EMERGENCY RULES

Emergency Rules include new rules, amendments to existing rules, and the repeals of existing rules. A state agency may adopt an emergency rule without prior notice or hearing if the agency finds that an imminent peril to the public health, safety, or welfare, or a requirement of state or federal law, requires adoption of a rule on fewer than 30 days' notice. An emergency rule may be effective for not longer than 120 days and may be renewed once for not longer than 60 days (Government Code, §2001.034).

TITLE 22. EXAMINING BOARDS
PART 9. TEXAS MEDICAL BOARD
CHAPTER 174. TELEMEDICINE
SUBCHAPTER A. TELEMEDICINE

22 TAC §174.5

The Texas Medical Board (Board) adopts, on an emergency basis, amendments to 22 TAC §174.5, effective March 3, 2021 at 12:01 a.m.

On March 13, 2020, the Governor of Texas certified COVID-19 as posing an imminent threat to the public health and safety and declared a state of disaster in all counties of Texas. On March 19, 2020, the Texas Governor issued a waiver suspending the strict enforcement of §174.5(e)(2)(A) which generally prohibits the utilization of telemicine to prescribe scheduled drugs for the treatment of chronic pain. The waiver was issued in order to protect public health and curb the spread of COVID-19 by providing patients access to schedule drugs needed to ensure on-going treatment of chronic pain and avoid potential adverse consequences associated with the abrupt cessation of pain medication. On December 29, 2020, the Board adopted, on an emergency basis, amendments to 22 TAC §174.5. This rule is set to expire at 11:59 p.m. on March 2, 2021.

Therefore, the emergency amendment to §174.5(e) is immediately necessary to help the state's physicians, physician assistants and other health care professionals continue to mitigate the risk of exposure to COVID-19 and provide necessary medical services to related to issuance of prescriptions including controlled substances for patients. Pursuant to the Governor's declaration of disaster issued on March 13, 2020, related to COVID-19, physicians can continue to provide telephone relays for prescriptions for established patients after having an in-person or two audio and video communications telemedicine medical services within the last 90 days. This waiver and emergency rule includes allowing a physician to issue a prescription for the treatment of chronic pain with scheduled medications.

The emergency amendment would allow physicians to utilize telemedicine to issue refill prescriptions for scheduled medications to established chronic pain patients, if the physician has, within the past 90 days, seen a patient in-person or via a telemedicine visit using two-way audio and video communication.

Pursuant to Section 2001.034 and 2001.036(a)(2) of the Texas Government Code, the amendment is adopted on an emergency basis and with an expedited effective date because an imminent peril to the public health, safety, or welfare requires adoption on fewer than 30 days' notice. The emergency amendment shall be in effect for only 60 days or the duration of the time period that the Governor's disaster declaration of March 13, 2020 in response to the COVID-19 pandemic is in effect, whichever is shorter, pursuant to Section 2001.034 of the Texas Government Code.

The emergency rule amendments are adopted under the authority of the Texas Occupations Code, §153.001, which provides authority for the Board to recommend and adopt rules and by-laws as necessary to: govern its own proceedings; perform its duties; regulate the practice of medicine; and enforce this subtitle.

Another statute affected by this rule is Chapter 111 of the Texas Occupations Code.

§174.5. Issuance of Prescriptions.

(a) The validity of a prescription issued as a result of a telemedicine medical service is determined by the same standards that would apply to the issuance of the prescription in an in-person setting.

(b) This rule does not limit the professional judgment, discretion or decision-making authority of a licensed practitioner. A licensed practitioner is expected to meet the standard of care and demonstrate professional practice standards and judgment, consistent with all applicable statutes and rules when issuing, dispensing, delivering, or administering a prescription medication as a result of a telemedicine medical service.

(c) A valid prescription must be:

(1) issued for a legitimate medical purpose by a practitioner as part of patient-practitioner relationship as set out in §111.005, of Texas Occupations Code; and

(2) meet all other applicable laws before prescribing, dispensing, delivering or administering a dangerous drug or controlled substance.

(d) Any prescription drug orders issued as the result of a telemedicine medical service, are subject to all regulations, limitations, and prohibitions set out in the federal and Texas Controlled Substances Act, Texas Dangerous Drug Act and any other applicable federal and state law.

(e) Limitation on Treatment of Chronic Pain. Chronic pain is a legitimate medical condition that needs to be treated but must be balanced with concerns over patient safety and the public health crisis involving overdose deaths. The Legislature has already put into place laws regarding the treatment of pain and requirements for registration and inspection of pain management clinics. Therefore, the Board has determined clear legislative intent exists for the limitation of chronic pain treatment through a telemedicine medical service.

(1) Treatment for Chronic Pain. For purposes of this rule, chronic pain has the same definition as used in §170.2(4) of this title (relating to Definitions).
For Introduction.

(A) Telemedicine treatment of chronic pain with scheduled drugs by any means other than via audio and video two-way communication is prohibited, unless: a patient is an established chronic pain patient of the physician, is receiving a prescription that is identical to a prescription issued at the previous visit, and has been seen by the prescribing physician or health professional defined under Chap 111.001(1) of Texas Occupations Code, in the last 90 days either:

(i) in-person; or
(ii) via telemedicine using audio and video two-way communication

(B) All other treatment of chronic pain with scheduled drugs through use of telemedicine medical services is allowed, unless otherwise prohibited under federal and state law.

(C) The emergency amendment of this rule effective March 3, 2021 at 12:01 A.M. shall be in effect for only 60 days or the duration of the time period that the Governor's disaster declaration of March 13, 2020 in response to the COVID-19 pandemic is in effect, whichever is shorter.

(2) Treatment for Acute Pain: For purposes of this rule, acute pain has the same definition as used in §170.2(2) of this title. Treatment of acute pain with scheduled drugs through use of telemedicine medical services is allowed, unless otherwise prohibited under federal and state law.

[[A] Treatment of chronic pain with scheduled drugs through use of telemedicine medical services is prohibited, unless otherwise allowed under federal and state law.]

[[B] Treatment of acute pain with scheduled drugs through use of telemedicine medical services is allowed, unless otherwise prohibited under federal and state law.]

The agency certifies that legal counsel has reviewed the emergency adoption and found it to be within the state agency's legal authority to adopt.

Filed with the Office of the Secretary of State on March 2, 2021.

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Scott Freshour
General Counsel
Texas Medical Board
Effective date: March 3, 2021
Expiration date: May 1, 2021
For further information, please call: (512) 305-7016

PART 11. TEXAS BOARD OF NURSING

CHAPTER 217. LICENSURE, PEER ASSISTANCE AND PRACTICE

22 TAC §217.24

Introduction. The Texas Board of Nursing (Board) adopts emergency amendments to §217.24, relating to Telemedicine Medical Service Prescriptions, pursuant to a finding of imminent peril to the public health, safety, and welfare, which requires adoption in fewer than thirty (30) days’ notice, as authorized by Tex. Gov’t. Code §2001.034.

Background

On March 13, 2020, the Governor of the State of Texas certified COVID-19 as posing an imminent threat of disaster to the public health and safety and declared a state of disaster in all counties of Texas. On March 23, 2020, the Office of the Governor granted a waiver of 22 Texas Administrative Code §217.24(e)(1), which prohibits an advanced practice registered nurse (APRN) from treating chronic pain with scheduled drugs through the use of telemedicine medical services, unless otherwise permitted under federal and state law. The waiver, however, expired on June 6, 2020.

The Board held a public meeting on June 8, 2020, to consider the adoption of an emergency rule to permit advanced practice registered nurses to treat chronic pain with scheduled drugs through the use of telemedicine medical services under certain conditions during the COVID-19 pandemic. At the conclusion of the meeting, the Board voted to adopt the emergency amendments to 22 Texas Administrative Code §217.24(e)(1). The emergency amendments took effect June 8, 2020; were published in the Texas Register on June 19, 2020; and expired on July 7, 2020. Because the continuation of the effects of the COVID-19 pandemic necessitated the continuation of the emergency rule beyond the July 7, 2020 expiration date, the Board held a public meeting on July 6, 2020, and again adopted emergency amendments to §217.24(e)(1). The emergency amendments took effect July 7, 2020; were published in the Texas Register on July 17, 2020; and expired on September 4, 2020. The Board again considered the need for the adoption of emergency amendments to §217.24(e)(1) in public meeting on September 4, 2020 and voted to adopt emergency amendments to §217.24(e)(1) at the conclusion of that meeting. The emergency amendments took effect September 5, 2020; were published in the Texas Register on September 18, 2020; and expired on November 3, 2020. The Board again considered the need for the adoption of emergency amendments to §217.24(e)(1) in public meeting on November 4, 2020, and voted to adopt emergency amendments to §217.24(e)(1) at the conclusion of that meeting. The emergency amendments took effect November 4, 2020; were published in the Texas Register on November 20, 2020; and expired on January 3, 2021.

