.
- Regarding the use of telehealth and telemedicine to provider music and other therapies, therapists should contact their regulatory body (practice act) and also consult with a physician.
- Guidance is to follow all CDC guidance for PPE. DSHS sent out guidance for in-home visits.
- There are specific policies for telehealth and telemedicine and the regulatory board and practice act should be followed for each provider using this modality. Service plans for individuals should reflect the decisions. Flexibility has been requested from CMS on this issue.

- Federal partners are being consulted for guidance if a person refuses to meet with the planning team in-person.
- HHSC has encouraged no visits in the next 30 days but the ultimate decision is with the client and the LIDDA. The specific case management guidance is already released, and states that face-to-face interaction should be limited to only absolutely necessary care, like the attendant care.
- Case management visits can be waived for 30 days.
- Service limits and cost caps are still in effect but are being discussed with service review
- Attendants going to a hospital with a patient is under discussion but there are some allowances already available. Intervenor is currently available (for DBMD). HHSC will be reviewing this as they have to guard against double billing
- For Day Hab providers continuing services, providers will have to work with individual and local requirements, and limits on the number of people present at a Day Hab. Given the recent Executive Order from today, this point may be moot.
- The [State of Texas Assistance Request](#) was suggested as a source for home health agencies who need additional Personal Protective Equipment (PPE). [Request form here.](#)

The Governor provided the following updates regarding HCS and TxHmL Providers:

In addition to the prohibition on non-essential visitors, the Governor has also limited visits to only essential personnel. However, providers should look at options to provide visitors (who might otherwise visit) with alternative means of communication with clients, i.e. Facetime. Essential visitors are only limited to those who do not show symptoms of COVID-19. Additionally, essential visitors are required to wear a face mask and providers are required to have PPE on hand. However, they will not be cited if they do not have PPE if it is unavailable. In this case, providers must notify local and state agencies of their need for more PPE.

Providers must screen all visitors and post signage notifying visitors of screening criteria:

- temperature checks must be conducted and hand sanitizer made available prior to entry;
- program providers must disinfect the area after the visitor leaves;
- visitors must be screened prior to entrance to determine if they are essential- family members and loved ones visiting residents at the end of life are considered essential, but they must be restricted to a specific room to protect others in the residence.

Signage is required to remain in place until HHSC notifies providers to remove it.

Providers must ensure that homes have:

- soap;
- commercially produced hand sanitizer (homemade sanitizer is not permitted);
- and any other disinfecting agents to maintain a sanitary environment.

While not an exhaustive list, while in the home, providers must do the following and maintain documentation as proof of compliance:

- limit physical contact, such as handshaking and hugging;
- reinforce strong hygiene practices for individuals and staff, such as proper hand-washing, covering of coughs and sneezes, and the use of hand sanitizer when soap and water is not immediately available;
- practice social distancing;
- use gloves when supporting individuals;
- regularly disinfect all high-touch surfaces such as counters, doorknobs, and telephones.

Texas Medical Board

The Texas Medical Board (TMB) released additional information today on telemedicine in a Frequently Asked Question document. The document covers a wide range of information, from what is telemedicine, to how telemedicine has changed under the disaster declaration, to how to bill and work with patients on ensuring services are provided. Find the [FAQ document here](#).

March 18, 2020

In the U.S.

In the News...

- [GOP divided on next steps for massive stimulus package](#)
- [Trump to hold news conference to discuss FDA, coronavirus](#)
- [Half of all Americans support aggressive steps to slow coronavirus in the U.S.: Reuters poll](#)
- [Pfizer Outlines Five-Point Plan to Battle Covid-19](#)
- [As the coronavirus spreads, a drug that once raised the world's hopes is given a second shot](#)
- [Johnson & Johnson Announces Collaboration with the Beth Israel Deaconess Medical Center to Accelerate COVID-19 Vaccine Development](#)

Updates from the Centers for Medicare & Medicaid Services...

