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## Welcome Providers!

# LTCR IDD Quarterly Webinar

## January 26, 2023

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

# Agenda

1. Summary of the CDC's Update on COVID-19 Deaths
2. HHSC Alerts
3. ICF Updates
4. Individualized Skills and Socialization Services Updates
5. Q & A

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# Summary of the CDC's Update on COVID-19 Deaths

## COVID-19 Data Review:

Update on COVID-19–Related Mortality | CDC

# CDC Update on COVID-Related Deaths

- Adults ages 65 years and older continue to have the highest COVID-19-related mortality rates.
- COVID-19 vaccines continue to reduce the risk of COVID-19 deaths among all age groups, including older adults, with the greatest protection observed among people who stay up to date with their COVID-19 vaccinations.

# CDC Update on COVID-Related Deaths

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Signs of improvement:

- COVID-19–related deaths substantially decreased in the United States in March 2022. During April–early November 2022, this initial decline was largely sustained and the overall number of COVID-19–related deaths remained relatively stable.
- Vaccines continued to be effective in reducing COVID-19–related mortality

# CDC Update on COVID-Related Deaths

What is changing?

- An increased proportion of COVID-19–related deaths are being reported in settings such as homes, long-term care facilities and hospice facilities than in prior years of the pandemic.

# CDC Update on COVID-Related Deaths

Improvement is needed to decrease risk for COVID-19–related mortality.

- During April–September 2022, a higher number of all-cause deaths in the US than expected based on previous years of data.
- Adults aged ≥65 years continued to have the highest COVID-19–related mortality rates.
- Adults aged ≥85 years remained at particularly high risk of dying, with the proportion of COVID-19–related deaths increasing during April–September from ~28% to ~40% of COVID-19–related deaths.

# CDC Update on COVID-Related Deaths

- Older adults and people with disabilities and underlying medical conditions continued to account for the highest proportion of COVID-19–related in-hospital deaths.
- COVID-19–related deaths were rare among adults aged 18–49 hospitalized during May–August 2022, but those that did occur were most often among unvaccinated persons.
- COVID-19 vaccines continued to reduce the risk of dying among all age groups, including older adults, with the most protection observed among people who have received ≥2 booster doses.

# Summary of the CDC's COVID-19 Data Review:

In this report, CDC examined trends in COVID-19–related mortality and asked the following questions:

1. How has COVID-19–related mortality changed for those at high-risk?
2. How effective are vaccines at reducing the risk of dying due to COVID-19?
3. Is COVID-19 the underlying cause of all reported COVID-19–related deaths?
4. Where do most COVID-19–related deaths occur?
5. Are evidence-based medications that can reduce COVID-19–related mortality being used, and in which patients?
6. Moving forward, should we expect the number of COVID-19-related deaths to continue to decrease as it has in recent months?

# Top Takeaway Messages from CDC's Full COVID-19 Data Review:

There were signs of improvement

- COVID-19–related deaths substantially decreased in the United States in March 2022. During April–early November 2022, this initial decline was largely sustained and the overall number of COVID-19–related deaths remained relatively stable.
- From January to April 2022, age-standardized COVID-19–related mortality rates decreased for all racial and ethnic groups.
- The risk of in-hospital death for patients hospitalized with COVID-19 declined among all adult age groups. During March–August 2022, risk of in-hospital death was lower than during June 2021–February 2022.
- Use of outpatient COVID-19 treatments that decrease risk for hospitalization and death increased from January to July 2022.

# Top Takeaway Messages from CDC's Full COVID-19 Data Review: cont.

Vaccines continued to be effective in reducing COVID-19–related mortality

- COVID-19 vaccines continued to reduce the risk of dying among all age groups, including older adults, with the most protection observed among people who have received ≥2 booster doses.

# Top Takeaway Messages from CDC's Full COVID-19 Data Review: cont.

Where and how COVID-19–related deaths occur appear to be changing

- Although the highest proportion of COVID-19–related deaths occurred in hospitals during January–September 2022, an increased proportion of COVID-19–related deaths were reported in other settings such as homes, long-term care facilities and hospice facilities than in prior years of the pandemic.
- COVID-19 was listed as the underlying cause for most COVID-19–related deaths. However, during January–September 2022, COVID-19 was identified as a contributing cause of death rather than the underlying cause for a higher proportion of COVID-19–related deaths than in prior years of the pandemic.

# Top Takeaway Messages from CDC's Full COVID-19 Data Review: cont.

Improvement is needed to decrease risk for COVID-19–related mortality

- During April–September 2022, 2,000–4,500 COVID-19–related deaths were reported weekly. A higher number of all-cause deaths occurred in the United States than what was expected based on previous years of data (excess deaths).
- Adults aged ≥65 years continued to have the highest COVID-19–related mortality rates. Adults aged ≥85 years remained at particularly high risk of dying, with the proportion of COVID-19–related deaths accounted for by adults in this age group increasing during April–September 2022 from ~28% to ~40% of COVID-19–related deaths.
- Older adults, people with disabilities, and those with underlying medical conditions continued to account for the highest proportion of COVID-19–related in-hospital deaths.
- COVID-19–related deaths were rare among younger adults aged 18–49 years hospitalized during May–August 2022, but those that did occur were most often among unvaccinated persons.
- Disparities persisted. Although racial and ethnic disparities in COVID-19–related mortality have decreased throughout the pandemic, disparities continued to exist in both COVID-19 treatment and mortality.

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# HHSC Alerts

# HHSC Alerts

## HHSC Complaint and Incident Intake Voicemail Reporting Option Ends on Dec. 31

- HHSC Long-term Care Regulation has published Provider Letter 18-20 – Incident Reporting Requirements (replaces PL 13-04 and 18-07).
- The provider self-reporting voicemail option will be transitioned out of service on Dec. 31, 2022.
- Effective Jan. 1, 2023, provider self-reported incidents must be submitted using one of the methods indicated below:
  - Online via Tulip
  - Email ciicomplaints@hhs.texas.gov
  - Call 800-458-9858 (available Monday–Friday, 7 a.m.–7 p.m.)

Read the provider letter details.

# HHSC Alerts

## HHSC Retires LTCR Provider Investigations Policy Mailbox

The Health and Human Services Commission (HHSC) created the Regulatory Services Division in 2017 as regulatory functions consolidated from the Department of Family and Protective Services, the Department of Aging and Disability Services and the Department of State Health Services. As part of this consolidation effort, effective **Jan. 30, 2023**, HHSC will retire the Provider Investigation policy mailbox at PIPolicy@hhs.texas.gov.

For questions about investigations, please use the Long-term Care Regulation Policy and Rules mailbox at LTCRPolicy@hhs.texas.gov

# HHSC Alerts

**LTC Winter and Extreme Freezing Weather Preparedness**

HHSC encourages long-term care facilities and agencies to review and update emergency plans for freezing temperatures and snow. Emergency plans for extreme weather should include the provider's plan to address:

- Power loss
- Water and food needs
- Communication to families and staff
- Staffing shortages
- Sheltering in place and evacuation as applicable

Providers must follow emergency preparedness rules and their own internal emergency preparedness policies and procedures.

Facilities with generators should perform any maintenance or needed testing while the weather is mild. This will ensure the equipment functions in case of extreme cold or power loss.

It is important to review building integrity and identify any areas that may need repair, reinforcement or weatherproofing. Multi-story buildings should review any other needed measures should evacuation be required and have a plan in place for how to move residents around or out of the building if there is a loss of power.

Preparing for disaster is the most important step in protecting our most fragile Texans and reducing the risk for loss of life.

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# ICF Updates

# Impairment of a Fire Sprinkler System in Cold Weather

A facility must notify all the following entities that the fire sprinkler system is out of order:

- The HHSC regional director for the Long-term Care Regulation region where the facility is located. Contact numbers and email addresses for the regional directors are published on the HHSC website.
- The fire department
- The facility's insurance carrier
- The fire alarm monitoring company, if the facility's fire alarm is monitored
- Facility staff

See the attached document for additional information.

# ICFs Reporting to HHSC

A provider must:

- report reportable incidents to HHSC Complaint and Incident Intake (CII);
- ensure a thorough investigation is conducted and documented in the provider investigation report (3613-A); and
- submit the provider investigation report to CII within the regulatory timeframe that applies to the provider type.

Facilities can review Provider Letter 2018-20 for more information.

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# Individualized Skills and Socialization

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# Individualized Skills and Socialization

## Alerts

# HHSC LTCR Adopts Individualized Skills and Socialization Rules

Effective Jan. 1, 2023, HHSC adopts new Individualized Skills and Socialization rules for providers who want to deliver individualized skills and socialization services. New rules provide guidance regarding:

- applying for an Individualized Skills and Socialization license;
- provider requirements; and
- HHSC survey and enforcement actions.

