

Regulatory Roundup

Weekly Webinar for Long-Term Care Professionals

IHCA.org/regulatory-roundup

PRESENTERS

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Indiana Health Care Association

Team Members from

Indiana Department of Health

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Today's Agenda

- Upcoming education Katie Niehoff
- Planned NHSN downtime Teresa Hostettler
- Next week guest speaker Topic: Resident Abuse
- Home and Community Based Services Rules and Clarifications on various topics – FAQ"s – Lori D
- QMA reminder
- Q&A Lori D



SPRING CONFERENCE

An Interdisciplinary Approach to Managed Care

APRIL 16-17

French Lick, Indiana

- A MEMBERS ONLY EVENT -

REGISTER: ihca.org/events/spring-conference

<u>Upcoming Education</u>

- FEB 28 MDS Five Star Factors
- FEB 28 NF Rate webinar (IHCA/INCAL members only)
- MAR 6 MDS Systems & Mechanisms for Care Plan Effectiveness
- MAR 6 Pathways 101: A Primer for the Changing World of MLTSS (IHCA/INCAL members only)
- 2024 Life Safety Code Intensive Workshop in-person workshop (March 27-28)

LEARN MORE

There will be no Regulatory Roundups on the last Thursday of the month starting in March. Instead IHCA/INCAL will be hosting monthly MLTSS webinars for members. Details HERE. *Registration required.

Mastering Recruitment & Retention Webinar Series – starts March 8, details <u>HERE</u>

Home Based Community Services – Basics



The following slides are related to Home Based Community Services

Discussion is about the rule and how it differs from what we know and do ---- the creation of variance and confusion

I am not giving direction to surveyors to change what you are instructed to observe and evaluate by IDOH.

I am not recommending SNF providers change what they have been doing I am providing rule clarification for Home Based Community Service Providers in the next several slides.

General Requirements



General requirements for direct staff

455 IAC 2-6-3 General requirements

As follows, staff providing direct care for HCBS providers must:

- 1) Be at least eighteen (18) years of age.
- 2) Be competent to provide services according to the individual's plan of care.
- 3) Demonstrate the ability to effectively communicate.
- 4) Submit a copy of a current negative TB test or negative chest x-ray that is completed annually
- 5) Possess a current, valid state-issued driver's license if the employee will be transporting an individual.
- 6) Provide proof of current insurance on the vehicle used to transport an individual that meets current Indiana requirements.

Personnel Records



455 IAC 2-14-1 Maintenance of personnel files

- Sec. 1.(a) A provider shall maintain, in the provider's office, files for each employee agent of the provider.
- (b) the files for each employee or agent who provides direct care shall contain the following:
- (1) An annual negative:
 - (A) Tuberculin skin test; or
 - (B) Chest x-ray;

Before providing services, updated in accordance with recommendation of the Centers for Disease Control.

Personnel Records



- (2) Copies of the current, valid state-issued driver's license and automobile insurance information, updated when the insurance is paid, if the employee or agent will be transporting an individual.
- (3) Limited criminal history information that meets the requirements of 455 IAC 2-6-2(3).
- (4) Current CPR certification updated in accordance with (1) of the following: (A) The American Heart Association. B) The American Red Cross. C) Another entity approved by DDARS
- (5) Verification of each training session attended by the employee or agent, including substantiation of the following: (A) Content. (B) Length of the training session. (C) Identification of the trainers. D) Dated signatures of the trainers and the employee.

Personnel Records



The files for each employee or agent who does not provide direct care shall contain the following:

- (1) Limited criminal history information that meets the requirements of 455 IAC 2-6-2(3)
- (2) Professional licensure, certification, or registration, including renewals, as applicable.
- (3) Verification of each training session attended by the employee or agent, including substantiation of the following: (A) The content. (B) The length of the training session. (C) Identification of the trainers. (D) Dated signatures of the trainers and the employee.

Home and Community Based Services – FAQ's from FSSA

 The following FAQs on provider compliance reviews was provided to LTC providers at the monthly meeting with IDOH, FSSA, and LTC provider associations (Hope, IHCA/INCAL, LA) on 2/15/24.

CPR



Question:

Do all direct care staff need to be CPR certified?

Answer:

According to 455 IAC 2-14-1, all employee files for direct care staff should include current CPR certification updated in accordance with either the American Hart Association, the American Red Cross, or another approved entity.

