



## Division of Licensing and Certification

Issues to Address (from 2015 Employee Engagement Survey):

Issue	Planned Improvements	Status
Staffing	<ul style="list-style-type: none"> <li>Continue Active recruitment through HR and with ISU partnership</li> <li>Open hiring to qualified applicants outside the Treasure Valley</li> <li>Hire former surveyors as state temps to help with backlog of survey work</li> </ul>	Completed and ongoing
Career Advancement	Work with HR to develop a career ladder within the Health Facility Surveyor classification	Working with HR on position description questionnaires to define surveyor levels and responsibilities
Professional Development	<ul style="list-style-type: none"> <li>Continue to encourage participation in development opportunities.</li> <li>Continue to market on-line training opportunities for CEUs</li> </ul>	
Per Diem/Travel Reimbursement	Issued resolved since last survey	
Equipment/Physical Working Environment	Issues resolved since last survey – purchased new chairs, replaced some	Even though there were no issues identified in this area in the 2015

Issue	Planned Improvements	Status
Division Culture/Work Environment	<p>desks, new break room furniture</p> <ul style="list-style-type: none"> <li>• Division Administrator will meet individually with staff</li> <li>• Check in with staff during quarterly division meetings</li> <li>• Provide staff with opportunities to give input into how work processes can be improved</li> </ul>	<p>survey, second monitors were purchased for all division employees.</p> <p>Completed and ongoing</p>

**Mission and Priority Document**  
**Federal Fiscal Year 2016**  
Bureau of Facility Standards  
Idaho Department of Health and Welfare

The Bureau of Facility Standards is comprised of four teams, Long Term Care (LTC), Non-Long Term Care (NLTC), Facility Fire Safety and Construction (FFS&C), and Administration. Each team (excluding Administration) includes supervisors, dedicated survey staff, and administrative support. This staff performs the work described in the Mission and Priority Document.

The following information is pertinent to the 2016 budget and anticipated performance.

The 2016 Medicare budget amount (\$1,619,779) is based on a one percent (1%) increase of our 2015 award (\$1,603,742) as directed in the CMS "Admin Info 16-03" memorandum dated October 9, 2015.

The Mission and Priority document articulates well some of the challenges and barriers that State survey agencies face on a day-to-day basis, such as the costs associated with salaries for professional staff and increased travel expense (fuel and lodging) and the increasing numbers of providers seeking federal certification.

There is a tremendous amount of certification activity not captured using survey hours. The Budget is based on the numbers of staff currently performing the work, administrative appeals, actual costs associated with travel, training, equipment, and indirect costs associated with shared functions such as information technology services, attorneys, human resources, office space, etc.

The Governor's 2017 State budget requests salary increases for state employees. At this time, we do not have a freeze on hiring positions or furloughs, and a reduction in force is not anticipated. In fact, I have been able to hire retired qualified survey staff who want to work part time. The upturn in the economy has resulted in survey staff leaving the State employment and retiring or moving into the private sector. We are aggressively recruiting RNs for open survey positions. We have expanded our recruitment for health facility surveyors to statewide, which will allow trained survey staff to live outside of Boise. Currently there are nine open surveyor positions in the Bureau, three on the Medicare Certification team and six on the Long Term Care Team. The Department has contracted with HMS to provide SMQT-qualified survey staff to supplement the Idaho team, to improve the statewide average and to meet the 15.9 months survey frequency. However, the numbers of contract staff will be limited and sporadic due to HMS's contractual obligation to CMS. The Department may consider an additional contract with Aschelion for SMQT-qualified survey staff.

February 5, 2016

Nursing Home MDS surveys:

While I believe this is a worthwhile endeavor, our current staffing will not allow Idaho to complete the additional surveys at this time.

Hospital Worksheets:

The use of the two tools increases the amount of time needed to complete hospital survey activities.

IMPACT Act 2014, Hospice surveys:

Hospice Agencies in Idaho are only federally certified; there is no State licensure.

We identified in FFY 2015 Idaho would not be able to meet the additional workload associated with the IMPACT ACT for at least three (3) years.

I am renewing my request that the CMS contract staff complete eight (8) of the ten (10) surveys for FFY 2016 and five (5) of the ten (10) in 2017. Idaho will be accountable for meeting the survey requirements in FFY 2018. Completion of survey activity means conducting the recertification survey and all required follow-up surveys and associated report review. We will identify the surveys the SA will complete in FFYs 2016 and 2017 at the beginning of each of the FFY (2016 attached).

