ADULT DAY CARE ADVISORY COUNCIL
DRAFT SUMMARY NOTES
DATE: August 22, 2019 TIME: 9 am

Meeting Locations:

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
4220 Maryland Parkway, Building D, Suite 810
Las Vegas, NV

Please use landline to call into teleconference number

Note: Some board members may attend in Las Vegas. Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion

Call to order/roll call.

Chris Vito, Chairperson
Jeffrey Klein, Vice Chair
Emily Buntin, Carson Valley Adult Day Club
Howard Chin, New Life Adult Day Health Care Center
Jeff Dold, More to Life Adult Day Health Center, LLC
Kathy Posada, Baby Boomer's Activities Club
Diane Ross, The Continuum
Patrick Brumley, Washoe County

Other attendees:
Kirsten Coulombe, DHCFP
Amir Bringard, HCQC
Don Sampson, HCQC
Nenita Wasserman, HCQC
Carrie Greeley

THERE WAS A MOTION TO APPROVE THE DRAFT MEETING MINUTES OF MAY 23, 2019. THERE WAS A SECOND TO THE MOTION. MOTION PASSED UNANIMOUSLY.

There was no public comment under this item.

Members who terms expire August 2019 and need renewal.

Christopher A. Vito, MHA
Jeffrey Klein
Howard Chin
Jeff Dold
Kathy Posada
Diane Ross

The chair asked if anyone did not want to renew their membership.

THERE WAS A MOTION TO APPROVE THE RENEWAL OF THE LISTED MEMBERS. THERE WAS A SECOND TO THE MOTION. MOTION PASSED UNANIMOUSLY.

There was no public comment under this item.

Bureau Topics – Health Care Quality and Compliance Education and Informational Adult Day Care Topics.

A. Top Ten Tags – *Don Sampson, HCQC*

Don Sampson explained that the requirements for TB testing that have changed. There is a shortage of TB vaccine currently. They CDC anticipate the shortage until August 2020. If there is vaccine available, that for initial clients are given the tests. For staff should get the first staff if the vaccine is available. There are two technical bulletins on the HCQC website that you can read more detail about this. You can look under the HCQC Blog. Dpbh.nv.gov – look on the column on right hand side and look for Health Facilities.

The link to the Technical Bulletins covering the changes to the TB testing and the TB shortage below; Technical Bulletins are used in the interim to changes in regulations on the HCQC website.

http://dpbh.nv.gov/Reg/HealthFacilities/HCQC-Blog/

However built into the NAC 441A regulation is the provision, if the Center for Disease Control (CDC) changes the frequency of testing, we comply with the latest regulation; So there is no need to change the TB regulation.

CDC has published their updated recommendations regarding TB screening among healthcare workers (attached). The key changes between the 2005 and the 2019 recommendations are detailed in the following table (provided by CDC). I highlighted the changes for your ease:

MMWR / May 17, 2019 / Vol. 68 / No. 19 441 **TABLE. Comparison of 2005* and 2019† recommendations for tuberculosis (TB) screening and testing of U.S. health care personnel (HCP)**

Category	2005 Recommendation	2019 Recommendation
Baseline (preplacement) screening and testing	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI.	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI **(unchanged)**; individual TB risk assessment **(new)**.
Postexposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure **(unchanged)**.
Serial screening and testing for HCP without LTBI	According to health care facility and setting risk assessment. Not recommended for HCP working in low-risk health care settings. Recommended for HCP working in medium-risk health care settings and settings with potential ongoing transmission.	Not routinely recommended **(new)**; can consider for selected HCP groups **(unchanged)**; recommend annual TB education for all HCP **(unchanged)**, including information about TB exposure risks for all HCP **(new emphasis)**.
Evaluation and treatment of positive test results	Referral to determine whether LTBI treatment is indicated.	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated **(new)**.

Below are excerpts from NAC 441A regarding TB:

NAC 441A.200 List of adopted recommendations, guidelines and publications; most current version of adopted recommendation, guideline or publication deemed adopted; exception. (NRS 439.200, 441A.120**)**

1. Except as otherwise provided in subsection 2, the following recommendations, guidelines and publications are adopted by reference:

…

g) The recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection as set forth in:

(1) "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America," *Morbidity and Mortality Weekly Report* [54(RR12):1-81, November 4, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**;

(2) "Treatment of Tuberculosis," *Morbidity and Mortality Weekly Report* [52(RR11):1-77, June 20, 2003], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**;

(3) "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection," *Morbidity and Mortality Weekly Report* [49(RR06):1-54, June 9, 2000], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**;

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in "Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC," *Morbidity and Mortality Weekly Report* [55(RR9):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**; and

(5) "Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC," *Morbidity and Mortality Weekly Report* [54(RR15):1-37, December 16, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at **http://www.cdc.gov/mmwr/**.

(h) The recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at http://www.cdc.gov/mmwr.

…

2. Except as otherwise provided in this subsection, the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. If both the state and local health authorities determine that an update of or revision to a recommendation, guideline or publication described in subsection 1 is not appropriate for use in the State of Nevada, the Chief Medical Officer will present this determination to the Board and the update or revision, as applicable, will not be adopted. If the agency or other entity that publishes a recommendation, guideline or publication described in subsection 1 ceases to exist, the last version of the recommendation, guideline or publication that was published before the agency or entity ceased to exist shall be deemed to be the current version.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99; R084-06, 7-14-2006; R087-08, 1-13-2011; R121-14, 10-27-2015)

NAC 441A.375 Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of certain employees and independent contractors; counseling and preventive treatment. (NRS 439.200**,** 441A.120**,** 441A.167**,** 449.448**)**

1. A case having tuberculosis or a suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or an outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of employees and independent contractors of the facility or home, who provide direct services to a patient, resident or client of the facility or home, for tuberculosis and tuberculosis infection. The surveillance of such employees and independent contractors must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the **guidelines of the Centers for Disease Control and Prevention** as adopted by reference in paragraph **(h) of subsection 1 of NAC 441A.200**.

3. Before an employee or independent contractor described in subsection 2 first commences to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility, the employee or independent contractor must have a:

(a) Physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility; and

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.

➥ If the employee or independent contractor has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. An annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or a designee thereof determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination at least annually. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

4. An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test is exempt from screening with blood or skin tests or chest radiographs. Such an employee or independent contractor must be evaluated at least annually for signs and symptoms of tuberculosis. An employee or independent contractor who develops signs or symptoms which are suggestive of tuberculosis must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.

5. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

6. A medical facility shall maintain surveillance of employees and independent contractors described in subsection 2 for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee or independent contractor must be evaluated for tuberculosis.

7. As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006; R179-09, 7-22-2010; R121-14, 10-27-2015)

B based upon the language of NAC, these new recommendations can be automatically adopted by reference and no changes to NAC need to be made.

B. Educational Topics and Media *Nathan Orme, Education & PIO, HCQC*

Medicaid update as it relates to adult day care centers. *A representative for Kirsten Coulombe, DHCFP* was at the meeting

Diane Smith and Jackson Tito from Medicaid said they could answer any Medicaid related questions.

Diane Smith said there might be some questions on revalidation process for Medicaid. They are 100 percent paperless. Having the information in the system to be visible, if your information is in the system it will repopulate. Some information will not be auto populated because they need it to be revalidated. Notices are sent out to the provider on a 60 and 90 day notice. You will start to receive reminders. She recommended that you do your revalidation a year in advance. On the website there is a pdf form that lists of all enrolled providers with your revalidation date is. She can send all that information to the group.

Christina Vito reviewed the issues that she was having with the revalidation process. On pages that have the save button, even if you hit the save button, it doesn't save the information and had to do this several times. She said if you press the finish later button will save the information.

Diane Smith said there is a user manual that reviews the steps.

Dan Howland, RTC Transportation Director said he came to the meeting at the last quarter. He asked if anyone had any questions. There were none for the group.

Kirsten Coulombe said Arneva Smith retired and that supervisory position is still vacant. Her staff down south work closely with each of their centers, so you may also contact her. It is currently a nurse position they are trying to get it reclassified and get help with health program management.

Kirsten Coulombe said that she will be sending out the current changes regarding person centered plans. The measures are basically the same but more of their quality measures are.

Chris Vito said he was concerned regarding redoing the amendment which may come at a cost.

Kirsten Coulombe said there will be no cost to the facilities. They want to make sure that the care plans are person centered, recipients are eligible, needs based eligibility. The policy will be updated and there will be discussion on the process. Individuals who are not eligible are referred to other services.

Jeff Klein said the most recent web announcement on the electronic verification, most would have provider type 48, except we do not have in home services. He wanted to make sure that the web announcement was so broad he wanted to make sure that adult day cares are not included in this.

Kirsten Coulombe said that it is for home and community-based services such as provider type 30, 83, frail elderly waiver. There are certain specialties that you have to be under. CMS is mandating that they verify that those services are happening for personal care. It does not apply to adult day care under provider type 48.

Industry Update: *Jeff Klein, Vice Chair*

Congress is in recess and so our congress members are at home and will be voting on the Older Americans Act when they return to Washington DC. If it does not pass, it would be bad for Nevada. The House version of the bill is preferable. There is bi-partisan part in both chambers for these bills.

The National Adult Day Care Association meeting will be occurring on October 24-26, 2019, Minneapolis Marriott City Center, Minneapolis, MN and encouraged all more members to attend. NADSA is the only national association devoted exclusively to professionals in the Adult Day Services arena.

Topics to be discussed at the next meeting. *Chris Vito, Chair*

If anyone has any topics they want to be discussed, the Chair said to send him an email and he will make sure it gets on the agenda.

Home Based and Community Waiver Information.

Carrie Greeley, Social Services Manager, Home and Community Based Waiver Program said she was at today's meeting to answer any specific questions regarding their waivers.

Jeff Klein said that what might be useful they quarterly report on wait lists. If they could get the same report that the Commission on Aging group receives, then people would come to the meetings with more knowledgeable questions. For starters, please send the report you are using for the Commission on Aging.

Public Comment (No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)

There was nothing discussed under this item.

Adjournment

The meeting adjourned at approximately 10:15 a.m.