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Welcome Providers!

LTCR IDD/PI Quarterly Webinar

October 31, 2023

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Agenda

1. HHSC Alerts
2. Plan of Removal and Plan of Correction
3. Provider Investigation Overview
4. Q & A



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HHSC Alerts

CMS No Longer Enforcing Staff Vaccination in Long-term Facilities

The Centers for Medicare and Medicaid Services (CMS) has permitted the [Quality Safety & Oversight Memo \(QSO\) 23-02-ALL \(PDF\)](#) to expire, effective retroactively to June 5, 2023.

The memo's expiration is applicable to following long-term care provider types:

Home and Community Support Services Agencies

Inpatient Hospice

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions

Nursing Facilities

CMS published a [final rule \(PDF\)](#) which ended the requirements related to staff vaccination for all provider types, effective on Aug. 5, 2023. This rule states that CMS will not be enforcing the staff vaccination provisions between June 5 and Aug. 4, 2023.

Effective June 5, 2023, surveyors will no longer assess compliance with these requirements for any providers.

[Read the memo details \(PDF\).](#)



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Direct Care Careers Launches Aug. 28, 2023

HHSC is excited to announce the launch of [Direct Care Careers](#), an optional, online portal that will connect potential employees with employers delivering home and community-based services through the state plan and HCBS authorities (1915(c), 1915(i), 1915(j), and 1115).

What is the Direct Care Careers platform?

Direct Care Careers is an optional, online platform to connect employers with individuals seeking work as a personal care attendant (also known as a community attendant, direct care staff, caregiver, and other terms). There is no cost to use the platform.

Employers will be able to post job descriptions, job specifications, and other information to help find quality candidates. Prospective employees will be able to create a profile that generates a resume with work preferences, work history, specialties and more.

HHSC is planning for additional features and improvements in the future, including enhanced Search functionality, as well as providing links to trainings and additional resources for employers and employees. HHSC will notify you as the improvements are made.

Email the [Office of Disability Services Coordination](#) with any questions.



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HHSC Phishing Email Alert

Texas Health and Human Services Commission is aware that an unauthorized third party impersonating the agency sent an email requesting the 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, we recommend you reset your password immediately.

HHSC does not request verification or information update via third party email addresses or websites.



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LTC Providers Encouraged to Get Ready for Flu Season

CDC recommends everyone six months and older be [vaccinated against the flu](#) by the end of October to avoid peak flu season. Long-term care providers should review their [program requirements](#) for guidance related to vaccination requirements and infection control. Some of the CDC's recommendations for vaccinating residents in health care settings are:

[That LTC facilities](#) offer the flu vaccine to all residents and health care staff throughout the flu season.

People 65 years and older are at higher risk of developing serious [flu complications](#) compared with young, healthy adults.

CDC and ACIP recommend the use of [higher-dose flu vaccines](#) for people 65 years and older.

Adhere to [standard precautions](#). They are the foundation for preventing the transmission of infectious agents in all health care settings and help prevent the flu.



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LTC Providers Encouraged to Get Ready for Flu Season

Implement [droplet precautions](#) for those with suspected or confirmed flu. Do this for seven days after illness onset or until 24 hours after the fever and respiratory symptoms resolve, whichever is longer, while the person is in a long-term care facility.

Per TAC Title 25, Part 1, Chapter 97, report all outbreaks to the local health department, regardless of the provider type. Contact information for your local health department is on the [DSHS website](#).

As a reminder, flu vaccines may be safely [coadministered](#) with other vaccines. In addition to getting a flu shot, people 65 years and older should take the same [preventive actions](#) CDC recommends for everyone, including avoiding people who are sick, covering coughs, washing hands often, and staying up-to-date with all [recommended vaccines](#).



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LTC Providers Encouraged to Get Ready for Flu Season

For more information, view:

[Advisory Committee on Immunization Practices \(ACIP\) Recommendations on Seasonal Influenza 2023-24](#)

[Vaccination Resources for Healthcare Professionals](#)

[Managing a Flu Outbreak – U.S. Centers for Disease Control and Prevention \(CDC\)](#)

[Centers for Disease Control and Prevention \(CDC\) Flu Resources](#)



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Dec. 5 ICF Webinar Conference

ICF/IID staff and program providers are invited to attend the ICF Conference on Dec. 5, 2023. There is one track. Please register for each session for the complete educational activity.

ICF Forward: Shaping the Future of Care

Tuesday, Dec. 5

8:30–9:00 a.m.