Staff training:

I have four (4) survey staff trained and CMS qualified to survey hospice agencies. I have three (3) open positions so I will need the capability for two (2) staff to complete hospice basic in FFY 2016 and two in FFY 2017.

Baseline Activity:

**TIER 1.** In FFY 2016, we will strive to accomplish all of Tier 1 work to include surveys of the providers identified and at the frequency identified in Appendix 1 of the Mission and Priority Document. The greatest challenge to meeting Tier 1 requirements is hiring, training, and retention of staff. Staffing and survey outcomes are the greatest challenges to getting Tier 1 work completed. The LTC statewide average exceeds the 12.9-month average but we are committed to catching up and meeting the 15.9 survey interval. As described above we are actively exploring other methods of recruiting and retaining qualified RNs for all programs. I will be taking advantage of the training opportunities available and will be making nominations as outlined in the Training addendum included with this document.

**TIER 2.** I anticipate that we will be able to complete the majority of Tier 2 work outlined in Appendix 1 of the Mission and Priority Document. We recognize complaints as a priority and make every attempt to meet the timing requirements. However, there are times, due to staffing or other planned survey activity, travel distance, and weather that decisions are made to delay a non-immediate jeopardy investigation to use resources more effectively.

The cumulative effect of not surveying non-long term care providers at more than the minimum requirements has resulted in an increased number of CoPs and CfCs found out of compliance and the increasing number of substantiated complaints affecting workload. In the NLTC Tier 2 area, we are prioritizing the work as follows:

- 5% Targeted ESRD
- 5% Targeted Non-Accredited Hospitals and CAH surveys
- Ambulatory Surgical Centers 25% sample
- ESRD recertification surveys
- Non-Accredited Hospitals & CAHs recertification surveys
- Rural Health Clinics recertification surveys
- Outpatient Physical Therapy Provider recertification surveys

Tier 3 work is prioritized as follows:

- LTC initials (1)
- ESRD recertification
- Non-Accredited Hospitals & CAHs
- Ambulatory Surgical Centers
- Rural Health Clinics
- Outpatient Physical Therapy Providers
- Portable X-ray suppliers
- IPPS Exclusion Verification
- Survey of Previously Terminated Providers

Idaho does not have transplant centers, psychiatric residential treatment facilities, or comprehensive outpatient rehab facilities.

**TIER 4.** We do not anticipate being able to complete Tier 4 work. We anticipate forwarding at least one (1) request for exception review for an initial survey of two (2) Medicare-only SNFs one in Boise, and the other in Coeur d'Alene, Idaho. These areas do not have an access-to-care or Medicare-bed shortage, but are important to the Governor and the local communities they serve.

**Core Infrastructure:**

The core infrastructure requires:

- Timely and accurate data entry and maintenance of information databases (ASPEN suite of products).
- Maintenance of the MDS, OASIS repository, and nurse aide registry are accomplished by contractors. The contractors do an excellent job but have experienced business related expenses that have driven our costs higher.
- Maintenance of the Home Health Hot Line.
- State performance measures are taken seriously and our capability to meet contract expectations is monitored on a regular basis.

**Emergency Preparedness.** We are working with internal partners in the development of this plan and will utilize CMS Emergency Preparedness Resource Inventory (EPRI) software when it is available for use.

The baseline budget submitted reflects a request of \$1,619,742. This budget recognizes the cost share for home health surveys, staff vacancies, personnel dollars, additional office equipment, and computers and tablets for three new staff, and replacement of task chairs, and operating costs. Should you have any questions, please call me at 208 / 334-6626.

  
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Debby Ransom, R.N., R.H.I.T., Chief  
Bureau of Facility Standards—DHW

Date: 2/5/16

DR/nm  
Attachments



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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March 23, 2016

**MEMORANDUM**

**TO:** Tammy Perkins, Senior Special Assistant  
Office of the Governor

**FROM:** Tamara Prisock, Administrator  
Division of Licensing and Certification

**SUBJECT:** Federal Certification Surveys for  
Skilled Nursing Facilities

Below is the March update concerning work we are doing in our division to improve federal certification surveys we conduct for skilled nursing facilities. The table below provides a list of the specific outcomes and deliverables we are working toward and the progress we are making.

Please feel free to contact me if you have any questions about this progress report.