Read the new rules in Title 26 of the Texas Administrative Code, Chapter 559, Subchapter H.

HHSC also published Provider Letter 2023-01 New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services. This PL provides guidance to Individualized Skills and Socialization providers about the new rules.

Read PL 2023-01.

# HHSC Approves Payment Rates for Individualized Skills and Socialization Services

The Texas Health and Human Services Commission (HHSC) approved payment rates for the Individualized Skills and Socialization in the Deaf Blind with Multiple Disabilities waiver (DBMD), Home and Community-based Services waiver (HCS), and Texas Home Living waiver (TxHmL) programs, effective Jan. 1, 2023.

View the HHSC IL 2023-01 here (replaces IL 2022-56).

The revised Individualized Skills and Socialization payment rates can be accessed on the Provider Finance Department Long-term Services & Supports webpage.

For questions, email PFD-LTSS@hhs.texas.gov or call 737-867-7817.

# HHSC Publishes Individualized Skills and Socialization Automatic Service Authorizations and Electronic Visit Verification

IL 2023-03 is posted to the HHS site for HCS, TxHmL, LIDDA, FMSA and EVV.

Effective Jan. 1, 2023, individualized skills and socialization became an available service in the HCS and TxHmL Programs. For the time period of Jan. 1, 2023, to Feb. 28, 2023, both day habilitation and individualized skills and socialization will be allowable program services.

Day habilitation will no longer be a Medicaid-billable service in the HCS or TxHmL Programs for dates of service beginning March 1, 2023, and ongoing.

For questions, email HCSPolicy@hhs.texas.gov or TxHmLPolicy@hhs.texas.gov.

# HHSC Adds Individualized Skills and Socialization to Email and Text Updates

HHSC added an option to the HHSC email and text update GovDelivery system that subscribers can select to receive updates related to the Individualized Skills and Socialization services program.

Users can select to receive Individualized Skills and Socialization program alerts from the "Provider Alerts" drop down menu.

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# Individualized Skills and Socialization

## Background and Overview

# Background

HHSC is required under state law to replace day habilitation services in Medicaid 1915(c) home and community-based services (HCBS) waiver programs for individuals with intellectual and developmental disabilities (IDD) with more integrated services that maximize participation and integration of individuals with IDD in the community.

HHSC will implement the new, more integrated service to replace day habilitation referred to as Individualized Skills and Socialization services. Providers will be licensed as DAHS – Individualized Skills and Socialization providers.

# Program Rules

Individualized Skills and Socialization Rules are in the Texas Administrative Code for Day Actives Health Services.

Title 26 of the Texas Administrative Code, Chapter 559, Subchapter H.

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# Individualized Skills and Socialization

## Provider Responsibilities

# Individualized Skills and Socialization License

To deliver Individualized Skills and Socialization services, providers must apply for and be issued a Day Activity Health Services (DAHS) – Individualized Skills and Socialization license by HHSC.

Providers must use the HHSC Texas Unified Licensure Information Portal (TULIP) to apply for the DAHS - Individualized Skills and Socialization license.

Providers can find more information about how to use TULIP and apply for the DAHS -Individualized Skills and Socialization license using the following resources:

- TULIP Online Licensure Application System | Texas Health and Human Services

The online application now available in TULIP.

# Capacity

As part of the licensure process, an Individualized Skills and Socialization provider must declare the maximum capacity that the provider can serve.

This number is determined by the provider and may be informed by building occupancy requirements, staff availability, and Medicaid program requirements for service delivery.

# Off-site Individualized Skills and Socialization Only

An Individualized Skills and Socialization provider may deliver off-site only Individualized Skills and Socialization services, but it must provide a physical location that is a designated place of business where records are kept, as part of the licensure application process.

# Individualized Skills and Socialization Provider Requirements

An Individualized Skills and Socialization provider must follow all applicable rules and regulations, including:

- any applicable local ordinances and codes or other state laws, such as food establishment, sanitation, or building requirements;
- Medicaid program rules that pertain to the individual participating program, such as HCS, TxHmL, and DBMD;
- any requirements established by the HHSC contract and applicable billing guidelines; and
- the LTCR Individualized Skills and Socialization regulatory requirements.

# Administrators

The Individualized Skills and Socialization provider must employ an administrator who is responsible for the oversight of Individualized Skills and Socialization services, staff training, staff supervision, and record maintenance.

The administrator may oversee multiple Individualized Skills and Socialization locations. The specific job title of this employee is not important; however, the provider must employ someone who serves this function and have a policy regarding the delegation of responsibility in the administrator's absence.

# Background Checks

In addition to complying with the Texas Health and Safety Code regarding initial criminal history checks prior to offering employment to any person, the Individualized Skills and Socialization provider must search the:

- employee misconduct registry (EMR):
- nurse aide registry (NAR);
- medication aide registry (MAR);
- List of Excluded Individuals and Entities (USLEIE) maintained by the United States Department of Health and Human Services; and
- and the List of Excluded Individuals and Entities (LEIE) maintained by HHSC Office of Inspector General.

For NAR, MAR, and EMR, these searches must be conducted every 12 months to verify continued employment eligibility.

# Staff Training

The Individualized Skills and Socialization provider must ensure that staff members receive initial and ongoing training. The training must be documented, and records must be maintained by the Individualized Skills and Socialization provider.

Examples of required initial and ongoing trainings include:

- CPR training, which may be provided by any nationally or locally recognized adult CPR course or certification program;
- first aid;
- infection control;
- an overview of the population served;
- identification and reporting of abuse, neglect, or exploitation; and
- staff responsibilities under the emergency response plan.

# Medications

If an individual cannot or chooses not to self-administer his or her medications, the provider must provide assistance with medications and the performance of related tasks if:

- a registered nurse has conducted an assessment of the assistance and related tasks and delegated such to the Individualized Skills and Socialization provider in accordance with state law and rules; or
- a physician has delegated the assistance and related tasks as a medical act to the Individualized Skills and Socialization provider under Texas Occupations Code Chapter 157, as documented by the physician.

# Medications (cont.)

Additionally, the provider must ensure:

- the proper storage of medications (including separation of medications, locked storage areas, and medications requiring refrigeration);
- the documentation of medication regimen; and
- reporting of any unusual reactions to medication.

# Accident, Injury, or Acute Illness

The provider must stock and maintain first aid supplies to treat burns, cuts, and poisoning:

- On-site provider: supplies must be in a single location in the on-site location; and
- Off-site provider: supplies must be immediately available at all times during service provision.

# Environment and Emergency Response

The Individualized Skills and Socialization provider must develop and maintain an emergency response plan that includes the eight core functions of emergency management. Those core functions include a written plan that:

- designates an emergency preparedness coordinator who is responsible for the direction and control of the provider's response to an emergency;
- establishes how the provider will receive and monitor local news and weather updates in an emergency;
- describes how the provider will communicate with staff and others in an emergency;

# Environment and Emergency Response (cont.)

- describes protocols for sheltering-in-place in an emergency;
- describes protocols for evacuating individuals to an alternate location during an emergency;
- describes how the provider will transport individuals during an emergency;
- ensures the health and medical needs of individuals are met during an emergency; and
- ensures individuals have appropriate access to resources during an emergency.

# Fire Drills

The Individualized Skills and Socialization provider performs a fire drill at least once every 90 days. The provider completes HHSC Fire Drill Report form (4719) for each fire drill and maintains the document.

# Environment

The Individualized Skills and Socialization provider must ensure the on-site location conforms to all applicable state laws and local ordinances pertaining to occupancy and meets the provisions and requirements concerning accessibility for individuals with disabilities.

# Reporting Abuse, Neglect, Exploitation, or Incidents to HHSC

Any Individualized Skills and Socialization provider staff who has reasonable cause to believe that an individual is in a state of abuse, neglect, or exploitation must report the abuse, neglect, or exploitation to Texas Health and Human Services (HHSC) Complaint and Incident Intake (CII) within one hour after suspecting or learning of a reportable incident by:

- calling 1-800-458-9858, or
- through the incidents submission portal in TULIP.

# Reporting Abuse, Neglect, Exploitation, or Incidents to HHSC (Cont.)

Examples of reportable incidents include, but are not limited to:

- the death of an individual, if the death occurs while the individual is receiving services from an Individualized Skills and Socialization provider;
- misappropriation of property;
- injuries of unknown origin;
- fires; and
- situations that pose a threat to individuals receiving Individualized Skills and Socialization services, staff, or the public, which involve the need for calling the police or the local fire authority in order to maintain safety.

# Reporting Abuse, Neglect, Exploitation, or Incidents to HHSC (Cont.)

Within five working days after making a report to CII, the provider must ensure an investigation of the incident is conducted and send a written investigation report on Form 3613-A, Provider Investigation Report, or a form containing, at a minimum, the information required by Form 3613-A, to HHSC's CII.

# Provider Letter

HHSC published provider letter 2023-01

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

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# Individualized Skills and Socialization

## Training and Resources

# Training for Providers

HHSC offers web-based provider training on a variety of subjects.

HHSC requires an Individualized Skills and Socialization provider to complete training on how to use the HHSC TULIP licensure system prior to obtaining an Individualized Skills and Socialization license. This is a one-time initial training that the provider must complete as part of the licensure process and is independent of staff training.

# Training for Providers (cont.)

**Prelicensure Training for Individualized Skills and Socialization Providers**

This training was designed for prospective providers who plan to offer Individualized Skills and Socialization services. Completion of this course is required as part of the license application process. In the course, providers will learn information about the requirements to obtain a license.

**Preparing for a Survey**

This training was designed to assist Individualized Skills and Socialization providers prepare for a survey. In this course providers will review the survey process and identify the licensure rules.

**TULIP Navigation and Application for Individualized Skills and Socialization Providers**

This training was designed to assist Individual Skills and Socialization Providers in completing the TULIP Licensure Application. In this course, you will review the steps required to create an account in TULIP and apply for a provider license.

# Provider Resources

Texas HHSC has developed the Individualized Skills and Socialization Provider page, an online source of information for providers of Individualized Skills and Socialization.

The Individualized Skills and Socialization Provider page allows providers to:

- Complete and review trainings on the Individualized Skills and Socialization service.
- Find and review provider letters and other information and releases related to Individualized Skills Socialization.
- Link to rules and other services related to Individualized Skills and Socialization.

# Frequently Asked Questions Document

HHSC Long-term Care Regulation updated the Individualized Skills and Socialization FAQ document.

Read the FAQ here.

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# Individualized Skills and Socialization

## Survey Process

# Types of Surveys

The HHSC LTCR survey process for an Individualized Skills and Socialization provider will occur:

- **Routine:** once every two years following the initial survey, unless compliance history warrants a visit from HHSC surveyors sooner.
- **Non-Routine:** HHSC surveyors also investigate complaints and incidents; therefore, a provider should be ready for a surveyor visit at any time.
- **Unannounced:** all visits, whether routine or non-routine and made for the purpose of determining the appropriateness of care of individuals and day-to-day operations of an Individualized Skills and Socialization provider will be unannounced.

# Entrance Conference

Upon arrival, the HHSC surveyor or survey team will request to speak to the administrator or alternate. The surveyor will make an introduction and request a private meeting room to conduct the entrance conference as well as the following:

- A work area
- Access to the clinical records
- Identity of the staff who can respond to questions
- Census information
- Access to a photocopy machine.

During the entrance conference, the surveyor will provide the administrator or alternate with general information, including:

- The surveyor's contact information,
- Explanation of visit's purpose,
- Timeframes for the survey, if applicable, and
- An overview of what to expect during the survey.

# Information Gathering

For any visit type, surveyors will preform various observations, interviews, and record reviews in order to make compliance determinations .

Examples of information a surveyor might request or collect during a visit include:

- List of individuals receiving services, including identification of whether they are under the waiver program, or the funding source used
- Employee list with position and contact information
- Operational policies and procedures
- Clinical Records
- Personnel Records
- Complaint/Grievance Logs
- Accident/Injury Reports
- Medication Administration Records
- Digital photographs
- Written statements
- Photocopies of documents

# Exit Conference

When surveyors have completed their analysis of the information collected during a survey or investigation, surveyors will request to have an exit conference with the administrator or alternate to discuss the preliminary findings.

During the exit conference, surveyors will:

- Let the provider know if any areas of concern were identified,
- Provide a list of identified concerns,
- Offer the provider an opportunity to produce additional information,
- Provide Informal Dispute Resolution (IDR) process instructions,
- Provide timeline information regarding the Statement of Violations and submitting a Plan of Correction (PoC) to your HHSC Program Manager (PM).

Within 10 workings days from exit, providers will receive the Statement of Violations from HHSC (3724) and instructions for completing the PoC, if applicable. Upon receipt of the final statement of violations, the provider will have 10 working days to submit an acceptable PoC to their HHSC Regional Director and/or Program Manager.

# Hold Harmless Period

HHSC will offer a hold harmless period to DAHS-Individualized Skills and Socialization providers in order to allow them an opportunity to implement the new program requirements.

The hold harmless period will begin on the effective date of the new rules, January 1, 2023, and end 180 days from that date. During this period, HHSC will evaluate compliance and issue citations in accordance with the regulations; however, HHSC will not take any enforcement action.

# *Reminder: Sign-up for GovDelivery to receive alerts*

**Go to:**

**https://service.govdelivery.com/accounts/TXHHSC/subscriber/new**

- **Enter your email address.**
- **Confirm your email address, select your delivery preference, and submit a password if you want one.**
- **Select your topics.**
- **When done click "Submit."**

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# LTCR Q&A

# LTCR Q&A

**Question**:

Can a HCS Provider be the Administrator for Individualized Skills and Socialization?

**Answer**:

The person who is the administrator must meet the requirements to be the Individualized Skills and Socialization administrator.

# LTCR Q&A

**Question**:

Will individuals who receive individualized skills and socialization still receive lunch and medications?

**Answer**:

LTCR rules require that the Individualized Skills and Socialization providers must create policies and procedures that protect and promote the rights of the individual, including the individual's right to access his or her food at any time. If an individual cannot or chooses not to self-administer his or her medications, the provider must provide assistance with medications and the performance of related tasks.

# LTCR Q&A

**Question:**

Can a different program providers nurse (RN) delegate medication administration to the individualized skills and socialization provider's staff?

**Answer:**

If the nurse (RN) is called for delegating orders, and the nurse has established a nurse/client relationship with the individual receiving services from the individualized skills and socialization provider and is familiar with the individual's medical record, then the RN can provide delegation to an unlicensed person as delegation is not restricted by employment relationships.

# LTCR Q&A

**Question**:

Please confirm if the DAHS *with* Individualized Skills and Socialization must meet life safety codes?

**Answer**:

For a DAHS *with* Individualized Skills and Socialization, the provider must meet all the traditional DAHS requirements, including Life Safety Code requirements.

If the provider is a DAHS-Individualized Skills and Socialization only, the provider must meet the requirements in 26 TAC 559, Subchapter H.

# LTCR Q&A

**Question**:

For individualized skills and socialization licensing, will a nurse have to be on-site for a particular number of hours?

**Answer**:

LTCR individualized skills and socialization rules do not require an on-site nurse.

# LTCR Q&A

**Question**:

Are providers required to submit the Form 3707 for fires or just report the incident to HHSC?

**Answer**:

Individualized Skills and Socialization providers must report incidents to HHSC CII.

Providers must complete form 4719 related to fire drills.

# LTCR Q&A

**Question**:

Abuse investigation appears to conflict with the HCS and TxHmL Waiver Services rules regarding reporting abuse. What is the process for reporting ANE?

**Answer**:

A DAHS - Individualized Skills and Socialization provider is a licensed provider and subject to rules in Title 26 Chapter 559, Subchapter H.

# LTCR Q&A

**Answer, cont.**

The licensed DAHS - Individualized Skills and Socialization provider and not subject to HCS or TxHmL certification principles. As a licensed provider, HHSC Provider Investigations does not have authority to investigate ANE. As such, all ANE investigations will be received and investigated by HHSC survey staff.

The 3613-A form notifies HHSC what actions the provider took because of the alleged ANE and the outcome. Individualized Skills and Socialization providers must immediately and promptly investigate and address issues to protect the health and safety of individuals.

# LTCR Q&A

**Answer, cont.**

If the provider holds other licenses or certifications for other lines of business, the provider must follow those rules. For example, an HCS provider must report ANE to DFPS, an Individualized Skills and Socialization provider must report to CII.

# LTCR Q&A

**Question**:

What is CII? Should providers use the Critical Incident Management System (CIMS) to report the incident? That system is already required to be used for HCS and TxHmL funded clients.

**Answer**:

HHSC Complaint and Incident Intake (CII) is the single point of entry for LTCR to receive and route reports of ANE or complaints. LTCR requires providers to report ANE to CII for investigation purposes.

# LTCR Q&A

**Question**:

Will the survey process for DAHS change anything in the HCS and TxHmL survey process?

**Answer**:

HHSC inspects a DAHS facility at least once every two years after the initial inspection and HHSC will continue to conduct survey functions for the waiver programs.

