

The Academy Weekly

News & Information for LTC Providers



The Academy of Senior Health Sciences, Inc.

www.seniorhealthsciences.org

Week of 12 June 2022

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Ohio News

ODH releases TNA update related to expired waiver

The Ohio Department of Health issued a memo last week that provided guidance on the requirements for TNAs to become STNAs due to the expiration of the CMS waiver. The memo notes: "Beginning June 7, 2022, any temporary nurse aide who was hired prior to June 7, 2022, and has not completed the 75 hours required by 42 CFR §483.152 (a) and (b) will be required to complete nurse aide training either through training in the LTC facility or via a State Approved Nurse Aide Training Competency Evaluation Program (NATCEP) and take the state test within four months. Any individual hired after June 7, 2022 will be required to complete training through a State Approved NATCEP and complete the state test within four months. This was the process prior to COVID-19 and the STNA waiver provided by

the Centers for Medicare and Medicaid. If an individual is unable to take the test prior to October 6, 2022, due to testing availability, they must have documentation from the testing location indicating they have attempted to register. This documentation can be in the form of an email or notification from the testing registration system. This documentation should be maintained in the TNAs file. Consistent attempts to schedule should be every 2 weeks, and that documentation is maintained until the individual is able to take the test. This information will be reviewed on survey after October 6, 2022." [Please click here to view the memo.](#) ([Back to top.](#))

ODH LSC meeting notes

The Ohio Department of Health met with nursing home representatives in their quarterly LSC meeting. Below are notes from the meeting:

QSO-22-15: Providers are reminded that the LSC waivers have expired. Fire drill requirements are back to normal, as are inspection requirements. Furthermore, facilities are no longer permitted to use temporary barriers. Providers can apply for a waiver if necessary. ODH said providers have taken more permanent steps to help with isolation for infectious disease, including installing doors in the hallways that meet code. ODH is willing to work with providers on finding solutions that meet code.

Review emergency plans: ODH is asking providers to review their emergency plans. New maintenance staff and CHOPs have created situations where there may be gaps in the maintenance staff and knowledge of the EP. For example, know which HVAC system is responsible for which zones so if one goes out, they can direct staff where to move residents into an area that has a working system. Providers should also review contracts for generators, portable air conditioners, or other supplies and services they may require during an emergency.

Maintenance manual: ODH noted that the maintenance manual is a guidance document and does not contain the answer to every LSC situation. Providers should still check with the NFPA to ensure compliance. They have received feedback on the manual and may be making some updates soon.

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Notes from the ODH survey and certification meeting

ODH meets with long-term care representatives on a monthly basis. Below are the notes from last week's June survey and certification meeting:

HHA licensing rules: Rules are still pending. ODH does not think they will be done in time for the Oct 1 start date in statute.

Positive case notification: ODH said that providers do not have to notify ODH for survey purposes after the first positive case. There is no need to notify ODH survey

and certification, even if it is a new outbreak. Just once for the first positive and never again.

QSO-22-17-ALL: ODH noted that as required in memo QSO-22-17-ALL, they would only be surveying for the vaccine requirement during annual surveys and complaint surveys related to the vaccine requirement. If there is an actual harm level finding, ODH has to consult with Chicago before issuing a citation. This is expected to continue until QSO-22-11 is updated.

High heat, review plans: ODH sent an EDIC notice to providers to remind them to check their HVAC and review their emergency plans for power outages during high temperatures. They also recommend reviewing contracts related to those plans.

Survey update: ODH has almost completed all back logged complaint surveys (37 remaining). They did 61 NH annual surveys last month and still hope to increase that number this month.

Up to date vaccination status: ODH said they are not making any changes to how they are surveying facilities as it relates to "up to date" vaccination status and the additional booster shots.

Citation trends: ODH noted the following citation trends: Elopement and staff supervision related citations. Unsafe discharges. Still seeing IPC citations. HVAC/air conditioning not working. Lack of staff citations including residents missing meals and medications.

Offsite review for surveys: ODH said they are trying to move most of the surveys to onsite, including access to documents. However, there are circumstances when offsite access will speed the process. For example, if a survey has to stop because of a complaint survey, they may review documents while offsite.

