

## Tuberculosis Prevention

### Requirement for Home Health Agencies

ISDH HCQRS: Program Advisory Letter

Number: **AC-2019-01-HHA**

Effective Date: December 1, 2019

Created: November 15, 2019

Cancel: None

Reviewed: n/a

Revised: n/a

#### **ADVISORY SUMMARY**

- **Effective Date: December 1, 2019**
- **This advisory letter sets out the expectations for Indiana licensed home health care agencies for the preventing the transmission of Mycobacterium tuberculosis.**
- **To become exempt from the rules at 410 IAC 17-12-1(i), an agency must adopt and implement a nationally recognized standard for the control and prevention of Tuberculosis.**

Background: The Home Health rules for Home Health Agencies have long held prescriptive requirements related to testing and screening for tuberculosis. These prescriptive rules have not remained current as guidance has changed over time related to the prevention of tuberculosis.

Analysis: The guidance for the prevention and transmission of tuberculosis has changed significantly over time to the extent that the prescriptive guidance is out of sync with current guidance. Additionally, the prescriptive nature of the rules does not provide agencies the latitude to adjust infection control practices to meet the situational status of the agency. It is the intent of this advisory letter to remove regulatory barriers and provide agencies the ability to adjust infection control procedures and processes to meet the level of intervention needed based on the agency's risk. The applicable rules currently in place are:

#### **410 IAC 17-12-1 Home health agency administration and management**

(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:

(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation

that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.

(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.

(3) Any person with:

(A) a documented:

- (i) history of tuberculosis;
- (ii) previously positive test result for tuberculosis; or
- (iii) completion of treatment for tuberculosis; or

(B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.

(4) After baseline testing, tuberculosis screening must:

(A) be completed annually; and

(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).

(5) Any person having a positive finding on a tuberculosis evaluation may not:

(A) work in the home health agency; or

(B) provide direct patient contact;

unless approved by a physician to work.

(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:

(A) working for the home health agency; or

(B) having direct patient contact;

has had a negative finding on a tuberculosis examination within the previous twelve (12) months.

**Policy:** To allow agencies to maintain control and prevention of Tuberculosis in the least restrictive and most cost effective manner, the ISDH is issuing a blanket waiver exempting agencies from current regulatory requirements and instituting an alternative method to achieve the intended outcome of 410 IAC 17-12-1(i). To be exempt from 410 IAC 17-12-1(i), the agency must formally adopt a nationally recognized standard; implement and follow the standard as written. Should an agency fail to meet the exemption requirement, a deficient practice citation will be written at 410 IAC 17-12-1(i).

Questions about this program advisory letter may be addressed to Kelly Hemmelgarn, Program Director, (317) 233-7541-, email: [khemmelgarn@isdh.in.gov](mailto:khemmelgarn@isdh.in.gov); or Randy Snyder, Division Director, (317) 233-1286, email: [rsnyder1@isdh.in.gov](mailto:rsnyder1@isdh.in.gov).

Approved by:

/s/

Matthew Foster, JD, Assistant Commissioner  
Consumer Services and Health Care Regulation Commission  
Indiana State Department of Health