The Board again considered the need for the adoption of emergency amendments to §217.24(e)(1) in public meeting on December 30, 2020, and voted to adopt emergency amendments to §217.24(e)(1) at the conclusion of that meeting. The emergency amendments took effect January 3, 2021; were published in the Texas Register on January 15, 2021; and will expire on March 3, 2021.

The Board has determined that the continuation of the effects of the COVID-19 pandemic necessitates the continuation of an emergency rule.

The adoption of emergency amendments to §217.24(e)(1) is immediately necessary to allow APRNs to continue to provide necessary treatment to established patients with chronic pain while mitigating the risk of exposure to COVID-19. Under the emergency amendments, an APRN may treat chronic pain with scheduled drugs through use of telemedicine medical services if a patient is an established chronic pain patient of the APRN, is seeking a telephone refill of an existing prescription, and the APRN determines that the telemedicine treatment is needed due to the COVID-19 pandemic. Further, the medical records must document the exception and the reason that a telemedicine visit was conducted instead of an in-person visit. The APRN must exercise appropriate professional judgment in
determining whether to utilize telemedicine medical services for the treatment of chronic pain with controlled substances. The emergency amendments will only apply to those APRNs whose delegating physicians agree to permit them to issue re-fills for these patients, and the services provided are limited to refills of controlled substances in Schedules III through V. Finally, these emergency amendments will only be in effect for a period of 60 days or the duration of the time period that the Governor’s disaster declaration of March 13, 2020 in response to the COVID-19 pandemic is in effect, whichever is shorter.

Statutory Authority. The emergency amendments are adopted under the authority of the Tex. Occ. Code §301.151, which authorizes the Board to adopt and enforce rules consistent with Chapter 301 and necessary to: (i) perform its duties and conduct proceedings before the Board; (ii) regulate the practice of professional nursing and vocational nursing; (iii) establish standards of professional conduct for license holders Chapter 301; and (iv) determine whether an act constitutes the practice of professional nursing or vocational nursing. The emergency amendments are also adopted pursuant to Tex. Gov’t. Code §2001.034 and §2001.036(a)(2) on an emergency basis and with an expedited effective date because an imminent peril to the public health, safety, or welfare requires adoption on fewer than 30 days' notice.

This emergency adoption also affects Texas Occupations Code Chapter 111.

§217.24. Telemedicine Medical Service Prescriptions.

(a) - (d) (No change.)

(e) (No change.)

(1) Treatment of chronic pain with scheduled drugs through use of telemedicine medical services is prohibited, unless otherwise allowed under federal and state law. For purposes of this section, "chronic pain" means a state in which pain persists beyond the usual course of an acute disease or healing of an injury. Chronic pain may be associated with a chronic pathological process that causes continuous or intermittent pain over months or years.

(A) Notwithstanding paragraph (e)(1), treatment of chronic pain with scheduled drugs through use of telemedicine medical services is not prohibited by this rule if the patient is an established chronic pain patient of the APRN and is seeking telephone refill of an existing prescription, and the APRN determines that such telemedicine treatment is needed due to the COVID-19 pandemic.

(B) If a patient is treated for chronic pain with scheduled drugs through the use of telemedicine medical services as permitted by (e)(1)(A), the medical records must document the exception and the reason that a telemedicine visit was conducted instead of an in-person visit.

(C) An APRN, when determining whether to utilize telemedicine medical services for the treatment of chronic pain with controlled substances as permitted by (e)(1)(A), shall give due consideration to factors that include, at a minimum, date of the patient’s last in-person visit, patient co-morbidities, and occupational related COVID risks. These are not the sole, exclusive, or exhaustive factors an APRN should consider under this rule.

(D) The emergency amendment of this rule effective March 4, 2021, shall be in effect for only 60 days or the duration of the time period that the Governor’s disaster declaration of March 13, 2020 in response to the COVID-19 pandemic is in effect, whichever is shorter.

The agency certifies that legal counsel has reviewed the emergency adoption and found it to be within the state agency’s legal authority to adopt.

