FAQs on Provider Compliance Reviews

CPR

Do all direct care staff need to be CPR certified?

According to 455 IAC 2-14-1, all employee files for direct care staff should include current CPR certification updated in accordance with either the American Heart Association, the American Red Cross, or another approved entity. The Division of Aging will approve other entities on a case-by-case basis and will only approve entities that provide in-person CPR training (not online-only).

Who are the approved agencies/companies?

Per Indiana code, the American Red Cross and the American Heart Association are approved entities. The Division of Aging will also approve any CPR course that includes hands-on practice (no online-only courses).

There are some CPR programs where you can complete online education and then schedule to perform hands on at a local agency or office. Will this be accepted?

Once the individual has performed the hands-on component of the process, yes, this will be accepted.

What do we do if our staff only have an online CPR certification? Do they have to get a new CPR certification?

Staff need to have a hands-on component to their CPR certification. If they have only done an online version to date, yes, they need to complete a new CPR course that includes hand-on practice.

The reason that CPR was not historically a requirement was that IDOH had been explicit as the licensing agency that PSAs do not provide healthcare services and therefore would not be expected to intervene in a medical emergency for a client (CPR was almost viewed as an overreach). This stood in contrast to DDRS and Aging that did expect agencies to intervene at one time. Our guidance from Aging up to this point was, given this guidance from IDOH, we did not need to intervene. Has that now changed?

Yes, this guidance has changed. Pursuant to 455 IAC 2-14-1, all direct care staff need a copy of a current, valid CPR certification in their employee file.

TB

Do all direct care staff need to have an annual TB test?

According to 455 IAC 2-6-3, all staff providing direct care must have a current negative TB test or negative chest x-ray that is completed annually. However, if a provider is licensed by the Indiana Department of Health, the Division of Aging will defer to Department of Health TB regulations. This means that direct care staff will need a negative TB test or chest x-ray upon hire, and then to complete an annual risk assessment. If the risk assessment warrants an updated TB test and/or chest x-ray, the direct care staff member must procure that.

Does it have to be a two-step TB test?

There is nothing in code requiring a two-step TB test.

Can a quantiferon blood test be used instead?

There is nothing in code specifying what type of TB test needs to be done.

If someone is able to present a negative TB test that is less than 12 months old, can that be used for the first TB test of the two-step TB test?

Because the code says TB tests need to be completed annually, this seems to align with that requirement. The staff member would need to get a new TB test upon the expiration of the test on file.

How long is the chest x-ray "good" for?

Indiana code specifies that chest x-rays must be completed annually.

What if an agency has only been performing a single TB test upon hire? Do they need to go back and do additional TB testing on their staff?

If the agency is licensed by the DOH, they should be completing an annual screening questionnaire of staff, and that questionnaire will suffice for the annual screening. If an agency is not licensed by DOH, then yes, they need to perform a TB test on every direct care staff member annually.

IDOH says if a person can provide proof of negative PPD less than 12 months old then the agency doesn't have to do PPD until the annual is due. They do not expect a two-step to be done at hire unless there is no proof of negative less than 12 months old. That is also what regulation says. Also, what happens if they are adopting the CDC standard and they only do an assessment annually, no TB test. What do we do there?

If an agency is licensed by DOH, then they should follow DOH guidelines and the Division of Aging will cede to those guidelines. All providers who are not licensed by DOH must follow Division of Aging code and complete a TB test or procure a negative chest X-ray annually.

IDOH says to become exempt from the rules at 410 IAC 17-12-1(i), an agency must adopt and implement a nationally recognized standard for the control and prevention of tuberculosis. If the agency doesn't do the annual PPDs then IDOH has asked to see the agency's program that reflects the nationally recognized standards. Since PSAs are not surveys, then how does FSSA know the agency has actually implemented a nationally recognized standard? I have also had surveyors ask to see where RN reviewed the questionnaire/assessment to ensure the employee doesn't require further evaluation. How can a PSA do that since there is no RN involvement?

Agencies licensed by IDOH can follow DOH requirements as a flexibility in this process. If an agency is not licensed by IDOH, then they must follow 455 IAC 2-6-3, which requires annual TB testing or chest x-rays.

Background Checks

What is the Division of Aging's background check policy?

According to 455 IAC 2-15-2, the Division of Aging prohibits individuals to perform direct care roles if they have any of the following convictions on their background:

- A sex crime
- Exploitation of an endangered adult
- Abuse or neglect of a child
- Failure to report battery, neglect, or exploitation of an endangered adult or dependent
- Theft, except as provided in IC 16-27-2-5(a)(5)
- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Battery

Each provider may choose their own background check requirements for non-direct care staff. Providers may also choose to have background check policies that are stricter than the Division of Aging requires.