

Good morning, Mr. Chair, Madam Co-Chair, and Committee members. My name is Tamara Prisock, and I am the Administrator for the Division of Licensing and Certification in the Department of Health and Welfare.



**IDAHO** Department of Health and Welfare

Joint Finance-Appropriations Committee

**Division of Licensing and Certification**

**Tamara Prisock**  
Administrator

January 14, 2014



In my presentation this morning, I will provide an overview of the division, highlighting a few accomplishments and current challenges, and I will also present one budget recommendation.



**IDAHO** Department of Health and Welfare

**Today's Presentation**

- **An overview of the Division of Licensing and Certification, including accomplishments and current challenges**
- **One budget recommendation**

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Our division's core purpose is to ensure Idaho health facilities and agencies comply with applicable federal and state statutes and rules.

Those rules and statutes exist to promote individuals' rights, well-being, safety, dignity, and the highest possible level of functional independence.



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**Division's Core Purpose**

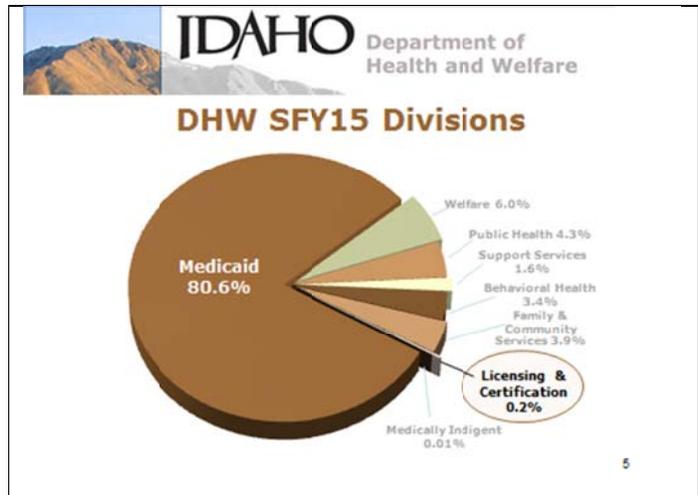
- **To ensure Idaho health facilities and agencies comply with applicable federal and state statutes and rules.**
- **To promote individuals' rights, well-being, safety, dignity, and the highest level of functional independence.**

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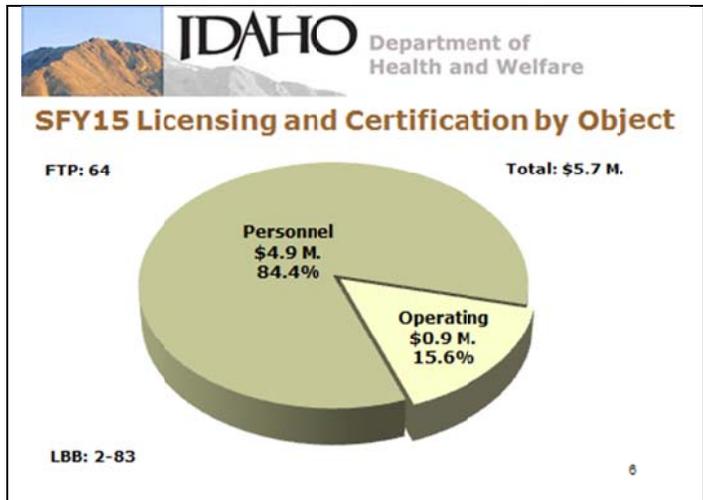
We license and certify 13 different types of facilities and agencies, and we provide oversight to over 3,100 health care and/or residential facilities with over 21,000 treatment beds across the state.



