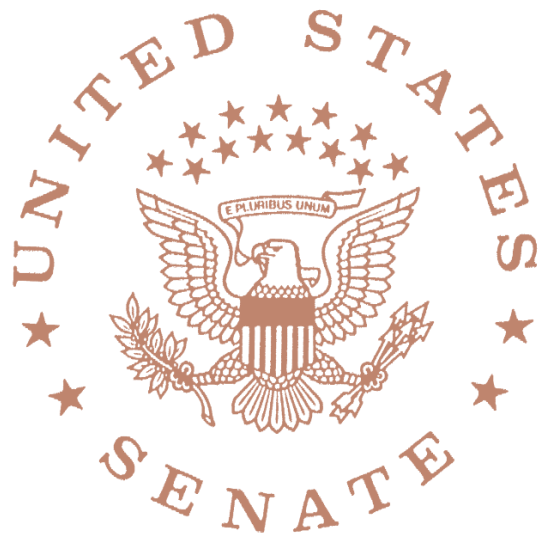


A photograph of a person in a wheelchair in a hallway, with a large white 'C' and the word 'APPENDIX' overlaid on a brown square.

APPENDIX
C



Alabama

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The Alabama Department of Public Health, Bureau of Health Provider Standards, is the state survey agency (SSA) responsible for all survey activities, related to Long Term Care (LTC) facilities, Acute and Continuing Care (ACC) facilities, including dialysis clinics, hospice agencies, hospitals, and emergency room, mental health facilities and ambulatory surgical centers; CLIA (Clinical Laboratory Improvement Amendments governing clinical laboratories); and State licensed facilities, including Assisted Living Facilities (ALF) and Skilled Care Assisted Living Facilities (SCALF). The conduction of the surveys allows the SSA to make recommendations to the Secretary of Health and Human Services, regarding the compliance with federal regulations by several facility types, and take State action, when necessary. The scope of performance of these activities requires the SSA to plan; schedule, when appropriate; conduct; and process surveys of an initial, recertification and complaint nature. As outlined by the Centers for Medicare and Medicaid Services (CMS), State Operations Manual (SOM), and Mission and Priority Document (MPD), the SSA must meet specific timeframes and performance standards. Additional to the ordinary, routine survey activities, during the Public Health Emergency (PHE, related to COVID-19), focused surveys (Focused Infection Control Survey) were added to the SSA's workload.

Prior to the beginning of the PHE in March 2020, the SSA experienced ongoing challenges in hiring qualified survey staff and retention. Additionally, since the beginning of the PHE, staffing has been greatly impacted by retirement, attrition, and the availability of staff, due to the effects of COVID disease on staff and families. The State's training program has also been negatively impacted by the absence of experienced and knowledgeable staff. The staffing numbers have reached a critical level, with vacancies for more than 30 surveyors. Although the State of Alabama maintains an open, continuous register for applicants, the pool of qualified survey staff remains limited in number. Impacting the pool of applicants and acceptance of positions, are extensive overnight travel requirements, low uncompetitive pay rates, and per diem. The number of complaints for all facility types has exponentially increased, causing some delays with on-site entry; the complaints are prioritized with consideration to seriousness and safety.

While all departments of the State of Alabama have been impacted by loss and lack of staff, the SSA remains committed to ensuring providers are compliant with addressing the health, safety, and welfare of the residents. The SSA is committed to recruitment/hiring; rebuilding a training program, utilizing any federal assistance; and training incoming staff on protocol and standards; and retention by adjusting salaries, and establishing more

effective travel reimbursement arrangements.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

The Alabama SSA has been severely impacted by survey staff turnover over the past five fiscal years. During the period of fiscal years 2020 through 2022, survey staff separated service at an attrition rate of 61% (**Attachment 1**). The losses have made scheduling difficult to navigate in light of CMS requirements for nursing participation in surveys. Overall, the limited availability of staff has severely impacted SSA's ability to conduct surveys at the prescribed standards set by CMS in the MPD. The number of backlogged surveys and lack of manpower to conduct recertification and complaint surveys has impacted the rising potential for burn-out and, subsequently, staff retention.

The mental and physical stress placed on work-life balance has driven individuals to seek alternative means of employment or exercise retirement. It should be noted that staff are encouraged to take advantage of an Employee Assistance Program (EAP) in cases where work or life is affected by health issues, physical or mental. The SSA has lost experienced nurses to multiple sources, due to a variety of reasons. Nurses have opportunities to work close to home with little to no overnight travel for a comparable or better salary. The SSA agency consistently competes with opportunities within the Alabama Department of Public (ADPH) for nurses who find work-life balance is better achieved as nurse managers, nurse supervisors and other similar classifications (**Attachment 2**); multiple state agencies, including the Alabama Medicaid Agency; healthcare providers, consultant groups, and contract survey vendors. The loss of nurses leaves a significant void that has proven to be difficult to fill, and ultimately affects the SSA ability to meet timelines for on-site investigations.

The SSA's efforts to hire nurses begins with educating potential candidates about the work and reward of being a surveyor; the job of a surveyor is unique, and nontraditional. This information and the benefits of state government employment is shared via state personnel advertising in publications and online resources, word of mouth, contact with former employees, staff exhibiting professionalism in work and behavior when conducting surveys. Retention of nurses has proven to be difficult as the SSA has navigated through the PHE. Several nurses were eligible for retirement and chose to do so. The SSA is working with department human resources staff to meet requirements for surveyor salary increase, including nurses; implement retention bonuses, provide training opportunities for process

enhancement and required continuing education for professional license renewal, maintain work base locations in counties of residence, 4-day work schedules, compensatory time for work greater than 40 hours a week.

The SSA has utilized contractors as an option to bridge the gap left by staff departures in an effort to meet CMS survey workload requirements while implementing steps to address SSA staffing challenges. The SSA considered this option to focus on CMS mandates for COVID-19 responses and increase in investigations of complaints with potential for immediate jeopardy, while attempting to address the steady loss of staff and available training resources for existing and new staff hires. The work of contracted surveyors helps to address the survey backlog, albeit at a frequency below expectations, and lowers the burn-out of current staff. We understand the process and time it takes to do the work of public service goes unrecognized by many, until it diminishes or becomes nonexistent. Unfortunately, under current circumstances, our professionals, who undertake the charge to serve, are overworked and overlooked. Those who have remained through recent and challenging years, and the few who have joined the frontline simply request changes to the current system. Moving forward, reshaping survey requirements and resources to support states in a manner that enables flexibility to adjust to emerging situations or concerns without delay, as in the case of emergency response assistance. Such adjustments would not sacrifice the focus of safety and quality care for the public.

It will take time for the SSA to recover from the dramatic loss of staff. The specialization of a surveyor requires training of up to a year to achieve adequate knowledge to perform tasks at an acceptable level of competence and confidence. An individual may be able to pass the Surveyor Minimum Qualifications Test (SMQT) after six months of training, and not function to an acceptable standard for survey productivity.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

As a public entity of state government, the SSA must adhere to rules of the State Personnel Board the do not allow the same flexibility for hiring and retaining staff that is available to the private sector (**Attachment 3**). The SSA is actively working with department administration to utilize available resources to increase public knowledge of the important role of its staff in ensuring safe and quality healthcare in facilities across the state. In doing

so, heighten the interest of nurses and other professional to consider the rewards of employment with the SSA as a surveyor.

In 2021, the Alabama State Personnel Board approved salary increases for public health nursing classifications. Unfortunately, nurses working as state surveyors work outside of the standard job classifications, in that of Licensure and Certification Surveyor. Within this classification, options specific to professional disciplines (i.e., nursing, social work, etc.) are listed. A comparison of the salary range for SSA registered nurse surveyors to other registered nurse positions in Alabama shows nurse surveyors below the salary range of nurses within the state (**Attachment 4**). Additionally, Alabama SSA's annual nurse salary range is comparable to that of border states of Mississippi at \$51,693.41 - \$84,809.51 and Georgia at \$64,134.16.

The SSA is working with department human resources staff to implement steps for surveyor salary increases, including nurses; implement retention bonuses, provide training opportunities for process enhancement and required continuing education license, maintain base work locations in counties of residence, four-day work schedules, compensatory time for work greater than 40 hours a week.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

The Alabama Survey Agency contracts with qualified vendors to complete recertification, complaint, focused infection control, revisits and ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) surveys to assist in meeting federal survey timeframes. Contracts were awarded in fiscal years 2021 and 2022 to vendors with considerable background, training, experience and expertise needed to conduct surveys required to determine compliance of LTCFs and ICFs/IID with federal requirements (**Attachment 5**).

Due to staffing shortages, both pre-COVID and ongoing, and the 9-month suspension of surveying, the SSA has fallen behind on the performance of routine surveys. Contributing to this delay in recertification surveys is the exponential influx of complaints, both third-party initiated and facility-reported incidents (FRIs). To aid the recovery of survey activities, post public health emergency (PHE), the SSA opted to utilize contract surveyors, to assist with decreasing the backlog of recertification surveys, as well as perform complaint, focused-

infection-control, and ICF/IID surveys, to facilitate meeting the mandated CMS timeframes and workloads. The SSA continues to maintain a backlog of recertifications and seeks the assistance of contract surveyors for fiscal year 2023. The SSA will continue to hire from the continuous register of applicants, maintained by the State Personnel Department.

Additional to decreasing the backlog of recertifications, using contract surveyors to share the survey workload slows the burn-out of the SSA's limited staff. The challenges faced with using contract surveyors, include scheduling and the quality assurance process. The SSA requires the contract surveyors to communicate with SSA long-term-care quality assurance personnel and provide all reports and documentation of survey activities for a complete review, as done with the SSA survey staff. Overall, the number of surveys conducted by contractors has been below that proposed during contract discussions; therefore, survey productivity did not adequately meet the need for optimal impact on the survey backlog.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

The Alabama Survey Agency has had written and verbal communication with CMS Atlanta Location regarding staffing challenges. With each fiscal year in response to CMS requests for the SSA plan for accomplishing the mandated workload for oversight of health provider compliance via the fiscal year MPD, current/baseline staffing levels are provided with projections of optimal staffing required to meet workload for the designated timeframe. Also, in recent years, CMS Atlanta has held CMS and State Directors bi-weekly virtual meetings that included SSA expression of concerns and status reports of staffing changes and related impact on SSA ability to meet the workload.

A letter of response to CMS Atlanta Location dated March 15, 2021, regarding completion of focused infection control surveys by the SSA and expressed concern with the overall citation rate for provider infection protection falling below the national average. The SSA addressed staffing challenges in the response and action plan for managing the shortfall at that time (**Attachment 6**).

In a letter, dated December 12, 2021, as a follow up to a phone conversation requested by the SA that took place on November 17, 2021. During that conversation, CMS was apprised of the degree of staffing challenges the SSA experienced in the previous fiscal year 2021 and the carryover into 2022. Included discussion of the 34% rate for attrition in fiscal year 2021 and the SSA limitations to recruit and train new hires, as well as current survey staff. Further, a plan was shared that included CMS assistance with training

through FMS surveys, comparative surveys and training sessions with survey staff (**Attachment 7**). The challenges have persisted in fiscal year 2022 with further staff losses.

On June 29, 2022, SSA staff met virtually with the General Accountability Office (GAO) to discuss the CMS Nursing Home Compare rating system; the questions are included (**Attachment 8**).

The relationship between CMS and the SSA is vital to recovery. CMS should reconsider the workload requirements for the SSA; for example, relaxing the requirement for number of the Focused Infection Control Surveys to perform; the new triaging requirements for complaints and FRIs with timeframes for prioritizing and investigating (SOM, Chapter 5 guidelines); provide additional hands-on training, particularly for States with critical staffing levels and in the absence of passing/failing the SSA staff, until training baselines are met. Competency should not be assessed, until personnel are trained.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

The Alabama SSA utilized CARES Act funding to acquire contract survey staff to facilitate survey activities to ensure the backlog of recertifications is decreased and mandated timeframes for investigation of complaints are met. As recovery is slow, among staffing shortages and lack of qualified applicants, the process of becoming current on recertifications and stabilizing the complaint process will very much depend on the continuance of the CARES Act funding.

The additional supplemental support for hiring and retaining staff will not be available to adequately implement steps for recruitment and retention of qualified, well trained survey staff in the absence of CARES funding. Overall staffing costs have risen, therefore funding must be provided at a level that allows the SSA to acquire, in most cases, and maintain enough staff to accomplish the required survey workload as it currently exists.

7. Please provide the requested data in the attached Excel sheet: (**Attachment 9**)
 - a. The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.
 - b. The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.
 - c. The number of nursing home surveyor positions (full time equivalents) in your agency's budget for the previous five fiscal years.
 - d. The number of nursing home surveyor positions that are currently vacant (not filled)

by full-time employees compensated directly by the state) for all staff and for nurses, specifically.

- e. For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?
- f. How many years of experience (i.e., years working at your agency), on average, do your current surveyors have? What percentage of your surveyors have two years or less experience; what percentage have five years or more?
- g. What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.
- h. The total dollar amount your agency has spent on contractors for survey, IDR or other nursing home-related oversight activities for the previous five fiscal years.
- i. The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	231	
	What is the number of Medicare and or Medicaid certified nursing home beds?	48,851	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,150,593	
	FY2021	\$1,183,112	
	FY2020	\$1,301,337	
	FY2019	\$1,082,100	
	FY2018	\$1,351,911	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$5,415,878	
	FY2021	\$5,284,865	
	FY2020	\$5,367,061	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	51	
	FY2021	48	
	FY2020	48	
	FY2019	48	
	FY2018 -	45	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	41	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	33	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	5	
	FY2021	4	
	FY2020	0	
	FY2019	12	
	FY2018	10	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	9	
	FY2021	12	
	FY2020	9	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	31%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	46%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$57,259 - \$85,087	Annual salary range.

	Not registered nurses?	\$50,712 - \$85,087	Annual salary range.
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$1,091,300	Total includes cost for contracted survey and IDR services.
	FY2021	\$497,785	Total includes cost for contracted survey services.
	FY2020	\$0	No services were provided.
	FY2019	\$0	No services were provided.
	FY2018	\$4,995	Total cost for contracted IDR services.
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	60	
	CY2021	88	
	CY2020	44	
	CY2019	44	
	CY2018	19	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	93%	
	CY2021	91%	
	CY2020	75%	
	CY2019	77%	
CY2018	84%		

Attachment 1

Attrition Rate for Period of Fiscal Years 2020 - 2022

LTC	Budget Base	Requested	Hired	Lost	Rate
FY 20 - 22	37		12	30	61%
FY 22	21	31	5	9	35%
FY 21	28	19	7	12	34%
FY 20	37	13	0	9	24%

Attachment 2

Comparative Pay Plans (Salary Schedule) – Alabama State Personnel Department

40207 Medicaid Nurse II	\$50,712.00 – \$85,087.20
40209 Medicaid Nurse III	\$58,692.00 – \$98,678.40
40220 Nurse-Midwife	\$61,660.80 – \$103,636.80
40229 Home Care Services Nurse	\$45,981.60 – \$81,007.20
40234 Home Care Services Nurse Supervisor	\$53,224.80 – \$98,678.40
40240 Staff Nurse	\$45,981.60 – \$81,007.20
40244 Nurse Coordinator	\$50,712.00 – \$89,479.20
40245 Nurse Supervisor	\$53,224.80 – \$98,678.40
40726 Licensure & Certification Surveyor*	\$50,712.00 – \$85,087.20

*Starting salary above minimum - \$57,259.20

State Personnel Testing and Training Facility - Directions (/Downloads/TestTrainCenterCommerce.pdf)

About State Personnel

A Brief History

The merit system owes its start in Alabama to a determined effort to generally improve administrative efficiency in state government. Enactment of a merit system law was one of a number of recommendations for organizational and administrative improvement that Governor Frank Dixon made to the 1939 State Legislature. While it did not overlook the problems of the spoils system, his message on the subject was essentially an eloquent argument for the merit system as a factor in governmental efficiency. Quoting from Governor Dixon's address:

"Under our present system, the chief duty of the Governor of Alabama is running an employment agency. Many thousands of applications are on file for places; each applicant has a right to come and present his claim in person, and it is humanly impossible for the Governor to act for the best interest of the State in patronage matters, even assuming that he spends his entire time attending to that."

In this same message, delivered on the third day of the 1939 Legislature, the Governor called attention to the inefficiency resulting from numerous independent boards, bureaus, and governmental agencies, and recommended "certain administrative changes." His recommendations spelled out plans for the consolidation of related functions into larger departments and placing these departments under single department directors, rather than commissions and boards. On this same day, bills were introduced to create six reorganized departments and to establish the merit system. All were enacted. The six departments were: Revenue, Highway, Finance, Corrections, Pardons and Paroles, and Personnel.

The Basic Law

The new merit system law created a Personnel Department to be administered by a Personnel Director who answered to an independent board. The Board originally consisted of three members, appointed by the Governor with the consent of the Senate for staggered six-year terms. The terms overlapped so that one expired every two years. In 1983, the legislature restructured the Board increasing its members to five, each serving staggered six-year terms. Two members are now appointed by the Governor, one by the Lieutenant Governor, one by the Speaker of the House, and one an elected classified state employee, i.e., an employee subject to all merit system rules and regulations. The need for Senate confirmation of appointments was eliminated. By law the Board is required to meet once each month. Its principal functions are to:

- adopt and amend rules and regulations;
- adopt and modify classification and pay plans;
- hear the appeals of employees who have been dismissed;
- represent the taxpayers' interest in the improvement of personnel management in the state;
- advise and assist the Personnel Director

While the law arranges for independence and continuity of the system from one administration to the next, the Governor is assured input in matters of fundamental importance. Governor approval is required for Board rules to become effective. The pay plan and changes to it adopted by the Board must be submitted to the Governor, who may approve, change, or disapprove them.

Department Organization

The Personnel Department is sub-divided into several statutory and service divisions represented by the links below. To learn more about each of these divisions click the corresponding link.

[Classification and Pay](#)[Examination](#)[Certification](#)[Payroll and Personnel Audit](#)[Information Technology](#)[Training](#)[Legal](#)[Administrative Law](#)

Administrative Law Division

Structure

Two attorneys, who report directly to the State Personnel Board, serve as the Hearing Officers for termination appeal hearings. This Division hears termination appeals on behalf of the State Personnel Board. Then, the hearing officers make a recommendation to the Board as to what action the Board should take in these matters. The Division is assisted by administrative support.