[Register here for webinar.](#)

How to Become Survey Ready

Tuesday, Dec. 5

9:15–10:30 a.m.

[Register here for webinar.](#)

ICF Deficiency Trends

Tuesday, Dec. 5

10:45 a.m.–noon

[Register here for webinar.](#)

How to Write Acceptable Plans

Tuesday, Dec. 5

1–2 p.m.

[Register here for webinar.](#)

Surrogate Decision Making

Tuesday, Dec. 5

2:15–3:45 p.m.

[Register here for webinar.](#)

ICF Forward: Shaping the Future of Care; Closing Keynote

Tuesday, Dec. 5

4–5 p.m.

[Register here for webinar.](#)



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Plans of Removal and Plans of Correction

**HCS, ICF, Individualized Skills and
Socialization, TxHmL**

Plans of Removal and Plans of Correction

**Plans of Removal and Plans of Correction
are very different and should not be
confused.**

Plans of Removal include all actions the entity has taken or will take after an **IJ/IT** has been called (which includes the receipt of the IJ/IT template) to **immediately** address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely.

Plans of Correction are developed after the receipt of the **CMS Form 2567/HHS Form 3724** to bring the facility into substantial compliance. They are developed to describe exactly what actions will be taken to correct the noncompliance outlined in the identified deficiencies.



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Plans of Removal and Plans of Correction

Plan of Removal

Once an entity has been notified of an IJ/IT (which includes delivery of an IJ/IT Template), surveyors request a written **IJ/IT removal plan.**

The plan of removal is the **immediate** action(s) the entity will take to address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely.



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Plans of Removal and Plans of Correction

Plan of Removal

The plan includes:

- **Actions** that protect individual(s) who have been harmed.
- **Changes** that alter the system or processes to ensure harm will not occur or recur.
- **Date** the likelihood for serious harm to any individual no longer exists.



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Plans of Removal and Plans of Correction

Approval of Plan of Removal

Approval includes:

- **Evaluation and approval** by surveyor/team in consultation with program manager
- **Implementation** by entity
- **Verification** by observation, interview, and record review



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Plans of Removal and Plans of Correction

Plan of Correction

Upon receipt of CMS Form 2567/HHSC Form 3724 the facility must submit an acceptable plan of correction to the regional office within a specified time frame.



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Plans of Removal and Plans of Correction

Plan of Correction

- There are specific PoC elements that must be addressed when developing its PoC.
- Those elements require the facility/provider to develop specific strategies that delineate exactly what actions they will take to correct deficiencies.



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Plans of Removal and Plans of Correction

Plan of Correction

The plan of correction must state:

- when the corrective action will be completed and must address:
- how the facility/provider will accomplish corrective action for individuals directly affected by the cited violation;
- how the facility/provider will identify other residents who may be affected by the cited violation; and
- how the facility/provider will ensure the violation was corrected and will not recur.



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Plans of Removal and Plans of Correction

Plan of Correction

An acceptable plan of correction must contain the following elements:

- The plan for correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited and the date the correction will be completed;
- The monitoring procedure to ensure that the plan of correction is effective, and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.



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Plans of Removal and Plans of Correction

Training Opportunities

HHSC LTCR has opportunities for provider trainings:

- [LTCR Joint Training Page](#)
- [HHS Individualized Skills and Socialization Provider Joint Training Opportunities \(texas.gov\)](#)
- [HHS HCS & TxHmL Provider Joint Training Opportunities \(texas.gov\)](#)



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Timelines for Submitting a POC

An acceptable plan of correction must be submitted within the following timelines:

- CMS 2567 (Federal) – 10 **Calendar** Days
- Form 3724 (State) – 10 **Working** Days



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Provider Investigation Overview

Agenda

1. Overview of Regulatory Services Division
2. Overview of Provider Investigations Program and H.B. 4696
3. Investigation Process Overview
4. Reporting Abuse, Neglect, and Exploitation
5. Contact Information



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Regulatory Services Division

1. HHSC Regulatory Services Division includes:

a. Childcare Regulation

b. Complaint and Incident Intake

c. Health Care Regulation

d. Long-term Care Regulation

1. Provider Investigations



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Provider Investigations

Legal Authority:

- [Chapter 48](#) Human Resources Code;
- [Chapter 261](#) Family Code;
- Title 26 of the Texas Administrative Code (TAC), [Chapter §711](#)



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HB 4696

House Bill 4696 (Legislative Session, Regular Session)

- Added “a residential child-care facility as defined by Section 42.002 at which an elderly person or an adult with a disability resides or is in the facility's care” to the definition of facility in Texas Human resources Code CH 48.251(3)
- Transferred investigative authority of certain investigations from DFPS Adult Protective Services to HHSC.



