

Mississippi Division of Medicaid HCBS Provider Health Self-Attestation

In accordance with Mississippi Division of Medicaid's requirement that providers of adult daycare, personal care and in-home respite services are physically/mentally able to provide needed care, all individuals providing direct care will be required to sign the below attestation prior to service provision.

Staff Name: _____ Date of Birth: _____

Provider Agency Name: _____

Hire Date: _____

Please initial the three statements and sign below.

_____ I attest that I have no physical or mental conditions that would prevent me from providing personal care or in home respite services.

_____ I attest that, to my knowledge, I have not been diagnosed with, nor been exposed to coronavirus/COVID-19.

_____ I attest that, to my knowledge, I have not been diagnosed with, nor been exposed to tuberculosis based on the HCP Individual TB Risk Assessment (pg 2 of this form).




Staff Signature

Date



Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:

	Temporary or permanent residence of ≥ 1 month in a country with a high TB rate	YES <input type="checkbox"/>
	Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe	NO <input type="checkbox"/>
OR		
	Current or planned immunosuppression,	YES <input type="checkbox"/>
	including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication	NO <input type="checkbox"/>
OR		
	Close contact with someone who has had infectious TB disease since the last TB test	YES <input type="checkbox"/>
		NO <input type="checkbox"/>

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111–5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–43.
https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention