



TEXAS
Health and Human
Services

NF Provider Updates with HHSC Long-Term Care Regulation

December 13, 2023

For more information:

Web: [Nursing Facilities \(NF\) Provider portal](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161

NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation



Overview

Updates and information included in this webinar:

- Announcements and reminders
- TMF Health Quality Institute
- Music & Memory
- Priority alerts and notifications
- LTC Ombudsman
- Infection Prevention and Control – influenza vaccination
- Plan of Removal (PoR)
- RAI-MDS
- PASRR
- Top 10 deficiencies cited during fiscal year 2022 inspections – Health #2: food/nutrition...



Next Webinar:

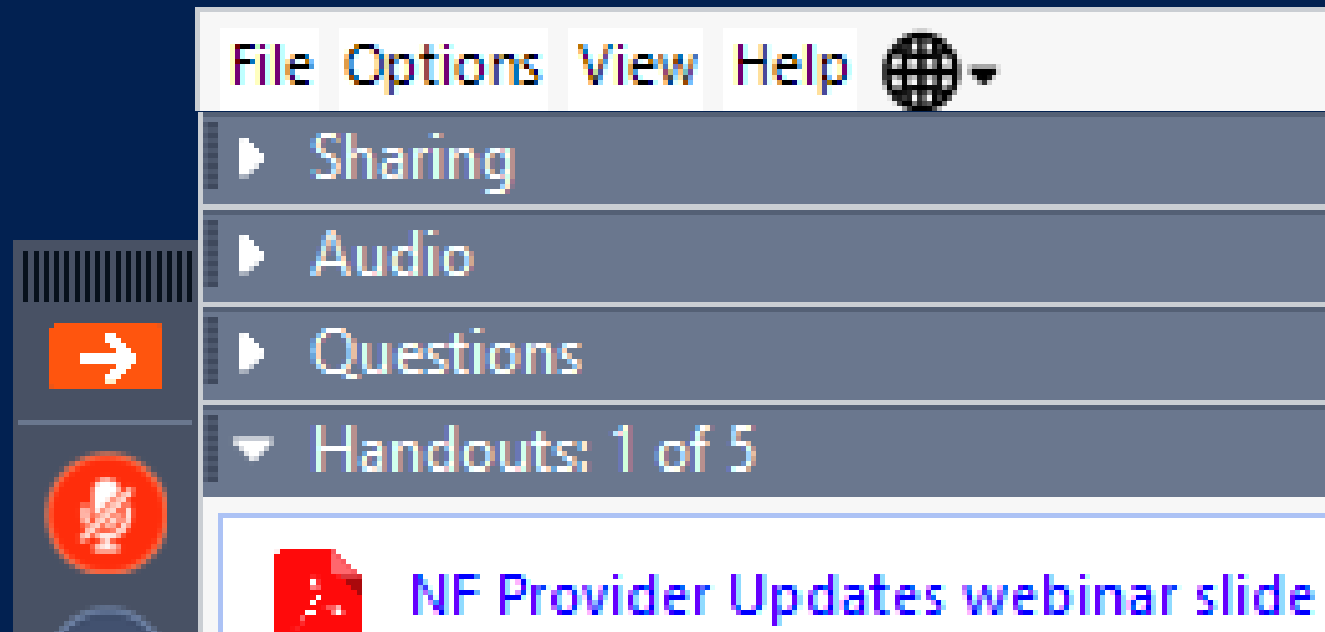
Wednesday, March 13, 2024 2:30pm

- Registration information is sent at least two weeks before each webinar via [GovDelivery email](#).
- An alert is also posted to the [Nursing Facility Provider Portal](#) in the Communications section.
- The recording and slides from today's webinar will be posted to the [Nursing Facility Provider Portal](#) and sent out via [GovDelivery alerts](#).
- Webinar recordings and slides are typically posted within a few days of the session.



Webinar Handout

The PDF version of this slide presentation is included in the handouts section of this webinar platform.



TMF Health Quality Institute CMS Quality Innovation Network- Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

NHSN Updates

- **New** Helpdesk: [nhsn_csp - NHSN Customer Service \(cdc.gov\)](#)
- Ongoing Alert:

NHSN Notification Message

HPSLTCF

Important Messages

Please disregard alerts asking you to confirm your facility's geolocation. The facility geolocation function located on the 'Facility Info' page is no... [\(more\)](#)

LTC COVID-19 Vaccination Modules

Please review your data on Up to Date Vaccination entered in the NHSN COVID-19 Vaccination Modules for reporting weeks beginning the week of 9/25/2023-10/1/2023. Keep in mind that we expect most individuals to not be up to date until they receive the new 2023-2024 updated COVID-19 vaccine this fall/winter season. Enter **ZERO** for the up to date question (Q2 for residents, and Q4 for staff) if this is the case. [\(less\)](#)

OK

New Pathway Reporting Available

- The new name: **COVID-19/Respiratory Pathogens Module**
- **New** Influenza/RSV Surveillance Pathway Tab, since Oct. 23, 2023
- Long-term care facilities (LTCF) can report newly positive resident cases for influenza and RSV
- This newly added tab is OPTIONAL, but highly encouraged

New Pathway Reporting Available

- Training LTCF COVID-19/Respiratory Pathogens Module: Optional Reporting of Influenza and RSV Vaccinations and Cases for Long-term Care Facility Residents – October 2023
 - › [Slideset \(PDF\)](#)
- [COVID-19 Form Resident Impact and Facility Capacity \(PDF\)](#)
- [COVID-19 Table of Instructions Resident Impact and Facility Capacity \(PDF\)](#)

Remember: Zero is a number, not a placeholder!

New Pathway Reporting Available

The following data elements will be collected for both:

- Newly Positive Tests
- Vaccination Status of Residents with a Newly Confirmed Test
- Hospitalizations with a Positive Test
- Hospitalizations with a Positive Test and Up to Date Status
 - [Up To Date Guidance Quarter 4 Of 2023](#) (PDF)

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19/Respiratory Pathogens** ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users
- Facility

NHSN Long Term Care

- Long Term Care Dashboard
- Action Items**

Dashboard

Pathway Data Reporting

POC Test Result Reporting

COVID-19 Event

COVID-19 Vaccination - HCP

Vaccination - Residents

01 October 2023 - 11 November 2023

Record Complete Record Incomplete

Sunday	Monday	Tuesday	
Oct 01	02	03	04
05	06	07	08
09	10	11	12
13	14	15	16
17	18	19	20

Add COVID-19/Respiratory Pathogens Data

Date for which counts are reported: Facility CCN: Facility Type:

Resident Impact and Facility Capacity Staff and Personnel Impact **Influenza/RSV (Optional)**

Have Multiple NHSN Users

1. Go to [SAMS NHSN User FAQs](#) and [How to Add a User](#).
 - › All facilities are strongly encouraged to have **at least two** registered users with Level 3 access.