Each survey process will survey for different requirements based on the program. HHSC will continue to evaluate practices with the goals of efficiency and limiting the burden to providers.

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# Questions?

For more information:
https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information

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

# LTCR IDD Quarterly Webinar

## Webinar Schedule

Next Webinar: April 2023

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

Gov.Delivery Sign up

Texas Health and Human Services Commission (govdelivery.com)

Also, as a reminder, the PowerPoint slides will be available on the provider portals shortly after the webinar is completed, typically within 48-72 hours.

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# Upcoming Webinars

Send your ideas for our upcoming quarterly webinars.

LTCRPolicy@hhs.Texas.gov

Subject: LTCR IDD Quarterly Webinar Idea

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# Thank you!

# Impairment of a Fire Sprinkler System in Cold Weather ICF

All ICF-IID with fire sprinkler systems must comply with NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems,* 2011 edition.

According to NFPA 25 the operator of a facility must ensure that areas of a facility containing water-filled fire sprinkler piping are maintained at a minimum temperature of 40 degrees F and are not exposed to freezing conditions. This could include attics and other areas of the facility that are not heated and cooled.

Where a fire sprinkler system is provided, draining a wet pipe fire sprinkler system is not a recognized method of protecting the fire sprinkler piping against freezing.

Shutting off the water to a fire sprinkler system or draining the water from a fire sprinkler system means the fire sprinkler system is out of order. When a fire sprinkler system is out of order it cannot be relied on to protect a facility during a fire. Shutting off the water to a fire sprinkler system does not mean the fire sprinkler pipes do not contain water that can freeze.

When a fire sprinkler system is out of order for more than 10 hours in a 24-hour period, a facility must put procedures in place to reduce the risk to the facility.

A facility must notify all the following entities that the fire sprinkler system is out of order:

- The HHSC regional director for the Long-term Care Regulation region where the facility is located. Contact numbers and email addresses for the regional directors are published on the HHSC website.
- The fire department
- The facility's insurance carrier
- The fire alarm monitoring company, if the facility's fire alarm is monitored
- Facility staff

**January 12, 2023**

A facility has two options when a fire sprinkler system is out of order:

1. The facility can evacuate the facility or portion of the facility affected by the fire sprinkler system being out of order; or,
2. The facility can conduct an approved fire watch.

The explanatory information in NFPA 101, *Life Safety Code,* 2012 edition, about fire watches states:

A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Such individuals should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes.

During an approved fire watch a facility must determine what actions staff members must take. Depending on the specific issue with the fire sprinkler system, this could include having staff members monitor the affected part of the facility during the entire time the fire sprinkler system is out of order. If the fire sprinkler system for the entire facility is out of order this could mean all areas of the facility should be monitored. Depending on the size and complexity of the facility and the specifics of the situation, it is possible for a facility to have a single staff member monitor all areas. A facility can also assign different parts of a facility to different staff members, as long as all areas of the facility normally protected by the fire sprinkler system are monitored.

In general, it is recommended that staff members conducting the fire watch perform these actions:

- Monitor all areas of the facility for signs of smoke or fire
- Make sure all fire extinguishers are in place and readily accessible
- Make sure the fire alarm system is working correctly
- Make sure that all building exits and escape routes are not blocked.

While it would be ideal for staff to continuously monitor the affected parts of the facility during a fire watch, this is probably not practical. At the very least, HHSC recommends that all areas are monitored frequently. Facilities must determine how frequently staff monitor the facility, but HHSC recommends staff monitoring of the facility at least once every 30 to 60 minutes while the fire sprinkler system is out of order.

**January 12, 2023**

Staff members who monitor the facility during a fire watch should document when they made their monitoring rounds. There is no specific format or form for recording this information.

HHSC recommends the records include:

- The name of the staff member who performed the monitoring
- The area the staff member monitored
- The day and time a particular part of the facility was monitored during the rounds. This could include each room by name or number, or could be an entire wing or floor of the facility.

Some facilities use electronic locks to lock doors against egress, such as delayed-egress locks.

These electronic locks are only permitted in facilities with working fire sprinkler systems. If a facility's fire sprinkler system is out of order, delayed-egress locks are not permitted to be in operation. This means the facility cannot use these locks when the fire sprinkler system is not operational. Staff would need to protect residents against the risk of elopement while the fire sprinkler system was out of order.