

**NOTE: Information is changing rapidly related to COVID-19.  
This recap is to serve as general information exchange only.**

LeadingAge Texas staff provided a brief update on what we are doing to continue to support and equip members. LeadingAge Texas will:

- Post updates and information our [COVID-19 Resources page](#)
- Convene a weekly call, each Tuesday at 1 pm CT, as a place for members to share and learn & will schedule additional calls as needed
- Email out emergent updates and information as they become available
- Continue to be in contact daily with the Texas Department of Health and other state level stakeholders

**Mark Stibich, Partner & Chief Epidemiologist, Forefront Healthcare —**

- Johns Hopkins website Coronavirus Map - best place to see the spread and total confirmed cases: <https://coronavirus.jhu.edu/map.html>
- Overview of the symptoms; fever is the predominant symptom (just over 100 degrees); can transmit before symptoms show but once symptoms begin, more contagious; elder population most at risk
- Coronavirus can stay on surfaces for hours - days; important to audit the use of correct chemicals (via EPA)
- Vaccines being developed; Some promising treatments in the works
- Seasonality: as temps change and get warmer/more humid we may seem less cases... still unknown.
- [Clinicaltrials.gov](#) — 84 different trials going on right now for COVID therapy
- CDC - provides information for healthcare professionals and in nursing facilities; view strategies for [optimizing the supply of PPE](#)

**George Linial, President & CEO, LeadingAge Texas —**

- COVID Task Force -- Huge concern about hospital capacity; talk with your local hospitals because they are trying to empty as many beds as they can due to influx of patients in the coming days

**Alyse Meyer, VP Advocacy, LeadingAge Texas —**

- Highlighted Provider Letters sent over the weekend. View the latest PLs and guidance [here](#)
- Reviewed and encouraged members to review the [Member Q&A Document](#)
- Q: Should we admit a patient/resident confirmed COVID-19 positive?
  - A: a NF should not refuse an admit that is COVID -19 + or exposed and required isolation. However, if they do not have PPE to care for the individual (and the referring entity cannot supply it) they can refuse the admit. Please refer to the PL that was just released with the Hospital transfer/coordination form. If they cannot successfully isolate the individual as required they can refuse the admit or negotiate a time with the referring entity as to when they can take them. This can include for example, I will be able to isolate in 2 days (hypothetical) or when the individual is cleared the isolation period I can take them. NFs will want to keep track of these in case in the future it needs to be looked at by Texas HHSC/CMS.
- Q: May a community provide childcare services to their employees if the need arises?

- A: Per Texas HHSC, under Human Resources Code 42.041(17), an entity can operate without a state license for no more than 3 consecutive weeks and not more than 40 days a year. Texas HHSC is not providing additional flexibility at this time. LeadingAge Texas is developing further guidance. This should be considered only if no other options are available.

**Cory Macdonald, Macdonald Resnevic, PLLC**

- Independent Living – needs to be evaluated on a case-by-case basis; legal implications for letting (and not letting) residents leave. Review the [Independent Living COVID-19 Screening, Access, and Departure Policies](#) document
- Limitations are being put in place in all healthcare settings
- Recommendation to use the [Essential Staff Letter Template](#)

**Member Questions** will be collected via [this submission page](#). LeadingAge Texas staff will seek guidance from the necessary bodies and will answer the questions accordingly and post them to a [document](#) to be shared with the membership.