Note: Experian ID verification process is **recommended**.

1. See the [About SAMS](#) website.
2. Email nhsn@cdc.gov with **SAMS LEVEL 3 ACCESS** in the subject line for assistance with any questions related to this process.
3. See [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#).

NHSN Annual Flu Vaccine Reporting For Health Care Personnel (HCP)

- Reporting into NHSN is due by May 15, 2024
- Report into the Health Care Personnel (HCP) Component
- [TMF Annual Flu Vaccine Reporting for HCPs into the NHSN Tracker \(Excel\)](#)
- [How to Use the NHSN Annual Flu Vaccine for HCPs Tracker](#) (Video)
- Residents are reported in the MDS

Flu Season

Oct. 1 – March 31 each season

- Calculated once each year
- Calculated about 45 days after the close of the first quarter
- Shows up on Care Compare, usually in the July update

Care Compare

Flu & pneumonia prevention measures - Short-stay residents

Percentage of short-stay residents who needed and got a flu shot for the current flu season

↑ Higher percentages are better

80%

National average: 75.8%

Texas average: 79.8%

Percentage of healthcare personnel who got a flu shot for the current season

↑ Higher percentages are better

21.5%

National average: 47%



Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia

↑ Higher percentages are better

92.7%

National average: 79.4%

Texas average: 85.7%

Data Accessed 11/21/2023

Care Compare

Flu & pneumonia prevention measures - Long-stay residents

Percentage of long-stay residents who needed and got a flu shot for the current flu season

↑ Higher percentages are better

100%

National average: 94.7%

Texas average: 96.6%

Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia

↑ Higher percentages are better

100%

National average: 91.8%

Texas average: 95.9%

Data Accessed 11/21/2023

6.1 Task 1 Influenza Vaccination (Suppressed)

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

All

State

TX

QIS

All

Scrollable Data by Selected Filter

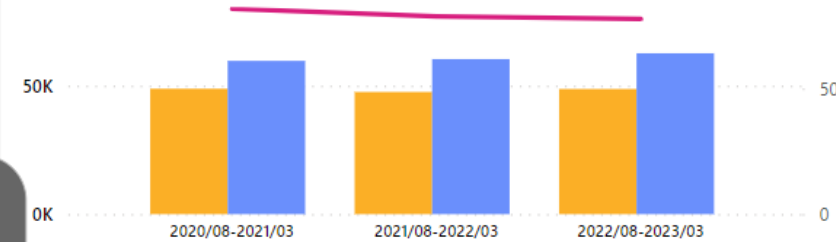
State	Numerator	Denominator	Providers
<input checked="" type="checkbox"/> TX			
2020/08-2021/03	48,843	59,691	980
2021/08-2022/03	47,568	60,381	980
2022/08-2023/03	48,726	62,655	980

13,929 Residents
declined the flu vaccine

Adj RIR
-22.3%

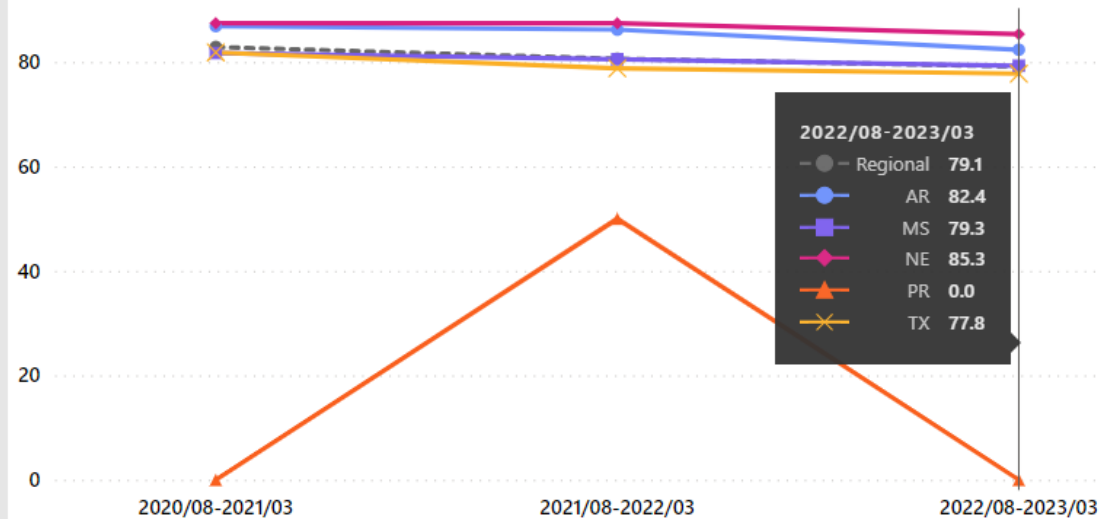
Trends by Period and Selected Filter

● Numerator ● Denominator ● Rate (%)



Rates by State and Period (%)

● Regional ● AR ● MS ● NE ● PR ● TX ● Provider



Desired Outcome



Data accessed 11/21/2023

6.2 Task 1 Pneumococcal Vaccine (Suppressed)

42 CFR 480.120 requires TMF Health Quality Institute to disclose aggregate statistical information that does not implicitly or explicitly identify individual patients, practitioners or reviewers. Counts smaller than 11 have been suppressed to meet this requirement.

Filters: Provider filter applies to all pages of this report.

Recruited Provider

All

State

TX

QIS

All

Scrollable Data by Selected Filter

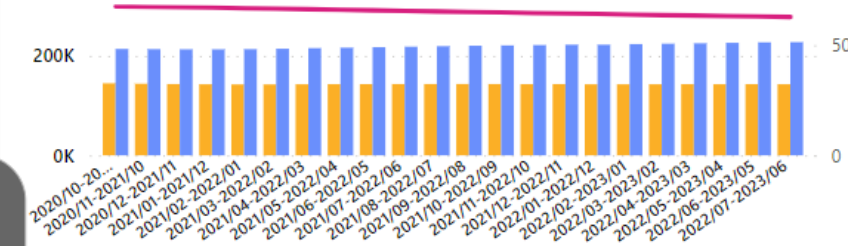
State	Numerator	Denominator	Providers
2021/02-2022/01	142,677	213,613	980
2021/03-2022/02	142,680	214,411	980
2021/04-2022/03	142,970	215,651	980
2021/05-2022/04	143,138	216,622	980
2021/06-2022/05	143,258	217,587	980
2021/07-2022/06	143,398	218,565	980
2022/04-2023/03	143,149	225,444	980
2022/05-2023/04	143,053	226,320	980
2022/06-2023/05	143,202	227,297	980
2022/07-2023/06	143,035	227,714	980