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Jena Abel
Deputy General Counsel
Texas Board of Nursing
Effective date: March 4, 2021
Expiration date: May 2, 2021
For further information, please call: (512) 305-6822

PART 36. COUNCIL ON SEX OFFENDER TREATMENT

CHAPTER 810. COUNCIL ON SEX OFFENDER TREATMENT

SUBCHAPTER A. LICENSED SEX OFFENDER TREATMENT PROVIDERS

22 TAC §810.4

The Council on Sex Offender Treatment (Council) adopts an emergency basis an amendment to Title 22, Texas Administrative Code, §810.4, concerning License Issuance and/or Renewal, to provide Licensed Sex Offender Treatment Providers (LSOTPs) with the flexibility to obtain additional continuing education hours online for licensure renewal requirements.

BACKGROUND AND PURPOSE

The purpose of the emergency rulemaking is to support the Governor’s March 13, 2020, proclamation certifying that the COVID-19 virus poses an imminent threat of disaster in the state and declaring a state of disaster for all counties in Texas. In response to the COVID-19 outbreak and national, state, and local community efforts to contain the spread of the virus, including social distancing, the Council amends §810.4(7) to increase the maximum number of allowable online continuing education hours for license renewal from 12 hours to 24 hours. Under this emergency rule, online hours accrued to satisfy the continuing education ethics requirement do not count toward the maximum of 24 online hours.

As authorized by Texas Government Code §2001.034, the Council may adopt an emergency rule without prior notice or hearing upon finding that an imminent peril to the public health, safety, or welfare requires adoption on fewer than 30 days’ notice. Emergency rules adopted under Texas Government Code §2001.034 may be effective for not longer than 120 days and may be renewed for not longer than 60 days.

The Council finds that an imminent peril to the public health, safety, and welfare requires immediate adoption of this emergency rule. The emergency rule amendment is necessary to provide LSOTPs applicants with the flexibility to satisfy continuing education requirements for licensure online.

SECTION-BY-SECTION SUMMARY
The emergency rule amendment to §810.4(7) increases the maximum number of online continuing education hours for license renewal from 12 hours to 24 hours. There are no further changes to §810.4.

STATUTORY AUTHORITY

The emergency rulemaking is adopted under Texas Government Code §2001.034, which authorizes the adoption of emergency rules without prior notice and hearing, if an agency finds that an imminent peril to the public health, safety, or welfare requires adoption of a rule on fewer than 30 days’ notice; under Texas Occupations Code, §110.158, which authorizes the Council to adopt rules necessary for the performance of its duties; and under Texas Occupations Code, §110.302, which requires the Council to adopt licensing requirements for sex offender treatment providers.

The emergency rule implements Texas Occupations Code Chapter 110.

§810.4. License Issuance and/or Renewal.

All new initial licenses shall expire on the last day of the licensee's birth month. The initial licensing period shall be at least 13 months and no more than 24 months. Subsequent licensing periods will be 24 months. In order to maintain eligibility for the licensee as a sex offender treatment provider, the mental health or medical license of each renewal shall be current and active. All renewal applicants shall comply with the following:

(1) - (6) (No change.)

(7) Licensees shall request pre-approval from the council for all online courses and courses taken at an institution of higher learning. All renewal applicants may count a maximum of 24 hours [42] online hours per biennial renewal period, not including ethics hours.

(8) - (11) (No change.)

The agency certifies that legal counsel has reviewed the emergency adoption and found it to be within the state agency's legal authority to adopt.

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Aaron Pierce, PhD, LPC, LSOTP-S
Chairman
Council on Sex Offender Treatment
Effective date: February 23, 2021
Expiration date: June 22, 2021
For further information, please call: (512) 231-5721

TITLE 26. HEALTH AND HUMAN SERVICES

PART 1. HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 339. EMERGENCY RULE RELATED TO A STATE FACILITY, LOCAL INTELLECTUAL AND DEVELOPMENTAL DISABILITY AUTHORITY, LOCAL MENTAL HEALTH AUTHORITY, AND LOCAL BEHAVIORAL HEALTH AUTHORITY

SUBCHAPTER A. COVID-19 EMERGENCY RULE

26 TAC §339.101

The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 26 Texas Administrative Code (TAC), new Chapter 339, Subchapter A, §339.101, concerning an emergency rule in response to COVID-19 in order to ensure essential services are provided to individuals with intellectual and developmental disabilities (IDD). As authorized by Texas Government Code §2001.034, the Commission may adopt an emergency rule without prior notice or hearing upon finding that an imminent peril to the public health, safety, or welfare requires adoption on fewer than 30 days’ notice. Emergency rules adopted under Texas Government Code §2001.034 may be effective for not longer than 120 days and may be renewed for not longer than 60 days.

