



HOME AND COMMUNITY BASED CARE NEWSLETTER

HCBC Newsletter 2022-03
Nov. 3, 2022

HCBC Update:

- **Informal Dispute Resolution (IDR) Process Changes**
- **CMS Revised Guidance for Staff Vaccination Requirements**
- **Post-Event Training Materials Available for the Home Health OASIS-E Guidance Training Program**
- **State Law Addressing Written Orders in Home Health Agencies**
- **Tuberculosis Prevention and Blanket Waiver**
- **Dementia Training Programs**
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Informal Dispute Resolution (IDR) Process Changes

Effective Nov. 7, informal reviews of agency disputes of survey findings will no longer be conducted by Home and Community Based Care (HCBC) staff. The Informal Dispute Resolution (IDR) reviews will be conducted by the IDR Program under the Division of Program Performance and Development. While IDR Program staff may consult with HCBC staff, we anticipate this transition will promote neutrality in the review process.

Information about the IDR program, such as policies, procedures, instructions for requesting IDRs, and the IDR timelines can be found at the [Informal Dispute Resolution Information Center](#). Significant changes with this transition include the following.

- The IDR process is not a formal or evidentiary hearing. It is intended to allow home health agency (HHA) staff to directly communicate with IDR program staff and address issues identified in the survey findings. To achieve that goal, only HHA employees and HHA corporate staff may attend face-to-face conferences and video conference IDR meetings. Non-facility employees, such as attorneys, outside consultants, and residents/family members, are no longer allowed to attend face-to-face and video conference informal dispute resolution meetings.
- As in the past, for federally certified HHAs an IDR review is offered only for condition-level survey findings. Deficiencies cited at the standard level are not eligible for or subject to the IDR process. With this transition, federally certified HHAs can no longer request a review of deficiencies cited for violations of Title 410 of the Indiana Administrative Code when the findings of the deficiency are the same findings for a federal deficiency cited during the same survey.
- The mechanism for requesting an IDR in the Gateway/Redcap has been streamlined. HHAs will no longer be required to complete the IDR Tracking Record Form. The request and supporting documentation are submitted through the Gateway/Redcap with the plan of correction as follows.
 1. The HHA will complete each tag as normal when submitting the plan of correction (POC).
 2. To request an IDR, check "Request an IDR for this deficiency" above the text box.
 3. The text for the IDR goes at the end of the POC response.
 4. The HHA will then click on the link "Upload Documents and Submit" at the top of the screen.

Plan of correction for deficiency: 0550 Updated.

[Click to view all responses](#) [Upload Documents and Submit \(Click here when responses are completed\)](#)

Click on a deficiency below to view or begin plan of correction entry.

The color green indicates that the deficiencies have a corrected date and response text saved.

- F_0000
- F_0550**
SS=D
- F_0600**
SS=D
- F_0684**
SS=D
- F_0812**
SS=D

Currently Updating: **F-0550**

To view entire deficiency statement click text below:

[Based on observation, record review and interview, the facility failed to ensure a resident was assisted with a meal in a dignified manner for 1 of 1 residents reviewed for dignity. \(Resident 138\). Findings include: During an observation of meal ser...](#)

Date this deficiency will be corrected:

Request an IDR for this deficiency

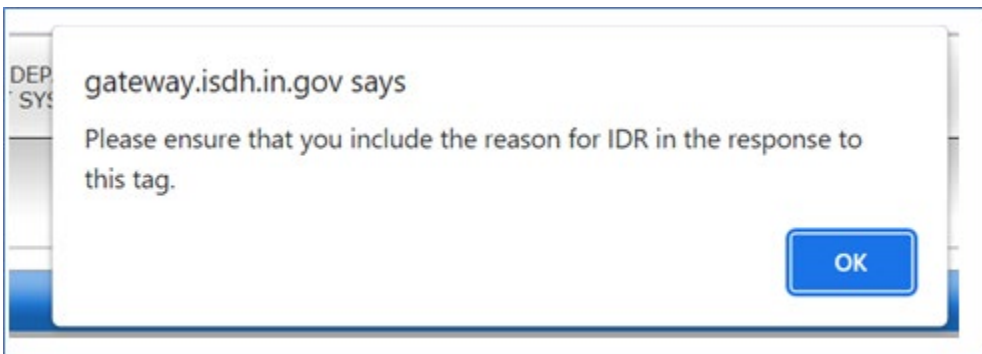
Enter response below:

1. All residents requiring intake assistance have the potential to be affected. Nursing staff, including LPN 4, have been educated on providing meals in a dignified manner. Resident 138 is receiving meal assistance in a dignified manner.

2. All residents requiring intake assistance have the potential to be affected. Nursing staff, including LPN 4, have been educated on providing meals in a dignified manner. All residents needing meal assistance are receiving it in a dignified manner.

5. If there is an IDR request for at least one tag, the HHA will get a pop-up message.

6. When the HHA clicks on "OK," it will give an opportunity to enter the IDR text, if they did not previously enter it.



7. If the agency clicks on "Upload Documents and Submit" again, it will go to the final page.

8. They can now select the type of IDR desired.

FINALIZE AND SUBMIT PLAN OF CORRECTION

Informal dispute resolutions:

- An IDR has been requested for the following tag(s): **0550**
- Before continuing, please ensure that the reason for an IDR as been written in the response to each tag citation being disputed
- Please select the IDR type below that describes the action to be taken for the IDR.