Approx. 21,169 Residents declined the pneumococcal vaccine

Adj RIR
-15.1%

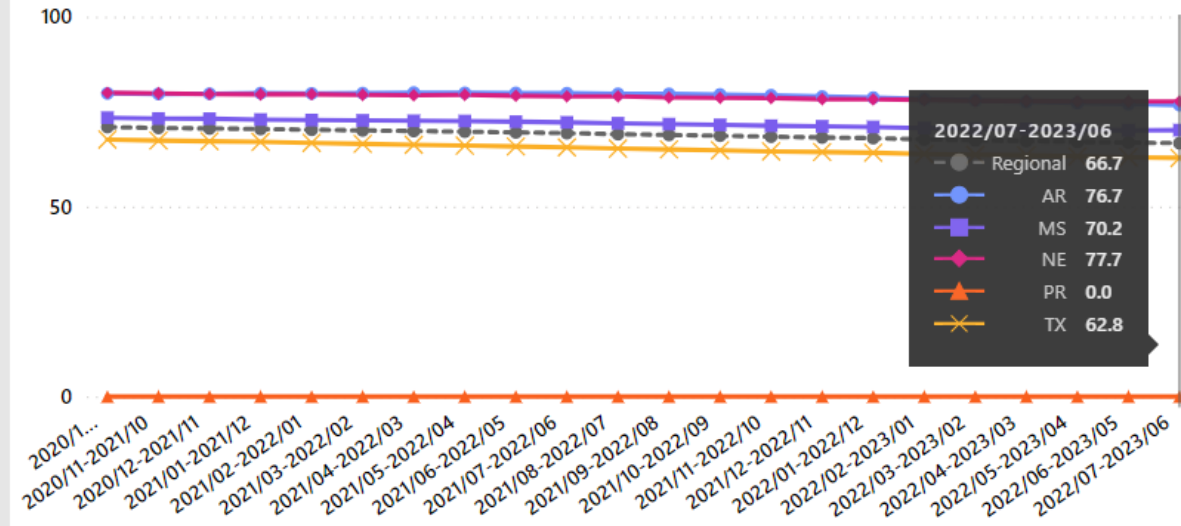
Trends by Period and Selected Filter

● Numerator ● Denominator ● Rate (%)



Rates by State and Period (%)

● Regional ● AR ● MS ● NE ● PR ● TX ● Provider



Desired Outcome



Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥ 65 years old

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 $\xrightarrow{\geq 1 \text{ year}^\dagger}$ PPSV23
PPSV23 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ PCV20	$\xrightarrow{\geq 1 \text{ year}}$ PCV15
PCV13 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ PCV20	$\xrightarrow{\geq 1 \text{ year}^\dagger}$ PPSV23
PCV13 at any age & PPSV23 at <65 yrs	$\xrightarrow{\geq 5 \text{ years}}$ PCV20	$\xrightarrow{\geq 5 \text{ years}^\S}$ PPSV23

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

[†] Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

[§] For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥ 8 weeks since last PCV13 dose and ≥ 5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥ 1 year since last PCV13 dose and ≥ 5 years since last PPSV23 dose

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option	
Complete series: PCV13 at any age & PPSV23 at ≥ 65 yrs	$\xrightarrow{\geq 5 \text{ years}}$ PCV20	Together, with the patient, vaccine providers may choose to administer PCV20 to adults ≥ 65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.



Download the CDC's PneumoRecs VaxAdvisor App for Clinicians

This free [mobile app](#) gives clinicians patient-specific pneumococcal vaccination recommendations from anywhere at any time.

- [PneumoRecs VaxAdvisor – Apple App Store](#)
- [PneumoRecs VaxAdvisor – Google Play Apps](#)

Addressing the Root Causes of the 'Declines'

- [Improve the Rates of Residents and Staff who Receive Vaccinations \(PDF\)](#)
- Address misinformation, clarify their concern(s) and the nature of the concern(s)
- Provide the [Vaccine Information Statement](#) (VIS), which is available in multiple languages

Addressing the Root Causes of the ‘Declines’

- Clarify or distinguish between a vaccine **response** and an allergic **reaction**
 - › [Explaining How Vaccines Work | CDC](#)
 - › [Vaccine Side Effects | HHS.gov](#)
- Have the resident’s favorite staff member offer the vaccine and explain why they (the staff member) believes it’s important to be vaccinated
- Appeal to their sense of community: “I take my vaccine to help others stay safe”

Addressing the Root Causes of the ‘Declines’

- Use resources to help overcome significant racial and ethnic barriers
 - › The Partnering for Vaccine Equity Learning Community is made up of over 500 CDC-funded organizations working to address disparities in vaccination by improving vaccine confidence and access
 - Learn more: [Resources | Vaccine Resource Hub](#)

Addressing the Root Causes of the 'Declines'

- Reoffer the flu vaccine no less than every month during the flu season (i.e., Oct. 1 – March 31)
- Reoffer the pneumococcal vaccine monthly or quarterly
- Reoffer the COVID-19 vaccine frequently, along with any vaccine updates
- Then, reoffer at least with each pre-care plan preparation
- Know that you may need to repeat yourself to get people to understand vaccine philosophy and benefits

CMS Survey Requirements for Vaccination of Both Residents and Staff

See the CMS Infection Prevention, Control & Immunizations Survey Pathway. The discussion of flu, pneumococcal and COVID-19 Immunizations for residents starts on page 8. To download the files, go to: [Survey Resources \(ZIP\)](#).

CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning *Module test-out available*

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#) (PDF)
- [QSEP Group Training Instructions – Spanish](#) (PDF)

CMS-Targeted COVID-19 Training – New Tools

- [User Guide: CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#)
- **Kudos Kit**
 - › [Press Release Template – customizable](#)
 - › [A Customizable Printable Poster](#)
 - › [A Standard, Non-customizable Printable Poster](#)
 - › [Printable Badges for Staff](#)
 - › [Printable Badges for Management](#)
 - › [Sample Social Media Post](#)



New TMF Resources

- [LTC Connect: Taking a New Approach to Dementia Care and Reducing Inappropriate Antipsychotics](#)
- [HANDOUT for LTC Connect: Taking a New Approach to Dementia Care and Reducing Inappropriate Antipsychotics](#)
- [TRANSCRIPT for LTC Connect: Taking a New Approach to Dementia Care and Reducing Inappropriate Antipsychotics](#)
 - › This Oct. 19 recording features Dr. Angela Norman, author of the “Well-being Model for Dementia Care in the Long-term Care Setting,” discussing antipsychotic medications and why it is important to reduce the use of these medications. She also explores alternative avenues for treating residents with dementia.