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Provider Investigation Cont.

PI does not:

- proactively investigate;
- regulate providers; or
- have operational authority over providers.



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Investigation Cont.

- Focus is on investigations of abuse, neglect, and exploitation (ANE)
- Investigations:
 - time-sensitive,
 - evidence focused,
 - up-front notification of allegation, and
 - release of investigatory report with findings and recommendations so the provider can take protective actions
- Investigates allegations of ANE involving individuals receiving services from certain providers.



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Provider Investigations Jurisdiction

PI investigates the following providers:

- Facilities
 - State Hospitals
 - State Supported Living Centers
 - ICF-IIDs
 - Person contracting with an HHS agency to provide inpatient mental health services
 - a residential child-care facility at which an elderly person or an adult with a disability resides or is in the facility's care;
- Community Center, Local Mental Health Authority, Local Intellectual and Developmental Disability Authority



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Provider Investigations Jurisdiction Cont.

Continued:

- Person who contracts with HHS agency or MCO to provide Home and community-based services (HCBS)
- Person who contracts with MCO to provide behavioral health services
- Managed Care Organization (MCO)
- Officer/employee/agent/contractor/subcontractor of above
- Employee/agent/manager/coordinator of an individual participating in the Consumer Directed Services (CDS) option



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Provider Investigations Jurisdiction Cont.

As well as:

- Individuals residing in a HCS group home regardless of whether the individual is receiving services under the waiver program from the provider

PI does not investigate if the provider is licensed, and another agency has authority to investigate the ANE of such licensed provider.



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PI Allegation Types

- Physical Abuse
- Sexual Abuse
- Verbal/Emotional Abuse
- Neglect
- Exploitation