R3AP program: Director McElroy noted limited use of R3AP, especially the crisis staffing. Providers are reminded that the service is available and there is no reason to receive an IJ or serious harm citation directly related to a lack of staff.

Isolation/cohorting for COVID: ODH said they would not cite providers that isolate in place despite CDC guidance recommending creating wings or grouping COVID positive resident rooms together. The associations requested this information be provided in writing.

If you have a survey and certification question or concern for ODH, [please let us know](#) and we will get it addressed at the next meeting in August. ([Back to top.](#))

BELTSS 5-year rule review

BELTSS is proposing to modify OAC [4751-1-02](#), [4751-1-05](#), [4751-1-07](#), [4751-1-08](#), [4751-1-10.4](#), [4751-1-12.1](#), [4751-1-13](#), [4751-1-13.1](#) and [4751.1-081](#). Please click on the rule number above to see the language changes.

- **4751-1-02**: Rule revised to include definition of “Direct College Candidate”

- **4751-1-05:** Rule revised to change definition/conditions for abandonment of application.
- **4751-1-07:** Rule changed to reflect current examinations practice.
- **4751-1-08:** Rule is a no-change rule.
- **4751-1-08.1:** Rule revised to limit the amount of continuing education hours that a licensee may obtain in one day to twelve to follow the national standard set by NAB. Also removes the post-test requirement from distance learning/self-study courses, provided that software is in place to measure attendees' time spent in the course and/or engagement with the course.
- **4751-1-10.4:** Rule is a no-change rule.
- **4751-1-12.1:** Rule created to allow for electronic testimony at hearings.
- **4751-1-13:** Rule revised to adjust the time frame for when preceptors can claim credit for precepting an administrator-in-training, and to reflect that the Board will not accept the same course taken in back-to-back renewal years, with the exception of conventions which have new/updated information each year. Annual ethics credit (1 course) requirement added, and allowance for 3 credit hour option for precepting half or more of an administrator-in-training's program.
- **4751-1-13.1:** Rule revised to clean up rule and allow for Board to waive fees/fines if desired.

The public comment period will end June 30, 2022. Any person may direct written comments or requests for information concerning BELTSS' rule proposals to Deborah Veley, executive director of BELTSS, during the public comment period by writing to dveley@age.ohio.gov. ([Back to top.](#))

BID weighs-in on IPC questions

The Ohio Department of Health's Bureau of Infectious Disease responded to the following questions related to infection protection and control:

1. **Masking: With respect to RCFs, please confirm continued intention to adhere to CDC February 2, 2022 guidelines that all healthcare personnel wear baseline procedure masks when in contact with any resident.**

CONFIRMED: CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), updated Feb. 2, 2022, remains the CDC most current guidance for healthcare personnel providers. In this guidance, CDC continues to recommend source control in all healthcare facilities. Source control and physical distancing

(when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have:

- Are not up to date with all recommended COVID-19 vaccine doses; or
- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or
- Have moderate to severe immunocompromise; or
- Have otherwise had source control and physical distancing recommended by public health authorities

SOURCE: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

2. Outdoor events: if adequate space is available, visitor would not need to wear masks?

In general, CONFIRMED, see CDC's Small and Large Gatherings, Steps Everyone Can Take to Make Gatherings Safer. However see specific guidance highlighted below:

- In general, people do not need to wear masks when outdoors.
- If you are sick and need to be around others, or are caring for someone who has COVID-19, wear a mask.
- If the COVID-19 Community Level where you live is
 - Low
 - Wear a mask based on your personal preference, informed by your personal level of risk.
 - Medium
 - If you are at risk for severe illness, talk to your healthcare provider about wearing masks indoors in public.
 - If you live with or will gather with someone at risk for severe illness, wear a mask when indoors with them.
 - High

- If you are 2 or older, wear a well-fitting mask indoors in public, regardless of vaccination status or individual risk (including in K-12 schools and other community settings).
- If you are at risk for severe illness, wear a mask or respirator that provides you with greater protection.
- Stay home if you are sick or experiencing symptoms of COVID-19.
- Communicate with the people you will meet with about prevention strategies.

Additional reference: [CDC Use and Care of Masks](#).