New TMF Resources

- [Q&A: Resistance to the Updated COVID-19 Vaccine \(PDF\)](#): Addresses some common concerns that people give for not receiving the updated COVID-19 vaccine, followed by reasons why being up to date is important.
- [Improve the Rates of Residents and Staff who Receive Vaccinations \(PDF\)](#): Nursing facility leadership are encouraged to use this document to review strategies to use to encourage their nursing staff and residents to receive the flu, pneumococcal and COVID-19 vaccines.

The Journey to COVID-19 Infection Control Starts With **YOU!**

*Increase
Immunity*

Reduce Infections

*Advance Toward
Elimination*



Get Ready This Fall!



Want to know how? It's as simple as 1... 2... 3... 4

- 1. Get the annual flu vaccine.**
- 2. Make sure you are up to date with COVID-19 vaccination.**
- 3. Check to see if you are eligible for the pneumonia vaccine.**
- 4. Check to see if you are eligible for the RSV vaccine.**

Getting all vaccines will help protect you from severe symptoms so you can enjoy more time with important people in your life. The best part is: Most people can get all the vaccines at the same time. Please discuss with your health care provider for more information.

Ask a nurse for your vaccines today.



Vaccines are Important for Adults, Too!

Did you know the effects of many vaccines can wear off over time? Because of this, you may need to receive additional doses later in life. Vaccines are known to control, eliminate or eradicate certain viruses, infections and diseases. These diseases or infections can typically be prevented by vaccination or result in less severe symptoms after vaccination.



For best protection, it is important to stay up to date with **vaccines that protect against infectious respiratory diseases during the fall season:**

1. **COVID-19** – to protect against severe illness, hospitalization or death
2. **Influenza** – to protect against severe illness, hospitalization or death from seasonal flu each year
3. **Pneumococcal** – to protect against the most common type of bacterial pneumonia
4. **Respiratory Syncytial Virus** – to protect against severe RSV illness in adults 60 and older

Ask a nurse to get you up to date with all your **recommended vaccines**.

Upcoming TMF QIN-QIO Training

LTC Connect

LTC Connect: Surviving the Holiday Blues

Thursday, Dec. 14, 2023

1:30 – 2 p.m. CT

An open Q&A session will follow each 30-minute LTC Connect presentation.

Nursing Home Office Hours

Facility Spotlight – Holmes County LTC Center

Tuesday, Dec. 19, 2023

1:30 – 2:30 p.m. CT

Register [once](#) for multiple TMF QIN-QIO events

TMF QIN-QIO Resources

Website: tmfnetworks.org

- [How to Create an Account on the TMF Networks.org](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)
- [Nursing Home Recorded Events](#)

Need Assistance?

Connect With Us!



Email

nhnetwork@tmf.org

Submit requests for help with
NHSN and/or quality
improvement assistance.



Follow Us on Facebook

[TMF QIN Nursing](#)
[Home Quality](#)
[Improvement](#)
[Facebook](#)

NF Updates

Music & Memory

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Consulting Advisor to Music & Memory
shoffman@musicandmemory.org
www.musicandmemory.org



HHSC Quality Monitoring Program
QMP@hhsc.state.tx.us
[Music and Memory](#)



Meet Henry



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<http://www.youtube.com/watch?v=Hlm0Qd4mP-I> (6min, 45 seconds)

NF Updates

Panelist

Rachael Holden

Policy Specialist
Policy & Rules
Long-Term Care Regulation



Grace Period: TULIP Credentialing

TULIP Credentialing Transition Grace Period Extended

Nurse Aides (NAs), Medication Aides (MAs), Nursing Facility Administrators (NFAs), and Nurse Aide Training Competency Evaluation Programs (NATCEPs) are now required to use the new credentialing system in the Texas Unified Licensure Information Portal (TULIP) for licensing certification or permitting activities.



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Note: All NA certifications, MA permits, NFA licenses and NATCEP approvals active on June 16, 2023, will be considered active until April 30, 2024.

Grace Period: TULIP Credentialing

TULIP Credentialing Transition Grace Period Extended

NA certifications, MA permits, NFA licenses and NATCEP approvals active on June 16, 2023 will be considered active until April 30, 2024.

Questions? Email contact information –

- **Registration issues in TULIP:**
TULIP_Support@hhsc.state.tx.us
- **NA:** NurseAideRegistry@hhs.texas.gov
- **MA:** [Medication Aide Program@hhs.texas.gov](mailto:Medication_Aide_Program@hhs.texas.gov)
- **NFA:** nfa_licensing_program@hhs.texas.gov
- **NATCEP:** [Regulatory NATCEP@hhs.texas.gov](mailto:Regulatory_NATCEP@hhs.texas.gov)



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FAQs Related to the TULIP Credentialing System

HHSC implemented a new credentialing system in TULIP on July 5, 2023. This transition has resulted in issues, HHSC IT is working diligently on correcting these issues.

[FAQs](#) are included in the alert issued on October 17, 2023.

Resources:

- Email TULIP Support – TULIP_Support@hhsc.state.tx.us
- [TULIP Technical Support Issues \(PDF\)](#)
- [TULIP Online Licensure Application System | Texas HHS](#)



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FAQs Related to the TULIP Credentialing System

Additional information:

- Nurse Aide: [Nurse Aide Registry | Texas HHS](#)
- Medication Aide: [Medication Aide Program | Texas HHS](#)
- [Training Programs List \(PDF\)](#)

TULIP credentialing system computer-based training:

- [Initial Application](#)
- [Renewal Application](#)
- [TULIP Walkthrough CBT](#) – overview, registration, login, CNA renewal application, application for exam, requesting retest
- [Nurse Aide Training & Competency Evaluation Program \(NATCEP\) | Texas HHS](#)
- [TULIP Walkthrough – New and Renewal Applications for NATCEP](#)



FAQs Related to the TULIP Credentialing System

Questions about the application process? Contact:

- **Nurse Aide:**
NurseAideRegistry@hhs.texas.gov
NA Call Line: (512) 438-2050
- **Medication Aide:**
MedicationAideProgram@hhs.texas.gov
MA Call Line: (512) 438-2025
- **Nursing Facility Administrator:**
nfa_licensing_program@hhs.texas.gov
NFA Call Line: (512) 438-2015
- **Nurse Aide Training and Competency Evaluation Program:** Regulatory_NATCEP@hhs.texas.gov
NATCEP Call Line: (512) 438-2017



Work Experience and Training – Existing Temporary Nurse Aides (TNAs)

TNAs hired during the COVID-19 PHE were allowed under state regulations to use work experience and training obtained at a nursing facility to satisfy the 100-hour training requirement to take certification exam ([26 TAC §556.100](#)).

