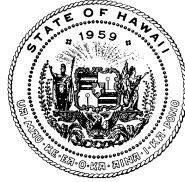


DAVID Y. IGE
GOVERNOR OF HAWAII

Telephone: 808-453-6416
Fax: 808-453-6217



BRUCE S. ANDERSON, Ph.D.
DIRECTOR OF HEALTH

**STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
OUTCOMES AND COMPLIANCE BRANCH
COMPLIANCE SECTION
CERTIFICATION UNIT**

2201 Waimano Home Road, Hale A
Pearl City, HI 96782
December 31, 2018

Dear DDD Certified Caregiver:

This letter is to inform you that effective January 1, 2019, the Department of Health (DOH), Developmental Disabilities Division (DDD), will be following the new administrative rules for Tuberculosis (TB), Hawaii Administrative Rules (HAR) chapter 11-164.2.

All certified caregivers, substitute caregivers, and household members are required to follow the TB clearance requirements for persons living or working in health care facilities or residential care settings licensed or otherwise regulated by DOH, per HAR § 11-164.2-24.

Please refer to the enclosed TB Clearance Table showing the changes regarding your TB clearance.

If you have any questions regarding the changes, please contact your certifier prior to your annual re-certification:

Renee Bailey	453-6309
Joy Kiyan	453-6325
William Landford	453-6411
Diane Quisano	453-6410

If you need more information regarding the new TB requirements, you may contact the DOH Tuberculosis Control Program at (808) 832-5371. You may also visit the DOH website, <http://health.hawaii.gov/tb/> for additional information regarding these changes.

Thank you for your cooperation and continued support of DDD participants.

Sincerely,

Sharon Adric, Supervisor
Compliance Section

Enclosure

cc: DDD Branch Chiefs

DDD Adult Foster Home TB Clearance Table

Type of Clearance	TB Results	Requirements Before January 1, 2019	Requirements Effective January 1, 2019
Initial TB Clearance Caregivers and Adult Household Members	N/A	Skin Test or IGRA (Blood Test)	Skin Test or IGRA (Blood Test)
Initial TB Clearance Caregivers and Adult Household Members	Positive Skin Test or IGRA Result	Chest X-Ray (See Note)	Chest X-Ray (See Note)
Initial TB Clearance for Foster Adults upon Admission	N/A	Skin Test (TST) or IGRA (Blood Test)	Skin Test or IGRA (Blood Test)
Initial TB Clearance for Foster Adults upon Admission	Positive Skin Test or IGRA	Chest X-Ray (See Note)	Chest X-Ray (See Note)
Initial TB Clearances for Children 1-17 years old.	N/A	Skin Test	TB Screening Only. Skin test required if there is a risk for TB.
Initial TB Clearances for Children 1-17 years old.	Positive Skin Test	Chest X-Ray (See Note)	Chest X-Ray (See Note)
Initial Evaluation for Previous Positive Test for TB Infection or Documented History of TB Disease	N/A	Skin Test or IGRA (Blood Test)	Chest X-Ray (See Note)
Initial Evaluation for Previous Positive Test for TB Infection or Documented History of TB Disease	Positive Skin Test or IGRA	Chest X-Ray	Chest X-Ray
Follow-up Annual TB Evaluation for Caregivers and Adult Household Members	Negative (-) Skin Tests	Annual Skin Test	No Annual Screening Needed

Type of Clearance	TB Results	Requirements Before January 1, 2019	Requirements Effective January 1, 2019
Follow-up Annual TB Evaluation for Caregivers and Adult Household Members	Previous Positive (+) Skin Test with Negative Chest X-Ray	No Annual Skin Test or X-Ray	No Annual Screening Needed
Follow-up Annual TB Evaluation for children 1-17 years old	N/A	Annual Skin Test	No Annual Screening Needed
Follow-up Annual TB Evaluation for Foster Adults	N/A	Annual Skin Test	No Annual Testing is needed. (Clearances would transfer to new home or facility)
Follow-up Annual TB Evaluation for Foster Adults	Positive Skin Test	Evidence of negative (-) Chest X-Ray	No Annual Testing is needed. (Clearances would transfer to new home or facility)

Note: A Positive (+) chest X-Ray is not issued a TB Clearance until a medical evaluation is completed and indicates that TB disease is not present or TB is determined to be non-communicable, then a TB clearance may be issued.