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Governor

# Alabama Medicaid Agency


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STEPHANIE MCGEE AZAR  
Commissioner

TO: HCBS Waiver Operating Agency  
Alabama Department of Senior Services  
Alabama Department of Mental Health  
Alabama Department of Rehabilitation Services

FROM: Ginger Wettingfeld, Director   
LTC Healthcare Reform Division

SUBJECT: TEMPORARY Waiver of TB Skin Testing for new employees through 4/17/20

DATE: March 31, 2020

Due to a difficulty accessing providers that will provide and read TB skin tests, the Agency is issuing a temporary waiver of TB skin testing for new employees. This temporary waiver of skin testing is through 4/17/20. We will reevaluate the situation prior to that date and issue new guidance if needed. New employees must complete the Baseline Screening Assessment as attached to this memo. Requirements for annual testing remain the same. Therefore, the Agency is setting forth the following temporary recommendations for Waiver Direct Service Provider employees only:

- For new and initial employee testing: Complete TB skin test if possible. Otherwise, conduct TB screening using the TB Baseline Screening Assessment. It is imperative that employees whose skin tests are deferred be tracked and required to complete the skin testing as soon as reasonably possible.

If you have any questions, please contact Ginger Wettingfeld at 334-242-5018 or by email at [Ginger.Wettingfeld@medicaid.alabama.gov](mailto:Ginger.Wettingfeld@medicaid.alabama.gov)

Attachment: Screening Tool



**Alabama Medicaid Agency**  
**TB Baseline Screening Assessment**  
 Attachment A to WAV-37

Symptoms	Yes	No	Comments
History of positive TB Skin Test			
Have you ever had TB disease?			
Coughed up blood			
Unplanned weight loss			
Night Sweats			
Shortness of breath			
Fatigue			
Loss of appetite			
Chest pain			
Hoarseness			
Close contact with someone who has had infectious TB disease since the last TB test.			
Temporary or permanent residence of one month or less in a country with a high TB rate. (Any country other than the U.S., Canada, Australia, New Zealand, and those in Northern Europe or Western Europe.			
Current or planned immunosuppression. Including HIV, organ transplant, treatment with a TNF-alpha antagonist, chronic steroids (equivalent of prednisone less than 15mg/day for 1 month or less) or other immunosuppressive medication			
Fever > 2 weeks duration			
Productive cough			If yes, Color _____ Consistency _____ Blood in sputum? Yes    No <input type="checkbox"/> <input type="checkbox"/>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant