

Questions & Answers
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call

Wednesday, June 1st, 2022

1:00 PM – 2:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

(Note: Similar related questions were combined and a single response was provided.)

Staffing:

1. Q: The staffing issues continue to be a serious issue. “The Great Resignation” is causing multiple resignations each month and people leaving healthcare. We desperately need OSDH to file for the 1135 waiver to continue the nurse aide training waiver.

Q: Will you please file for a continuance for the training waiver. Facilities are desperately needing relief concerning certified staff?

Q: Our homes are already struggling to keep staff, if we are unable to train, it may be detrimental for numerous facilities. It for sure will be for ours. We are in need of help!

A: Facilities may request an 1135 Waiver from CMS or a Nurse Aide Temporary Emergency Waiver form OSDH.

Below is a link to the CMS website with additional information related to 1135 waivers.

<https://www.cms.gov/coronavirus-waivers>

Below is a link to the OSDH Nurse Aide Temporary Emergency Waiver webpage.

<https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry/nurse-aide-temporary-emergency-waiver-application.html>

The link to the OSDH Nurse Aide Temporary Emergency Waiver application is

<https://oklahoma.gov/content/dam/ok/en/health/health2/documents/na-temporaryemergencywaiverapp-odh-297-1-25-2018-vlk-fillable.pdf>

2. Q: Staffing has become horrendous... we have everyone stretched so far there is no more stretching... if someone calls off (especially at the last minute) it is almost impossible to find coverage... when this happens and we are out of compliance, are we supposed to notify the health department? Or is just reporting it on the Quality of Care report to OHCA adequate?

A: We are sorry to say this is not a unique situation as staffing has been become a problem for many of the facilities across the state. We do appreciate the level of care you are still able to

provide despite that. If you have sister sites or staffing agencies you can reach out to, please pursue that first. If you are still having difficulties, reach out to Ed Roth or Zack Collins to discuss your specific situation and possible resources available to you. They can be reached at LTC@health.ok.gov.

Certified Nurse Aide Waiver/Nurse Aide Registry:

3. Q: Can our facility still do nurse aide training until October 2nd?
Q: Clarifying NAR stated October 2nd for all Nurse Aide Trainees to be certified by?
Q: Is testing for temporary aides 120 days from 6/7 or the date of letter?
Q: Can our facility still work an aide who is in training between June 6th and October 2nd or must they be trained by June 6th and only work while waiting to test after June 6th?

A: The Centers for Medicare and Medicaid (CMS) advised facilities in [QSO-21-17-NH](#), the four-month regulatory timeframe would be reinstated when the blanket waiver ended.

CMS announced the termination of the Training and Certification of Nurse Aides for SNF/NFs waiver in [QSO-22-15-NH & NLTC & LSC](#). The QSO memo was released on April 7 with the waiver ending on June 7 (ending 60 days from publication of the memo).

Facilities that may have hired and have been utilizing nurse aid trainees under the waiver will have until October 2, 2022, to have nurse aides certified. (Training and Certification of Nurse Aides for SNF/NFs - 42 CFR §483.35(d)). If aide trainees are already in training, they will need to have their training completed and have been tested by October 2, 2022.

4. Q: We have asked about getting an application for employer-based training program for our facility but have had no response from the nurse aide registry. How do we request an application?
Q: How do you become an approved site to train CNA's?

A: Please reach out to Nurse Aide Registry at 405.426.8150 or 800.695.2157 or NAR@health.ok.gov. You can also contact Espa Bowen at Espab@health.ok.gov.

5. Q: What if the employees have not received the letter to test yet?
Q: I never get a return email from NAR (Espa) and have emailed on multiple occasions. We have turned in required documents for nurse aides trained in the facility in order for them to be tested but the facility nor the nurse aide has ever received the approval to test.

A: Espa Bowen stated they are working hard to get responses out quickly. These are being emailed and sent out via postal mail at this time. Please reach out to Nurse Aide Registry at 405.426.8150 or 800.695.2157 or NAR@health.ok.gov. You can also contact Espa Bowen at Espab@health.ok.gov.

Incident reports (Form 283):

6. Q: Misappropriation has always been 24hrs, not 2; has that changed??

A: This would depend on the situation. When you talk about harm, CMS is really concerned about psychosocial harm and mental health.