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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

**GEORGIA DEPARTMENT OF COMMUNITY
HEALTH**

invites applications for the position of:

Nurse Manager 2

SALARY:	\$64,134.16 Annually
DIVISION:	Healthcare Facility Regulation Division
UNIT:	LTC Program Surveyor
OPENING DATE:	09/21/22
CLOSING DATE:	Continuous
DESCRIPTION:	

Pay Grade: O

The Georgia Department of Community Health (DCH) is one of Georgia's four health agencies serving the state's growing population of over 10 million people. DCH serves as the lead agency for Medicaid, oversees the State Health Benefit Plan (SHBP) and Healthcare Facility Regulation, impacting one in four Georgians.

Through effective planning, purchasing and oversight, DCH provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and under-served populations. Six enterprise offices support the work of the agency's three program divisions. DCH employees are based in Atlanta, Cordele and across the state.

DCH is committed to providing superior Customer Service and Communication, embracing Teamwork and fostering Accountability to ensure that our internal and external customers and stakeholders feel included, respected, engaged and secure.

DCH is currently seeking qualified candidates for the position of **Nurse Manager 2, Long-Term Care Unit** with the Healthcare Facility Regulation Division. This position will document and conduct on-site surveys and require regional travel. Regional travel may require up to 90% overnight travel. Occasional weekend and after-hours work may also be required.

If you reside in the counties listed below, you are eligible for a 15% geographic pay supplement. *Please note, this supplement is only applicable to positions that are in long-term care units.* Banks, Barrow, Bartow, Carroll, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Henry, Jackson, Lumpkin, Newton, Oconee, Paulding, Pickens, Polk, Rockdale, Spalding, Walton, White

The Nurse Manager 2, under general to limited supervision, conducts on-site surveys of long term care facilities regulated by the state to determine compliance with applicable state and/or federal rules and regulations. May be asked to survey other facility types as needed. Surveys are conducted either independently or as a part of a multi-disciplinary team using both an automated and a written survey process to review the quality of nursing care delivered in federal and state long term care facilities (i.e., nursing homes, skilled nursing facilities).

JOB RESPONSIBILITIES:

- Reviews, monitors and ensures compliance with assigned program area's policies and procedures.
- Evaluates highly complex medical situations and prepares survey documents under strict deadlines.
- Leads, plans, organizes, and directs all nursing activities in assigned facility.
- Responsible for the quality of nursing care delivered in hospitals, public health facilities, and community based programs.
- Directs subordinate supervisors and staff.
- Provides staff development including orientation, in-service training, workshops and continuing education for all levels of nursing staff.
- Reviews state, federal, and other regulatory standards information in order to direct the quality improvement activities and achieve compliance.
- Plans and organizes the survey according to the facility's services, size and compliance history.
- Gathers data to determine compliance with applicable guidelines through on-site interviews with facility staff and/or clients, observation of procedures, inspection of environment and/or equipment, and review of applicable records.
- Compiles report of findings and deficiencies with appropriate evidence to support deficiency.
- Recommends adverse action if appropriate and notifies facility of findings.
- Reviews and monitors facility's Plan of Correction to determine compliance with applicable guidelines and timeliness of corrective action.
- Focuses survey in response to the priority of client's needs and/or complaints, and as findings emerge, changes survey focus accordingly.
- Coordinates activities with appropriate agencies.
- May assist in providing training and guidance to new employed surveyors.
- Expected to remain current on both federal and state requirements for long term care facilities through regular training and review of materials.
- May serve as team lead worker
- Other duties as assigned.

Note: Some positions may require a certification or licensure. Note: Possession of a valid Georgia driver's license, which would enable the applicant to drive in Georgia, and use of a car at work, are required for employees in this job. Position requires 90% state wide overnight travel. Occasional weekend and after-hours work may be required.

Current Georgia state government employees will be subject to SPB rule provisions. The position may be filled at a lower level.

MINIMUM QUALIFICATIONS:

Master's degree in nursing, nursing administration, public health or directly related field from an accredited college or university AND Two years in an administrative or supervisory capacity AND current Georgia license as a Registered Professional Nurse OR Bachelor's degree in nursing from an accredited college or university AND Five years of experience as a Registered Nurse, Two years of which in an administrative or supervisory capacity AND current Georgia license as a Registered Professional Nurse OR Eight years of experience as a Registered Nurse, Two years of which in an environment related to the area of assignment, Four years of which as a supervisor AND current Georgia license as a Registered Professional Nurse.

Note: After hire, this position is required to successfully complete all preparatory training provided, including successful completion of the Surveyor Minimum Qualifications Test within the first 12 months of employment as required by Sections 1819(g) (2) (C) (ii) of the Social Security Act, as amended, and Article IV (B) of the Agreement pursuant to Section 1864 of the Social Security Act. Upon successful completion of the SMQT, this position is eligible for a pay increase.

ADDITIONAL INFORMATION:

EARN MORE THAN A SALARY! In addition to a competitive salary, the Georgia Department of Community Health offers a generous benefits package, which includes employee retirement plan; paid holidays annually; vacation and sick leave; health, dental, vision, legal, disability, accidental death and dismemberment, health and child care spending account.

Due to the volume of applications received, we are unable to provide information on application status by phone or e-mail. All qualified applicants will be considered, but may not necessarily receive an interview. Selected applicants will be contacted by the hiring agency for next steps in the selection process. Applicants who are not selected will not receive notification.

THIS POSITION IS SUBJECT TO CLOSE AT ANY TIME ONCE A SATISFACTORY APPLICANT POOL HAS BEEN IDENTIFIED.

This position is unclassified and employment is at-will.
Candidates for this position are subject to a background and credit history check.
For more information about this job contact: <http://dch.ga.gov>

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.dch.georgia.gov>

Position #2020-02252
NURSE MANAGER 2
AA

2 Peachtree Street 40th Floor
Atlanta, GA 30303

neogov.help@dch.ga.gov

Nurse Manager 2 Supplemental Questionnaire

- * 1. The answers you provide to the supplemental questions will be used to determine if you meet the minimum qualifications for this position. Your responses pertaining to specific work experience and education must be clearly shown in the areas for work history and education on your application. Your application must be completed in full before it is submitted. We do not accept additional information after your application has been received by the Personnel Department. Do you accept these conditions?
- Yes
 No
- * 2. What is your highest level of education completed?
- Master's Degree
 Bachelor's Degree
 Associates Degree
 Some College/Tech School
 High School Diploma
 GED
 None of the above
- * 3. Are you a current employee of the Georgia Department of Community Health?
- No
 Full Time Employee
 Part Time Employee

- Temp or Contractor
- Intern
- Volunteer

* 4. Do you have a current Georgia license to practice as a Registered Professional Nurse?

- Yes
- No

* 5. How many years nursing management, supervisor or leadership experience in a clinical setting do you have?

- None
- 6 Months to less than 1 Yr
- 1 Yr to less than 2 Yrs
- 2 Yrs to less than 3 Yrs
- 3 Yrs to less than 4 Yrs
- More than 4 Years

* 6. Are you a veteran?

- Yes
- No

* Required Question

Registered Nurse 2 Jefferson County Health Department Dandridge, TN

Who we are and how we impact Tennessee:

TDH incorporates our values into the work we do each day to achieve our mission, live our vision and address our two strategic priorities of prevention and access.

Mission:

Protect, promote, and improve the health and prosperity of people in Tennessee.

Vision:

- Healthy People
- Healthy Communities
- Healthy Tennessee

Our Values:

- Collaboration
- Excellence
- Integrity
- Compassion
- Respect
- Health Equity

Strategic Priorities:

Prevention:

- Support Local Leadership
- Decrease Youth Obesity
- Decrease Tobacco Use
- Decrease Substance Misuse
- Prevent and Mitigate Adverse Childhood Experiences

Access:

- Optimize Internal Clinical Efficiency
- Improve External Primary Care Access
- Leverage Innovation
- Expand Partnerships

[TN State Careers](#)

Job Overview:

Under general supervision, is responsible for registered nursing duties of average difficulty based on a wide range of circumstances and performs related work as required.

Salary Range: \$3,534 to \$5,653 per month, negotiable, and depending on qualifications.

Key Responsibilities:

- Provides nursing care and procedures according to physician's orders and nursing protocol.
- Counts and tracks drugs, instruments, and other accountable items.
- Maintains healthcare equipment, supplies, and inventory.
- Compares assessment data to established acceptable ranges to determine abnormalities.
- Explains tests, procedures, and results to appropriate individuals according to protocol.
- Collects patient and family health history data.
- Performs diagnostic tests on collected specimens to determine patient's health status.
- Administers medication according to the physician's orders and protocol.
- Evaluates possible side effects and the overall effectiveness of medication.
- Performs initial and ongoing assessments according to protocol.
- Documents patient information according to standards of care.

Minimum Requirements:

Currently licensed as a Registered Nurse and education equivalent to a bachelor's or graduate degree in nursing from an accredited college or university or a diploma in registered nursing from an accredited school of nursing.

OR

Currently licensed as a Registered Nurse and experience equivalent to one year of registered nursing.

Education:

Currently licensed as a Registered Nurse in the State of Tennessee or holds a privilege to practice in the State of Tennessee under the Nurse Licensure Compact (NLC).

To apply: Please send resume to joey.king@tn.gov

Pursuant to the State of Tennessee's Workplace Discrimination and Harassment policy, the State is firmly committed to the principle of fair and equal employment opportunities for its citizens and strives to protect the rights and opportunities of all people to seek, obtain, and hold employment without being subjected to illegal discrimination and harassment in the workplace. It is the State's policy to provide an environment free of discrimination and harassment of an individual because of that person's race, color, national origin, age (40 and over), sex, pregnancy, religion, creed, disability, veteran's status or any other category protected by state and/or federal civil rights laws.

[Home](#)

Health Surveyor

Family Description

Jobs in this family evaluate the use of space and resources for different health service providers and their compliance with applicable regulations.

Jobs and Descriptions

Health Surveyor I

First-level professional position that functions as a member of a team in conducting surveys of providers of health care services to determine compliance with standards established by the State of Mississippi and the Department of Health. The incumbent performs consultation and inspectional services for the various departments in a health care system as well as technical work within one of the specialized areas of administration, fire safety, medical technology, dietetics, medical records, or pharmacy for hospitals, nursing homes, and related facilities within the state.

Typically requires a Bachelor's Degree and 0-3 years of experience.

OCCU: 9287

Pay Grade: MS09

Health Surveyor II

Second-level professional position that functions alone or as a member of a team in conducting surveys of providers of health care services to determine compliance with standards established by the State of Mississippi and the Department of Health. The incumbent performs specialized consultation and inspectional services for the various departments in a health care system as well as technical work within one of the specialized areas of administration, fire safety, medical technology, dietetics, medical records, or pharmacy for hospitals, nursing homes, and related facilities within the state. Incumbent works independently under general supervision and assumes increased responsibility when appropriate, including training and functional supervision of entry-level surveyors.

Typically requires a Bachelor's Degree and 4+ years of experience.

OCCU: 9288

Pay Grade: MS13



General Pay
Plan

Grade	Min	Market	Max
20	\$101,626.42	\$133,384.67	\$166,730.84
19	\$91,555.33	\$120,166.37	\$150,207.97
18	\$82,482.28	\$108,257.99	\$135,322.49
17	\$74,308.36	\$97,529.72	\$121,912.16
16	\$66,944.47	\$87,864.62	\$109,830.77
15	\$61,416.94	\$80,609.74	\$100,762.17
14	\$56,345.82	\$73,953.89	\$92,442.36
13	\$51,693.41	\$67,847.61	\$84,809.51
12	\$47,425.15	\$62,245.51	\$77,806.89
11	\$43,509.31	\$57,105.97	\$71,382.47
10	\$40,286.40	\$52,875.90	\$66,094.88
9	\$36,624.00	\$48,069.00	\$60,086.25
8	\$33,600.00	\$44,100.00	\$55,125.00
7	\$31,111.11	\$40,833.33	\$51,041.67
6	\$28,542.30	\$37,461.77	\$46,827.22
5	\$26,185.60	\$34,368.60	\$42,960.75
4	\$24,023.49	\$31,530.83	\$39,413.53
3	\$22,039.90	\$28,927.36	\$36,159.20
2	\$20,220.09	\$26,538.86	\$33,173.58
1	\$18,216.30	\$23,908.89	\$29,886.11



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

March 15, 2021

Ms. Jill Jones
Branch Manager
Long Term Care Branch #1 – Survey
Atlanta Survey and Enforcement Division
Survey and Operations Group
Center for Clinical Standards and Quality (CCSQ)
Centers for Medicare and Medicaid Services (CMS)
61 Forsyth Street, SW, Suite 4T20
Sam Nunn Atlanta Federal Center
Atlanta, Georgia 20202

Dear Jill:

This letter is in response to the February 2, 2021 letter sent to Dennis Blair, Director, Bureau of Health Provider Standards, received from Dr. Lee A. Fleisher, Chief Medical Officer and Director for the Center for Clinical Standards and Quality.

Metrics on Completion of Focused Infection Control Surveys since March 2020

We appreciate the recognition for the completion of 100% of our Focused Infection Control Surveys for nursing homes identified by CMS as needing an onsite survey. It has been a very difficult and challenging year. Let me add that it would not have been possible without the assistance of CMS and the CMS contractors in completing the required 3-5-day survey workload. The CMS Atlanta Location has been made aware of Alabama's workforce challenges. We have experienced attrition from resignations and have had challenges with surveyors being able to pass the fit-test for N-95 respirators. In addition, we have had staff that have been either exposed to COVID positive individuals or tested COVID positive themselves requiring quarantine or isolation.

While CMS did adjust the criteria that triggers a focused infection control survey, we have been working to address our staffing challenges. We were able to hire five Registered Nurse (RN) surveyors in October 2020. Two of five trainees resigned from their employment while on probation. The three trainees that remain with us have been involved in conducting both focused infection control surveys and complaint surveys for their field training experience. Being able to conduct these surveys will hopefully enhance their investigative skills for recertification surveys. Because we have focused on getting the focused infection control surveys and complaint surveys completed, the trainees have not had an opportunity for field training in conducting the entire Long-Term Care Survey Process. We are hopeful that as the 3-

5-day focused survey numbers are declining nationally, we will be able to conduct recertification surveys to complete their training with successful completion of the Surveyor Minimum Qualifications Test.

To address CMS' comment about looking into resources and options available to complete focused infection control surveys, we have recently received employment registers to begin the interview and hiring process for 8 additional RN surveyors to fill a portion of the 25 vacancies in Long Term Care. The interview and selection processes are quite lengthy with first conducting interviews, applicant work history and degree verification. We are usually only successful in hiring and retaining 50-60% of those that are interviewed and selected because of the demands of this type of work. We hope to have those that we hire on board to begin training within the next two months. In addition to our staffing challenges, we have been in the process of finalizing two separate contracts with outside surveyor resource companies to assist us with our recertification survey workload.

Overall F880 Citation Rate

Dr. Fleisher's letter identified that as of January 17, 2021, Alabama surveyors cited only 17 deficiencies with Infection Prevention and Control Programs at F 880, at 3% in comparison to the national citation rate at F 880 at 13% and F 880 by Federal surveyors is 21%. The letter also states, "The citation rate for Alabama appears to be low" and suggests that we review the citations of our surveyors, assess their training and knowledge, and ensure that deficiencies are not being overlooked.

In response, Alabama has a quality assurance process for the review of surveys conducted by our surveyors. To verify compliance or noncompliance by facilities regarding infection prevention and control, our supervisory staff have been performing quality assurance reviews of the Focused Infection Control Surveys. While our surveyors are onsite, supervisors frequently speak with surveyors by phone to discuss issues to be sure that we are identifying quality concerns related to infection control. Any identified questions or concerns regarding deficient practices are brought to the attention of the surveyor(s) either while in a facility or post quality assurance review. As another layer, our Quality Assurance Director reviews all deficiencies that will result in an enforcement action. We will continue with our quality assurance process and as quality concerns are identified, provide for continuing education for our long-term care survey staff to promote consistency in investigating infection control requirements.

To further address examples of actions to deal with our deficiency rates and identify any educational gaps, our long-term care survey staff will be required to view the CDC's Project Firstline trainings. While many of these trainings have been viewed previously, we will be requiring a repeat of these trainings to serve as best practices for infection prevention and control.

Our supervisory staff are in the process of being fit tested so that they can conduct onsite visits to observe our survey staff in the process of these investigations. This has been difficult to accomplish due to the number of focused infection control surveys that required to be conducted and reviewed and to be able to timely send out the survey findings after quality assurance review. If the supervisory staff identify any concerns while onsite, these concerns will be brought to the attention of the surveyor/team.

We are planning a WebEx training with our staff to discuss the concerns of this letter as well as address any questions or concerns about the identification of deficient practice. The Focused Infection Control

Survey will be discussed, and we will specifically address F880 and the elements of this requirement with our staff in investigating for compliance or noncompliance.

Immediate Jeopardy Citation Rate:

When CMS brings to our attention that our citation rate is lower than the national rate in identifying immediate jeopardy at F 880, it's difficult to know how to respond.

When CMS started issuing the 3-5-day survey lists, there were so many surveys that were identified as RED and required an investigation within 2 working days. This presented a challenge for us and our surveyors were working as fast as they could to get into as many as 3 facilities per week. If the facility was not identified as a RED facility, surveyors may have had up to 4 visits to make within their work week. To meet the timeframes, our surveyors had to make some hard and fast decisions for compliance with infection prevention and control. Working to meet the challenges of the workload, we acknowledge that we may have missed some deficient practices but did our best with the situation as it existed.

In addition, we have been facing some staffing challenges as mentioned above and are doing everything within our control to hire and train staff. We will continue to monitor the time our staff spend onsite evaluating a facility's compliance and through supervisory conversations with teams onsite be sure that each survey is a good reflection of what is happening in the facility.