Select the type of IDR below

- ISDH Video Meeting review
- ISDH Desk/Paper Review
- Face to face Review

9. Upload documents, if applicable.

10. Submit the plan of correction (POC) at the bottom.

As in the past, please include in the POC or supporting documents a written summary of the reasons for the dispute for each citation, referencing supporting documents if submitted.

Uploading Supporting Documents:

- Click on browse button to navigate to the supporting document you want to upload
- Click the upload button and the file will be uploaded and stored with the plan of correction that was just completed
- **Important note about supporting documentation**
 - IDR Requests: Do NOT redact any IDR documentation. Ensure IDR documents are either marked as an IDR document
 - Plans of Correction (POC) and documents supporting the POC should be redacted in order to prevent personal identification (name, DOB, SSN, etc.) for patients/clients/residents and staff. Redacted patient/client/resident information can be replaced with the patient/client/resident number, if needed.
 - Do not email any personal identifying information (name, DOB, SSN, etc.)

Upload documents to support plan of correction

Choose File | No file chosen

Upload

Submitting plan of correction:

- Click the submit plan of correction button to send the plan of correction to isdh
- After pressing the submit plan of correction button a message will appear verifying that this plan of correction is completed, click 'ok'
- After clicking 'ok' no further updates can be made to the plan of correction
- If further changes are required with the plan of correction click the cancel button to navigate back to the plan of correction entry page.

SUBMIT PLAN OF
CORRECTION

CANCEL

*A confirmation email will be sent to:

- IDR Program staff will contact the agencies to set up video or face-to-face conferences and receive any additional, supporting information not uploaded to the Gateway.

The IDR Program staff look forward to working with agencies to review their disputes. If you have questions about your IDR requests, please contact:

Linda Kay, Director of Informal Dispute Resolution

LKay@health.in.gov

317-233-5568

CMS Revised Guidance for Staff Vaccination Requirements

CMS released on Oct. 26, revised memo [QSO-23-02-ALL](#) with revisions to guidance including the frequency of investigating compliance with the staff vaccination requirements and revised guidance to align with recent changes to CDC recommendations related to testing, quarantine and source control as related to vaccination status.

Post-Event Training Materials Available for the Home Health OASIS-E Guidance Training Program

OASIS E will start Jan. 1, 2023. You can visit [Home Health Quality Reporting Training](#) and click on the [CMS YouTube](#) link to access the OASIS E Guidance Training Program. There are 21 different videos of workshops, including a case study. It will take a full day to review these videos. Please allow time for your skilled field staff to review the videos. Content related questions should be submitted to HomeHealthQualityQuestions@cms.hhs.gov. If you have questions about accessing resources or feedback regarding the training, submit them to PAC Training@econometricalnc.com.

State Law Addressing Written Orders in Home Health Agencies

In 2021, the Indiana General Assembly updated the state law that addresses written orders for home health services. In accordance with IC 16-27-1-16, a licensed home health agency may accept written orders for home health services from a physician, **an advanced practice registered nurse (APRN), a physician assistant (PA)**, a dentist, a chiropractor, a podiatrist, or an optometrist licensed in Indiana or any other state. Home health orders from APRNs and PAs were previously allowed under the Temporary Blanket Waivers for home health agencies that were issued by the Indiana Department of Health (IDOH) during the public health emergency. Since those blanket waivers expired at the end of the state public health emergency, IDOH is allowing that practice to continue while the administrative rules are being updated by holding providers to compliance with the state law.

Tuberculosis Prevention and Blanket Waiver

[This memo](#) sets out the expectations for Indiana licensed home health agencies for the prevention of the transmission of Mycobacterium tuberculosis. To allow agencies to maintain control and prevention of tuberculosis in the least restrictive and most cost-effective manner, the IDOH is issuing a blanket waiver exempting agencies from current regulatory requirements and instituting an alternative method to achieve the 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 then implement and follow the standard as written. Should an agency fail to meet the exemption required, a deficient practice citation will be written at 410 IAC 17-12-1(i).

More information can be found at <https://www.in.gov/health/tuberculosis/information-for-health-professionals/guidelines-and-recommendations/tuberculin-skin-test-screening-treatment-of-latent-tb-infection-and-healthcare-personnel-screening/>.

Dementia Training Programs

Dementia Training Programs must be approved by IDOH. The [Dementia Training Approval Application](#) includes instructions on where to send Dementia Training Programs for approval to fulfill IC 16-27-1.5-5. Please complete the application and submit it with your outline of the curriculum, copy of the curriculum and copy of the certificate of completion. You will receive an email letting you know if your training has been approved.

At this time, the following Dementia Training Programs have been approved:

IAHHC – Contact Evan Reinhardt at evan@iahhc.org
Comfort at Home Healthcare, Inc.

Home Health Aide Competency Training

Please note home health agencies that have received a ban on completing home health aide competency training may have the training completed at their agency's location. However, the training cannot be provided by the agency. The agency would need to find someone outside of their agency to train the aides.