Regulatory language from the [State Operations Manual Appendix PP](#):

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements...

(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.

(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

7. Q: Will the Incident Report slides be available somewhere?

A: Yes, the slides will be posted to the [LTC COVID-19 Resources](#) webpage under Provider Calls and FAQs.

8. Q: By what method/medium do we report to APS? I was told they no longer allow faxes.

A: There is an online portal you can report to located at [Report Abuse \(okhotline.org\)](#).

9. Q: Can you give contact information for the Attorney General?

A: You may Google search the Oklahoma Attorney General. Their website is <https://www.oag.ok.gov/>.

10. Q: On the 'Other Contact' section of the 718, is that the facility or the employees other contact?

A: This would be another contact for the employee. This allows us to contact the employee when they cannot be reached at their original contact information.

11. Q: Is a Fax Cover Page preferred with an incident report transmission?

A: Yes, a fax cover sheet should be submitted with the forms.

12. Q: Calling the police or APS on a resident-to-resident incident, does this apply to residents with dementia?

A: Yes. You do need to consider communicating their cognitive ability when reporting to law enforcement. If there is a situation of physical or sexual abuse where there is harm, these are situations that law enforcement needs to work through. We understand sometimes they may not come to the facility, but they may take a report and provide you with the report number. You may then submit the report number on the Form 283.

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(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

13. Q: Is there any circumstance where an Incident Reporting Form can be emailed?

A: The fax line is a secure line and is the preferred method of submitting the reports. Only under special circumstances and when approved by the Department, temporary alternative options could be allowed.

14. Q: Will the 283 form ever go back to be able to accommodate all information or will we always have to send in additional documents? This is very frustrating.

Q: Does the updated Incident Reporting Form which is on the OSDH website have expandable sections? Currently, each section only allows for 3 lines which is often not enough room to type in the necessary information and a second page is needed, which could be eliminated if the sections would simply expand. Thank you.

A: Form 283 used to have expanding fields as you typed, but OSDH had a software change. The software change does not allow us to use expandable fields. We are working to locate a software that will allow a pdf with expanding fields, but have not identified one at this time. You are welcome to attach a Word document to the form. We realize this is frustrating, but at this time, that is the best solution that we have.

15. Q: You might mention that on the current 718 form the old fax number is listed and we have to use the toll-free number also listed on the form.

A: We are working on getting this form updated with the new numbers. Please use the 1.866.239.7553 fax number.

COVID-19 Testing:

16. Q: If staff is vaccinated and have not taken a booster, then how often do we COVID test? monthly? or weekly?

Q: Wait, our facility can decide the frequency of testing for those not up to date? We don't have to follow the CDC maps?

Q: The grid plainly says you have to test not up to date according to county positivity rates per the grid.

Q: What is the alternative to routine testing that would mitigate?

A: [QSO-20-38-NH REVISED \(cms.gov\)](#) requires all staff who are not up to date with the COVID-19 vaccine to be tested per the routine testing intervals determined by the county's Community Transmission Level found in Table 2. The Community Transmission Level can be located at [CDC COVID-19 Data Tracker County View - Community Transmission Level](#). Staff who are not up to date should be routinely tested twice a week if your county is red (high) or orange (substantial). If the county is yellow (moderate) testing is required one time weekly and if the county is blue (low) testing is not recommended. Staff are considered up to date when they have received all recommended boosters when eligible (see [Stay Up to Date with Your COVID-19 Vaccines](#) for up to date guidance).

[QSO-22-09-ALL Attachment A](#) requires the facility to develop policies and procedures for a process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19 (not completed primary series, have an exemption or temporary delay). This is often referred to as a Mitigation Plan. If you have a policy in your plan to test staff who are not fully vaccinated or up to date more frequently, for example to test weekly regardless of the Community Transmission Level, then you should follow that policy.

OK Senior Smiles Project:

17. Q: Question regarding OK Senior Smiles: What do the oral screenings consist of and how do they benefit the residents?

A: The oral screenings are performed by a registered dental hygienist. The screening form was developed to use in all states as a surveillance tool to assess oral health status of our elderly population. It is a quick non-invasive exam to assess the need and urgency for dental treatment. It benefits the resident by giving a report of findings to the resident and the nursing home administrator on the need and urgency of the oral condition. The educational toolkit that each participating nursing home receives will include a resource guide that lists all reduced cost or free dental clinics in the state of Oklahoma.

18. Q: How much time is needed from staff to be a part of the oral health training project?

A: The staff will need to attend two 45-minute trainings performed by our Registered Dental Hygienist. These trainings can be scheduled during the nursing homes already scheduled in-service times if preferred. A staff member will need to be present during the nursing home residents' screenings which will take approximately 1 ½ hours. At the end of the project, the dental hygienist will sit down with the nursing home administrator and DON to answer any questions and show them how to use their educational toolkit for sustainability.

19. Q: Is this the Senior Smiles link? <https://oklahoma.gov/health/services/personal-health/dental-health-service/ok-senior-smiles-project.html>

A: Yes, that link will take you to the OSDH OK Senior Smiles Project webpage. You may also contact them at their main number of 405.426.8460 or contact their registered dental hygienist Shelley Mitchell at Shelley.mitchell@health.ok.gov or phone 405.426.8461 to answer any questions.

COVID-19 Vaccine Recommendations:

At this time OSDH will not be surveying to the second recommended COVID-19 booster. We are awaiting guidance from CMS.

20. Q: So, all people over 50 that are eligible must have the second booster or are not considered fully vaccinated? It used to be recommended but is it now required if it is time appropriate to be considered fully vaccinated?

Q: Previously they had said the 2nd booster was not required to stay up to date. Is this a new change?

Q: What if the staff member has had 1 and 2 series of vaccine but doesn't want the boosters?

Q: So, the boosters are recommended, not mandated for staff?

A: There is a difference in fully vaccinated and up to date. You are considered fully vaccinated two weeks after completing the primary series. You are considered up to date when you have received all recommended boosters, when eligible. CDC revised their vaccine recommendations on 05/24/22 to include the second booster for people over age 50. There is no requirement that staff have to receive the boosters at this time. This is a choice they will make for themselves. Refer to CDC [Stay Up to Date with Your COVID-19 Vaccines](#) for current vaccine recommendations.

21. Q: So, if a person has had the 1st vaccine dose and it is not time for the 2nd, is this person considered "up to date"?

Q: Is someone "up to date" the moment they receive the up-to-date vaccination dose? or is it 2 weeks after? It seems I've heard both on this call...

Q: I thought the "2 weeks after" statement was no longer in effect? and someone is up to date the moment they receive the series for which they are recommended.

A: The primary series is where the two-week waiting period comes into play. You are considered 'fully vaccinated' two weeks after completion of the primary series. The new guidance for 'up to date' in [Stay Up to Date with Your COVID-19 Vaccines](#) reads in parts,

"You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible..."

You are also considered up to date if:

- You have completed your primary series – but are not yet eligible for a booster
- You have received 1 booster but are not recommended to get a 2nd booster
- You have received 1 booster but are not yet eligible for a 2nd booster..."

22. Q: Does the newest CDC up-to-date information add staff who have not had the second dose if eligible, to now being tested per positivity rates? Also, does this add those residents (no second dose if eligible) to the ones that are recommended to be quarantined upon admission/readmission?

Q: If a resident does not have a second booster do they have to be on quarantine if they return to the hospital? They would be over 50.

A: [QSO-20-38-NH REVISED \(cms.gov\)](#) guidance says a person will have to have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible, to be considered up to date and to be excluded from routine testing.

[QSO-20-39-NH REVISED \(cms.gov\)](#) reads in part, "Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes." Please note that there are exceptions to quarantine, including for residents who are up-to-date with all recommended COVID19 vaccine doses..."

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (Nursing Homes & Long-Term Care Facilities) reads in part, "In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered.

Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission..."

The [NH Miscellaneous Grid](#) also reads in part, "

- "Consult the Infection Preventionist and conduct a Risk Assessment
- May use enhanced observation with screening & monitored movement in facility as appropriate..."

Infection Prevention and Control:

23. Q: Is there any news about when staff can stop wearing face mask at work?

Q: Many hospitals are now mask free. Why are we still wearing masks?