Please be assured that Alabama will cite immediate jeopardy in situations where a deficiency rises to that level. While we did not identify immediate jeopardy at F 880 since the beginning of the pandemic through January 17, 2021, we have cited facilities at F 880 Twenty-six (26) times resulting in the imposition of immediate remedies. With our Quality Assurance process in place, each F 880 deficiency is reviewed. When there are concerns through QA that the severity level may be higher, the investigation would continue by having the surveyor(s) go back onsite to gather the additional information to support the higher severity level. Please note: Alabama has cited other deficient practices because of focused infection control surveys at immediate jeopardy, F 886, COVID-19 Testing of Residents and Staff (cited twice). In addition, we have conducted complaint investigations where immediate jeopardy was identified for other F tags.

We will continue to conduct the Quality Assurance reviews as well as discuss findings with our surveyors and provide training in areas where there are failures to identify deficient practices at the appropriate severity level.

Time Spent Onsite in Focused Infection Control Surveys:

Onsite time for our staff has not been identified to be an issue since it was previously brought to our attention previously by CMS. We are averaging approximately 8 hours for each focused infection control survey and expect our surveyors, if there are identified issues with infection prevention and control, to make observations across all shifts.

How Alabama will respond to meet the recommendations by CMS:

1. Additional training will be conducted with survey staff on the elements of the focused infection control survey process to include each F tag associated with infection control, specifically F 880. This training will be scheduled and conducted by March 22, 2021 and individual surveyor training or team training will occur as concerns are identified with citing F 880 because of our quality assurance process.
2. To help with gaps in infection control knowledge, all survey and supervisory staff will be required to watch the CDC Project Firstline trainings. These training videos must be viewed by not later than March 22, 2021.
3. Supervisory staff, to include a team coordinator identified as a field coach, will be required to make onsite visits with surveyors/teams to ensure they are making the pertinent observations to identify infection control concerns. Any concerns identified will be brought to the surveyor(s) attention while onsite so that further investigation can be done therefore identifying the potential reasons why Alabama's proportion of deficiency free surveys is high and the immediate jeopardy citation rates are low.

We hope that you will find that this plan explains where we believe the concerns lie and where we will make every effort to identify and address the areas CMS has brought to our attention.

Sincerely,



Lisa Pezent, Director, Long Term Care
Acting State Program Director
Bureau of Health Provider Standards

Cc: Linda Smith, Division Director
CMS/CCSQ
Denise Milledge, Acting Bureau Director
Health Provider Standards
Mary G. McIntyre, M.D., M.P.H., SSBB
Chief Medical Officer, ADPH



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

December 13, 2021

Linda Smith, R.N., M.S.N., M.B.A.
Division of Survey and Certification
Department of Health and Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Ms. Smith:

This is a follow up to your discussion with Denise Milledge on November 17, 2021, regarding the current staffing challenges for the Alabama State Survey Agency (SSA). During the discussion, it was expressed that the Centers for Medicare and Medicaid Services (CMS) would be willing to assist with training and provide extra support, if possible, with Resource Support Surveys and online sessions. The SSA is at a level of staffing and functionality that affects its ability to carry out key responsibilities. In fiscal year 2021, the long-term care surveyor attrition rate reached 34 percent. Staffing in the Long Term Care Unit will not allow an effective response to meet workload requirements in the foreseeable future. Available resources have been utilized to focus survey activity on immediate jeopardy complaints (IJ), actual harm (non IJ High) and focused infection control surveys.

SSA leadership has been impacted by retirements and resignations over the last nine months. Administrative positions of State Program Director (SPD) and Bureau Director were vacated at the same time via retirement, followed by departures of other supervisors and surveyors. The SPD and L&C Manager classifications were opened for applications and interviews are currently in progress. The position of L&C Manager is currently filled by Lisa Pezent, who has submitted a letter of intent to retire effective February 1, 2022. She has also served as Acting State Program Director since March 2021. Her experience and knowledge will not be easily or instantly replaced. Additionally, the SSA is actively seeking staff to fill vacant surveyor positions. Interviews were held through the end of November and the candidate review process is currently being conducted. The anticipated start date of employment for new surveyors is January 16, 2022.

The SSA has received approval of a contract with CertiSurv, LLC for assistance with conducting long-term care surveys effective December 1, 2021. Expectations are that the contractor will conduct recertification visits and include an investigation of complaints of immediate jeopardy and harm in nursing homes, as well as intermediate care facilities for individuals with intellectual disabilities; with work beginning in January 2022. The SSA will continue to utilize available staff to conduct prioritized complaint and focused infection control surveys and recertification surveys with complaints.

Ms. Linda Smith, R.N., M.S.N., M.B.A.

Page 2

December 13, 2021

The SSA's ability to train incoming surveyors is extremely limited due to the significant absence of experienced surveyors and supervisors. This has and will profoundly impact our ability to train new staff and provide continuing education opportunities for current staff. The SSA Training Plan for LTC Surveyors (Attachment 1) consists of the following:

- SSA Administrative Requirements – New Employee Orientation (Attachment 2)
- CMS Requirements – State Operations Manual, Prerequisite/Mandatory Training Videos
- Food Safety and Investigative Skills
- Practicum Training – Field Training (Attachment 3)
- SMQT

The SSA respectfully requests CMS assistance and support with training new surveyors in the Long Term Care Survey Process, Interpretation of Regulations, Principles of Documentation and Investigative Skills. Additional training on the same topics for current surveyors will be valuable reinforcement and will assist with the consistency of application in practice. Further, assistance is requested to enhance staff knowledge and skills for enforcement activities and implementation of State Performance Standards Systems (SPSS) and its guidance.

We look forward to working with CMS in our effort to restore staffing and productivity. Thank you for your willingness to provide assistance.

Sincerely,



Scott Harris, M.D., M.P.H.
State Health Officer

SH/JDM/KM
Attachments

Questions for State Survey Agencies

GAO Care Compare Nursing Home Website and Rating System engagement (105312)

In response to a request from Senator Grassley, GAO is examining the nursing home Care Compare website (formerly the Nursing Home Compare site) and Five-Star Rating System. We are reviewing the extent to which the website contains accurate, understandable, and relevant information with which the public can compare nursing homes.¹

1. Please describe the frequency and methods in which your state survey agency (SSA) communicates with CMS.
 - a. Please provide example(s) of ways in which you become aware of quality of care and safety issues at nursing homes and when the SSA would communicate these issues to CMS.
2. We understand that CMS implements Federal Monitoring Survey (FMS) activities, which include, among other things, CMS staff joining survey teams. Please provide example(s) of your SSA's experience participating in these activities with CMS.
3. Are there any recent actions from CMS that have improved/supported Alabama's ability to carry out the state's survey inspection responsibilities?
 - a. Are there any opportunities for CMS to improve or better support Alabama's ability to carry out the state's survey inspection responsibilities?
4. How are surveyors assigned to nursing homes across Alabama? For example, do surveyors typically survey the same selection of nursing homes repeatedly and how are health professional staff assigned? Is there variation across survey assignments/areas in Alabama?
 - a. To what extent, if at all, do survey assignments impact survey quality or star rating distribution within Alabama?
 - b. Does the SSA monitor the outcomes of the nursing home surveys and make adjustments to inspection practices of individual nursing homes, or regionally?
 - c. How, if at all, is CMS's input included in these plans?
5. We've heard that agencies around the country experience staffing challenges for survey staff and/or some agencies have an influx of new surveyors. Please describe whether Alabama has experienced similar or differing experiences with staffing.
 - a. We understand from the CMS State Operations Manuals that there is significant training for new surveyors. Approximately how long does it take until a surveyor is sufficiently trained to conduct surveyor duties independently?
6. Does Alabama have a staff person serve as Resident Assessment Instrument/Minimum Data Set coordinator? If so, please describe their role.

¹ We use the term nursing home to refer to both nursing facilities and skilled nursing facilities.

Questions for State Survey Agencies

GAO Care Compare Nursing Home Website and Rating System engagement (105312)

- a. Are you formally or informally aware of the frequency with which surveyors in Alabama implement the Critical Element Pathways during surveys, in particular the Resident Assessment Critical Element Pathway?
7. Please describe your involvement in the appeals process available to nursing homes should they choose to dispute the results of an inspection.
 - a. To the extent that you are aware, how are any changes resulting from the appeals process represented on the Care Compare website?
 8. Please describe how Alabama plans for and assigns staff to process and investigate complaints.
 - a. Is there any variation in this plan based on geography, resources/needs or nursing home performance throughout the state?

Five-Star Rating System and Care Compare Website

9. What are the ways in which CMS's five-star rating system appropriately takes into account and reflects quality and safety issues that are specific to Alabama (e.g., statutory or cultural)?
 - a. Are there ways in which the rating system is limited in its ability to take into account and reflect quality and safety issues that are specific to Alabama (e.g., statutory or cultural)?
10. What information does CMS present on the Care Compare website that represents nursing home quality of care or safety in an accurate and meaningful way to users of the website?
 - a. What changes in recent years, if any, have improved the accuracy or meaningfulness of the information CMS presents on the Care Compare website?
11. What information, if any, does CMS present on the Care Compare website that—to a greater or lesser extent—may inaccurately represent nursing home quality of care or safety to users of the website?
 - a. What opportunities, if any, are there for CMS to take to improve the accuracy of information on quality of care or safety?
12. What is your perspective on CMS's use of the Special Focus Facility (SFF) designation in identifying low performing nursing homes? How effectively does CMS use this designation on its Care Compare website?
13. What is your perspective on CMS's use of the abuse icon displayed on the Care Compare website to indicate determinations of abuse incidents within the facility? Does it effectively communicate abuse-related concerns to users of the website?

Alaska



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

OFFICE OF THE COMMISSIONER

Anchorage

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October 27, 2022

Chairman Bob Casey
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

Honorable Chairman Casey,

The State of Alaska, Division of Health Care Services has completed the information request on survey staffing and performance for the Senate Special Committee on Aging.

Question #1

Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state.

The Alaska State Agency (SA) conducts the normal processes as mandated by CMS. However, Alaska is a very large and rural state. Our SA often has challenges with travel arrangements due to the frequency of flight travel. A vast majority of our nursing homes require our surveyors to fly commercially to reach those destinations. Travel to certain locations can take up to eight hours.

Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Due to the amount of time it takes to train new surveyors, our SA often finds we have limited experienced surveyors. We have a small number of staff who often conduct multiple surveys back-to-back due to the increase in complaints and the normal mandated survey requirements. We have used contractors from an independent agency, as approved by the Center for Medicare

and Medicaid Services (CMS), to conduct survey and certification work on state-run facilities and Federal survey and certification work in Alaska nursing homes, critical access hospitals, hospitals, home health agencies, and hospice agencies for the Department of Health Facilities Licensing and Certification (HFL&C).

Question #2

Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Our SA has experienced staff turnover in recent years which has been attributed to a combination of retirement, family needs, and wages not comparable to the private sector. This turnover did cause issues with scheduling surveys. In October 2020, a comprehensive review of the job classes in the Nursing Professional job family was reviewed in response to concerns raised by both the Department of Health and Social Services (DHSS) and Department of Corrections (DOC) that the wages of State of Alaska professional Nurse job classes have failed to remain competitive to recent changes in the market. The result of this review was positive and increased salaries for 28 positions across the department. This has allowed us to attract new and maintain existing surveyors.

Question #3

Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives?

Our SA has not been impacted with retaining nurses due to the recent years' shortages, however, we have found issues attracting nurses' positions. As mentioned above, the comprehensive review of the job classes in the Nursing Professional job family increased the number of applicants applying for vacancies. A hybrid work model was put in place because of the public health emergency which allows for flexibility on where work is performed. Due to the travel associated with our SA positions, we have not seen the hybrid model negatively or positively affect recruitment.

In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market.

The unverified average salary for a registered nurse in Alaska is about \$85,000 (Range: \$76,500 – \$98,000). Our starting salary is approximately 10-15% higher than the state average.

To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

We are unable to answer this as we have not tracked or been made aware of signing bonus in the private sector.

Question #4

Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR).

As mentioned above, we have used contractors from an independent agency during the public health emergency, as approved by the Center for Medicare and Medicaid Services (CMS), to conduct survey and certification work. This proved to be successful in implementing the additional help in getting back to “normal” survey timelines.

Please also provide all associated contracts for the previous five calendar years.

Health Facilities Licensing and Certification required a contract from an independent agency, Healthcare Management Solutions, LLC, as approved by the Center for Medicaid/Medicare Services (CMS), to conduct Federal survey and certification work in Alaska nursing homes, critical access hospitals, hospitals, home health agencies, and hospice agencies for the Department of Health Facilities Licensing and Certification (HFL&C). This contract is needed for stay in Federal compliance and work has already started.

Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors.

The use of contractors allowed our SA to complete work with our own staff while a contracted staff member worked simultaneously to survey. To simplify, with contracted help we were able to do twice the work at the same time. This benefited us in getting us caught up on backlog and help decrease surveyor fatigue from constant surveying back-to-back with little to no time to create survey reports. Communication and logistical planning were the two concerns our SA notice while using contractors. Geographically, contractors had to fly across the country to Anchorage, Alaska to assist and this took significant time and money.

How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys?

Our SA worked with the contractors Quality Assurance (QA) unit with each survey. The contractors would often let us know when they entered and exited a survey as well as consult with us on any potential high-level citation. Our internal QA staff would read each of their CMS-2567 survey reports before they were sent to the facility. If changes were needed, we had the authority to have those changes made.

What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

CMS had parameters they require the SAs to meet and follow. CMS should consider distinguishing contracted surveys from SA surveys when review quality data.

Question #5

What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages?

It would be helpful if the SAs were able to get information like QSO memos and policy changes before they are released publicly. We feel if we know what is coming then we can better prepare for changes once enacted.

Please provide correspondence your agency has transmitted to CMS, the OIG, or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

None could be retrieved due to lack of access to former employees' emails.

Question #6

The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately seven percent for survey and certification activities that is set to sunset in 2023.

How is your agency using the CARES Act funding?

The funding was used specifically for conducting COVID-19 Surveys.

What affect, if any, will the sunseting of this funding have on your agency?

This is to be determined as we did not receive a large amount due to the low number of nursing homes in Alaska. COVID-19 only surveys have reduced and down to the minimal requirement set forth by CMS. The only issue would be the required COVID-19 surveys would have to be funded from general baseline federal funding.

Question #7 – See EXCEL SHEET

a. The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.

b. The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.

c. The number of nursing home surveyor positions (full time equivalents) in your agency's budget for the previous five fiscal years.

d. The number of nursing home surveyor positions that are currently vacant (not filled by full-time employees compensated directly by the state) for all staff and for nurses, specifically.

October 27, 2022

Page 5

e. For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?

f. How many years of experience (i.e., years working at your agency), on average, do your current surveyors have? What percentage of your surveyors have two years or less experience; what percentage have five years or more?

g. What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.

h. The total dollar amount your agency has spent on contractors for survey, IDR, or other nursing home-related oversight activities for the previous five fiscal years.

i. The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.

Sincerely,



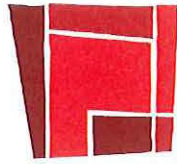
Adam Crum
Commissioner

Cc: Albert Wall, Deputy Commissioner
Sylvan Robb, Assistant Commissioner
Heather Carpenter, Deputy Director
Renee Gayhart, Director of Health Care Services
Daniel Phelps, Program Coordinator

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	20	All nursing homes are SNFs that are T18/T19 certified.
	What is the number of Medicare and or Medicaid certified nursing home beds?	830	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		Data includes nursing homes, as well as general acute care hospitals, long-term acute care hospitals, critical access hospitals, volunteer and full service hospice programs, home health agencies, rural health clinics, frontier extended stay clinics, birthing centers, ambulatory surgical centers, end-stage renal disease dialysis centers and outpatient physical therapy, and speech pathology services.
	FY2022	\$621.5	In thousands
	FY2021	\$438.8	In thousands
	FY2020	\$576.2	In thousands
	FY2019	\$619.5	In thousands
	FY2018	\$581.8	In thousands
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		Data includes nursing homes, as well as general acute care hospitals, long-term acute care hospitals, critical access hospitals, volunteer and full service hospice programs, home health agencies, rural health clinics, frontier extended stay clinics, birthing centers, ambulatory surgical centers, end-stage renal disease dialysis centers and outpatient physical therapy, and speech pathology services.
	FY2022	\$1,856.7	In thousands
	FY2021	\$1,584.4	In thousands
	FY2020	\$977.5	In thousands
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	14	
	FY2021	12	
	FY2020	12	
	FY2019	12	
	FY2018	12	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	5	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	5	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	3	
	FY2021	6	
	FY2020	4	
	FY2019	4	
	FY2018	2	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	4	
	FY2021	2	
	FY2020	6	
FY2019	4		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.7	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	12.50%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	37.50%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	Range 24 Step A \$96,093 plus benefits total is \$149,975 through Range 24 Step M \$135,728 plus benefits total is \$203,998	Most new hires start at a step A on the State of Alaska salary schedule, however, they can be hired at a higher step based on experience. Data provided reflects lowest starting salary through current incumbent with highest salary.
	Not registered nurses?	N/A	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		Data includes contracted nursing home surveying, legal consultation, regulations review, hearing services, and Nurse Aide Training and Evaluation Program.
	FY2022	\$145.1	In thousands
	FY2021	\$145.1	In thousands
	FY2020	\$140.3	In thousands
	FY2019	\$150.2	In thousands

	FY2018	\$105.1	In thousands
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	0	
	CY2021	6	
	CY2020	8	
	CY2019	7	
	CY2018	1	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	N/A	
	CY2021	67%	
	CY2020	38%	
	CY2019	85%	
	CY2018	100%	

Arizona



ARIZONA DEPARTMENT OF HEALTH SERVICES

October 21, 2022

Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Casey,

Thank you for your September 12, 2022 letter requesting information about Arizona's nursing home surveys and certification program. The Arizona Department of Health Services (ADHS) appreciates the opportunity to respond to your important questions and values your attention to this important matter. ADHS is committed to continue making every effort possible to ensure the health and safety of Arizona's most vulnerable individuals. Please see the answers to questions 1 through 6 below. Additionally, the responses to question 7 can be found in the enclosed data entry form.

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.*

The Arizona Department of Health Services (ADHS) is responsible for completing both complaint and routine recertification surveys for the long term care facilities in the State. To date, ADHS has not contracted out any of these responsibilities. We currently have a significant backlog of complaint and self-report intakes; however, we are actively working on reducing this backlog as well as our recertification survey backlog.