Who are the approved CPR agencies/companies?

 Per Indiana code, the American Red Cross and the American Heart Association are approved entities. The Division of Aging will approve any CPR course that includes hands on practice (no online-only courses).

CPR continued



Question:

- There are some CPR programs where you can complete online education and then schedule to perform hands on at a local agency or office. Is this acceptable?
- Once an individual has performed the hands-on component of the CPR training, yes – this will be accepted.

CPR continued



Question:

 What do we do if our staff only have an online CPR certification? Do they have to get a new CPR certification?

Answer:

Staff need to have a hands-on component to their CPR certification. If they have only done an online version to date, yes, they need to complete a new CPR course that includes hands-on practice.

CPR Continued



Question:

Has the guidance changed?

Answer:

Yes, this guidance has changed. Pursuant to 455 IAC 2-14-1, all direct care staff need a copy of a current valid CPR certification in their employee file.



Question:

Do All direct care staff need to have an annual TB test?

Answer:

According to 455 IAC 2-6-3, all staff providing direct care must have a current negative TB test or negative chest x-ray that is completed annually. However, if a provider is licensed by the IDOH, the Division of Aging will defer to Department of Health TB regulations. This means that a direct care staff will need a negative TB test or chest x-ray upon hire, and then to complete an annual risk assessment. If the risk assessment warrants an updated TB test/and or chest x-ray, the direct care staff member must procure that.



Question:

Does the TB test upon employment have to be a two-step TB test?

Answer:

There is nothing in the code requiring a two-step TB test

This is a variance in standards, and you need to know that!



Question:

Can a QuantiFERON blood test be used instead?

Answer:

There is nothing in code specifying what type of TB test needs to be done.



Question:

If someone is able to present a negative TB test that is less than 12 months old, can this be used for the first TB test of the two step TB test?

Answer:

This does not follow the 2-step timeline. This is a 1-step TB test.

It does align with a requirement of an annual TB test and would need to be updated at the time of the annual anniversary with appropriate action.



Question:

What is a provider/agency has only been performing a single TB test upon hire? Do they need to go back and do additional TB testing on their staff?

Answer:

If the agency is licensed by the IDOH, they should be following the IDOH requirements of a two step upon hire and completing an annual screening thereafter.

If an agency is not licensed by IDOH, then yes, they need to perform a TB test on every direct care staff member annually.



If an agency is likened by IDOH, then follow the IDOH guidelines and the agency will defer to those guidelines.

If an agency is not licensed by IDOH they must follow the Division of Aging code and complete a TB test or procure a negative chest x-ray annually.

Home Based Community Services – Background Checks



Question:

What is the division of aging's background check policy?

Answer:

According to 455 IAC 2-15-2, the Division of Aging prohibits individuals to perform direct care roles if they have any of the following convictions on their background:

- A sex crime
- Exploitation of endangered adult
- · Abuse or neglect of a child
- Failure to report battery, neglect, exploitation of an endangered adult or dependent
- Theft, except as provided in IC 16-27-2-5(a)(5)
- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Battery

Background Checks – Home Based Community Services



Each provider may choose their own background check requirements for non-direct care staff. Providers may also choose to have background check policies that are stricter than the Division of Aging requires.

COVID-19 Tests - Free



Department of Health and Human Services Abbott BinaxNOW Test Kit Program.

Assisted Living and SNF are eligible for monthly shipments Must have active CLIA waiver to be eligible Shipments started and stopped, and test quantities can be increased or decreased by emailing TDX@hhs.gov Email must include the following:

Name of facility
Facility Address
CLIA Waiver #
Request – STOP/START, INCREASE, DECREASE

Also -- check expiration extension of tests at this site:

https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests



QMA Reminder

- In-services and Certification Renewals on the New MyLicense One Platform
- QMAs are required to upload documentation of the 6 required hours of annual Inservice
- To access this new platform, individuals will log in or register for an Access Indiana account at http://mylicense.in.gov/eGov/ML1PLA.html. The new platform will require individuals to link their certificates and/or registrations by using their certification/registration number and their registration code which will be provided on their renewal notices.

Q&A

 There will be a Regulatory Roundup meeting next week – guest speaker, Barbara Speedling, Preventing Resident to Resident Aggression



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