<b>Deliverable/Outcome</b>	<b>Progress/Update</b>
Professional conduct of surveyors	The Idaho Health Care Association (IHCA) continues to solicit feedback from their membership on a regular basis about surveys and the interactions between survey and facility staff, and they share the results with me at quarterly quality assurance meetings. IHCA leaders report that feedback from facilities is much more positive concerning surveyors. <b>Margo Miller in the Director's Office is conducting post-survey customer call-backs to facilities. In a separate document, I have</b>

Deliverable/Outcome	Progress/Update
	provided you with a report of the results to date of those calls. I have addressed the few negative comments with both long-term care staff and the contractor.
Crucial Conversations Training	<b>No change from February update.</b> This is a Department-sponsored training aimed at teaching skills that assist staff in communicating more effectively when involved in difficult or potentially confrontational situations. All Long-Term Care staff received this training in November 2015.
Educate long-term care administrators and management staff about the federal certification process, develop resources that help facilities understand federal certification surveys	<b>No change from February update. We continue to have quarterly meetings with IHCA.</b> Almost all skilled nursing facilities are members of the Idaho Health Care Association (IHCA), so we have started this work with IHCA. We use our quarterly Quality Assurance meetings to discuss ways we can both help facilities better understand the survey process. IHCA is one of the Department's best resources for educating and communicating to skilled nursing facilities.
Partner with IHCA and other key stakeholders to address the prevalence of pressure ulcers among long-term care residents.	<b>No change from February update.</b> We continue to partner with IHCA to plan training and other resources in this area for facility management and staff.
Improve the Informal Dispute Resolution (IDR) process by working with IHCA and selected long-term care providers and advocates to review and modify the process.	<b>No change from February update.</b> CMS is reviewing our proposed changes to the current process. Since the work group recommended no changes that we felt would concern CMS, we will fully implement the new process starting with the March IDR. We had previously implemented the extended time period for facilities to present their information as well as changes to DHW representation on the panel, but we will implement the remaining changes next month while we wait for CMS review and approval.
Survey Reports will be issued promptly after exiting the facility after a survey.	<b>No change from February update.</b> Survey reports are now delivered by the due date (within 10 days of the date of the survey exit).
Improved relationship with the Idaho Health Care	<b>No change from February update.</b> We hold quarterly Quality Assurance meetings with IHCA. I also hold a

Deliverable/Outcome	Progress/Update
Association (IHCA)	monthly conference call with the IHCA Board President and the Executive Director to discuss mutual issues and strengthen our working relationship.
Secure contracted, trained surveyors through Healthcare Management Solutions (contractor for CMS) to complete overdue skilled nursing facility surveys	<b>We developed a workload management plan, and using these contracted surveyors is a strategy within that plan. I have provided the most recent progress report to you in a separate document.</b>
Reduce the number of overdue surveys and complaint investigations	<b>I have provided the most recent progress report to you in a separate document.</b>
Hire and train retired or current nurse faculty as temporary surveyors	<b>I have provided the most recent progress report to you in a separate document.</b>

**Idaho Department of Health and Welfare**  
**Division of Licensing and Certification**  
**Bureau of Facility Standards**  
**LONG TERM CARE TECHNOLOGY PROJECT**  
**2016-2018 LTC MINI-GRANT APPLICATION INFORMATION**

Mini-Grant funds may be used to purchase and implement technology that will directly improve the quality of life and quality of care for residents. Examples of such technology are: IN2L, Snoezelen, interactive music systems such as Beamz, personal music through the use of portable electronic devices.

The project proposal should be no longer than 20 pages, including appendices, and provide the following:

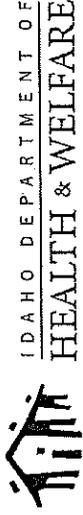
- An Introduction of the Long Term Care facility, residents, staff, and community
- The purpose of the project
- Who was involved in the project design and development
- The population it will serve
- The need the proposal is attempting to address
- Any problems that may be encountered in the implementation of the project and the contingency plan to address these issues
- How the facility will assess the results of the project (specific measures)
- Project timeline
- How you will ensure sustainability, and
- A summary of the proposal

In addition, the project plan needs to address the following:

- How you will inform residents, family members, and legal guardians of the technology orally and in writing prior to the usage of the equipment
- Updating information in the admission packet on how to access and utilize the technology
- If the technology is Internet based
- How residents can access the Centers for Medicare & Medicaid Services (CMS) and State Agency websites
- How to generate and protect passwords
- How residents protect themselves from identify theft and loss of private and protected health information
- The benefits and risks associated with use of social media and social networking
- How the technology will be resident specific to help residents stay connected to their current and past interests, cope with depression, isolation, and boredom, and reduce behavioral symptoms
- If applicable, how the technology will engage family members in resident care planning conferences
- The plan for acquisition and installation of the technology

