

Winter 2022 AFH Forum Q & As

Region 1 January 20, 2022

Q – Will the state write citations if providers do not follow Dear Provider Letter 063 (sexual offense DPL)?

A – No. The DPL uses language to consider notification to residents and families.

Q – Is the provider responsible for a late negotiated care plan (ncp)?

A - The provider is accountable for WAC 388-76 ncp timelines. The provider should document actions taken to get assessments done and for any untimely assessments that impact ncp timelines, e.g., communication with the case worker. These documented actions show the provider was being responsible trying to meet ncp timelines.

Q – Any help when having a hard time getting fit tested?

A - The DOH respirator fit testing program has ended as of December 31, 2021. Beginning January 1, 2022, long-term care facilities will need to provide and fund their own respirator fit testing for employees who use tight-fitting respirators. For information on how to get your staff fit tested, see the [FAQ section](#) below. The required medical evaluation (to be done prior to fit testing) will continue for a limited time in 2022. For more information, please email DOH at HAI-FitTest@doh.wa.gov. The DOH will help as best as they can. Fit testing DOH website: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/HealthcareAssociatedInfections/RespiratoryProtectionProgram#heading85171>.

Q – What do providers do if in crisis staffing? Will the state issue citations?

A – Refer to DPL AFH #2021-058 Critical Staffing Management in Long Term Care Settings. The DPL provides strategies. Make a “Rapid Response Team Request” if having staffing crisis. Call Residential Care Services if you must discharge residents or close your home. Complete a “Revised Rapid Response Request” form (DSHS 02-716). Email request to rapidresponse@dshs.wa.gov. Residential Care Services will work with providers about resources to avoid transfers or closure. If evacuation or relocation is required, then: a) The provider must notify the Complaint Resolution Unit (CRU); b) RCS will notify and coordinate with agencies and resources as needed (Home and Community Services, Developmental Disabilities Administration, Long Term Care Ombudsman, Rapid Response Team or Department of Health Contracted Resources) to facilitate communication and continuity of care; and c) Providers will follow their emergency plans for evacuation or relocation of residents. DPL provides details and links.

Q – Do we still need to update the facility status on the ALTSA form?

A – Yes. Site Access:

<https://fortress.wa.gov/dshs/adsaapps/lookup/FacilityStatus/UpdateStatus.aspx>

Region 2 January 26, 2022

Q – Does an assessment or signed negotiated care plan determine the Medicaid rate?

A – Home and Community Services determines the rate through the care assessment. The provider still needs to develop the negotiated care plan (ncp). CMS looks at the ncp in its audits for required signatures.

Q – What are the Safe Start changes?

A – Refer to Dear Provider Letter (DPL) #2021-057. The changes clarify guidance around use of personal protective equipment (PPE), dining and activities, and visitation. They also include the use of an essential support person based on passed legislation from the 2021 legislative session. Detail about these areas are in the document located on the AFH program website. Essential person is described in detail.

Q – Will licensors ask providers to show their vaccination cards?

A – They can if have concerns about infection control. Providers should have a process set up to show compliance with health care worker mandatory vaccination. Refer to DPL #21-49 for guidance on Governor's Proclamation on mandatory vaccination.

Q – What do providers do if residents and their Durable Power of Attorney refuse to sign the negotiated care plan?

A – Document actions taken to get the signatures. Contact the case manager so they know and for any assistance.

Q – Can providers request an expedited relocation license if the landlord is not renewing the lease.

A – Each case is separate and depends on the circumstances and immediacy of any resident impacts. Refer to RCW 70.128.064 for what the law authorizes. RCS will be asking for documentation to support the immediacy and disruption to residents.

Q – Who is the Department contact if not heard back from anyone about an overpayment letter?

A – Financial Recovery Unit processes overpayments. Refer to the contact in the letter identifying the overpayment.

Q – Do providers have to have proof of fit testing in inspections?

A – Yes to meet L&I and infection control requirements. Refer to the DOH website on fit testing for resources and guidance:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/HealthcareAssociatedInfections/RespiratoryProtectionProgram>.

Note annual fit testing is required. Any concerns about infection control can result in licensors investigating fit testing.

Q – What do providers do if there are delayed assessments? Referring to DPL 7-8-2022.

A – The council can provide guidance. Reach out to Home and Community Services contact who has oversight of assessments.

Q – Can providers ask family members to wear face shields for protection. For example, family who tested – and, have a + household member, want to visit residents so asking them to wear shields.

A – Visitor screen rules out anyone with exposure under these circumstances. Educate visitors and family on the protection of residents during a pandemic and face shields provide protection. Follow CDC, DOH and Safe Start guidance on screening visitors. There is no mandate for visitation with face shields.

Q – What do providers do when a resident's Medicaid participation is reduced and the guardian or DPOA sends the previous higher amount?

A – Consult Home and Community Services for guidance as they oversee Medicaid. Ask the case worker who can provide assistance.

Q – Do providers have to document fit testing?

A – Yes to meet L&I and infection control requirements. Refer to DOH website on fit testing for resources and guidance:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/HealthcareAssociatedInfections/RespiratoryProtectionProgram>.

Annual fit testing is required. Any concerns about infection control can result in licensors investigating fit testing process.

Q – What do providers do when families want providers to follow the POLST document for no resuscitation? A resident requires immediate help for a medical complication and provider called 911 and families disagree.

A – POLST is for emergency medics to follow. Department of Health regulates POLST and not the DSHS. Educate the families. The circumstances can be challenging at times.

Q – Does provider have to get new fingerprints for staff that already had a fingerprint when a CHOW? Is there a change in regulations as the state licensor is asking for new fingerprint.

A – Only one fingerprint is required. Obtain confidential final letter from the former provider for record. There is no change in regulation. If preliminary status, licensors will ask for further proof.

Q – How long does it take to process a CHOW?

A – Right now in pandemic, the business unit is processing August applications. The division is working with the business unit for process improvements. Each application is different so may take different amount of time. If all information is correct, complete, and appropriate, the processing takes less time.

Q – As a new provider, how do we get staff fit tested?

A – Refer to DOH website on fit testing for resources and guidance:
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/HealthcareAssociatedInfections/RespiratoryProtectionProgram>.
The council can also help with resources and location of them.

Region 3 February 2, 2022

Q – Provide the nature of infection control and transfer discharge deficiencies.

A – Not reporting COVID outbreaks, not using PPE or proper use of, not doing hand hygiene, no entrance screening, and not providing the reasons for discharge as noted in law.

Q – Will there always be an investigation report for calling the hotline and LHJ?

A – Unannounced onsite investigations are assigned based on the reported issues. If the state has been onsite, conducted and completed an investigation, it may not come onsite again for the same reported issue. Depends on the circumstances.

Q – What is late for negotiated care plan signatures?

A – The case manager signs the assessment. The provider and resident signs the negotiated care plan. Providers are to follow the WAC 388-76 requirements for assessment and negotiated care plan timelines.

Q – Can the Department send the names of the designated COVID units?

A – The following website lists the COVID designated homes:
https://www.dshs.wa.gov/altsa/covid-19-information-providers-and-long-term-care-professionals#COVID19_units

Q – How soon does a provider have to report + COVID in the home?

A – Provider should report when become aware of + outbreak in the home. Report right after learning of any + test results.

Q – Do we have to put the location of discharge for a 30-day notice? The resident voluntarily discharging will not disclose location.

A – Follow WAC 388-76-10616 requirements for documentation. The notice must have the location where the resident is transferred or discharged at the time of discharge. If unknown at the time of the 30-day discharge notice is provided, then discharge planning must occur to determine location destination. For resident continuity of care, work with resident representatives, medical professionals, and case managers to assist you.

Q – Do we have to readmit a resident that went to the hospital?