- [President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak](#)
- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [CMS Publishes FAQs to Ensure Individuals, Issuers and States have Clear Information on Coverage Benefits for COVID-19](#)
- [CMS Sends Guidance to Programs of All-Inclusive Care for the Elderly \(PACE\) Organizations](#)
- [CMS Issues Guidance to help Medicare Advantage and Part D Plans Respond to COVID-19](#)
- [CMS Takes Action Nationwide to Aggressively Respond to Coronavirus National Emergency](#)
- [Revised CMS Guidance for Nursing Homes on COVID-19](#)
- [CMS Approves First State Request for 1135 Medicaid Waiver in Florida](#)
- [The CMS Taking Action to Protect the Health and Safety of Nation's Patients and Providers in Wake of 2019 Coronavirus Outbreak by Releasing a Virtual Toolkit](#)
- [Centers for Medicare and Medicaid Services Releases Medicaid Telehealth Guidance to States](#)
- [CMS Releases Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)
- [CMS Announced Critical New Measures Designed to Protect America's Nursing Home Residents](#)
- [CMS Posting COVID-19 Stakeholder Call Recordings/Transcripts](#)

In Texas

From the Office of the Governor...

- [Governor Abbott Waives Certain Regulations For Telemedicine Care In Texas](#)
- [Governor Abbott Activates National Guard In Response To COVID-19](#)
- [Governor Abbott Holds Video Call With State Hospitals To Discuss Care Capacities For COVID-19](#)

Texas Health and Human Services...

- [Texas Confirms First Death in COVID-19 Patient](#)
- [HHS Encourages Texans to Apply Online for Benefits](#)

Texas Medical Board...

- [Texas Medical Board Responds to Gov. Abbott's State Disaster Declaration](#)

Medical Providers, Staff

Texas Health and Human Services...

- [COVID-19: Guidance for FFS Service Coordinators and Case Managers](#)
- [LTC Providers Emergency Preparedness Guidance and Focused Infection Control Surveys](#)
- [HHSC Issues Guidance for HCS and TxHmL Providers on COVID-19](#)
- [Covid-19 Guidance to Child Care Providers](#)
- [Revised CMS Guidance for Nursing Homes on COVID-19](#)
- [New Guidance for Infection Control and Prevention Concerning Coronavirus \(COVID-19\) for Hospice Agencies](#)
- [Texas HHS Gives Guidance to Providers During COVID-19](#)
- [HHSC Has Cancelled the March 23-26 Electronic Visit Verification Instructor-Led Training in Austin](#)

Medical Supplies

- [DSHS Distributes Additional Medical Supplies for COVID-19 Response](#)

Medical Facilities

In the News...

- [Texas hospitals don't have enough beds for coronavirus patients if too many people get sick at once](#)

From the Office of the Governor...

- [Gov. Abbott Announces Temporary Waiver for Hospitals to Increase Unused Bed Capacity](#)

Texas Health and Human Services...

- [HHS Provides Expanded Guidance to Hospitals to Prevent Spread of COVID-19 in Texas](#)
- [HHS Monitors COVID-19, Provides New Guidance to Child Care Facilities](#)
- [HHSC Issues Guidance Letter Prohibiting Nonessential Visitors in Hospitals](#)

Insurance

- [TDI emergency rules related to COVID-19](#)
- [Update on TDI actions related to COVID-19](#)
- [TDI Bulletin: COVID-19 testing and preparation](#)
- [Governor Abbott, TDI Ask Health Insurance Providers To Waive Costs Associated With Coronavirus](#)
- [TDI encourages proactive planning for COVID-19](#)
- [Individual and Small Group Market Insurance Coverage](#)

Texas Insurers Waiving Cost-Sharing

The following health insurers and health maintenance organizations, representing more than 95% of the state-regulated market in Texas, are waiving consumer costs for medically-necessary testing of COVID-19. Many also are offering telemedicine at no cost to consumers: [Aetna \(CVS\)](#), [Blue Cross and Blue Shield of Texas](#), [Cigna Health of Texas, Inc.](#), [Community Health Choice, Inc.](#), [Golden Rule Insurance \(UHC\)](#), [Humana Health Plan of Texas, Inc.](#), [Molina Healthcare Insurance Company of Texas](#), [Oscar Insurance Company](#), [Scott & White Health Plan](#), [Sendero Health Plans](#), [Superior Health Plan \(Centene\)](#), [United Healthcare Insurance Company](#)

Small Business Administration

- [Governor Abbott Requests Emergency Designation for Small Business Disaster Loans from U.S. Small Business Administration](#)

Testing

- [Governor Abbott Provides Update on Coronavirus, Texas' Testing Capabilities In San Antonio Press Conference](#)
- [Coronavirus testing costs in Texas: What patients need to know](#)
- [New Coronavirus Test 10 Times Faster Is FDA Approved](#)

Budget

- [Coronavirus updates in Texas: Feds consider sending people economic stimulus checks; state has more than 70 known cases](#)

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient.



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