- These TNAs were required to test and become fully certified by Oct. 15, 2023.
- Beginning July 5, 2023, TULIP has experienced technical issues and has not been reliable for requesting certification testing. Due to these issues, HHSC will not enforce the Oct. 15, 2023 deadline, but instead require certification before May 1, 2024. Until this date, a facility may continue to use TNAs who were hired and who completed their 100-hour training requirement before Oct. 15, 2023.

Work Experience and Training – Existing Temporary Nurse Aides (TNAs)

Federal regulations require that TNAs become certified within four months of their hire date. There may be some individuals who can apply the 100-hour work experience and training obtained while working as a TNA towards the certification requirements but who still may be prohibited from working in a facility until they become certified.

- Nursing facilities must ensure that their TNAs register for testing and maintain documentation of registration and test dates on file. Any existing TNAs not certified before May 1, 2024, must complete a traditional Nurse Aide Training and Competency Evaluation Program (NATCEP) to be approved to take an exam and become certified.



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Civil Money Penalty Funding Application

CMS made recent revisions to the structure of the [Civil Money Penalty Reinvestment Program](#) (CMPRP). The next Civil Money Penalty (CMP) application cycle is in January 2024. A portion of CMPs collected from nursing facilities are returned to the states in which CMPs are imposed. State CMP funds may be reinvested to support activities benefiting residents and protecting or improving their quality of care or quality of life.

Before applying for CMP funds, be sure to read the CMS [memo](#) published on 09/25/2023 explaining revisions to the structure of the [CMPRP](#).

All application packets must be submitted to HHSC via email to CmpApplication@hhsc.state.tx.us.



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Phishing Email Alert

Texas Health and Human Services Commission is aware that an unauthorized third party impersonating the agency sent an email requesting verification/update of information related to Long-Term Care licensure.

- This is not a legitimate request from HHSC. If you clicked the link to verify/update information and entered any information into a webpage, it is recommended that you reset your password.
- HHSC does not request verification or information updates via third party email addresses or websites.



NF Updates

Texas Long-Term Care Ombudsman

Patty Ducayet
State Long-Term Care Ombudsman
512-438-4356

Patricia.Ducayet@hhs.texas.gov

Statewide phone: 800-252-2412

Statewide email:
ltc.ombudsman@hhs.texas.gov

Office of the Long-Term Care Ombudsman:

https://apps.hhs.texas.gov/news_info/ombudsman/



NF Updates

Panelist

Bijendra Bhandari

Infection Prevention Policy Specialist
Policy & Rules
Long-Term Care Regulation



Influenza vaccination

- People 65 years and older are at higher risk of developing serious flu complications compared with young, healthy adults.
- The best way to protect against flu and its potentially serious complications is with a flu vaccine. Flu vaccines are updated each season because flu viruses are constantly changing.



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Influenza vaccination

- Routine Vaccination for age 65 years or older: Any one of quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4) is preferred
- If none of these three vaccines are available, then any other age-appropriate influenza vaccine should be used
- Age 19 years or older: 1 dose any influenza vaccine appropriate for age and health status annually



Influenza vaccination

- Close contacts (e.g., caregivers, healthcare workers) of severely immunosuppressed persons who require a protected environment: should not receive LAIV4. If LAIV4 is given, they should avoid contact with/caring for such immunosuppressed persons for 7 days after vaccination.
- Note: Persons with an egg allergy can receive any influenza vaccine (egg-based and non-egg based) appropriate for age and health status.



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Influenza vaccination

- For most people who need only one dose of flu vaccine for the season, September and October are generally good times to be vaccinated against flu. Ideally, everyone should be vaccinated by the end of October.
- Additional considerations concerning the timing of vaccination for [certain groups of people](#)

Influenza vaccination

- For contraindications and precautions to Influenza vaccination, see CDC's [Guide to Contraindications and Precautions to Commonly Used Vaccines](#)



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Robert Ochoa

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NF Updates

Plan of Removal (POR)

This overview will cover:

- What is a plan of removal
- How plan of removal is different from plan of correction
- Approval process

Training resources:

- HHSC brief computer-based training module reference guide: [plan of removal](#)
- CMS Quality, Safety & Education Portal: [Immediate Jeopardy Basic Training - Module 6: Removing Immediate Jeopardy](#)



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Plan of Removal (POR) – what it is

- When a surveyor notifies you that your facility has an immediate jeopardy (IJ) or Immediate Threat (IT), you must respond to this notification with a plan of removal.
- The POR is the provider's solution to a situation LTCR has identified as requiring immediate response. The provider's plan of immediate actions to prevent serious harm from occurring or recurring.



A POR is not a POC.

Plan of Removal (POR) – what it is

A POR is a NF's response to a deficiency that is at the IJ/IT level of severity.

A POR is a plan to take a deficiency out of the IJ/IT level of severity. The POR needs to:

- Ensure that residents are no longer at a high risk of serious injury, harm, impairment, or death
- Identify residents affected/could be affected
- Specify action taken to address process or system failure
- Include date of planned implementation

The submission of a POR does not establish that an IJ/IT has been removed. Surveyors must verify the plan's implementation and the removal of the IJ/IT. The verification occurs onsite.



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Plan of Removal (POR) – what it is not

A POR requires information that illustrates how the provider will remove any immediacy. PORs are not required to show how providers will achieve substantial compliance, it is not necessary that the removal plan completely correct all noncompliance associated with the IJ/IT, but rather it must ensure serious harm will not occur or recur.

A POR is not a place to challenge the existence of an IJ/IT or to list complaints about the survey process or surveyors.

- If there is evidence that LTCR may not have considered, that should be presented to the surveyors onsite prior to the exit conference.
- The appeals process allows for requesting an informal dispute resolution (IDR) and appealing to an administrative law judge.



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Plan of Removal (POR) – what it includes

Identification of:

- Residents who have already suffered, or are likely to suffer, serious adverse outcomes; and
- Actions the provider will take to immediately address the IJ/IT-level noncompliance by describing how it will keep residents safe and free from serious harm or death resulting from the noncompliance.
- Dates by which the actions will be completed.
 - While onsite, surveyors will determine the date that the facility's POR was fully implemented, not just automatically use the dates provided in the facility's removal plan.



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Plan of Removal (POR) – different from plan of correction

- POR is only for noncompliance identified as IJ or IT.
- POR is provider's detailed plan to show when and how staff will remove a high risk of serious injury, harm, impairment, or death. After removing the IJ/IT, the provider might still be in noncompliance at a lower level of severity.
- The request for a POR occurs when the provider is informed that there is an IJ/IT situation. This request is a verbal request.
- A POR is required for each IJ/IT **as soon as possible**. The IJ/IT is not removed until LTCR verifies onsite that the POR is fully implemented, and the situation of immediacy is removed.
- There is no required POR documentation format. It is recommended that the POR be on the facility's letterhead.