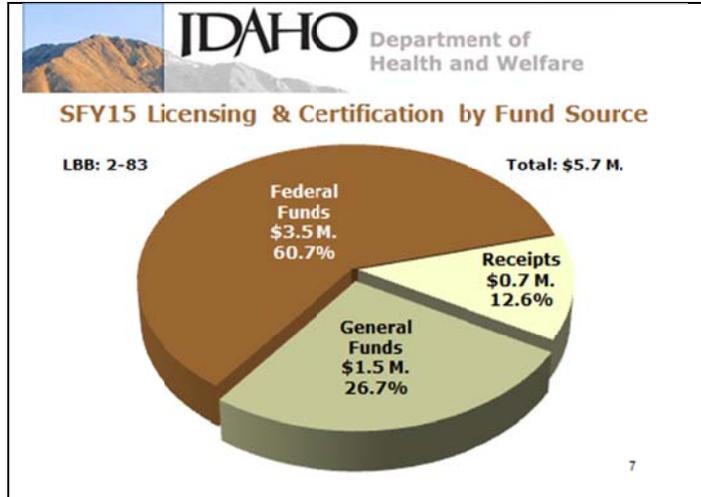
As you can see from the next slide, our division represents .2% of the Department's overall budget recommendation for SFY 2015. You can find our division on page 2-83 of your Legislative Budget Books.



The total recommended budget for the division is \$5.8 million, with over 84% going to personnel to fund 65 full-time positions, and over 16% going to operating.



Funding for the division comes from three sources—approximately 60% in federal funds, approximately 27% in general funds, and approximately 13% in receipts. Receipts come from certified family homes, which are assessed application and certification fees.



Last year, I shared with you the three primary challenges facing our division—modernization of our business processes, balancing regulatory responsibilities with education and support for providers, and retention of our surveyors. I'd like to update you on our progress addressing those challenges.

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**Progress on Challenges**

- 1. Modernization of business processes**
- 2. Balancing oversight with education and support for providers**
- 3. Retention of Surveyors**

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Over the past year, each program unit in the division has implemented several process improvements by eliminating unnecessary or duplicative steps or by using technology to improve productivity. We still have work to do, but staff has done an amazing job. Despite their large workloads, they have examined many of their routine business practices and found ways to work more efficiently.

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**Modernization of Business Processes**

**Each unit within the division has implemented process improvements:**

- **Eliminated unnecessary or duplicative steps**
- **Are using technology to improve efficiencies.**

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We continually work to balance our regulatory responsibilities with our responsibilities to help educate and support facilities. Over the past year, we have offered numerous training opportunities to administrators and staff of the facilities we work with. For some programs, we maintain frequently asked questions and send regular communication, such as newsletters and e-mail reminders. We also try to work with providers and advocates to find solutions that don't compromise the health and safety of residents when providers report difficulties in meeting specific requirements.



**Balancing Oversight with Education and Support**

- Training opportunities
- Frequently-asked questions
- Newsletters
- Reminders by mail and email
- Work with providers and advocates to address difficulties with specific requirements

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Last year, I also informed you that one of our challenges was retaining Health Facility Surveyors.



**Retention of Surveyors**

**Retaining skilled, trained surveyors is still a challenge.**

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To give you some context, I'll describe how survey work is staffed. Our Facility Standards Bureau is responsible for completing surveys and investigations for state licensure and federal certification for Medicare and Medicaid for many types of facilities, such as hospitals and skilled nursing facilities.

Our Residential Assisted Living Facilities Program conducts surveys and investigations for state licensure of residential care and assisted



**Retention of Surveyors**

**Facility Standards:**

- 26 Health facility surveyors, 5 supervisors

**Residential Assisted Living:**

- 8 Health facility surveyors, 1 supervisor

**Surveyor Credentials include Registered Nurse, Social Worker, Dietician, and Qualified Intellectual Disabilities Professional**

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living facilities.

These work units are staffed with Health Facility Surveyors with a mix of credentials. Credentials include Registered Nurse, Social Worker, Dietician, and Qualified Intellectual Disabilities Professional.

It takes about eight months for a Health Facility Surveyor to be fully trained and certified by CMS to do the federal certification work.

Although we have focused on retention strategies over the past year, we continue to lose trained surveyors. In our division, we have 34 Health Facility Surveyor positions. Since July 2012, we have lost 13 of these valuable employees.

Pay was the primary reason cited for leaving the Department, followed by retirement, stress and unreasonable workloads.

There are two other work units in the division with staff who perform important survey work for Certified Family Homes as well as for Developmental Disabilities Agencies and Residential Habilitation Agencies. Although the specialists in these programs are talented, skilled, and highly valuable, the work does not require the same types of credentials as those required of Health Facility Surveyors, and we are not experiencing the same pay-related turnover among staff in these programs as we are experiencing with Health Facility Surveyors.