- The plan for ongoing support costs and maintenance of the technology
- How you will train newly hired and existing staff on how to utilize the technology
- Who the designated staff members are on each shift to serve as technology coaches/ambassadors to help residents utilize the technology
- How the facility will ensure appropriate infection control practices are used to limit potential for cross contamination
- Funding:
  - Include an Excel spreadsheet with the budget expenses for the project, along with a narrative explanation of the costs. Mention any co-funding that you are planning to use from other sources. The narrative shall include the specific amount of Civil Monetary Penalty (CMP) funds to be used for the project, the time period for such use, and estimate of any non-CMP funds expected to be contributed to the project.
- List of any sub-contractors and organizations that *are* expected to carry out and be responsible for the components of the project. Copies of contracts and subcontracts shall be available upon request.

**Division of Licensing and Certification  
Improving Relationships with Nursing Facilities**



Based on feedback from the Idaho Health Care Association and directly from nursing facility management and staff, the following deliverables and outcomes were identified to address concerns and strengthen the working relationship we have with nursing facilities.

<b>Deliverable/Outcome</b>	<b>Progress/Update (as of April 8, 2016)</b>
Professional conduct of surveyors	The Idaho Health Care Association (IHCA) continues to solicit feedback from their membership on a regular basis about surveys and the interactions between survey and facility staff, and they share the results with me at quarterly quality assurance meetings. IHCA leaders report that feedback from facilities is much more positive concerning surveyors. Margo Miller in the Director's Office is conducting post-survey customer call-backs to facilities. I have addressed the few negative comments with both long-term care staff and the contractor.
Surveyor Training	<p>All Long-Term Care staff received <i>Crucial Conversations</i> training in November 2015. This is a Department-sponsored training aimed at teaching skills that assist staff in communicating more effectively when involved in difficult or potentially confrontational situations.</p> <p><i>Culture of Safety</i> - All Long-Term Care staff also received this training last fall. The training is about how to create an environment where staff can raise safety issues without fear. The context in which our staff received the training is to learn about how to raise issues of safety during surveys in constructive and helpful ways to minimize defensiveness from facility management and staff.</p> <p><i>Interaction Styles</i> – All Long-Term Care staff received this training in December. This training uses the Meyers-Briggs Personality Type Indicator. All staff completed the inventory before the training to get their personality type, and the training focuses on how to effectively communicate with individuals who have different personality styles.</p>
Educate long-term care administrators and	Almost all skilled nursing facilities are members of the Idaho Health Care Association (IHCA), so we have started this work with IHCA. We use our quarterly Quality Assurance meetings to

**Progress/Update (as of April 8, 2016)**

<b>Deliverable/Outcome</b>	
<p>management staff about the federal certification process, develop resources that help facilities understand federal certification surveys</p>	<p>discuss ways we can both help facilities better understand the survey process. IHCA is one of the Department's best resources for educating and communicating to skilled nursing facilities. Staff in the CMS Region X Office has offered to attend IHCA's annual conference in July to give nursing facilities the opportunity to ask questions and express concerns directly to CMS. We will discuss this offer with IHCA at our April quarterly Quality Assurance Meeting.</p>
<p>Partner with IHCA and other key stakeholders to address the prevalence of pressure ulcers among long-term care residents.</p>	<p>We continue to partner with IHCA to plan training and other resources in this area for facility management and staff.</p>
<p>Improve the Informal Dispute Resolution (IDR) process by working with IHCA and selected long-term care providers and advocates to review and modify the process.</p>	<p>CMS is reviewing our proposed changes to the current process. Since the work group recommended no changes that we felt would concern CMS, we fully implemented the new process starting with the March IDR. We had previously implemented the extended time period for facilities to present their information as well as changes to DHW representation on the panel, but we will implement the remaining changes next month while we wait for CMS review and approval.</p>
<p>Survey Reports will be issued promptly after exiting the facility after a survey.</p>	<p>Starting in January, 2016, survey reports are delivered by the due date (within 10 days of the date of the survey exit).</p>
<p>Improved relationship with the Idaho Health Care Association (IHCA)</p>	<p>We hold quarterly Quality Assurance meetings with IHCA. Debby and I also hold a monthly conference call with the IHCA Board President and the Executive Director to discuss mutual issues and strengthen our working relationship.</p>