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Plan of Removal (POR) – different from plan of correction

Plan of Removal	Plan of Correction
IJ/IT	All levels of severity
Plan to remove high risk of serious adverse outcome – response to IJ/IT concern	Plan to return to substantial compliance
<p>Comprehensive details to show how and when provider will remove the IJ/IT. Include:</p> <ul style="list-style-type: none"> • Identification of residents who suffered or are likely to suffer adverse effects. • Steps taken to remove immediacy <ul style="list-style-type: none"> • any procedural or systemic changes • staff education; policy review; equipment repair/purchase; etc. • which staff/role is accountable for performing the specified actions • How staff will sustain POR implementation • When each step will be implemented 	<p>Must include five specific elements:</p> <ul style="list-style-type: none"> • How staff will accomplish corrective action for residents affected by noncompliance • How staff will identify other residents who have the potential to be affected by the same noncompliance • Measures put in place, or systemic changes that will be made • Monitoring how solutions are sustained • When corrective action will be complete
Verbal request for plan of removal at the time provider is informed of IJ/IT	Provider will receive 2567/3724 within 10 business days: contains blank column used to add POC
Submit ASAP after verbal request	Due within 10 calendar days of 2567/3724 receipt

Plan of Removal (POR) – approval

Plans of removal are evaluated and approved by the LTCR Regional Office with jurisdiction over the facility, often in consultation with LTCR Survey Operations.

- A determination is made to whether the plan of removal:
 - Can be implemented appropriately
 - Will remove the likelihood serious harm will occur or recur
 - Identifies actionable steps; assigns clear, specific tasks and staff to complete/monitor the tasks; and timelines

Approval of the POR affects the IJ/IT removal date and time. LTCR will review and provide feedback on the POR quickly after it is submitted, so that approval and verification of full implementation of the removal plan can begin ASAP.

The IJ/IT will continue until the removal plan is verified by onsite surveyors as fully implemented.



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NF Updates

Panelist

Susan Edgeman BSN, RN, RAC-CT
State RAI MDS Coordinator
Texas HHSC, Long Term Care Regulation

Susan.Edgeman@hhs.texas.gov
iPhone (210) 551-9569



MDS Update: Changes to RAI Appendix B, November 2023

MDS Automation contact info:

Data and Systems Management, Texas HHSC Regulatory Services Division (RSD)

- Garth Shackelford RSD_MDS_Support@hhs.texas.gov
- Tim Smith RSD_MDS_Support@hhs.texas.gov

- **The QIES/iQIES Service Center is normally the first line of assistance for SNF/NF providers**
 - **(800) 339-9313**
 - **Hours: Monday - Friday | 8am - 8pm ET**
 - [**iQIES@cms.hhs.gov**](mailto:iQIES@cms.hhs.gov)



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MDS Updates

- CMS held their Open Door Forum on Dec 7th, 2023
 - This call discussed MDS changes for 2024
 - It included detailed information regarding MDS items entry when combining assessments and information on technical specifications
 - Much of this information is best explained by CMS
- Please visit CMS' [Open Door Forum Podcast and Transcripts | CMS](#) webpage and scroll down to Skilled Nursing Facility (SNF)/Long Term Care (LTC), Open Door Forum (ODF)



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Texas NFs Must Not Submit MDS Optional State Assessment - clarification

Texas nursing facilities (NFs) must not transmit Minimum Data Set (MDS) Optional State Assessments (OSAs) to the Centers for Medicare and Medicaid Services (CMS) Internet Quality Improvement and Evaluation System (iQIES).

- **Texas HHSC has received additional clarification from CMS that Texas NFs must not submit the OSA because Texas does not use the OSA to calculate the Resource Utilization Group (RUG).**



MDS Updates

Texas NFs Must Not Submit MDS Optional State Assessment - clarification

- CMS' only intent with the OSA was to provide state Medicaid agencies the ability to obtain a RUG calculation when they have no other means to do so. The OSA was not intended for other uses. Texas providers may use the OSA in their vendor software or electronic health records for their own purposes; however, they must not transmit those assessments to CMS.
- Important: [see Issue Identified Affecting RUG Score Calculations for LTC Nursing Facilities | Texas Health and Human Services](#)



Contact Information

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State RAI MDS Coordinator

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Please be aware some emails have been sent to my spam folders. I check this; however, if I don't get back to you timely, I may not have received your email. Please call me on my phone. Thank you!



NF Updates

Panelist

Utude Akposheri
Program Specialist

PASRR Policy and Specialized Services
Community Services

PASRR.Support@hhsc.state.tx.us





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Preadmission Screening and Resident Review (PASRR) Form 1012 Overview

Utude Akposheri

PASRR Policy and Specialized Services



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Form 1012: Mental Illness/Dementia Resident Review

Form 1012 Purpose (1 of 3)

- The purpose of Form 1012 - Mental Illness/Dementia Resident Review, is to determine if an individual with a current negative PL1 Screening Form needs further evaluation for mental illness (MI).
- Form 1012 should be completed by the NF when the NF learns new information about the individual's diagnosis, medical condition or history.



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Form 1012 Purpose (2 of 3)

Form 1012 is not used when:

- An individual has a positive PL1 Screening Form and a negative PE;
- An individual has a positive PE for MI but now has a primary diagnosis of dementia; or
- An individual with a negative PL1 Screening Form but is suspected of having an ID/DD/RC.



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Form 1012 Purpose (3 of 3)

- Only the NFs complete Form 1012.
- Physicians only sign the form if the individual has a primary diagnosis of dementia or does not have a MI.



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Form 1012 – Section A

Section A. Resident and Nursing Facility Identifying Information			
Resident's Name	Date of Birth	Resident's Medicaid No.	Resident's Social Security No.
Nursing Facility Name	Vendor No.	Provider No.	National Provider Identifier (NPI) No.
Nursing Facility Address (Street, City, State and ZIP code)			
Nursing Facility Primary Contact Name		Position	Area Code and Phone No.
Area Code and Fax No.	Email Address		
PASRR Level 1 Document Locator Number (DLN):		PASRR Level 1 Date of Assessment:	



Form 1012 - Section B

Section B. Dementia Review

Dementia Defined:

For the purposes of PASRR, dementia is a neurologically driven disease that results in a decline in mental ability severe enough to interfere with independence and daily life. Neither dementia nor psychosis or depression related to dementia is a mental illness.

Does this individual have a primary diagnosis of Dementia (or related disorder) as defined above?

The major neurocognitive disorder is advanced to the degree that a co-occurring serious mental illness is not likely ever again to be the primary focus of treatment.