Due to the agency's long term care complaint backlog, the Arizona State Legislature allocated sixteen (16) additional positions and an additional \$1 million in funding to ADHS in 2020. Unfortunately, it has been challenging to fill the additional positions, which has resulted in only a small portion of the funding being used. Prior to 2020, ADHS had twenty-one (21) positions allocated for long term care surveyors. Currently, twenty-two (22) long term care surveyor positions are filled, five (5) of which are currently in training. ADHS continues to actively recruit for the fifteen (15) remaining vacant surveyor positions.

ADHS has experienced difficulty hiring and retaining experienced surveyors, and is currently using multiple strategies to address these issues, including:

- Increased starting pay for new surveyors
 - Additional pay incentives are now available for surveyors depending on their education level and licensure as a registered nurse (RN)

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- A new career path for surveyors was implemented
 - Previously, all long term care surveyors held the same position
 - Surveyors can now progress through three (3) defined levels of surveyor positions as they gain experience and take on new responsibilities
 - Each additional step in the surveyor career track includes an increase in pay
- ADHS is currently offering a sign-on bonus for new surveyors and a referral bonus to employees who refer successful applicants
- ADHS has issued a Request for Proposal (RFP) to determine if it may be possible to contract out some of the complaint investigation surveys. The RFP is currently in the evaluation phase of the procurement process

2. *Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.*

Staffing turnover has negatively impacted the agency's ability to complete recertification surveys and complaint investigations timely, because ADHS has had difficulties filling open positions, and it takes a significant amount of time for new hires to be fully trained and obtain the Surveyor Minimum Qualifications Test (SMQT) certification.

The following issues have led to staff turnover in Arizona:

- Travel (particularly with the amount of out-of-town trips)
- Competing jobs (higher pay, more flexible schedules, less travel)
- Health concerns due to COVID-19 (was an issue during the pandemic)
- Burnout

ADHS is attempting to address these issues by:

- Increasing pay for surveyors and implementation of a surveyor career path
 - The corresponding pay series provides additional pay incentives for education level and licensure as an RN
- Offering a sign-on bonus for new surveyors and a referral bonus to employees who refer successful applicants
- Hiring a full team of surveyors for our second most populous city (Tucson) in an attempt to reduce the overall number of out-of-town surveys for all surveyors
- Hiring additional surveyors

3. *Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor*

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positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

According to Nurse Journal, as of June 27, 2022, the average salary for RNs in Arizona is \$81,600 and according to Nurse Salary Guide, the average salary in 2022 is \$75,110. Anecdotally, we know that RNs were making significantly more than this during the pandemic. At that time, most ADHS surveyors were making approximately \$52,000-\$54,000, and there were no incentives for RNs, and no promotional opportunities aside from moving into a management position.

ADHS addressed this issue in 2022 by increasing surveyor salaries, adding incentives for education and RN licensure, and creating a career path. The base salary for a surveyor is now \$57,750, and the base salary can go up to \$66,000 after a few years of experience and accepting some additional duties. On top of the base salary, RNs are eligible for an additional \$4,000 per year, which increases to \$5,000 with a BSN and an RN license. Including available incentives, the pay range for surveyors at AZDHS is now \$57,750-\$71,500.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?*

ADHS currently uses full-time employees for all inspections and processes, including IDRs. The agency has not contracted out survey-related work or IDRs in the past five (5) years. ADHS has a significant backlog of uninvestigated complaint and self-report intakes, which has prompted the agency to consider using contractors. ADHS has issued an RFP to determine if it may be possible to contract out some of the complaint investigation surveys. The RFP is currently in the evaluation phase of the procurement process.

- 5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.*

ADHS appreciates the support and guidance received from CMS. We do have a few suggestions that may be helpful to Arizona and other states, but they have not been communicated to CMS previously. These suggestions include:

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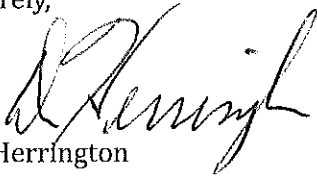
- Having a clear, easily accessible web page that surveyors and states can access to obtain the latest information and guidance. Relying primarily on emails can lead to issues when there is turnover
- Training for surveyors on how to streamline the survey process
- Eliminate duplicative processes in the systems, to make the survey process as efficient as possible
- Provide temporary qualified staffing assistance when necessary to ensure complaints are investigated timely
- Identify clear requirements for surveyors to satisfactorily complete pathways during recertification surveys

6. *The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What effect, if any, will the sunset of this funding have on your agency?*

The CARES funding is assisting with COVID-19 focused infection control surveys; however, the sunset of this funding will not likely have a significant effect on ADHS.

7. Please see attached data entry form in response to questions 7a - 7i.

Sincerely,



Don Herrington
Interim Director
Arizona Department of Health Services

Enclosure:
Data Entry Form (Question 7 Response)

Douglas A. Ducey | Governor Don Herrington | Interim Director

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	143	140 state/federal + 3 federal only nursing homes
	What is the number of Medicare and or Medicaid certified nursing home beds?	16,145	15,906 state/federal + 239 federal only nursing home beds
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$830,789	
	FY2021	\$808,883	
	FY2020	\$772,968	
	FY2019	\$760,266	
	FY2018	\$795,253	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,417,192	
	FY2021	\$2,353,457	
	FY2020	\$2,248,960	
FY2019	\$2,212,005		
FY2018	\$2,313,800		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	35	
	FY2021	24	
	FY2020	22	
	FY2019	22	
	FY2018	22	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	14	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	14	The surveyor positions are not identified as RN vs. non-RN, so 14 would be the highest possible number
	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		Hires include new hires, rehires, and transfers
	FY2022	10	
	FY2021	6	

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (e)	FY2020	11	
	FY2019	4	
	FY2018	5	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		Separations include terminations and retirements
	FY2022	5	
	FY2021	7	
	FY2020	4	
	FY2019	7	
	FY2018	6	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	2.3	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	40%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	10%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$61,750 - \$71,500	
	Not registered nurses?	\$57,750 - \$66,000	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		ADHS has and does not currently have any contractors in place to conduct surveys, IDR reviews, or other nursing home-related oversight activities; therefore, no money has been spent on contractors during these time periods
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	4	

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (i)	CY2021	3	
	CY2020	3	
	CY2019	9	
	CY2018	1	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	50%	
	CY2021	33%	
	CY2020	100%	
	CY2019	100%	
	CY2018	100%	

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	143	140 state/federal + 3 federal only nursing homes
	What is the number of Medicare and or Medicaid certified nursing home beds?	16,145	15,906 state/federal + 239 federal only nursing home beds
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$830,789	
	FY2021	\$808,883	
	FY2020	\$772,968	
	FY2019	\$760,266	
	FY2018	\$795,253	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,417,192	
	FY2021	\$2,353,457	
	FY2020	\$2,248,960	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	35	
	FY2021	24	
	FY2020	22	
	FY2019	22	
	FY2018	22	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	14	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	14	The surveyor positions are not identified as RN vs. non-RN, so 14 would be the highest possible number
	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		Hires include new hires, rehires, and transfers
	FY2022	10	
	FY2021	6	
	FY2020	11	

7 (e)	FY2019	4	
	FY2018	5	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		Separations include terminations and retirements
	FY2022	5	
	FY2021	7	
	FY2020	4	
	FY2019	7	
	FY2018	6	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	2.3	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	40%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	10%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$61,750 - \$71,500	
	Not registered nurses?	\$57,750 - \$66,000	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		ADHS has and does not currently have any contractors in place to conduct surveys, IDR reviews, or other nursing home-related oversight activities; therefore, no money has been spent on contractors during these time periods
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	4	
	CY2021	3	
	CY2020	3	
	CY2019	9	
	CY2018	1	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		

CY2022	50%	
CY2021	33%	
CY2020	100%	
CY2019	100%	
CY2018	100%	

Arkansas



Division of Provider Services and Quality Assurance

Office of Long-Term Care
PO Box 8059, Slot S407, Little Rock, AR 72203-8059
Fax: 501-682-8540



November 23, 2022

United States Senate
Special Committee on Aging
Washington, DC 20510-6400

Senator Casey,

In response to your request for information:

1. The Arkansas Department of Human Services, Division of Provider Services and Quality Assurance, Office of Long-Term Care conducts federally mandated surveys on all federally funded homes in the state of Arkansas. Currently there are 221 homes that we are responsible for overseeing with a total of 25,700 licensed beds. Our state is currently able to maintain the required timeframes for annual surveying, but we are consistently on the higher end of the 9–15-month timeframe for recertification surveys. We average about 3,000 complaints a year on top of our recertification duties. The load is strained by the deficit of fully trained survey staff in our state. We have implemented some incentive-based pay increases for the recruitment of nursing staff.
2. While our staffing issues have not resulted in a backlog and failure to meet regulations related to timeliness it has compounded our issues when we have staff that leave due to burnout. We are currently budgeted for 62 full-time surveyors and since COVID-19 started in 2020 have lost 67 surveyors and only been able to hire 50 replacements. A majority of our staff have left for retirement. Surveying requires multiple days away from home, ability to travel around our state for a week at a time and comes with a preferred level of experience. These factors combined lead to a workforce that is older and thus they are closer to retirement when they start with the state. We have implemented more social media to advertise for new staff with some recent improvement in the application numbers.
3. The inability to adjust government salaries has a very large impact on recruitment and retention. We have offered positions to applicants for them to be offered anywhere from \$1000-\$5000 from their current employers to stay. We have trained staff and tested them only for contract agencies to recruit them at higher rates of pay. Since we are targeting those nurses that have been in long-term care with experience, the starting salary is not competitive to what they are able to earn as a DON or consultant for an agency in our state. Again, we have utilized social media for outreach with some limited success. We are also researching alternative schedules as an option to incentivize and recruit.
4. For the last 5 calendar years, we have not had to utilize any contracts other than for our IDR process. We have been able to maintain our survey standards at the cost of some of our long-time employees. We are utilizing the CARES act fund to contract currently for 10 surveys. This is a limited use contract to knockout some surveys and bring us closer to the preferred 12-month timeframe from the 15-month timeframe that we have been at due to staffing issues. The benefit is that we reduce some of the stress

from our current staff and lower our average timeframes to allow for some rest for our current staff. In order to ensure that our contractors are doing high quality work and adhering to our standards we are sending one of our staff as a member of the team.

5. I think at this time CMS is doing everything that they can to help and assist as needed.
6. Well, to date we have not received all of our funding and have been turned down for the amount that we requested this year. We essentially only received about \$425,000 from the CARES act and while we were going to use the funds this year to update equipment to speed up production that funding request was denied. The balance for what we received last year is being used to do the 10 contract surveys. The sunseting of that fund will mean that all the new regulatory and required oversights are being tasked without any additional funds to offset the cost.
7. The spreadsheet is filled out to our best ability. In addition to our overturns in surveyors, there has been a total turnover in both leadership and finance. This coupled with new computer systems and processes severely limited our ability to pull up data that old.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Jallen RN".

Rebecca Fallen, RN
Assistant Director, OLTC
Division of Provider Services and Quality Assurance

Question Number	Please enter data under "Value" for each of the following questions:	Value
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	221
	What is the number of Medicare and or Medicaid certified nursing home beds?	25,700
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?	
	FY2022	
	FY2021	\$1,050,680
	FY2020	
	FY2019	
	FY2018	\$1,360,572
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?	
	FY2022	\$10,144,406
	FY2021	\$10,372,654
	FY2020	\$10,132,799
	FY2019	\$10,904,241
	FY2018	\$10,395,325
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?	
	FY2022	62
	FY2021	62
	FY2020	
	FY2019	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	29
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	29
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?	
	FY2022	18
	FY2021	21
	FY2020	11
	FY2019	11
	FY2018	9
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?	
	FY2022	30
	FY2021	20
	FY2020	17
	FY2019	11
	FY2018	5
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	8.59
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	32%
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	58%
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:	
	Registered nurses?	63800.00 - 88057.84
	Not registered nurses?	45009.95 - 65263.95

7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?	
	FY2022	\$131,868
	FY2021	\$121,753
	FY2020	\$119,225
	FY2019	\$117,123
	FY2018	\$115,832
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?	
	CY2022	37
	CY2021	53
	CY2020	60
	CY2019	95
	CY2018	154
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
	CY2022	100%
	CY2021	100%
	CY2020	100%
	CY2019	100%
CY2018	100%	

California



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 13, 2022

Mr. Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
Washington, DC 20510-6400

Dear Chairman Casey,

The California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) is honored to participate in the Senate Special Committee on Aging's study on state survey agency staffing needs. CHCQ is one of many state survey agencies nationwide faced with the task of recruiting and retaining qualified surveyor and support staff in an increasingly challenging job market further complicated by a myriad of local and global factors. As such, your study is pertinent and timely, and it is CHCQ's sincere hope that our responses are helpful to the Committee.

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.**

The California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and quality of health care for all Californians. We fulfill this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. We also license and certify more than 14,000 health care facilities and agencies in California in 30 different licensure and certification categories.



The COVID-19 Pandemic brought a myriad of challenges for Public Health. At the state level, CDPH, CHCQ led the response in mitigating the spread of the virus through onsite surveys as well as providing technical assistance for infection prevention protocol. Throughout the healthcare industry, staffing resources depleted as healthcare professionals left the labor market and CDPH was not immune.

The Department received an influx of staff separations including early retirements, more lucrative offers in a competitive market, and individuals opting to secure other lines of work. As vacancy rates increased, CHCQ honed recruitment efforts to expeditiously backfill vacated positions. While the gap is closing, albeit slowly, new staff are required to complete mandated training, followed by testing to become a federally-qualified surveyor. This process typically takes between 9 and 12 months, and surveyor staff increasingly improve efficiency as they conduct more surveys and investigations. Experienced surveyors have the ability to conduct work timelier, meeting mandates. In addition to surveyors, CHCQ faces the challenge of hiring and recruiting surveyor supervisors who fill a critical role in licensing and certification activities. With these various resource challenges, CHCQ must prioritize urgent workload to the detriment of lower-priority workload. CHCQ has implemented various strategies to address staffing shortfalls, including hybrid and telework options, highlighting challenges surrounding competitive salary amongst comparable classifications within government and private sector, and focusing on recruitment and retention strategies.

California is faced with unique challenges including state size and geography. Distribution of the population CDPH serves overarches from city centers to rural areas. Traffic congestion, travel time, and weather conditions add an additional layer of complexity to conducting workload responsibilities. Additionally, inflation and the cost of living continues to outpace current salaries and cost of living differentials.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.**

CDPH has experienced the following turnover rates among our Health Facility Evaluator Nurses (HFENs):

HFEN			
Fiscal Year	Total Number of External Separation	Avg Filled Surveyor Positions	HFEN Turnover Rate
FY2022	80	528.3	15%
FY2021	103	548.6	19%
FY2020	96	574.8	17%
FY2019	83	593.8	14%
FY2018	104	556.8	19%

Staff turnover is especially impactful to our survey work because of both the recruitment challenges we experience and the long training time. New staff are not qualified to take the Surveyor Minimum Qualifications Test (SMQT) exam, which certifies them to conduct federal long-term care work, until they have completed nearly forty weeks of training. This severely limits CDPH's ability to maintain productivity and efficiency levels during periods of high turnover.

Training Totals Breakdown	
Training Type	Training Hours
New Surveyor Academy	531.25
Post Academy	48.5
Total Prerequisite Hours for long-term care SMQT	579.75
Non SMQT Prerequisite Training (Not Long-Term Care)	984.75
Total All Training	1564.5

Exiting staff have cited many reasons for leaving including burnout, feeling that there are never enough resources to complete the workload, fears about exposure to COVID during the height of the pandemic, and low salary relative to other nursing roles, despite the excellent benefits offered

by CDPH. These factors have contributed both to early retirements and departures of staff not yet at retirement age. We find that we often invest the time to train new staff then they leave for a higher paying role before they become productive contributors.

CDPH has implemented several changes to reduce turnover such as improving work/life balance for staff by making it easier for them to telework and asking California's Department of Human Resources to examine the pay structure for the HFEN classification. We achieved a modest reduction in our HFEN vacancy rate from a high of 15.8% in Nov 2021 to 12.6% in Jun 2022, at the end of our most recent fiscal year, aided by modest changes in HFEN salaries described in the response to question number 3.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyor at your agency?**

CDPH has been negatively affected by rising competition for nurses, within other state departments, counties, and the private sector. CDPH employs Health Facility Evaluator Nurses (HFEN), Supervisors, and Managers whose hourly wages range between \$38-50, \$43-\$53, and \$45-\$56 per hour, respectively. The HFENs and front-line Health Facility Evaluator II Supervisors are eligible for overtime, while the Health Facility Evaluator Managers I & II managers are not.

The Health Facilities Evaluator Nurse (HFEN) conducts inspections, investigations, surveys, and evaluations of health facilities for conformity with licensing and certification requirements of the California Department of Public Health (CDPH) and for compliance with State and Federal laws, rules, and regulations relating to medical care. They also advise healthcare facility administrators and community agencies regarding State health facilities inspections, licensing, and certification programs.

HFENs must ensure uniform application and enforcement of state and federal laws, rules, and regulations pertaining to areas affecting total patient care such as nursing, physician, restorative, pharmacy, social,

dental, and related services. Although HFENs do not provide direct patient care, a registered nurse degree and active RN license is required for this classification, and they must have at least two years of clinical experience. Although they must possess the clinical expertise to evaluate the quality of care provided in facilities and maintain a current nursing license, HFEN compensation falls significantly below that of the registered nurses providing direct care at the very same locations they visit as well as other nursing classifications employed by the State of California and increasingly county employers within the state.

Nursing Salary Comparisons Across State Agencies and Private Sector with Similar Classifications

Some positions did not have applicable data or current job postings for reference

HFEN and Registered Nurse*	California Department of Public Health	California Correctional Health Care Services	California Department of Veterans Affairs	Developmental Services/State Hospitals	Los Angeles County (LAC)**	Sacramento County RN I	Santa Clara County ***	Private Sector Kaiser Permanente	Private Sector Sutter Hospital
							RN I		
2022	\$6,476 – \$8,504	\$9,413 – \$11,218	\$7,028 – \$10,373	\$9,593 – \$11,438	\$7,117.33- \$10,653.74†	\$8,174.52 - \$9,937.17	\$9,837.66 - \$11,916.41	\$9,216 – \$11,000	\$8,050 – \$10,263
2021	\$6,318 – \$8,297	\$9,183 – \$10,944	\$6,875 – \$10,120	\$9,359 – \$11,159	\$7,117.3– \$10,653.74	No Data	No Data	No Data	No Data
2020	\$6,043 – \$7,936	No Data	No Data	No Data	\$7,117.3– \$10,368.58	No Data	No Data	No Data	No Data
2019	\$5,755 – \$7,558	\$8,783 – \$10,468	\$6,559 – \$9,680	\$8,952 – \$10,673	\$6,874.9– \$10,015.53	No Data	No Data	No Data	No Data
2018	\$5,560 – \$7,302	\$8,486 – \$10,114	\$6,337 – \$9,353	\$8,649 – \$10,312	\$6,707.3– \$9,771.25	No Data	No Data	No Data	No Data

* Same HR Requirements

**LAC salaries are not made effective on July 1 of each year.

*** High Cost of Living Area

†Pending additional increase. LAC HR confirmation to be effective 10/1/2022.

Efforts to attract and retain staff include the recent General Salary Increase of 2.5% effective July 2022, allowing all new HFEN hires to start at the max salary of their salary range (\$8,504), and a \$200 monthly recruitment and retention bonus (per jobs.ca.gov listings). In the past CDPH has offered a modest Geographic Hire Above Minimum (Geo-HAM) monthly payment to increase pay for staff in high cost of living areas, but this has now been folded into the starting pay for all new HFEN hires, effectively leaving CDPH without a means of attracting hires in high cost of living areas. CDPH has limited ability to influence HFEN salary ranges as these are negotiated between CalHR and the Service Employees International Union (SEIU) through collective bargaining. CDPH management is not a party in those negotiations. CDPH has also continued to offer telework to all HFENs and managers and to encourage Alternate Work Weeks where business needs allow it. CDPH does not have information on signing bonuses in the private market.

In 2021 CDPH established a Recruitment Outreach & Onboarding Unit to post HFEN job openings to a wider array of job sites and to provide a personal touch: educating applicants about the role, the compensation, and guiding them through the complex State exam and application process. This team has contributed to the modest reduction in our vacancy rate described in the response to question 2.

CDPH is also exploring ways to diversify our workforce by assigning tasks that do not require nursing expertise, such as surveying a facility's kitchen or verifying their fire extinguishers are in place, to non-nurse staff such as analysts or generalists. We would like to move to a model where survey teams can be made up of a combination of skillsets, including the use of Licensed Vocational Nurses but creating new state staff classifications and exams is a lengthy and complex process.

An additional point worth mentioning is the internal competition between the CDPH nurse staff (HFEN) and those contracted to do the same work for Los Angeles County for significantly higher pay (Health Facility Evaluator, Nursing) . For facilities within its boundaries, LA County contracts with CDPH to perform the same licensing & certification work that CDPH staff complete in the rest of the state. Essentially LA County is a sub-contractor of CDPH's contract with CMS. Because LA County employs their own survey staff, they conduct collective bargaining negotiations pertaining to their own staff directly with SEIU, while CalHR negotiates with SEIU on behalf of CDPH staff. Over time, these different agreements have resulted in LA County staff being paid significantly more to perform the same duties as CDPH staff. However, LA County's vacancy rate remains even higher than CDPH's at approx. 25%. Cases have been noted where staff leave CDPH to join LAC for the salary increase.

These competitive recruitment challenges were exacerbated during COVID as CDPH executed emergency contracts to send clinical staff into facilities with acute med surge needs and/or COVID-related staffing shortages. These contracts were instrumental in allocating staffing resources to where they were needed most, but they paid clinical staff a premium in exchange for willingness to travel and work in dangerous, stressful situations. As nearly all facilities and states competed for the same labor pool, supply and demand swayed negotiation power from the State to the staffing agencies.

The State is paying staffing agencies on average between \$117- \$220 per hour (varying by classification) to recruit and retain clinical nursing staff sourced nation-wide. These staff have deployed into facilities throughout the state during COVID surges. CDPH does not have insight into the

contracts between the staffing agencies and the clinicians to determine salary vs overhead ratio. Additional incentives were built into the staffing agency contracts providing guaranteed hours and significant overtime. Those salary disparities have further compounded the preexisting 'hard-to-recruit' dilemma facing CHCQ regarding attracting enough applicants for the HFEN and HFEN-series supervisor and manager positions, which also suffer consistently high turn-over. The HFEN positions account for the highest percentage of vacancies in CHCQ whereas salary is considered the largest barrier.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years (see Excel file). Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?**

In addition to the previously discussed agreement with Los Angeles County, California has executed two contracts for contractors to conduct recertification surveys on the state agency's behalf. We have explored options for IDR/IIDRs but found that the contractors had low rates of upheld findings overall which on its own, without validation was concerning. The IDRs are conducted by supervisors and managers who typically do not conduct surveys so the relief of IDR/IIDRs would not directly increase survey capacity.

The use of contractors was cost prohibitive. The contract was expensive and was limited in the number of surveys compared to the universe for California. The contracted teams also did not conduct revisits so additional work related to their findings fell to the understaffed offices.

The past contracts used for recertification surveys were to provide relief to offices throughout California who were experiencing high vacancy rates, some due to cost of living and some due to natural disasters in their communities. The teams benefitting from the contracted surveyors focused on aging complaints and other Tier 1 work. We were challenged to obtain spending appropriation from the account used to fund this work which resulted in limited benefit overall.

We identified the facilities we wanted them to survey with a proposed schedule window. Our QA team conducted a sample review of the surveys to ensure quality. For this to be effective going forward, it must be affordable and scalable

to have a more significant impact. We were only able to contract for 30 surveys, which out of 1,200 skilled nursing facilities, had little impact overall.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG, or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

CHCQ values the relationship it has fostered with its partners at CMS and is willing to offer suggestions for improvement in the spirit of “being the best at getting better,” our Department’s newly-adopted continuous quality improvement initiative.

The insights offered by our staff include:

- CMS could continue to adopt technology that automates those processes currently conducted manually. This would allow staff to work more efficiently and aligns with our statewide telework policy.
- CMS could also improve communication around planned technology enhancements such as new features and when they will be deployed. This will allow CHCQ to make informed planning decisions around our technology needs for related state processes.
- If recertification surveys could be broken down instead of bundling together (where we would be in the facility every year, but only completing a partial survey) surveyors may be able to make better headway. CHCQ believes that frequent presence in facilities correlates to better facility performance.
- Reducing the amount of Tier 1 and Tier 2 surveys in order to focus on those facilities most likely to be noncompliant and utilizing analytic approaches to prioritize high-risk facilities.
- Timelier communication about policy changes which would allow sufficient time/training to adapt our process internally and alert staff to upcoming changes before they receive a CMS notification/QSO memo.
- Effectively train all CMS Regional Office staff on policies and requirements to allow for consistent and timely responses to State Agency questions.
- Addressing funding issues which would allow us to improve our recruitment efforts. CMS does not currently fund CHCQ to complete all of our required workload. CHCQ could offer a more competitive

nurse surveyor salary if increased funding was procured. This could include considerations for longer surveys and other unexpected workload that is challenging to budget for such as EMTALAs, complaint validations, etc.

- Allow for more offsite evaluations/desk reviews.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

California used CARES Act funding to perform focused infection control surveys in skilled nursing facilities. California exhausted its CARES Act allocation in FY 2022. Since the funds are exhausted, California must now fund focused infection control survey workload through its normal Title XVIII award. This decreases California's ability to perform other workload that would usually be funded by Title XVIII funding.

Thank you again for the opportunity to share our suggestions and insights with the Committee. If there are any questions about our responses, I can be reached at

[REDACTED]

Sincerely,



Cassie Dunham
Deputy Director
Center for Health Care Quality
California Department of Public Health

Question Number	Please enter data under "Value" for each of the following questions:	Responsible Individual(s)	Notes	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	Efrain Cornejo		1,175	
	What is the number of Medicare and or Medicaid certified nursing home beds?	Daniel Daugherty	As of September 12, 2022, CDPH reports the total number of Medicare and/or Medicaid certified nursing beds is 117,148.	117,148	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?	Fiscal - Monica, Eric			
	FY2022	Fiscal - Monica, Eric		\$261 Million	
	FY2021	Fiscal - Monica, Eric		\$222 Million	
	FY2020	Fiscal - Monica, Eric		\$195 Million	
	FY2019	Fiscal - Monica, Eric		\$163 Million	
	FY2018	Fiscal - Monica, Eric		\$150 Million	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?	Fiscal- Monica, Eric			
	FY2022	Fiscal - Monica, Eric		\$98,482,795	
	FY2021	Fiscal - Monica, Eric		\$94,591,984	
	FY2020	Fiscal - Monica, Eric		\$92,368,093	
FY2019	Fiscal - Monica, Eric		\$89,522,325		
FY2018	Fiscal - Monica, Eric		\$89,666,771		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?	Fiscal - Monica, Eric			Please note: responses for sections 7 (c), (d), (e), and (f) all are specific to surveyors who conduct health surveys
	FY2022	Fiscal - Monica, Eric		654	Plus additional 317 contracted staff resources for Los Angeles County
	FY2021	Fiscal - Monica, Eric		629	Plus additional 261 contracted staff resources for Los Angeles County
	FY2020	Fiscal - Monica, Eric		610	Plus additional 200 contracted staff resources for Los Angeles County
	FY2019	Fiscal - Monica, Eric		574	Plus additional 145 contracted staff resources for Los Angeles County
	FY2018	Fiscal - Monica, Eric		521	Plus additional 145 contracted staff resources for Los Angeles County
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	Asmaou Diallo		89	Plus additional 104 contracted staff resources for Los Angeles County
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	Asmaou Diallo		89	Plus additional 104 contracted staff resources for Los Angeles County
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?	Asmaou Diallo			
	FY2022	Asmaou Diallo		117	Plus additional 220 contracted staff resources for Los Angeles County
	FY2021	Asmaou Diallo		120	Plus additional 232 contracted staff resources for Los Angeles County
	FY2020	Asmaou Diallo		140	Plus additional 184 contracted staff resources for Los Angeles County
	FY2019	Asmaou Diallo		128	Figure represents CA state hires only, not contracted staff
	FY2018	Asmaou Diallo		267	Figure represents CA state hires only, not contracted staff
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?	Asmaou Diallo			
	FY2022	Asmaou Diallo		80	An additional 53 contracted staff resources (LA County) left the state agency
	FY2021	Asmaou Diallo		103	An additional 33 contracted staff resources (LA County) left the state agency
	FY2020	Asmaou Diallo		96	An additional 18 contracted staff resources (LA County) left the state agency
FY2019	Asmaou Diallo		83	An additional 5 contracted staff resources (LA County) left the state agency	
FY2018	Asmaou Diallo		104	An additional 16 contracted staff resources (LA County) left the state agency	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	Asmaou Diallo		4	This figure represents state staff, not contracted staff in LA County
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	Asmaou Diallo		35%	This figure represents state staff, not contracted staff in LA County
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	Asmaou Diallo		31%	This figure represents state staff, not contracted staff in LA County

7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:	Asmaou Diallo			
	Registered nurses?	Asmaou Diallo		\$6476-\$8504	All salaries amounts are monthly unless otherwise noted
	Not registered nurses?	Asmaou Diallo		\$6,370-\$8,699 (PHNC III) \$7,049-\$10,196 (PC II) \$11,154-\$15,299 (MC I) \$5,518-\$6,907 (AGPA range A)	California state regulations mandate that all surveyors at CDPH be registered nurses, however we do utilize consultants with specialty expertise when needed during the survey, (Public Health Nutrition Consultant III; Pharmaceutical Consultant II; Medical Consultant I) and their salary info is indicated in cell E42. Additionally, Associate Governmental Program Analysts (AGPAs) are utilized to assist with the Life Safety Code and Emergency Preparedness portions of the survey, and their salary info is: \$5,518 - \$6,907/month (range A)
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?	Alicia Garcia (Monica if needed)	Providigm, HMS, and Los Angeles (LA) County Contract		
	FY2022	Alicia Garcia	LA County Contract	\$24,763,831 approved to pay FY22.	Prior amount of \$105M was a projection.
	FY2021	Alicia Garcia	LA County Contract	\$73,786,275 spent FY21	
	FY2020	Alicia Garcia	LA County Contract	\$68,187,276 spent FY20	
	FY2019	Alicia Garcia	LA County Contract	\$56,276,508 spent FY19	
	FY2018	Alicia Garcia	LA County Contract	\$46,245,028 spent FY18	
	FY2019	Alicia Garcia	HMS (18-10688)	\$840,000 spent FY19	
	FY2018	Alicia Garcia	Providigm (17-10787)	\$499,500 spent FY18	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?	Daniel Daugherty			
	CY2022	Daniel Daugherty	As of September 26, 2022, between January 1, 2022 and September 26, 2022, CDPH has currently received 1,568 IJ complaints at Skilled Nursing Facilities for Calendar Year 2022.	1,568	
	CY2021	Daniel Daugherty	As of September 26, 2022, between January 1, 2021 and December 31, 2021, CDPH received 1,819 IJ complaints at Skilled Nursing Facilities for Calendar Year 2021.	1,819	
	CY2020	Daniel Daugherty	As of September 26, 2022, between January 1, 2020 and December 31, 2020, CDPH received 2,617 IJ complaints at Skilled Nursing Facilities for Calendar Year 2020.	2,617	
	CY2019	Daniel Daugherty	As of September 26, 2022, between January 1, 2019 and December 31, 2019, CDPH received 1,341 IJ complaints at Skilled Nursing Facilities for Calendar Year 2020.	1,341	
	CY2018	Daniel Daugherty	As of September 26, 2022, between January 1, 2018 and December 31, 2018, CDPH received 1,292 IJ complaints at Skilled Nursing Facilities for Calendar Year 2020.	1,292	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	Daniel Daugherty			
	CY2022	Daniel Daugherty	As of September 26, 2022, between January 1, 2022 and September 26, 2022, CDPH has initiated 94.71% of its IJ complaints within the federally required timeframe (i.e. one day).	94.71%	
	CY2021	Daniel Daugherty	As of September 26, 2022, between January 1, 2021 and December 31, 2021, CDPH has initiated 95.93% of its IJ complaints within the federally required timeframe (i.e. one day).	95.93%	
	CY2020	Daniel Daugherty	As of September 26, 2022, between January 1, 2020 and December 31, 2020, CDPH has initiated 98.05% of its IJ complaints within the federally required timeframe (i.e. one day).	98.05%	

CY2019	Daniel Daugherty	As of September 26, 2022, between January 1, 2019 and December 31, 2019, CDPH has initiated 97.17% of its IJ complaints within the federally required timeframe (i.e. one day).	97.17%	
CY2018	Daniel Daugherty	As of September 26, 2022, between January 1, 2018 and December 31, 2018, CDPH has initiated 97.68% of its IJ complaints within the federally required timeframe (i.e. one day).	97.68%	



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

March 14, 2023

Celeste Peay
U.S. Senate Special Committee on Aging
Washington, DC 20510-6400

Dear Celeste,

Thank you for acknowledging the California Department of Public Health's (CDPH) prior response to the Aging Committee's inquiry and for the follow-up questions you posed; please see below for our responses:

- 1) In Question 3, California describes the contractual relationship between CDPH and LA County, stating that "LA County is a sub-contractor of CDPH's contract with CMS." Can you explain the precise contractual agreement between CDPH and LA County? How is the contract with LA County different from contracts with other survey contractors?**

For over 30 years, CDPH has contracted with LA County to perform federal certification and state licensing surveys and investigate complaints and facility-related incidents for health care facilities in the LA County area. The contract is primarily funded by the State Department of Public Health Licensing and Certification Program Fund expenditure authority.

When Medicare/Medicaid became law on July 30, 1965, states had options on how to implement the program. In California, Los Angeles and Santa Clara counties chose to oversee the program themselves. The rest of the state's counties/facilities were under the oversight of the California Department of Health Services (now CDPH). Santa Clara County returned the program to the State several years later state as it was too costly to maintain.

Beginning in State Fiscal Year 2019/20, this contract evolved into a three-year, pay-for-performance contract model. A pay for performance contract model is a type of performance-based contract, where the contract is structured around performance metrics. LA county is held responsible for achieving the agreed-



upon performance metrics. The contract outlines what and how services are to be provided, the scope of work, payment provisions, and performance metrics.

This contract is different from other contractors because it requires budgetary approval and must be authorized by the California Legislature. Because of this unique funding source, health care facilities in LA County are assessed with a supplemental fee to pay for costs associated with this contract for licensing and certification activities. Another difference is that CDPH CHCQ established a Los Angeles County Contract Manager to manage the contract for oversight and monitoring of LA County's performance. This is one of the many oversight functions that CDPH CHCQ has dedicated for performance monitoring (e.g., onsite observations/surveys, quality assurance audits, etc.).

The other survey contracts are not specific to LA County, they cover the entire State of California (all 58 counties). These contracts are competitively bid via the standard State contracting guidelines regarding solicitations. The contracts are generally used for specific facility types (i.e., Skilled Nursing) and specific survey types (federal recertification) whereas LA County covers ALL state and federal certification activities (investigative, recertification, certification) for ALL health facility types (clinics, agencies, centers).

Historically, the need for this type of contract is most notably during emergencies when either CHCQ surveyors or the actual facilities have been affected by natural disasters (COVID, 2019 California wildfires, etc.) or when there is a high nurse surveyor vacancy rate period, and to clear any backlog created due to the aforementioned. A justification to contract out for these services is required and must be vetted and approved by the CDPH Office of Legal Services prior to execution.

- 2) In Question 4, California states there are two executed contracts for contractors to conduct recertification. Can you clarify what contracts are referred to here? Please provide copies of these contracts in accordance with the original information request from Senator Casey, which asked states to provide all associated contracts for the previous five calendar years.**
 - a. In the past we had two contracts, however CHCQ does not currently have any contracts for survey work apart from the Los Angeles County contract. We have recently decided to pursue a large 2-year contract for recertification workload assistance, and we are currently drafting that contract.
- 3) In Question 7(h), California lists the total spending on contractors by fiscal years.**
 - a. It appears California has not used third-party contractors apart from LA County since 2020, is this correct?