3. **Screening: Please confirm the need for continued screening is still in place for all individuals (even if only self-screening with appropriate plan for safety).**

Screening continues to be a core infection prevention and control measure. Please see Clinical Questions about COVID-19 available at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control> last updated June 8, 2022.

CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), updated Feb. 2, 2022 guidance is applicable to all U.S. settings where healthcare is delivered (including home health). **This guidance is not intended for non-healthcare settings (e.g., restaurants) and not for persons outside of healthcare settings.** CDC's [main landing page](#) for COVID-19 content will help readers navigate to information regarding [modes of transmission](#), clinical management, laboratory settings, COVID-19 vaccines and CDC guidance on other COVID-19-related topics.

1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic

Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses.

Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection

- Ensure everyone is aware of recommended IPC practices in the facility.
 - Post visual alert (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) with instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Dating these alerts can help ensure people know that they reflect current recommendations.

- Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:
 - 1) a positive viral test for SARS-CoV-2,
 - 2) symptoms of COVID-19, or
 - 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).

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National News

CMS issues new vaccine requirement QSO memo

CMS issues a new QSO memo, QSO-22-17-ALL, that addresses the survey oversight of the vaccine mandate. From the memo: • CMS is committed to taking critical steps to protect vulnerable individuals to ensure America's health care facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE). • Survey oversight of the staff vaccination requirement for Medicare and Medicaid Certified providers and suppliers will continue to be performed during initial and recertification surveys, but will now only be performed in response to complaints alleging non-compliance with this requirement, not all surveys. Under prior guidance, all surveys included oversight of the staff vaccination requirement. • CMS will revise QSO 22-11 to ensure deficiency determinations reflect good faith efforts implemented by providers and suppliers and incorporate harm or potential harm to patients and residents resulting from any non-compliance. [Please click here to view the memo.](#) [\(Back to top.\)](#)

ONC phone survey of SNF providers

From CMS: "The Office of the National Coordinator, (ONC) for Health Information Technology (HIT) within the Department of Health and Human Services(HHS) is currently conducting a national phone-based survey to better understand the state of health IT use and interoperability among skilled nursing facilities(SNFs) and hospice

facilities. Interoperability has the potential to improve transitions of care between acute-care and post-acute care facilities. Federal policies such as the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014, for example, requires assessment data to be standardized and interoperable. This allows for the electronic exchange of data among post-acute care providers and other providers. ONC's telephone survey is being conducted by IQVIA, a research firm on behalf of the Department of Health and Human Services. If you are contacted as part of the survey and asked to participate, we ask that you please take the time to do so. Your responses will help inform future policies to help organizations become more interoperable." ([Back to top.](#))

MLN Connects Newsletter

News

- [Comprehensive Error Rate Testing Program Report: Sample Reduced for Reporting Year 2023](#)
- [Men's Health: Talk to Your Patients About Preventive Services](#)

Compliance

- [Implanted Spinal Neurostimulators: Document Medical Records](#)

Claims, Pricers, & Codes

- [ICD-10-CM Diagnosis Codes: Fiscal Year 2023](#)
- [July 2022 Quarterly Average Sales Price \[ASP\] Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files](#)

MLN Matters® Articles

- [July 2022 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#)
- [Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers — Revised](#)

To view MLN Connects online, [click here.](#)

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Keep October 27 & 28 open for the ASHS Fall Conference in Columbus!

ODDS AND ENDS

No July 1 Medicaid rates yet

We are still waiting on the July 1 Medicaid rates and we will let you know as soon as we receive them!

IPRO QIN-QIO Booster Blitz

While IPRO's Booster Blitz 13-week series continues, called "Joy in Work" and based on IHI model, they are working on the next series that will most likely address how quality improvement, quality management and CASPER fit together for improving resident well-being. The Academy encourages members to [take advantage of IPRO's education opportunities](#) to learn how to improve quality outcomes for residents.

NOTABLE DATES OR EVENTS

[CMP Indoor Visitation Grant](#)

Now open!

**H.B. 120
Compassionate Care
Effective 19 July 2022**

[Click here for QIO training series.](#)

[Click here for QIO Booster Blitz series.](#)

[Click here for CMS NH COVID-19 Training Modules](#)

[Click here to view CGS Part A training events](#)

[Click here to view CGS Part B training events](#)

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