- ☐ **No**, the individual does not have a dementia diagnosis or has a dementia diagnosis, but it is not primary. Complete Section C. The physician does not need to sign Section B.1.
- ☐ **Yes**, the individual has a primary diagnosis of dementia as defined above. The physician signs and dates the form attesting to the dementia diagnosis. Complete Sections D and E of the form. File the form in the resident's medical record.

Section B.1. Physician Attestation

Print Name of Physician (Last, First, MI):	License No.:	License State:	Dementia Diagnosis Date of Onset:

ATTENTION

Signature (I attest that the information submitted contained within section B of this form is true and correct and applies to the resident indicated in section A.)

Physician's Signature Date

Form 1012 – Section C



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Section C. Mental Illness (MI) Indication

Indicate each diagnosis that is applicable for the resident. Each diagnosis selected must be documented in the NF medical record by the admitting, attending, or consulting physician. If "yes" is checked, and it is a new diagnosis, include the date of onset.

Does this individual have a diagnosis of:

- | | | |
|---|--|----------------------|
| 1. Schizophrenia | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 2. Mood Disorder (Bipolar Disorder, Major Depression, or other mood disorder) | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 3. Paranoid Disorder | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 4. Somatoform Disorder | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 5. Schizoaffective Disorder | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 6. Panic or Other Severe Anxiety Disorder | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 7. Personality Disorder | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |
| 8. Any Other Disorder | <input type="radio"/> Yes <input type="radio"/> No | Date of Onset: _____ |

List Other MI Disorder:

If all the responses are **No**, physician signs and dates the form. A new PL1 is not needed at this time. Complete Sections D and E.

If any of the responses are **YES**, the nursing facility needs to complete a new PL1 and Sections D and E of the form. A full PASRR Evaluation will be conducted after the nursing facility submits the new positive PL1.

Print Name of Physician (Last, First, MI):

License No.:

License State:



Signature (I attest that the information submitted contained within section C of this form is true and correct and applies to the resident indicated in section A.)

Physician's Signature Date



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Form 1012 - Section D

Section D. Nursing Facility Action

Select one:

- ☐ The PL1 remains negative and no new PL1 needs to be completed. The nursing facility files the completed form in the resident's chart.
- ☐ A new positive PL1 was submitted on _____ according to the instructions in Section C with DLN _____.



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Form 1012 - Section E

Section E. Staff Completing Form	
Print Name (Last, First, MI)	Title
<div>STAFF NAME</div>	
<div>Signature</div>	
<div>(I attest that the information contained in this form is true and correct.)</div>	
<div>Signature Date</div>	

Form 1012 – Physician Signature

Only a physician, which includes a psychiatrist, can sign Form 1012. A Nurse Practitioner or Physician's Assistant cannot sign this form.

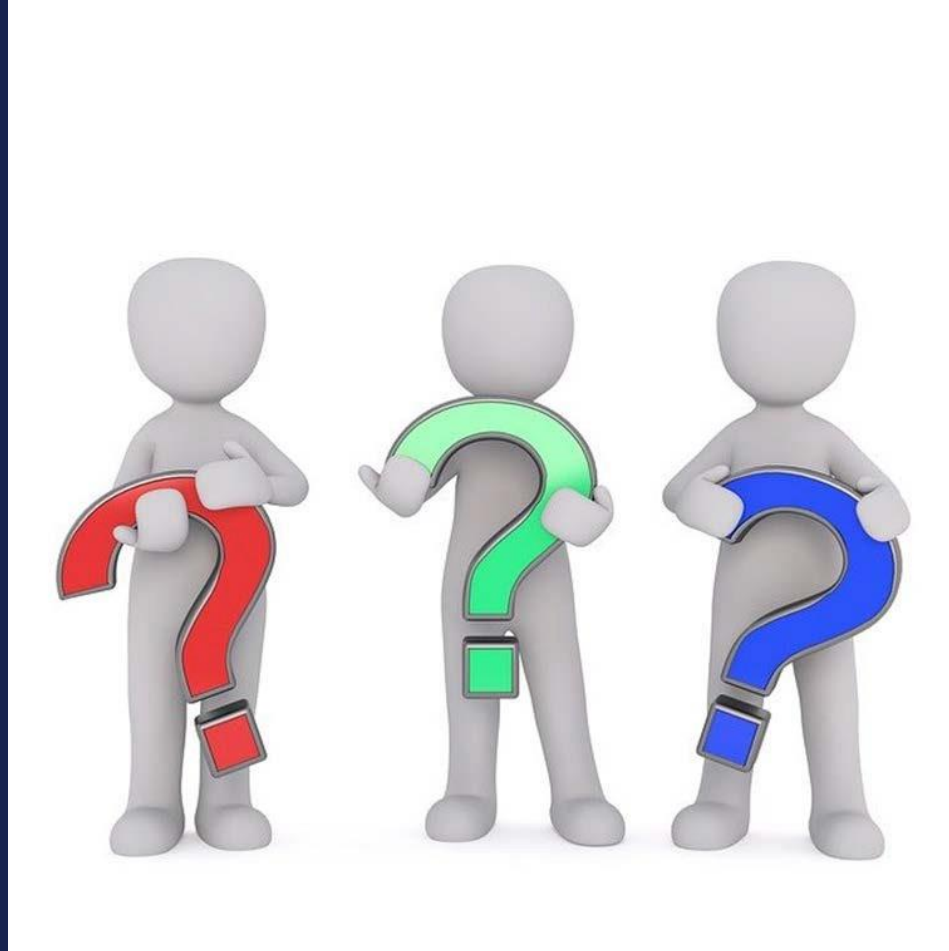


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Questions





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Thank you

PASRR.Support@hhsc.state.tx.us

NF Updates

Panelist

Jennifer Moore, MSN-PH

Clinical Policy Specialist
Policy & Rules
Long-Term Care Regulation



Top 10 Deficiencies: FY2022

Rank	Tag	Description
1	F880	Infection Prevention and Control: 42 CFR 483.80(a)(1)(2)(4)(e)(f)
2	F812	Food Procurement, Store/Prepare/Serve - Sanitary: 42 CFR 483.60(i)(1)(2)
3	F656	Develop/Implement Comprehensive Care Plan: 42 CFR 483.21(b)(1)
4	F761	Label/Store Drugs and Biologicals: 42 CFR 483.45(g)(h)(1)(2)
5	F842	Resident Records - Identifiable Information: 42 CFR 483.20(f)(5); 483.70(i)(1)-(5)
6	F755	Pharmacy Services: 42 CFR 483.45(a)(b)(1)-(3)
7	F689	Free of Accident Hazards/Supervision/Devices: 42 CFR 483.25(d)(1)(2)
8	F677	ADL Care Provided for Dependent Residents: 42 CFR 483.24(a)(2)
9	F684	Free of Accident Hazards/Supervision/Devices: 42 CFR 483.25(d)(1)(2)
10	F609	Reporting of Alleged Violations: 42 CFR 483.12(c)(1)(4)



Top 10 Deficiencies: #2 – Food Sources, Storage and Handling Requirements

[§483.60\(i\)](#) food safety requirements

[§483.60\(i\)\(1\)](#) food procurement

[§483.60\(i\)\(2\)](#) food storage, preparation, distribution and service

- F812 – The facility failed to comply with requirements related to food procurement, storage, prep, distribution and service.
- Ranked number two cited deficiency in FY 2021, as well.