A: There have been no changes to this guidance at this time.

24. Q: How long do unvaccinated residents who are newly admitted need to be in quarantine? Originally it was 14 days but we have also heard 10 with negative test on day 1 and day 10.

A: This guidance can be found in the CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) section #2. It reads in parts,

“...Patients can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions

Patients can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions

Note: In general, asymptomatic patients who are up to date with all recommended COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days do not require empiric use of Transmission-Based Precautions (quarantine) for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. However, these patients should still be tested as described in the testing section...”

25. Q: Are visitors allowed to join in indoor activities with Residents? For instance, Father's Day Luncheon would be a fairly large group of Family Members and Residents together.

A: There is nothing that says they cannot. Consider the risk. [QSO-20-39-NH REVISED \(cms.gov\)](#) reads in part, “...facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained. During indoor visitation, facilities should limit visitor movement in the facility...”

26. Q: Should the community transmission rate for the county be considered in relation resident masking, gatherings, visitation, etc.?

A: It would be beneficial for the facility to know their community transmission level to assist in determining the level of risks to be considered. You may click on the link below, select Oklahoma and your county to see local Community Transmission Levels. CDC [COVID Data Tracker: County View – Community Transmission Levels](#)

ICF-IID:

27. Q: Can you clarify: an infection preventionist is not required for 16 bed or less ICF facilities, correct? If you believe that it is a requirement, can you provide that regulation from Appendix J, SSA act, Nursing Home Care Act or Subchapter 11?

A: Correct, there is no requirement for ICF-IID facilities to have an Infection Preventionist. However, there is a requirement for an infection control program in Appendix J, W455, which reads, "There must be an active program for the prevention, control, and investigation of infection and communicable diseases." The guidance under W455 reads in part, "The facility's infection control program should include procedures for:

- identification of the extent of infestation or infection;
- protection of clients;
- treatment of clients;
- notification of family or legal guardian;
- reporting to the health department as indicated; and
- continued follow-up to resolution."

28. Q: CMS has not ended the training waivers for ICF. Is OSDH ending it for ICFs anyway?

A: The waiver ending was specifically addressing LTC and Acute care initial aide training. At this time, they have not announced an end to the routine staff training for ICF-IID. **Please note the initial training for ICF-IID was not waived by CMS.**

Below is the CMS language of the original 1135 Waiver for ICF-IID. Refer to [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers \(cms.gov\)](https://www.cms.gov/medicare/coverage/publications/P16280item.html).

*Suspend Mandatory Training Requirements. CMS is waiving, in-part, the requirements at 42 CFR §483.430(e)(1) related to routine staff training programs unrelated to the public health emergency. **CMS is not waiving 42 CFR §483.430(e)(2)-(4) which requires focusing on the clients' developmental, behavioral and health needs and being able to demonstrate skills related to interventions for inappropriate behavior and implementing individual plans.** We are not waiving these requirements as we believe the staff ability to develop and implement the skills necessary to effectively address clients' developmental, behavioral and health needs are essential functions for an ICF/IID. **CMS is also not waiving initial training for new staff hires or training for staff around prevention and care for the infection control of COVID-19.** It is critical that new staff gain the necessary skills and understanding of how to effectively perform their role as they work with this complex client population and that staff understand how to prevent and care for clients with COVID-19.*

29. Q: In an ICF-IID, when a client goes out on LOA, such as going home with family for the weekend. Is this considered a re-admission and does the client have to be tested for COVID?

A: [QSO-21-14-ICF/IID & PRTF](#) reads in part, “To enhance efforts to keep COVID-19 from entering and spreading through ICF/IIDs and PRTFs, facilities are strongly encouraged to test clients/residents and staff based on general parameters and a frequency recommended by the CDC, State and local authorities, and a facility’s policies and procedures...” Consider the below CDC recommendations and your facility’s policies.

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (Nursing Homes & Long-Term Care Facilities) reads in part, “Newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission...”

30. Q: Testing question: At our ICF-IID, we do not have a machine for testing. Are we allowed to do testing to our few staff using rapid tests administered by our DON? If positive, do we need a PCR test?

A: Please contact CLIA for discussion related to your concerns. They can be reached at CLIA@health.ok.gov or medicalfacilities@health.ok.gov or 405.426.8470.