- i. This is correct; aside from LA County there are no active third-party contractor agreements. However, CDPH is currently drafting a solicitation for a large 2-year contract for re-cert workload help.
- b. Can you please provide a breakdown for individual dollar amounts with each contractor for FY2020, FY2019, and FY2018?**
 - i. Breakdown is now shown on tracker per contractor/per FY.
- c. Can you please provide the following contracts as listed in accordance with the original information request to provide all associated contract for the previous five calendar years:**
 - i. FY2020 – Contract with HMS**
 - 1. There was no 2020 contract with HMS
 - ii. FY2019 – Contract with HMS**
 - 1. Attached, 18-10688
 - iii. FY2019 – Contract with Providigm**
 - 1. There was no 2019 contract with Providigm
 - iv. FY2018 – Contract with Providigm**
 - 1. Attached, 17-10787. FY 2017 funds were spent in the amount of \$499,500; however, this amount was not recorded on the master spreadsheet as FY 2017 was not requested.

Thank you again for the opportunity to share our insights with the Committee. If there are any questions about our responses, I can be reached at

[REDACTED]

Sincerely,



Cassie Dunham
Deputy Director
Center for Health Care Quality
California Department of Public Health



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
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Historically, the need for this type of contract is most notably during emergencies when either CHCQ surveyors or the actual facilities have been affected by natural disasters (COVID, 2019 California wildfires, etc.) or when there is a high nurse surveyor vacancy rate period, and to clear any backlog created due to the aforementioned. A justification to contract out for these services is required and must be vetted and approved by the CDPH Office of Legal Services prior to execution.

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- i. This is correct; aside from LA County there are no active third-party contractor agreements. However, CDPH is currently drafting a solicitation for a large 2-year contract for re-cert workload help.
- b. Can you please provide a breakdown for individual dollar amounts with each contractor for FY2020, FY2019, and FY2018?**
 - i. Breakdown is now shown on tracker per contractor/per FY.
- c. Can you please provide the following contracts as listed in accordance with the original information request to provide all associated contract for the previous five calendar years:**
 - i. FY2020 – Contract with HMS**
 - 1. There was no 2020 contract with HMS
 - ii. FY2019 – Contract with HMS**
 - 1. Attached, 18-10688
 - iii. FY2019 – Contract with Providigm**
 - 1. There was no 2019 contract with Providigm
 - iv. FY2018 – Contract with Providigm**
 - 1. Attached, 17-10787. FY 2017 funds were spent in the amount of \$499,500; however, this amount was not recorded on the master spreadsheet as FY 2017 was not requested.

Thank you again for the opportunity to share our insights with the Committee. If there are any questions about our responses, I can be reached at

[REDACTED]

Sincerely,



Cassie Dunham
Deputy Director
Center for Health Care Quality
California Department of Public Health

Colorado

Chairman Bob Casey
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC

October 27, 2022

Dear Chairman Casey and staff:

In answer to your letter, please find our responses to your requested information regarding our survey agency staffing and performance. Thank you for the opportunity to share this information for your review and consideration in relation to a report you are preparing about the challenges that states face with carrying out our duties to ensure nursing home residents receive quality care.

We agree that state survey agencies are integral to ensuring the health and safety of Americans reliant on our Nation's health care providers and we take those responsibilities very seriously. Given the challenges we have faced here in Colorado, over the past several years as a designated state survey agency, we very much appreciate your inquiry and sincerely hope to partner in the goal of protecting Americans relying on the health care system.

Please let me know if you have further questions or if there is any additional information that would be helpful.

Sincerely,



Elaine McManis
Health Facilities and Emergency Medical Services Director

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Answer: The state agency nursing home survey program is responsible for all survey activities regarding nursing home certification and licensure. There are currently 218 certified nursing homes in Colorado. These homes are located in the metro area of Colorado as well as in the rural areas of Colorado. Colorado is comprised of 104,094 square miles and is the 8th largest state in the country. The state is divided by the Continental Divide that needs to be crossed to provide survey activities to the nursing homes located on the "Western Slope" of the state. Travel to nursing homes on the Western Slope can take up to 8 hours and up to 5 hours to reach the nursing homes in the Southeast part of the state. There is a team of four surveyors located on the Western Slope to complete survey activities in the majority of the nursing homes in that part of the state. Because of surveyor shortages and the number of surveys that need to be completed, surveyors located in the Denver area are traveling over the Divide to perform survey activity.

There are currently 52 positions in the nursing home surveyor program. This number includes the program manager, supervisor positions, complaint intake coordinator and deficiency list quality assurance reviewer. There are 43 positions that are dedicated to active surveyor duties surveying every week. Supervisors generally fill in on recertification surveys when vacancies occur in surveyor positions and fill in for surveyor vacations and sick leave time and to investigate complaints. In order to meet the federal workload of completing a recertification survey in each nursing home at least every 15.9 months, the program needs to complete at least 18 recertification surveys each month. This would mean each of the 4 teams of 4 surveyors would complete an average of 4.5 recertification surveys per month. This includes onsite survey activity as well as offsite survey activity, such as writing deficiencies, and completing any survey activities that need to be completed to close out a survey. For most surveyors, this also would mean they would travel out of town and spend 3-4 nights in a hotel at least two times a month. With the current staff, the survey agency completes 4-6 recertification surveys per month. An external contract has been established to assist with the survey backlog. The contract company is completing 3-4 recertification's per month. The total number of recertification surveys completed at most within the last year has been on average 10 per month, when the recertification schedule requires 18 per month.

State agency teams also complete all complaint investigations, facility reported incidents, onsite revisits and initial certification surveys.

With the onset and impact of the pandemic over the last 2 years, the number of complaints has increased as well as the number of allegations per complaint. Furthermore, the seriousness (scope and severity) of the findings has increased and the number of deficiencies cited at harm level have increased significantly. Also during the pandemic CMS directed states to focus their efforts on completing infection control surveys to help protect residents from the spread of COVID and to focus on IJ high complaints.

As a result of the pandemic, due to CMS-directed modifications to routine survey inspection processes and direction for intense focus on infection control surveys, monitoring and response, the survey program fell behind on recertification surveys and on Non-Immediate



Jeopardy High (Non IJ High) complaints in order to complete the demands of CMS. With the decrease in COVID cases in the nursing homes and in the greater community, Colorado has refocused resources to meet the IJ High and Non IJ High complaint response requirements, which are the most serious complaint allegations alleging harm or the potential for harm to residents, through abuse, neglect or poor quality of care and safety. While the survey program is no longer behind in the Non IJ High complaints, there are still many recertification surveys (50) that are not up to date and do not meet the CMS requirement for having a survey every 15.9 months. Some nursing homes have not been surveyed for almost three years. This is a direct result of not having staffing to complete the survey work, in particular because each recertification survey is required to have an RN present on the team. With our inability to hire and retain RNs this limits the number of recertification surveys we are able to complete, regardless of how many trained Generalists might be available at a given time.

With regard to the availability and experience of survey staff, each newly hired surveyor has to complete a fairly extensive training program in order to meet the CMS requirements for being competent surveyors. This training consists of classroom instruction as well as on the job in the field training. In the past, there were protocols and guidance for surveyors to use along with flexibility on the scope and focus of the survey based on what the surveyors were seeing or hearing or finding through their review of facility and medical records. This allowed surveyors to truly focus on areas of concern with an emphasis on deeper root cause analysis of the specific concerns and much of the investigative process involved recording notes either in written or electronic form. Currently the survey process is driven by a software system CMS developed for the survey documentation of interviews, observations and record review which is quite elaborate and requires several hours of classroom and in the field training in order to become proficient in its use. Newly hired surveyors participate in actual onsite field surveys with a trainer for three surveys. This training introduces the software system, reinforces how evidence is collected through interview, observations and record review, goes over the guidance CMS provides for completing prescribed survey tasks and with using the regulations to determine if deficient practice has occurred. As these surveys can last for two weeks each with one week for writing the deficiency list it can take two or more months to complete these initial three surveys. After this time period the newly hired surveyors are assigned to a mentor who helps them increase their surveyor skills in identifying deficient practice and writing citations through this electronic system. This process can take up to nine months before the surveyor is considered ready to become survey qualified and complete CMS testing. In the old system, a surveyor was mentored during the surveys and generally completed CMS required testing within six months. Nursing home surveyors have to become survey qualified by passing a minimum qualifications test (Surveyor Minimum Qualifications Test - SMQT) before they are allowed to independently work as a surveyor. Once they have attained SMQT status they are able to become a team coordinator and lead a survey and to independently complete complaint investigations. The training period is quite extensive and can take anywhere between nine to twelve months.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.



Answer: The Colorado survey agency has long experienced difficulty in attracting, hiring and retaining qualified individuals to complete the survey work. The agency hires RNs, LPNs, nursing home administrators, physical therapists, recreational therapists, registered dieticians, social workers, and others with a human services or medical background to complete the survey work. The trend in the past was that individuals with the above skills would be hired to complete the survey work and many would leave at some point after completing the training, to work for nursing home companies as consultants because they could make significantly more money. Presently we are having difficulty attracting qualified individuals, especially RNs because we do not have the funding to be competitive with prevailing wages. While RNs apply for surveyor positions, during the interview process, when they learn the salary is not negotiable they terminate the interview or later turn the offer for employment down because of the salary. Nurses that accept employment and are fully trained have left our agency for more lucrative opportunities that they are able to secure based on their time and experience with the Division as state surveyors. Nurses often find these other opportunities to be an easier pace of work with significantly more pay, less travel and less stress overall. As stated earlier, the state agency's budget for both surveyor RN and Generalist positions do not meet the current job market rate for the type of qualifications that are expected of these positions and does not meet the cost of living needs for these individuals in Colorado.

The primary reasons existing staff leave are described by them as:

- The work is too hard
- There is too much travel
- The work is too stressful to complete in the short time frames prescribed
- There is no break in the survey cycle of work with being required to go out to nursing homes week after week
- The pay is not enough for the amount of work required
- There is no work life balance

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Answer: Indeed, the shortage of nurses has had an impact not only on the state agency, but also on the healthcare industry as a whole. With regard to RN surveyors:

- The starting salary for a registered nurse surveyor is \$69,516.
- The average Colorado RN salary is \$80,670.
- The national average salary for a registered nurse is \$82,750.
- Registered nurse surveyors are paid \$11,154 less than the average Colorado RN salary and \$13,234 less than the national average.
- Sign on bonuses by private industry range from \$10k-\$40K

Other healthcare professionals are also surveyors. Those professionals include licensed clinical social workers, nursing home administrators and registered dieticians. Those salaries range:



- Non RN salary - \$62,184
- Average Colorado licensed clinical social worker salary is between \$70,000 - \$100,000
- Average Colorado nursing home administrator salary is between \$100,000 - \$130,000
- Average Colorado registered dietician salary is between \$75,000 - \$95,000

Given federal funds have not increased since federal fiscal year 2019-2020 and the heavy impact of the movement of people, particularly from the healthcare industry, it has been and remains very difficult to recruit and retain staff. During May of this year, our state agency found:

- There were currently 26 vacancies out of 135 total surveyor positions (all programs, not just nursing facilities). This represented a vacancy rate of 19.26%, the highest rate since 2018.
- As of May 3, 2022, Colorado had 165 federal surveys that were past due and 1,427 State licensing or certification surveys that were past due.

Given the inability to compete with prevailing wages, in addition to the state agency's economic burdens of survey work (reimbursement for hotels, meals, use of fleet cars, etc.) and the long process for surveyor minimum qualifications, the extensive employee training track and the burden of the work with regard to level of effort, time and distance from home life, the state agency continues to experience significant staff resignations and extended vacant positions. Moreover, with regard to trained staff, the state agency has experienced loss of staff leaving to work with contract agencies that are hired by state agencies to perform CMS work when there are staffing shortages at a collective cost greater than the pay for what the state agency would pay for this work. The employees that leave for this type of work are paid significantly higher wages and have more control over their work assignments to better support their work-life balance.

The program has increased recruitment efforts, by posting positions nationwide and more frequently. The program has also explored options for making salaries more competitive, but does not have sufficient funding to make this possible. With regard to efforts for retention, the program has offered small incentives, such as 10-15% pay increases for subject matter experts and designated field trainers, but does not have the funding to increase wages for staff on a routine system wide basis. Additionally, the program has made adjustments to improve employee satisfaction through the use of flexibility in work schedules and primary work locations (e.g. working from home). The program continues to explore options for different systems of employment such as hiring at lower rates of pay and experience with more steps for advancement and in efforts to address the high turnover, is considering the development of a program that would recruit and support people who are looking for a short term rotation of public health work (one year) with a faster track of training and more targeted focus area of survey, such as complaint investigations only.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Answer: During the federal fiscal year 2016-2017, the survey agency experienced a period of high resignation of surveyors. The individuals who left the program expressed concern about



the amount of work they were expected to complete, the amount of travel time, low salary compared to the private sector and difficulty in achieving a work life balance. With this high level of staff turnover, the survey agency was not able to meet the contracted work with CMS within the recertification timeline of 15.9 months.

During the last three months of FFY17 and through FFY18, the survey agency contracted for recertification survey services. The cost of the contracted services was covered from salary savings of having open surveyor positions.

Again in FFY22, the survey agency contracted for survey services, for the last four months, to assist with the recertification surveys that occurred as a result of the pandemic. The contractor completed 24 recertification surveys. The contract has been extended through FFY23 to complete up to 36 additional recertification surveys. Using a contract survey company will allow the state survey agency the ability to continue to retain and train surveyors, keep up with IJ High and Non IJ High complaints and meet the goal of completing a recertification survey in all the outstanding nursing homes.

The definite benefit of using contractors is that it will help us get the workload completed and back on track so we are able to ensure resident safety and meet the CMS workload. There are numerous challenges in using contractors, as all contractors are not equal. Having used two different contractors, it is easy to see the differences in the contracted surveyor training, QA of deficiencies and the supervision that is needed from the survey agency. Because the contractor does not have access to the main software program that CMS uses to house the completed survey and the accompanying documentation, this information is electronically sent to the survey agency by the contractor, and the survey agency uploads the information into the software program. If there are items not included in the electronic submission from the contractor, the survey agency has to contact the contractor and get the information to upload. Once the deficiencies are written and sent by the contractor, the program completes a QA to ensure the states survey standards are met. There are frequent exchanges between the contractor and survey agency to ensure deficiencies are written with correct and substantiated evidence that supports the deficiency. It averages out to require an extra 10 hours per week, per survey that is needed to provide the supervision and oversight of the contractors. If the Colorado State Survey Agency had our preference, we would not use contractors for survey work. They do not have the same investment in ensuring the residents of Colorado have a safe place to live, as those who work for the survey agency. It is also more difficult to ensure quality surveys are completed and work is completed on time. Contract surveys are also significantly more costly than surveys completed by staff.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Answer: Multiple discussions with CMS have occurred over the years, either at the CMS location level, at the Central Office level, or at the association of state survey agency group (AHFSA) regarding the amount of work required of the nursing home surveyor program. As the survey process evolved into the current form, additional duties and requirements were put in place without additional funding to add staff and without adjusting survey timelines to



account for the additional requirements. Some activities that the team in the past could briefly investigate and then move on if there were no problems evident, now require more in-depth investigation with the same outcome. Additionally, mastering the prescribed software and making sure a “checkmark” is in every box can take valuable time and focus away from the investigation of any identified problem. The use of the electronic system seems to have, in some respects, desensitized surveyors from deeply exploring areas of concern and limits the scope of what a surveyor can follow-up on. With this electronic standardization, survey citations are limited to the electronic prescriptiveness of the program and may miss areas of concern that would have otherwise been found through investigative processes and guidelines that were applied previous to the electronic system. Moreover, the electronic system carries out the survey process in the same way from facility to facility instead of customizing the survey and allowing for thorough examination of the systems from the start. These systems vary between each facility and these system failures are the lead cause to negative resident outcomes. Since the onset of the pandemic, the infection control investigation process required of every recertification survey has increased and takes a considerable amount of survey time. Also, the states are required to continue to complete stand-alone infection control surveys for 20% of the nursing homes in the state, which takes a team member away from a recertification survey or complaint survey, further exacerbating workload backlog.

Additionally, CMS has a requirement that all facility reported incidents (FRI's) need to be triaged and a determination needs to be made if an onsite investigation by the state agency needs to occur. Colorado has not been able to fully implement this requirement because there is no staffing available to complete this type of triage and onsite investigation. This was a new CMS requirement that came with no additional funding or staffing. Specifically, in the past year Colorado received approximately 1,000 FRI's into the state reporting system. These have been triaged by the state reporting team to ensure they meet the reporting requirements for the state. Many of these would also meet the reporting requirements for the CMS designation of a FRI, but do not receive an onsite investigation because of staff shortages. The state reporting team does make referrals to the state survey team for egregious reports or if there are multiple reports involving the same residents or circumstances. In response to this issue, Colorado has worked for several years trying to develop a plan to meet this CMS requirement. Yet, without additional staffing for triaging and investigating these FRI's, the state agency will not be able to fully implement this requirement.

In addition to the above, after the exit of every survey, the surveyors are required to write a report of their survey findings. For deficiencies cited for not being in compliance with a regulation, the surveyor must show two sources of evidence of the failure to follow the regulation. The writing must show how the nursing home failure to follow the regulation led to deficient practice could have possibly led to actual harm of the resident or had the potential to lead to harm if the practice is not corrected. The surveyor must use the evidence they have collected through interviews of nursing home staff, residents and or family members, observations of possible deficient practice and record review of the resident medical record, incident reports, etc. After the surveyor writes the reports they are then submitted for a quality assurance (QA) process to ensure the reports are legally defensible in the event there is an appeal of the survey findings. We allow the surveyor's one day to write these reports and close out their survey work and then they are assigned to begin another survey. If they have not completed their writing in that time, they continue to complete their writing while working on another recertification survey. This consistent “march” of work needs to be followed in order to



complete the work within the timelines assigned by CMS. Once a surveyor has exited (onsite investigation is completed) the state agency has 10 business days to complete all the writing of the deficiency report, complete the QA process, be reviewed for enforcement and sent to the nursing home to meet the CMS timeline. With the survey schedule that has to be maintained to meet the CMS timelines there is no opportunity for surveyors to have any break or reprieve from survey activities.