Kitchen Critical Element Pathway

[CMS | Nursing Homes](#) > Survey Resources (ZIP) in downloads section towards bottom of page

This pathway is used by LTCR to determine compliance at F812, as well as F800, F801, F802, F803, F804, F805, F813, F814, F908 and F925.

Providers can use these same resources to understand the requirements related to food sources, storage and handling, and how surveyors determine compliance.

Kitchen critical element pathway included as a webinar handout.



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Kitchen Critical Element Pathway

1. Kitchen observation – initial tour and follow up
2. Storage temperatures:

Storage Temperatures

- ☐ Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- ☐ Freezer temperatures maintained at a level to keep frozen food solid.
- ☐ Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:

3. Food storage:

Food Storage

- ☐ Frozen foods are thawing at the correct temperature.
- ☐ Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation.
- ☐ Foods are stored away from soiled surfaces or rust.
- ☐ Canned goods have an uncompromised seal (e.g., punctures).
- ☐ Staff are only using clean utensils when accessing bulk foods and/or ice.
- ☐ Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- ☐ There are no signs of water damage from sewage lines and/or pipelines.
- ☐ There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- ☐ Raw meat is stored so that juices are not dripping onto other foods.
- ☐ Food products are discarded on or before the expiration date.
- ☐ Staff are following the facility's policy for food storage, including leftovers.



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Kitchen Critical Element Pathway

4. Food preparation and service

Food Preparation and Service

- ☐ Hot foods are held at 135°F or higher on the steam table.
- ☐ Cold foods are held at 41°F or lower.
- ☐ Food surfaces are thoroughly cleaned and sanitized after preparation of fish, meat, or poultry.
- ☐ Cutting surfaces are sanitized between uses.
- ☐ Equipment (e.g., food grinders, choppers, slicers, and mixers) are cleaned, sanitized, dried, and reassembled after each use.
- ☐ If staff is preparing resident requests for soft cooked and undercooked eggs (i.e., sunny side up, soft scrambled, soft boiled), determine if a pasteurized egg product was used.
- ☐ Proper final internal cooking temperatures (monitoring the food's internal temperature for 15 seconds determines when microorganisms can no longer survive and food is safe for consumption). Foods should reach the following internal temperatures:
- ☐ Staff properly wash hands with soap and water to prevent cross-contamination (i.e., between handling raw meat and other foods).
- ☐ *Food is covered when traveling a distance (e.g., down a hallway, to a different unit or floor), based upon standards of practice for infection control and food safety.*
- ☐ Staff utilize hygienic practices (e.g., not touching hair, face, nose, etc.) when handling food.
- ☐ Staff wash hands before serving food to residents after collecting soiled plates and food waste.
- ☐ Opened containers of potentially hazardous foods or leftovers are dated or used within 7 days in the refrigerator or according to facility policy.
- ☐ Proper cooling procedures were observed, such as cooling foods in shallow containers, and not deep or sealed containers, facilitating foods to cool quickly as required.
- ☐ Potentially hazardous foods are cooled from 135°F to 70°F within 2 hours; from 70°F to 41°F within 4 hours; the total time for cooling from 135°F to 41°F should not exceed six hours.
- ☐ Food procured from vendors meets federal, state, or local approval.



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Kitchen Critical Element Pathway

5. Dinnerware sanitization and storage

Dinnerware Sanitization and Storage

☐ *High Temperature Dishwasher (heat sanitization):*

- *Wash: 150-165 degrees F;*
- *Final Rinse: 180 degrees F (160 degrees F at the rack level/dish surface reflects 180 degrees F at the manifold, which is the area just before the final rinse nozzle where the temperature of the dish machine is measured; or 165 degrees F for a stationary rack, single temperature machine).*

☐ Low Temperature Dishwasher (chemical sanitization):

- Wash - 120 degrees F; and
- Final Rinse - 50 ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse.
- The chemical solution must be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines.

☐ Dishes, food preparation equipment, and utensils are air dried. (Drying food preparation equipment and utensils with a towel or cloth may increase risks for cross-contamination.).

☐ Wet wiping cloths are stored in an approved sanitizing solution and laundered daily.

☐ Clean and soiled work areas are separated.

☐ Dishware is stored in a clean, dry location and not exposed to splash, dust, or other contamination, and covered or inverted.

☐ Ask staff how they test for proper chemical sanitization (observe them performing the test).

☐ Ask staff how they monitor equipment to ensure that it is functioning properly. (Review temperature/chemical logs.)



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Kitchen Critical Element Pathway

6. Safe/Clean equipment

Equipment Safe/Clean

- ☐ Refrigerators, freezers, and ice machines are clean and in safe operating condition.
- ☐ Fans in food prep areas are clean.
- ☐ Utensils/equipment are cleaned and maintained to prevent foodborne illness.
- ☐ Food trays, dinnerware, and utensils are clean and in good condition (e.g., not cracked or chipped).
- ☐ Appropriate equipment and supplies to evaluate the safe operation of the dish machine and the washing of pots and pans (e.g., maximum registering thermometer, appropriate chemical test strips, and paper thermometers).
- ☐ How does the facility identify problems with time and temperature control of PHF/TCS foods and what are the processes to address those problems.
- ☐ Whether the facility has, and follows, a cleaning schedule for the kitchen and food service equipment.
- ☐ If there is a problem with equipment, how staff informs maintenance and follows up to see if the problem is corrected.

7. Refuse and pest control

Refuse/Pest Control

- ☐ Is there evidence of pests in the food storage, preparation, or service areas?
- ☐ Is the facility aware of the current problem?
- ☐ If the facility is aware of the current problem, what steps have been taken to eradicate the problem?
- ☐ Is garbage and refuse disposed of properly?
- ☐ Is there documentation of pest control services that have been provided?
- ☐ Notify team of observations and review other areas of the environment for pest concerns under the Environment task.



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NF Updates

Panelist

Robert Ochoa

Senior Policy Specialist
Policy & Rules
Long-Term Care Regulation





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Questions?

For more information:

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161



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Thank you!

For more information:

Web: [Provider Portal: LTC Providers - Nursing Facilities \(NF\)](#)

Email: LTCRPolicy@hhs.texas.gov | Phone: (512) 438-3161