### Retention of Surveyors

- **Since July 2012, 13 of 34 Health Facility Surveyors have left the division.**
- **Pay was the primary reason cited for leaving, followed by retirement, stress and unreasonable workloads**

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### Retention of Surveyors

**Certified Family Homes:**

- **9.5 Medical program specialists, 1 supervisor**

**Developmental Disabilities Agencies/  
Residential Habilitation Agencies:**

- **2.5 Medical program specialists, 1 supervisor**

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To help us retain our skilled and trained survey staff, we have offered a little more flexibility in work schedules, although the nature of the work does not allow much flexibility. We have offered more professional development opportunities, although budget constraints limit the number of opportunities we are able to offer.

As I mentioned earlier, we have also implemented improvements to business processes with the hope that those improvements will help make workloads more manageable.

We are also working on an initiative with Idaho State University's Nursing Program to build a trained pool of temporary survey staff.

This initiative actually began with an idea the Governor had to explore using nursing faculty to conduct survey work during summer breaks. He facilitated the initial connection between the Department and ISU, and we have been working with ISU's Nursing Program to recruit and train nursing faculty or retired faculty to form a pool of temporary surveyors to help with our backlog of survey work. As long as we continue to experience vacancies among survey staff, we are able to fund the initiative with our existing personnel budget. At the point we become fully staffed and are able to retain our workforce, we would re-examine the need for this initiative and how it would be funded.

With the help of another program in the Department, we were able to implement temporary pay increases last August for survey-related staff.



**Retention Strategies**

- **More flexibility in work schedules**
- **Professional development opportunities**
- **Business process improvements to increase productivity and reduce unnecessary or duplicative work**

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**Retention Strategies**

- **Pool of temporary surveyors to help with the backlog (pilot initiative with Idaho State University Nursing Program).**
- **Temporary pay increases for survey-related staff implemented in August 2013.**

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Our single budget recommendation, Line item 4 on page 2-86 of your Legislative Budget Books seeks to make the temporary pay increases permanent. We are requesting \$54,000 in general funds and \$139,600 in federal funds for a total of \$193,600.



**Governor's Budget Recommendation**  
**LBB page 2-86**

**SFY 2015 - Line Item 4:**  
**Pay Increase for Survey-related Staff**

<b>General Fund -</b>	<b>\$ 54,000</b>
<b>Federal Funds -</b>	<b>\$139,600</b>
<b>Total Request -</b>	<b>\$ 193,600</b>

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In addition to retention of survey staff, there are other challenges the division faces. Two of these challenges we consider priorities to address in 2014.

When it comes to the work we do for the Centers of Medicare and Medicaid, we are barely avoiding financial penalties for our failure to meet all federal performance standards. In other programs, facilities are waiting for initial licensure or certification as well as waiting for us to complete ongoing required surveys which are overdue.



**Current Challenges**

- **Retention of Health Facility Surveyors**
- **Backlogs of survey work**
- **Facility placements for individuals with difficult behaviors**

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We will continue to address these backlogs by working to become fully staffed, continuing to streamline business processes and use technology to increase productivity, and continue to work with ISU on the initiative to establish a pool of temporary survey staff.

The third challenge we consider a priority to address in the next year involves facility placements for individuals with difficult behaviors. A problem that is becoming more and more common is the inability to place individuals with difficult behaviors, such as individuals with mental illness or dementia. Current licensing rules as well as a lack of mental health crisis resources in the state contribute to situations in which a facility cannot admit a resident with these behaviors because the individual poses a threat to himself or other residents and there is nowhere else for the resident to go. Our division has been working closely with the Divisions of Behavioral Health and Medicaid as well as with providers and advocates to identify and examine potential solutions to this problem, and we will continue that work.

This concludes my presentation.  
Thank you for the opportunity to  
talk with you about the Division of  
Licensing and Certification. Please  
feel free to contact me if there is  
anything I can do to assist you, and  
I am happy to stand for questions.



**Questions**  
**???**

**Division of Licensing & Certification**

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