In 2016 CMS added the survey requirements for emergency preparedness for state agencies. While we agree it is important for each nursing home to have an updated and active emergency preparedness plan, this created additional burden for state survey agencies. In Colorado, this survey is added to the recertification survey and adds an additional three to four hours to the survey process. When this was first added, the state agency was able to add an additional surveyor to the team to complete only this portion of the survey, but as we have experienced staffing shortages this is no longer an option.

Lastly, we recommend that it would be a significant impact and help if the state survey agency could include LPNs within the nurse surveyor category as they are the front line workers in many of the long term residential settings and many of them perform applicable duties and skills per the surveyor role. Expanding the practitioners that could be included within the nurse surveyor category would greatly assist in the state survey agency's recruitment, staffing and workload efforts.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one- time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Early in the pandemic, these funds were used to perform infection control surveys, and later to catch up on missed surveys, and used extensively. Current activity is slowing for CARES act related activities (i.e. COVID specific). Colorado does not anticipate any detrimental impact related to the sunseting funds.

7. Please provide the requested data in the attached Excel sheet:

Answer: See [attached spreadsheet](#).

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	218	
	What is the number of Medicare and or Medicaid certified nursing home beds?	19,980	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years? INCLUDES MEDICAID AND CASH		Cash portion only includes through 3rd Quarter. 4th quarter ends 9/30/2022 Data not available on 9/22/2022. Medicaid portion full year \$3,488,849
	FY2022	\$3,799,785	
	FY2021	\$4,269,499	Medicaid \$3,596,292
	FY2020	\$4,623,110	Medicaid \$3,832,672
	FY2019	\$4,084,860	Medicaid \$3,472,641
	FY2018	\$3,848,086	Medicaid \$3,263,004
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years? Includes only Medicare		
	FY2022	\$3,394,563	Through 4th quarter - numbers not finalized
	FY2021	\$3,796,634	
	FY2020	\$4,036,989	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		This includes supervisor, lead and other positions in addition to front line surveyors.
	FY2022	52	There are 43 front line surveyors as of October 2022
	FY2021	52	This includes supervisor, lead and other positions in addition to front line surveyors.
	FY2020	52	There are 46 front line surveyors.
	FY2019	52	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	14	As of 10/11/2022
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	10	As of 10/11/2022
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	12	arrival spreadsheet
	FY2021	11	arrival spreadsheet
	FY2020	7	arrival spreadsheet
	FY2019	9	arrival spreadsheet
	FY2018	10	Arrival and Departure report
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	13	Arrival and Departure report
	FY2021	19	Arrival and Departure report
	FY2020	6	Arrival and Departure report
FY2019	9	updated from arrival and departure spreadsheet	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5	Of the 35 staff included in this average, 7 have 10 or more years of experience. This is based on data from July 2022.
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	45.7	Of the 35 staff included in the average, 16 have less than 2 years of experience and 13 have less than 1 year of experience. This is based on data from July 2022
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	31%	11 of the 35 survey staff have five or more years of survey experience. This is based on data from July 2022
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$71,604	Most staff are hired at this salary
	Not registered nurses?	\$64,044	Most staff are hired at this salary
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		Assume this question means that only expenses for contracts are included. Colorado does enforcement and IDR internally.
	FY2022	\$179,900	Includes contracts for nursing home survey only.
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$257,300	
	FY2018	\$231,570	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	53	CY 2022 is not complete yet, so this number likely will change.
	CY2021	97	
	CY2020	207	
	CY2019	31	

7 (i)	CY2018	45	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	94%	50 of 53
	CY2021	98%	95 of 97
	CY2020	93%	193 of 207
	CY2019	87%	27 of 31
	CY2018	93%	42 of 45

Connecticut

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

November 15, 2022

Robert P. Casey, Jr., Chairman
U.S. Senate Special Committee on Aging
Washington, DC 20510-6400

Dear Senator Casey and members of the Special Committee on Aging:

Please find attached the Connecticut Department of Public Health's response to your September 12, 2022 communication regarding Connecticut's survey and certification activities for nursing homes. The Department thanks the Special Committee on Aging for sharing your interest of ensuring quality and safety in the long-term care system and Connecticut's processes. Please know that the Department shares your goal of ensuring the safety of nursing home residents as one of Connecticut's most vulnerable populations. We look forward to working with you as the Committee moves forward with further recommendations.

If you have any questions regarding the Department's response, please feel free to contact our Legislative Liaison, Adam Skowera ([REDACTED]).

Sincerely,

Manisha Juthani, MD
Commissioner



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Affirmative Action/Equal Opportunity Employer



AGING-00067

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The Connecticut Department of Public Health's ("Department") Facility Licensing and Investigations section ("FLIS"), on behalf of the Centers for Medicare and Medicaid Services (CMS), conducts annual certification activities in nursing homes to ensure compliance with all state and federal laws and regulations. In addition to the annual certification survey activities, FLIS is responsible for ensuring compliance with state statutes and regulations, along with conducting complaint investigations including, but not limited to, nursing homes. Connecticut currently certifies with the Centers for Medicare and Medicaid Services (CMS) 204 Skilled Nursing facilities, of which 10 are licensed under state statute as Chronic and Convalescent Rest Homes with Nursing Supervision (RHNS) and 194 are licensed as Chronic and Convalescent Nursing Homes (CCNH). To do this work effectively and timely, DPH should have on staff 63 Full Time Equivalent (FTEs), which includes 55 nursing home surveyors, 5 administrative and support staff, and 3 leadership staff. FLIS currently has 27 vacancies, which is a vacancy rate of 43%. Although DPH has prioritized recruitment activities for FLIS, the hiring process has been slow due to a variety of factors, including, but not limited to, short staffing in the human resources department and a shortage of qualified candidates for surveyor and management positions.

Like other states, the Department accumulated a large backlog of surveys and complaints during the pandemic when Federal survey and complaint activity was suspended nationwide in accordance with QSO [Memo 20-12](#). It is important to note that nursing homes comprise the largest volume of work and resources within FLIS. The Department is currently working through our backlog of any past due inspection activities and over 1,600 complaints related to nursing homes. A full assessment is being completed to ensure Connecticut's healthcare beneficiaries are receiving safe and quality care in accordance with state laws and regulations. FLIS is also applying the guidance in [QSO Memo 22-02](#) to prioritize its workload and backlog of complaints, however, the Department has completed a preliminary assessment of the complaints as directed in the QSO Memo and is not able to close many complaints, as many suggest a pattern of neglect and/or poor care.

The Department has taken many steps to combat the backlog and keep up with the annual survey certification requirements. These steps include a reorganization of FLIS to align the work with surveyor expertise to allow for enhanced predictability and facilitate throughput of the work. Critical to this reorganization was a revision to the surveyor training. The training model has been designed to provide enhanced support to the trainee with a strong emphasis on investigation and deficiency writing with the goal of reducing training time while at the same time producing a higher quality surveyor. Another step includes reviewing complaints when conducting annual certification activities. However, we do anticipate challenges that will include, but not be limited

to resource constraints, ongoing increases in personnel costs as a result of employee bargaining contractual obligations, significant increases in benefit costs and additional programmatic mandates.

In addition, the Department is developing an enhanced quality assurance and performance improvement program to ensure compliance with the required Federal and State survey activities and evaluate data from surveys, complaint investigations, and information provided by the Long-Term Care Ombudsman's office to develop best practices that can be implemented internally in the form of a dashboard. This will allow the Department to see trends in individual healthcare facilities and across the healthcare continuum to provide us with the ability to educate the FLIS team and prioritize their work in a more efficient manner.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

The Department generally, and FLIS specifically, has seen significant turnover during the last year, largely due to staff retirements in response to state benefit changes for retirees that became effective for staff in active service on or after July 1, 2022. This has led to shortages of Surveyor Minimum Qualified Test (SMQT) certified staff who can work independently using their knowledge and experience as a surveyor. The Department is currently recruiting to refill the vacant positions, but it is anticipated it will take a minimum of six months upon hire of new employees to ensure they can conduct survey activities independently and competently. The training to become SMQT certified is labor intensive. Due to this labor-intensive process, the Department's training model encompasses multiple staffing resources who have significant experience in survey and certification activities making them unable to perform survey duties.

The Department has deployed several strategies for managing survey and certification activities with a decreased staffing level, and we have a strong focus on reducing turnover of staff. These include the following:

- Historically, FLIS has utilized registered nurses as surveyors. However, in the reorganization, FLIS has determined that allied health professionals such as social workers and the position of health program associate can significantly contribute to the survey process. This strategy will alleviate some of the challenges caused by the registered nurse workforce shortages.
- Not unique to Connecticut, the state hiring process is very comprehensive and must be processed through multiple approvals prior to even posting. The Department of Public Health is working with the Department of Administrative Services (DAS) to recruit for

these positions on a rolling basis and will emphasize the benefits of working in this position. Some of these benefits include telework, use of a state car, reimbursement of expenses and most importantly, protecting one of Connecticut's most vulnerable populations, the beneficiaries of nursing home services.

- Lastly, until FLIS is fully staffed, the Department has taken advantage of state regulations in Connecticut that allow Department retirees to work up to 120 days per year without impacting their retirement benefits. Having these individuals with extensive institutional knowledge of the survey process helps FLIS to train the new hires and fill empty positions that could restrict FLIS' ability to conduct inspection activities.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Connecticut's human resources functions have set positions and salaries that can only be negotiated under certain terms. Additionally, these positions fall under a bargaining agreement with the SEIU 1199 union. Any salaries, fringe benefits, holidays, and the like are negotiated through the collective bargaining process. For a Nurse Consultant with FLIS who will be performing survey duties, the salary ranges from \$83,122 to \$111,526 per year. New employees to the state will start at the lower salary.

In addition to the private sector increases in nursing salaries, the Department also has competition from other state agencies who provide direct care services to clients of the Department of Social Services, Department of Veterans Affairs, Department of Mental Health and Addiction Services, Department of Corrections, and Department of Children and Families, and we have seen several staff members transfer to these other agencies. The salaries for these nurse positions can range from 36.00 per hour to 99.00 per hour with opportunities for bonuses, overtime, and hazardous duty pay.

During the pandemic, surveyors were in the field monitoring infection control activities and practices daily, particularly in nursing homes. While extensive training was provided to all surveyors, in the early days of the pandemic, testing and vaccine were not available which led to fear and uncertainty and a time to pause regarding the role of the surveyors. However, Connecticut's FLIS team was committed to the mission to ensure safe and quality care for Connecticut's nursing home beneficiaries. As we recover from the pandemic, surveyors have questioned the capacity to continue in this role and reported separating employment to pursue outside opportunities that offer an improved work life balance.

Lastly, this past legislative session Connecticut's state budget was approved and resulted in increases in personnel salaries pursuant to negotiations with employee bargaining units. A 3% wage increase was given on July 1, 2022, and another 3% wage increase will be given to collective bargaining members effective July 2023. These salary increases may help to recruit interested individuals.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

During the early days of the pandemic, Connecticut identified that school nurses were on leave as schools had closed. FLIS engaged this workforce to support infection prevention and control activities that had been deployed in the healthcare continuum.

Connecticut is currently reviewing the complaint backlog and is considering contracting with a third-party vendor to assist with the current workload. Proposals have been obtained and are currently under review. Historically, prior to COVID, Connecticut did not have the need to contract for services. While there have been vacancies that on occasion challenged throughput, Connecticut had been successful in meeting the requirements set forth in the CMS Mission and Priority Document (MPD).

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Certification surveys are labor intensive and time consuming and although automating some processes has promoted consistency and greater efficiency, the same level of labor resources is generally expended regardless of a facility's history or current performance. Historically, there have been extensive national discussions regarding an abbreviated survey process for nursing homes with a good history and a good to excellent nursing home compare star rating. However, these conversations have never come to fruition. The Department recommends CMS consider actualizing a new abbreviated survey process, which will incentivize the industry, at the same time permitting state survey agencies, to expend the resources needed for poor performers. In addition, CMS should consider revising certification frequency to be adjusted based on factors that include certification survey results, numbers of substantiated complaints related to quality of care and quality of life deficiencies, and other metrics that lend itself to concentrate on those facilities with poor care.

In addition, CMS could consider working with state agencies on their annual budgets. Currently, CMS's Federal Fiscal Year 2023 budget is a flat budget. With the aforementioned salary increases, coupled with a fringe rate of 95.45%, and an indirect rate of 42%, maintaining salaries on a flat budget is not reasonable. This has the potential to further complicate the workforce issue and the ability for the Department to be whole.

Our FY2023 budget submission reflects a true need request of \$6,468,994. Constructing a budget with extraordinary increases in fixed costs undoubtedly creates challenges, and work will need to be further prioritized. Fixed costs such as a fringe benefit rate of 95.45% cannot be negotiated. These costs are significant and represent much of the budget request. It is the mission of the Department to ensure that the Medicare and Medicaid beneficiaries that reside in Connecticut receive not only safe care, but just as important, quality care that is delivered in accordance with state and federal laws and regulations. The absence of additional funding will complicate the mission.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

The Department utilized CARES Act funding to support the temporary work force of school nurses as referenced in Question 4 to provide mission critical infection control activities/inspections during the pandemic. Additionally, the Department is requesting CARES Act funding to support the position of a Temporary Worker Retiree who has 23 years of institutional knowledge in the absence (retirement) of the Section Chief and Branch Chief. Lastly, the Department is working towards hiring temporary workers to help alleviate the backlog of pending complaint investigations and plans to utilize CARES Act funding to support these workers.

As these funds sunset, the Department will be unable to support the temporary workers who augment the workforce by addressing the backlog, providing training, and filling vacant positions while jobs are under recruitment.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	205	
	What is the number of Medicare and or Medicaid certified nursing home beds?	23790	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$7,708,477	
	FY2021	\$4,350,715	
	FY2020	\$4,435,715	
	FY2019	\$7,489,979	
	FY2018	\$6,063,309	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$6,613,808	
	FY2021	\$6,038,974	
	FY2020	\$6,499,619	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	66	
	FY2021	65	
	FY2020	67	
	FY2019	65	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	21	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	20	
	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	5	
	FY2021	8	
7 (e)	FY2020	7	
	FY2019	8	
	FY2018	6	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	11	
	FY2021	12	
	FY2020	7	
	FY2019	5	
	FY2018	7	
	7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7.6 years
What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?		30%	
What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?		30%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$91,702-\$120,808	
	Not registered nurses?	\$55,078-\$99,376.01	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	55	

7 (i)

CY2021	45
CY2020	84
CY2019	13
CY2018	13
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	67%
CY2021	71%
CY2020	66%
CY2019	85%
CY2018	85%

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

STATE SURVEY AGENCY

BUDGET JUSTIFICATION - FISCAL YEAR 2018

OCTOBER 1, 2017- SEPTEMBER 30, 2018

General Comments

Attached please find the estimated budget for Fiscal Year (FY) 2018 for the Connecticut State Survey Agency (SSA). The dollar figures, breakout, program emphases and positions required are based upon an in-depth review of the total certification functions of the agency. The narrative reflects a consolidated report of all survey agency components.

Predicated upon Regional Office (RO) guidance, the following information is submitted in support of the budget request for Fiscal Year 2018 Title XVIII and Title XIX survey and certification activities. The budget has been prepared by the Department of Public Health as the state survey agency. A copy of the prepared budget request has been forwarded to the single State Medicaid Agency (Connecticut Department of Social Services).

The SSA fully expects to complete Tier I, II and III work, however anticipates challenges that will include, but not be limited to resource constraints/limitations as a result of hiring “freezes”, increases in personnel costs as a result of employee bargaining contractual obligations, significant increases in fringe benefit costs and additional programmatic mandates directed by the .Mission and Priority Document. This submission represents a true need budget to complete Tier I, II and III work to ensure that the Medicare and Medicaid beneficiaries that reside in Connecticut receive not only safe care, but just as important, quality care that is delivered in accordance with state and federal laws and regulations.

I. Financial Considerations

In 2011 CT was challenged with an 8 billion dollar state deficit. Elements of the state’s budget mitigation plan in exchange for “no employee layoffs” included eliminating 1 Public Health Service Manager (PHSM) position, a “freeze” on refilling vacated positions regardless of the funding source and no wage increases “across the board” until July of 2013. In FY’s 2011 and 2012, multiple vacancies including 2 PHSM positions and 6 nurse consultant positions, although federal funding existed, were unable to be refilled. An unintended implication of the budget mitigation plan resulted in the CT SSA returning approximately \$930,178 of the FY 2012 Medicare award to the Centers for Medicare and Medicaid (CMS) that was not spent as a result of challenges and barriers that had been imposed by way of the Governor’s budget mitigation plan. Inability to expend the total FY 2012 award led to a FY 2013 Medicare award that was significantly less based on a budget analysis completed by CMS which was directly linked to FY 2012 costs. However, respectfully,

the analyses failed to risk adjust the state survey agency's challenges and barriers that had been imposed by the state's executive leadership.

In FY 2013, after several years of an inability to refill management positions, the CT SSA was very fortunate to refill 2 Public Health Service Manager (PHSM) positions that were mission critical to the operations of the SSA. Additionally, 6 nurse consultant positions were refilled in FY 2013 that had been vacated through attrition in FYs 2011 and 2012, permitting the SSA to stabilize and conduct survey and certification activities that were at risk of not being done, thereby securing public health and safety. Although refilling the 6 nurse consultant positions brought much needed relief to a workforce that has worked tirelessly to achieve the agency's mission of protecting public health and safety for CT's healthcare beneficiaries, the SSA continues to operationalize activities with vacant positions. In FY 2014 several positions (5) were vacant, however, they were never approved to be refilled, although these positions were mission critical to the work that we do. Additional challenges in FY 2013 included an increase of 6.61% in fringe benefits from 2012 and a wage increase of 3% to all collective bargaining employees effective July, 2013. These costs, which were fixed, were not accounted in the FY 2012 expenditure report, therefore were not a formative factor for CMS in determining the FY 2013 Medicare award. While these issues have been previously stated in correspondence to CMS, restating is of significant importance as the FY 2014 allocation is predicted on the FY 2013 allocation which was calculated on the FY 2012 expenditures which were considerably less as a result of state challenges and barriers.