BACKGROUND AND PURPOSE

The purpose of the emergency rulemaking is to support the Governor’s March 13, 2020, proclamation certifying that the COVID-19 virus poses an imminent threat of disaster in the state and declaring a state of disaster for all counties in Texas. In this proclamation, the Governor authorized the use of all available resources of state government and of political subdivisions that are reasonably necessary to cope with this disaster and directed that government entities and businesses would continue providing essential services. HHSC accordingly finds that an imminent peril to the public health, safety, and welfare of the state requires immediate adoption of this emergency rule regarding Temporary Changes to Requirements.

To protect individuals with IDD and the public health, safety, and welfare of the state during the COVID-19 pandemic, HHSC is adopting a new emergency rule to temporarily change requirements in the following rules: 40 TAC §§2.46(e)(3), 2.105(f)(1), 2.109(e)(3), 2.274(a)(2)(B), 2.556(d)(1), 4.156(a), 4.156(e), 9.158(1), 9.161(i)(1) and (2), 9.161(i)(1)(A), and 9.582(c); and 26 TAC §§303.302(a)(2)(A)(ii), 303.102(46) and (54), and 303.601(b)(7).

The rule allows individuals additional time to request certain reviews conducted by a local intellectual and developmental disability authority (LIDDA) and administrative hearings conducted by HHSC, and to act to comply with certain accountability requirements. The rule allows a LIDDA or state facility more time to submit to HHSC an individual's request for an administrative hearing, a meeting between a service coordinator and an individual to be conducted by telephone or video conference, rather than face-to-face, and a visit to community living options to be conducted virtually rather than in-person. The rule changes the requirement that a LIDDA withdraw an offer of Home and Community-based Services Program services for certain reasons to a requirement that the LIDDA not withdraw an offer or obtain HHSC's approval before withdrawing an offer. The rule allows additional time for a LIDDA to complete certain activities after the LIDDA is notified of changes to an individual's level of need (LON) and additional time to notify HHSC if the LIDDA is unable to complete the activities, a LIDDA to assess an individual by telecommunication after the LIDDA is notified by HHSC of changes to an individual's LON, and a LIDDA more time to sub-
mit a plan of correction to HHSC after a review exit conference. The rule permits a LIDDA, local mental health authority, or local behavioral health authority to conduct preadmission screening and resident review level II evaluations and resident reviews, and a habilitation coordinator to provide habilitation coordination by telephone or video conference, rather than face-to-face.

**STATUTORY AUTHORITY**

The emergency rulemaking is adopted under Texas Government Code §2001.034, §331.0055, and §531.021, and under Texas Human Resources Code §32.021. Texas Government Code §2001.034 authorizes the adoption of emergency rules without prior notice and hearing, if an agency finds that an imminent peril to the public health, safety, or welfare requires adoption of a rule on fewer than 30 days' notice. Texas Government Code §531.0055 authorizes the Executive Commissioner of HHSC to adopt rules and policies necessary for the operation and provision of health and human services by the health and human services system. Texas Government Code §531.021 gives HHSC the authority to administer federal funds and plan and direct the Medicaid program in each agency that operates a portion of the Medicaid program. Texas Human Resources Code §32.021 requires the Executive Commissioner of HHSC to adopt necessary rules for the proper and efficient operation of the Medicaid program.

The new rule implements Texas Government Code §531.0055 and §531.021 and Texas Human Resources Code §32.021.

**§339.101. Temporary Changes to Requirements.**

The following temporary changes are made to the rules identified in paragraphs (1) - (13) of this section, which relate to functions of a state facility, local intellectual and developmental disability authority (LIDDA), local mental health authority (LMHA), and local behavioral health authority (LBHA). After the emergency rule is withdrawn or expired, the Texas Health and Human Services Commission (HHSC) will exercise its enforcement discretion to apply the extended timelines established in this emergency rule to actions that were initiated while the emergency rule was in effect.

(1) The 30-day period described in Texas Administrative Code (TAC) Title 40 §2.46(e)(3) (relating to Notification and Appeals Process) is extended to 120 days. Therefore, the written notification given to a person and legally authorized representative (LAR), by a LIDDA or LIDDA's contractor, must explain that the person or LAR may contact the LIDDA or the LIDDA's contractor within 120 days of the written notification to request a review of a decision to deny or terminate services.

(2) The 30-day period described in 40 TAC §2.105(f)(1) (relating to Accountability) is extended to 120 days. Therefore, if a person or the person's parent complies with the applicable accountability requirement within 120 days, a LIDDA must adjust the person's account to reflect retroactive compliance.

(3) The 10-working-day period described in 40 TAC §2.109(e)(3) (relating to Payments, Collections, and Non-payment) is extended to 90 calendar days. Therefore, a person or parent must submit a request to review a LIDDA's appeal decision to HHSC within 90 calendar days after the person or parent receives the appeal decision. In accordance with 40 TAC §2.109(e)(2), the LIDDA's notification of the appeal decision must describe this timeframe.

(4) Beginning March 13, 2020, a LIDDA may provide the visit to community living options described in 40 TAC §2.274(a)(2)(B) (relating to Consideration of Living Options for Individuals Residing in State MR Facilities) virtually, including by using panoramic images or a video of the living option, instead of in person. If a virtual visit is not available, the LIDDA must document that a virtual visit is not available and provide an in-person or virtual visit as soon as possible.

(5) Beginning March 13, 2020, the meeting described in 40 TAC §2.556(d)(1) (relating to LIDDA's Responsibilities) between a service coordinator and an individual may be conducted by telephone or video conference, rather than face-to-face.

(6) The 30-day period described in 40 TAC §4.156(a) (relating to Request for an Administrative Hearing) is extended to 120 days. Therefore, if a person receives a notice described in 40 TAC §4.155(a) (relating to Notice), the person must submit a request for a hearing so that it is received by HHSC within 120 days of the notice.

(7) The one-working-day period described in 40 TAC §4.156(c) is extended to 10 working days. Therefore, a state facility or LIDDA must submit a request for administrative hearing, made in accordance with 40 TAC §4.156(a), within 10 working days after it receives the request.

(8) Beginning March 13, 2020, the requirement in 40 TAC §9.158(d) (relating to Process for Enrollment of Applicants) for a LIDDA to withdraw an offer of Home and Community-based Services Program services, for a reason described in paragraphs (1) - (4) of this subsection, is changed to a requirement for a LIDDA to:

(A) not withdraw an offer; or

(B) obtain approval from HHSC to withdraw an offer for a reason described in paragraphs (1) - (4) of this subsection.

(9) The 30-business-day period described in 40 TAC §9.161(i)(1) and (2) (relating to LOC Determination) is extended to 90 calendar days. Therefore, a LIDDA must complete the activities described in 40 TAC §9.161(i)(1)(A) - (C) within 90 calendar days after receiving notification from HHSC that an individual's level of need (LON) changes to a LON 1. If a LIDDA is unable to complete the activities described in 40 TAC §9.161(i)(1)(A) - (C) within 90 calendar days after receiving notification from HHSC, the LIDDA must notify HHSC of the reasons for the delay.

(10) The requirement in 40 TAC §9.161(i)(1)(A) that a LIDDA assess an individual in-person, after receiving notification from HHSC that an individual's LON changes to a LON 1, is changed to allow a LIDDA to assess an individual by telecommunication after receiving notification from HHSC that an individual's LON changes to a LON 1.

(11) The 30-calendar-day period described in 40 TAC §9.582(c) (relating to Compliance with TexHmL Program Principles for LIDDAs) is extended to 90 calendar days. Therefore, if an item of non-compliance from a review of a LIDDA remains uncorrected at the time of the review exit conference, the LIDDA must submit a plan of correction to HHSC within 90 calendar days after the review exit conference.

(12) Beginning March 13, 2020, a LIDDA, LMHA, or LBHA may conduct the preadmission screening and resident review level II evaluations and resident reviews described in §303.302(a)(2)(ii) of this title (relating to LIDDA, LMHA, and LBHA Responsibilities Related to the PASRR Process) and §303.102(46) and (54) of this title (relating to Definitions) by telephone or video conference, rather than face-to-face.

(13) Beginning March 13, 2020, the assigned habilitation coordinator may provide habilitation coordination as required in §303.601(b)(7) of this title (relating to Habilitation Coordination for a Designated Resident) by telephone or video conference, rather than face-to-face.
The agency certifies that legal counsel has reviewed the emergency adoption and found it to be within the state agency's legal authority to adopt.

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Karen Ray
Chief Counsel
Health and Human Services Commission
Effective date: February 24, 2021
Expiration date: June 23, 2021
For further information, please call: (512) 438-3135

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