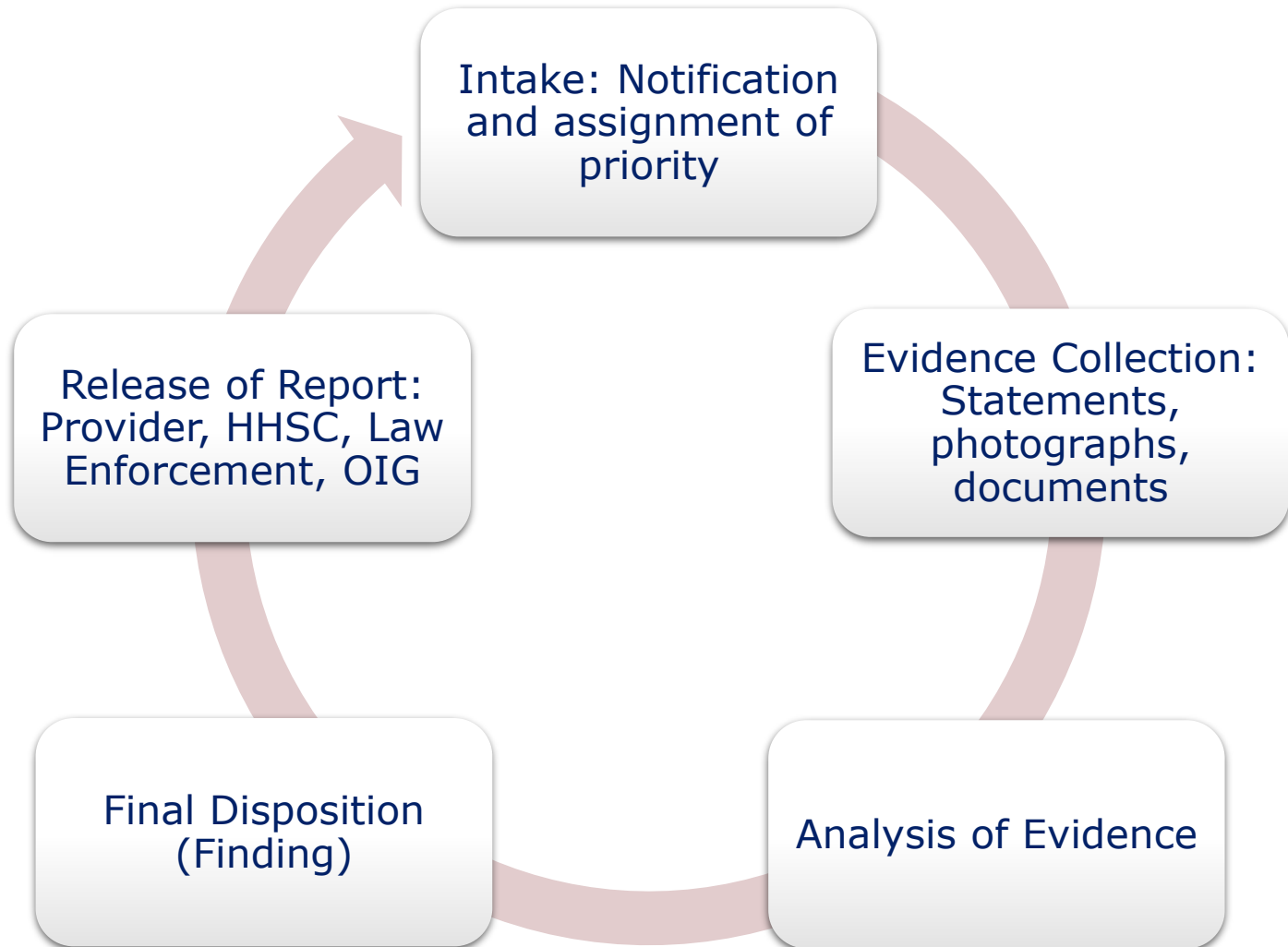


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Investigation Process



Notification of the allegation

The purpose of notifying the provider of an allegation is so the provider may take appropriate action to protect the individual receiving services and evidence.



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Priorities and Time Frames

- Priority I, Priority II, or Priority III based on allegation type, seriousness of injury, and date of incident.
- Initial contact requirements based on Priority set at intake stage:
 - Priority I - 24 Hours
 - Priority II – 72 hours/3 Calendar Days
 - Priority III - 7 Calendar Days



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Priorities and Time Frames

- Investigation completion time frame set by setting and priority:
 - 10 days
 - 14 days
 - 21 days
 - 30 days
- Investigators may request to extend an investigation deadline when circumstances warrant it.



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Investigation Finding

Confirmed: An allegation that is supported by the preponderance of the evidence.

Unconfirmed: An allegation in which a preponderance of evidence exists to prove that it did not occur.

Inconclusive: An allegation leading to no conclusion or definite result because of lack of witnesses or other relevant evidence.

Unfounded: An allegation that is spurious or patently without factual basis.

System Issue:

- The provider's lack of established policy or procedure contributed to the ANE; or
- the provider's established policy is inadequate and fails to ensure the safety of the individuals.



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Report Sharing

PI releases the final Abuse and Neglect report to the:

- provider, and
- appropriate HHSC division, when applicable.

The provider forwards the final report to the MCO, if applicable.



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CDS Option

PI releases the Abuse and Neglect report to:

- the CDS employer; and
- the FMSA, MCO service coordinator, or case manager, as applicable

The CDS employer forwards the report to the MCO, if applicable.



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Roles and Responsibilities

PI:

- Notifies the provider of an allegation;
- Conducts a thorough investigation;
- Provides the investigative report to the provider upon completion of the investigation; and
- Communicates with HHSC, other state agencies, and law enforcement to ensure the safety and welfare of individuals receiving services.



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Report Abuse, Neglect, and Exploitation

Report suspected abuse neglect or exploitation by contacting DFPS Statewide Intake at:

- 800-252-5400, or
- www.txabusehotline.org.



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Helpful Information When Reporting

- Name, DOB, Medicaid#, and current address of the alleged victim
- Name, address, contact phone number of the service provider
- A brief description of the situation
- Details about the alleged perpetrator
- Current injuries and medical conditions
- Names and phone numbers of relatives, neighbors, and friends that might have knowledge of the situation
- Reporter should provide all appropriate contact information (reporter remains confidential)



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Questions?

Email: LTCRPolicy@hhs.texas.gov

Phone: 512-438-3161

LTCR IDD/PI Quarterly Webinar

Webinar Schedule

Next Webinar: January 2024

Please feel free to contact us with any questions, comments, or concerns.

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

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



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Send your ideas for our upcoming
quarterly webinars.

LTCRPolicy@hhs.Texas.gov

Subject: LTCR IDD Quarterly Webinar
Idea





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Thank you!

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