A – Yes, the resident would still be considered a resident of the AFH. The resident should be stable, and the provider has to assess if they can meet the residents needs and provide services necessary for post hospitalization. Recommend the provider review the hospital progress notes for the resident for the last three days of hospitalization, history and physical, physician orders, medications, and treatment records at time of discharge. These document reviews help providers decide if they have the resources to provide care and service to the admitting resident post hospitalization. If the resident is not accepted back, then a discharge notice should be issued.

Q – Can we hire a registered nursing assistant who has not done a COVID test?

A – There are no regulations around Covid testing and hiring.

Q – What do providers do if the resident refuses to sign a discharge notice?

A – Work with Power of Attorney and Case Manager. Report to Adult Protective Services for any resident exploitation. Determine exact decision maker for signing. Homes may contact the Long-Term Care Ombuds for resident advocacy.

Q – When is the Department going to start full inspections?

A – Slow start began in April 2021 and because of the pandemic continuum, remains at a slow start to date.

Q – What is the screening approach for resident admissions?

A – Follow DOH guidelines for admission screening.

Q – How do providers get residents to sign the negotiated care plan when residents are reluctant?

A – Providers document actions to comply with adult family home requirements. Ask case managers to assist for state clients. Ask family to assist for residents paying privately. Ask mental health professionals to help with their patients being followed.

Q – If a resident voluntarily discharges, what is expected of providers? There may be an unknown discharge location.

A – If there are concerns about destination and safety of the resident, file a complaint with APS. Document resident's choice and provider actions. Seek RCS Behavioral Health Team assistance for any discharge challenges. A resident can request any time to leave and discharge. Recommend the providers provide education for the circumstances.

Q –Is the case manager required to sign the negotiated care plan?

A – No. The provider and resident sign.

Q –Will the recording be available?

A – The council will post it and the Q and As.

Q – Can you write TBD on the CHOW application form?

A –Need to provide the complete information to avoid any processing delay.

Q –How many homes a week are inspected as inspections ramp up? When will DSHS start full inspection.

A –Because of COVID, the Department has not ramped up inspections. Any done are at a slow pace. The Department started inspections in April 2021 at a slow pace and will remain at a slow pace. The Department periodically re-evaluates its ability to conduct inspections.

Q – Can the negotiated care plan be developed before receiving the person-centered care plan (PCSP) from the case worker? Delayed receipt at times of PCSP. Case Review Manager (CRM) date stamps.

A –Document actions to reach CRM to get the PCSP. Follow WAC 388-76 required timelines for assessments, preliminary service plans and negotiated care plans. The care plan is based off the assessment.

Q – If the resident and the caregiver tested positive, can the caregiver continue to give care?

A – In this situation, contact your local health jurisdiction immediately for guidance for your adult family home circumstances. The LHJ will provide guidance whether staff can continue to work if no symptoms or, determine where the caregiver is in number of days of testing + and isolation happening.

Q – Can nursing assistants register continue to renew ongoing?

A –Refer to the Department of Health website below to answer any renewal question. DSHS does not NAR registration.

<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/LicenseRenewals/FrequentlyAskedQuestionsFAQs/HealthProfessionsRenewalsFAQs>

Q – Can providers hire caregivers that have not done the state test in 200 days?

A – Refer to the Department of Health website for guidance:

<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HomeCareAide>

Q – Does the provider have to fill out a form for a resident death?

A – Follow WAC 388-76 requirements for resident records for documentation. Follow county jurisdiction for reporting deaths.

Q –What is the difference between a preliminary and negotiated care plan?

A – Refer to WAC 388-76-10340 for preliminary service plan requirements. Refer to WAC-76-10355 for negotiated care plan requirements.

Q – If provider is adding two more rooms, when are the inspectors available to come inspect?

A – Providers should call the Field Manager when ready for room inspections. Providers need to make sure the rooms meet local code and have the documentation ready for inspection.

Q –Where can providers get copies of the Dear Provider Letters?

A –The DPLs are posted on the adult family home professional website:
<https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>.