Miscellaneous:

31. Q: Is OSDH lobbying to remove testing/vaccination requirements for LTC facilities from CMS? We are the only profession being treated this way and it is becoming very difficult to retain staff. I hope OSDH is voicing our difficulties up the chain.

A: We are continuing to hold discussions with CMS regarding your concerns. We will share this concern with them also.

32. Q: What is the number for acute disease?

A: The Acute Disease Services (ADS) phone number is 405.426.8710.

33. Q: How many nursing homes are currently in outbreak status?

A: COVID-19 Long Term Care Facility Cases can be found on the [Weekly Epidemiology and Surveillance Report \(oklahoma.gov\)](#) webpage. Additional data can be found at on the [CMS COVID-19 Nursing Home Data](#) webpage.

Links provided in the Q&A chat box or in Q&A:

CDC - At-A-Glance COVID-19 Vaccination Schedules Infographic - <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf>

CDC - COVID Data Tracker – Community Transmission Level - https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk

CDC - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (Nursing Homes & Long-Term Care Facilities) - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC - PPE Optimization Strategies - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html>

CDC - Project Firstline - <https://www.cdc.gov/infectioncontrol/projectfirstline/>

CDC - Train (Project Firstline and Infection Preventionist training modules) - www.train.org

CDC - Stay Up to Date with Your COVID-19 Vaccines webpage - https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Ffully-vaccinated.html#recommendations

CMS - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers - <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>

CMS – COVID-19 Nursing Home Data - <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

CMS - QSO-22-09-ALL Revised 4/5/22 - <https://www.cms.gov/files/document/qso-22-09-all-revised.pdf>

CMS – QSO-22-09-ALL – LTC and Skilled Nursing Facility Attachment A - <https://www.cms.gov/files/document/attachment.pdf>

CMS – QSO-20-38-NH Revised 03/10/22 - <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

CMS – QSO-20-39-NH Revised 03/10/22 - <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CMS- QSO-21-14-ICF/IID & PRTF - <https://www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf>



CMS – State Operations Manual Appendix PP - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf

Oklahoma Department of Human Services - APS Reporting - <https://www.okhotline.org/s/reportabuse>

OSDH Contacts:

Acute Disease Services (ADS) – Phone: 405.426.8710

ADS - Project Firstline - Trina White Email: trinaw@health.ok.gov Phone: 405.426.8710

Dental Health Service - OK Senior Smiles - Shelly Mitchell Email: shelley.mitchell@health.ok.gov Phone: 405-426-8461 or 405.426.8460

Intakes and Complaints (incident reports) – Phone 405.426.8200 then press 1 or ask for complaints – Complaint Hotline (file a complaint) - 405.426.8181

LTC - Email: LTC@health.ok.gov Phone: 405.426.8200

LTC Service website - <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html>

Medical Facilities (CLIA) – Email: CLIA@health.ok.gov or medicalfacilities@health.ok.gov Phone: 405.426.8470

Nurse Aide Registry (NAR) – Email: NAR@health.ok.gov Phone: 405.426.8150 or 800.695.2157

NAR Espa Bowen: Email: espab@health.ok.gov

NAR Website: <https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry.html>

OSDH – LTC Provider Guidance - <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>

OSDH – NH Miscellaneous Grid - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/NH%20Misc%20Grid%20LA-OK.pdf>

OSDH – OK Senior Smiles Project - <https://oklahoma.gov/health/services/personal-health/dental-health-service/ok-senior-smiles-project.html>

OSDH - Weekly Epidemiology and Surveillance Report -

<https://oklahoma.gov/covid19/newsroom/weekly-epidemiology-and-surveillance-report.html>

Telligen Contact:

Micki Reyman: Email: mreyman@telligen.com Phone: 405.509.0720

Telligen - Additional trainings, such as RCA and PDSA trainings - www.telligenqconnect.com/calendar/

Telligen - Blue Ribbon in COVID-19 Vigilance - <https://www.telligenqconnect.com/blue-ribbon-in-covid-19-vigilance/>

Telligen - To check out your publicly reported data on Medicare.gov Care Compare - <https://www.medicare.gov/care-compare/>