As Fiscal Year (FY) 2014 expenditure reports were finalized, it had been identified, as expected, that the Connecticut (CT) State Survey Agency (SSA) would have a deficit of approximately \$100,000 with which to reconcile FY 2014 costs. Costs for 2014 were not adequately covered with the Medicare award of \$5,880,527. This was the second year that Connecticut had been underfunded. In 2015, the CT SSA was successful in a request for an increase in funding, however, the budget request and approval for a 5.8% increase was challenged with "hiring freezes" for seven desperately needed and vital staffing positions. Therefore, this challenge resulted in a de-obligation of \$1,525,206. It had not been anticipated at the time the request was made, that such challenges would be protracted resulting in a significant unspent award.

FY 2016 was confronted with similar state burdens and although the budget reflected a true need budget, it was tested with personnel refill issues. Consequently, multiple position vacancies remained unfilled for extended periods of time which has contributed to a return of \$1,253,000.00 to CMS.

In 2010, the Connecticut Department of Public Health (DPH) was awarded a 2.8 million dollar grant from the United States Health and Human Services (USHHS) to develop a comprehensive program for long term care providers to intensify protections for recipients of long term care services. Utilizing grant funds and in collaboration with the Department of Emergency Services and Public Protection (DESPP) and the Centers for Medicare and Medicaid Services' (CMS) technical assistance vendor, CNA Analysis & Solutions, an automated system, Applicant Background Check Management System (ABCMS) was developed, which included, but was not limited to, live scan fingerprinting, long term care provider education, and an automated data base

to process criminal background checks. Utilizing state general funds to support the program, DPH employed three (3) office assistants and one Health Program Associate to provide support and oversight to the program. Additionally, with the assistance of the grant funds, DPH contracted with an information technology analyst to assist with the development and management of the automated system. Development of the automated system and promulgating the enabling legislation spanned over a five year period. In October of 2015, Connecticut went live with the national criminal background program, initially with the nursing home industry, with home health care agencies phased in February, 2016 and chronic disease hospitals and Intermediate Care Facilities for Individuals with Intellectual Disabilities (IDF/IID) in 2018.

The USHHS grant funds expired September 29, 2016 and unspent dollars were returned. The grant supported one full time equivalent for an information technology analyst and up until September 29, 2016 had been financially supporting the cost of the criminal background check for providers. However, the cost of the criminal background check, which includes the fingerprinting and background check has been transferred to the provider community and the Full Time Equivalent (FTE), information technologist analyst will continue in FY 2018 to be supported with the Medicare award.

The information technology analyst is integral to Connecticut's national criminal background check program. DPH and the criminal background check program require this position to perform all ongoing system maintenance and integration of updates, maintaining and altering web services and communications channels to DESPP and the State billing facility, and technical support for the in house DPH program specialists and external Long Term Care and Home Health Agency facility users. This position is also required to support defining ongoing roles and permissions required for enrolling participants and generic user support required while accessing the national criminal background check system. There is a back log of some of the consultant's duties. The specific backlogged tasks include applying monthly updates to the system; verifying if new system updates have corrected issues in the system; reviewing enhancements to the system and implementing selected enhancements. The back log is currently being addressed by greater oversight and project management. Connecticut's national criminal background check program cannot be maintained or sustained without such information technology support. Inability to maintain this position would result in termination of the program.

The Connecticut system went live in October of 2015 and had been limited to the 226 certified nursing homes until February 2016 when home health agencies were phased in and the 2018 phase in of ICF/IID and chronic disease hospitals which are certified as acute hospitals. Since the go live date, 64,269 applications for fingerprint submission have been made. More importantly, of those 64,269 applications, only 55,051 applicants went on further to be fingerprinted and processed. It is notable that 9,218 applications or 14% of the potential candidates for employment did not proceed with the background check. It is significant that 14% did not move forward in the process and it can be suggested that the ABCMS is promoting a safer workforce for our vulnerable healthcare beneficiaries. Of those 55,051 fingerprints, 4399 (11.8%) returned with a criminal history ("hits") either on the state or federal side or both. These "hits" resulted in 163 not eligible for employment determination. This volume and number of outcome "hits" reinforces the value this program has in

ensuring the safety of our vulnerable healthcare beneficiaries and will only promote the quality and integrity of our healthcare workforce who will be caring for Connecticut's most vulnerable residents, many Medicare beneficiaries.

As previously mentioned, state funding supports 3 full time equivalent office assistants, 1 full time equivalent Health Program Associate and approximately .20 of a full time equivalent of managerial support. In total, this represents approximately \$385,000 of state funding for this vital program. The aforementioned staff members provide supportive roles, which includes, but is not limited to, monitoring and processing as it relates to the background check system. The State Survey Agency, pursuant to the 1% increase in funding in FY 2017 established and filled an Information Technologist Analyst 2 (IT-2) position at a salary including fringe benefits of \$148, 687, a position that will assume the important duties and responsibilities for the automation functions of the program. This budget request shall continue to support the IT-2 for FY 2018. As you will note in the financial commitment of approximately \$385,000, the State of Connecticut is fully committed to this program and with financial support from CMS anticipates continued success of the national criminal background check program ensuring a safer and more competent workforce.

Our FY2018 budget submission reflects a true need request of \$6,436,167, a 0.05% increase from the FY 2017 budget award. Review of the current expenditures for FY 2018, includes a fringe benefit rate has increased to 94.07%, an increase of 10.93% from FY 2017. Constructing a budget with extraordinary increases in fixed costs will undoubtedly create challenges; and Tier work will need to be further prioritized. However, reflective of sequestration and its impact to survey and certification, the budget has been re-evaluated and significant changes will be made to supplies, communication, travel and training. However, fixed costs such as a fringe benefit rate of 94.07% cannot be negotiated. These costs are significant and represent the majority of the budget request. In addition, an increase of 8% in indirect costs to the budget request has also created significant increases in costs of operations and personnel.

Support for Fiscal Year (FY) 2018 survey and certification activities reflects a carefully calculated determination of program requirements and the funding necessary to accomplish CMS objectives. In addition, in excess of 3 FTEs have been devoted to unfunded Federal mandates (such as federally mandated State Agency Performance Measures, Long Term Care and Home Health Agency (HHA) Independent Dispute Resolution (IDR) and enforcement, Freedom of Information Act (FOIA) requests, complaint triage, enhanced and automated survey protocol for End Stage Renal Dialysis (ESRD) and residents receiving ESRD services in a nursing home, and coordination with the Quality Improvement Organization (QIO) throughout FY 2018. We would be remiss if we did not emphasize the workload associated with Freedom of Information (FOI) requests that are processed locally and forwarded to the Regional Office for their review. As consumers become more informed and demands for quality of care increase, those considerations have resulted in increases for Freedom of Information (FOI) requests. As the Department continues its current initiative to expand automated services, it is expected that this will improve FOI requests, as much of the

information will be readily available to the public. However, in the meantime, the request are managed manually and currently one (1) Full Time Equivalent (FTE) is dedicated to this task.

The ongoing initiatives, to include MDS focused surveys, the Patient Safety Initiative, and changes to the Hospice surveys will continue to have a significant impact on State Survey Agencies (SSA). Increased staffing continues to be necessary to carry out expanded survey protocols, more frequent surveys, mandated time frames for initial onsite investigation of complaints as prioritized in accordance with Chapter 5 of the State Operations Manual, enhanced survey protocols, increased imposition of remedies, and referrals to the Department of Justice, State Attorney's Office and other CMS mandated activities. As expected, preparation and training for the revised long term care survey process consumed significant resources which has impacted CMS priorities. Although, Connecticut had very successfully transitioned to the QIS survey process, a full scale implementation has impacted the learning curve. While Connecticut has been very fortunate to have a very skilled workforce with longevity, coupling the revised survey process with the new regulations has been demanding. Long term care surveys, have in several cases required 5-6 days to complete which is a deviation from the usual 4 days. The exigent demands of the survey schedule have compounded other certification activities. However, to that end, Connecticut anticipates that it will complete the FY 2018 Mission and Priority Document mandatory workloads.

After much work in the Executive Office and with the Legislature, Connecticut's state budget was approved and resulted in increases in personnel salaries pursuant to negotiations with employee bargaining units. As a result, 3 furlough days were approved which has the great potential to impact operations. In addition, a lump sum of \$2,000 will be provided to each employee, July of 2018. Employee collective bargaining agreements and salaries combined with the fringe benefit rate will consume and overwhelm the 2018 award.

A. Personnel Services

The 10.93% increase in employee fringe benefits combined with employee salaries exhausts the budget award. The major collective bargaining units negotiated a \$2,000 lump sum for all employees in collective bargaining units which will be awarded in July of 2018. As a concession, all employees are required to take three (3) furlough days. Connecticut has been fortunate to experience a work force with great longevity, however, the work force is aging out which has and will result in a fair number of retirements in FY 2018. It is anticipated that in FY 2018 the following vacancies will occur: 1 Branch Chief, 1 Section Chief, 2 Public Health Services Managers, 2 Supervising Nurse Consultants, 5 Nurse Consultants and 1 Health Program Associate. These vacancies represent 20% of our existing work force. The SSA is confident that the request to refill will be approved, but, training is costly not only financially, but just as importantly, in time lost to training activities.

B. Training and Programmatic Activities

While restrictions have been imposed on all out of state travel and training, documentation from the CMS reinforcing the mandatory training requirements as set forth in the 1864 agreement between the SSA and the Secretary of Health and Human Services has facilitated training opportunities and necessary approvals. While the future of the majority of training opportunities is done via webinar or through the Integrated Training Surveyor S Website (ITSW) which relieves the burden of travel costs, the indirect impact results in loss of time for certification activities. However, the SSA recognizes the importance of training and is appreciative of the opportunities that CMS provides, especially the efforts made towards the expansion of the LMS platform. The SSA will request the following training opportunities:

1. The Director and/or Survey and Certification Manager of the Connecticut State Agency will continue to represent the SSA at various meetings of the Association of Health Facility Survey Agencies (AHFSA) in FY 2018.
2. The Resident Assessment Instrument (RAI) and Outcome and Assessment Instrument Set (OASIS) Coordinators had not been scheduled for FY 2017, however the SSA will plan on attending in FY 2018.
3. In FY 2010, a revised Ambulatory Surgical Center (ASC) survey protocol was implemented with a focus on infection control. In accordance with Tier II responsibilities, 25% of all non-deemed ASC facilities will be inspected utilizing this enhanced survey process. Implementation of the revised protocol has resulted in an increased identification of condition level non-compliance. In FY 2017, condition level non-compliance was identified during two (2) inspections. This continued endeavor will require ongoing education with staff that participates in ASC surveys. Additional training will be required of all surveyors that participate in ASC surveys to ensure that the revised process is executed accurately, consistently and efficiently. Although the new protocols have enhanced patient safety, consistent with our mission, it has required additional resources and time allocated to complete inspection activities.
4. Effective October 14, 2008, new End Stage Renal Disease (ESRD) regulations were implemented for certifying ESRD facilities. In February 2009, ESRD facilities were expected to comply with the applicable provisions of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection. That expectation required additional

training for the LSC surveyors. Pursuant to these changes, in FY 2013 a new survey process for dialysis facilities was designed and implemented which focuses on areas that are of the highest risk for patients receiving ESRD services. The SSA acknowledges the complexity and high safety risks associated with ESRD services and to that end, supports ongoing training for those highly specialized surveyors in FY 2018. To ensure competent and qualified staff, the SSA fully intends to continue to send all staff that conducts ESRD surveys to the ESRD Core Survey process. As CMS develops training material for infection control in the ESRD setting, surveyors will require training subsequent to their release. In addition, the SSA meets on a regular basis with large providers of ESRD services to discuss trends that are noted across the corporation and quality projects that have been initiated to mitigate recurrence. The annual ESRD Update has not been scheduled for FY 2017, however, should that change, the supervising nurse consultant who has oversight for ESRD programmatic activities will attend.

5. The regulations for Hospice Conditions of Participation have been revised and were effective December 2, 2008. Ongoing webinar training will be provided as developed by CMS with ongoing updates and notifications as posted on the CMS website communicated to surveyors and providers. Ongoing on-site education to the providers during survey as well as individual provider instruction telephonically has been provided increasing the length of surveys.
6. The SSA has received the updated guidance on the Home Health Agency Regulations and is awaiting any training opportunities that may be forthcoming.
7. In addition to the scheduled meetings for State Training Coordinators, the Agency's Coordinator will participate in meetings sponsored by the RO or Consortium to address training issues. It is anticipated that as enhancements are made to the survey and certification training program and the ITSW, the role of the State Training Coordinator will be expanded and ongoing training for the Coordinator will be required.
8. The Five Star Quality rating system for nursing homes became effective on December 18, 2008. As updates are generated in the system, the SA continues to respond to questions and concerns regarding the rating system. The SSA has made efforts by way of participation in CMS conference calls and CMS leadership conferences to train staff to respond to inquiries and disseminate information to the provider community as provided by CMS. Additionally, the Five Star Quality

rating system has emerged as a very effective tool when the state agency is conducting its due diligence in the assessment of potential, incoming buyer/owner/operators as a function of the change of ownership process.

9. In June of 2007, CT promulgated regulations regarding the Feeding Assistant Program in the long-term care arena, which required additional and ongoing training of staff. A portion of an FTE is expended to continue to review feeding assistant programs and provide survey staff with updated information as approved programs are added. Currently, CT has 49 approved feeding assistant programs.
10. Participation by State Agency staff in CMS and other training courses will occur in FY 2018.
11. While the SSA appreciates longevity in the Life Safety Code Unit, should any vacancies occur, Fire Inspector I Certification Training would be required. The CT SSA has an added advantage, in that 80% of the inspectors in the unit are currently certified as state fire marshals which has provided great value to their professional experiences. The volume of work has consistently increased in the LSC unit. Additionally, the LSC surveyors actively participate with facility manager/facility engineer work groups across the certified health care continuum. With the adoption of NFPA 2012 edition, training and engagement with the provider groups facilitated an efficient implementation. This level of surveyor participation and engagement has demonstrated positive outcomes when the LSC survey such facilities for compliance.

Connecticut has had the good fortune of having a very competent and capable life safety code unit that has worked well with the provider community to identify non-compliance and more importantly work with providers on sustaining compliance. Connecticut has had state laws and regulations regarding fire suppression and a nursing home sprinkler requirement since 2005.

12. It is important to note that while mandatory training opportunities are fully funded by CMS, all travel authorizations are reviewed at the executive level of state government. This state policy position has in some situations created barriers to training and in some cases resulted in a denial of the travel/training. The SSA will continue to work with executive leadership to reinforce the importance and value of training, however, this will require balance and strategic planning.

13. The SSA has partnered with the QIO, the CT Hospital Association and the nursing home trade associations regarding the CMS Initiatives to Improve Dementia Care and Reduce Unnecessary Hospitalizations. While these are unfunded initiatives, the SSA is very enthusiastic and continues to look forward to impacting and enhancing quality for healthcare beneficiaries across the continuum through these valuable initiatives. The SSA has been actively engaged in the state coalition to improve dementia care in nursing homes and anticipates continuing that active engagement in FY 2018.
14. The State of Connecticut through the Department of Social Services (DSS) has been actively engaged in the Money Follows the Person (MFP) Initiative. MFP supports person centered care with healthcare beneficiaries engaged in choice of care options. It is anticipated that there will be exponential growth with community based setting providers, specifically, home health agencies. To that end, as nursing home residents are transitioned to the community, the SSA expects to see rebalancing that will include a reduction in nursing home beds and an increase in home health agencies by the year 2025 reflective of the increase in residents transferring to community based settings.
15. In 2011 the Partnership for Patients: Better Care, Lower Costs was formed with the goal of improving the quality, safety and affordability of health care for all. In 2012 and 2013, the partnership was redesigned and evolved into the Patient Safety Initiative. The PSI includes focused surveys in the area of infection control, discharge planning and quality assurance and performance improvement and although supplemental funding is provided, these surveys tax a workforce that has been depleted with a limited ability to rehire/refill. Although the PSI surveys have been suspended for FY 2018, the SSA remains enthusiastic about the future of the PSI and implementation of the newly designed survey tools.
17. Independent Informal Dispute Resolution (IIDR): In accordance with Section 6111 of the Patient Protection and Affordable Care Act, the SSA shall provide nursing homes an opportunity for an Independent Informal Dispute Resolution (I-IDR) within thirty (30) days of notice of deficiencies that have been cited that lead to the imposition of a civil money penalty. CT has contracted with the Quality Improvement QIO) to conduct their IIDR process. In FY 2017 there were zero requests for an IIDR conference and that has continued to date in FY 2018.
18. CT currently has one Special Focus Facility (SFF) in which inspection activity occurs twice a year. Connecticut's experience

with the SFF program has been very positive with the designated facility responding fairly quickly to improve the quality of care and graduating from the SFF program expeditiously.

19. Sequestration has assisted significantly with promoting efficiencies in survey and certification with the greatest value noted in the change regarding the practice of a full survey after identifying condition level non-compliance. This process was labor and resource intensive and in many cases did not provide the value consistent with the allocation of time and resources that the process required.
20. The Emergency Preparedness final rule was published September 16, 2016. The regulations have been implemented and the LSC unit is surveying for compliance effective November 15, 2017.
21. The SSA had been approved to implement transitioning to an Electronic Plan of Correction (EPOC) for Connecticut's nursing home providers. The SSA implemented EPOC effective October 11, 2017. Staff and the long term care provider community has been trained with 100% participation.
22. As the SSA prepared for the revised long term care survey, many resources were utilized in the planning and preparation phase. The SSA sent 6 surveyors to the training in Annapolis in August of 2017. Additionally, the ASPEN Coordinator who offers significant support with the automated survey processes also received training on the revised long term care survey process in August of 2017. The SSA made the decision to train all survey staff in the long term care survey process, training all staff created great depth for the certified provider with the greatest number of facilities. However, this plan has been labor intensive and has been delayed due to competing priorities. As new employees are on-boarded, all nurse consultants will be trained in the revised long term care survey process. Connecticut participated in the pilot for the revised process and feedback from the surveyors was very positive and the enthusiasm for the new process continues. Connecticut is currently utilizing the quality indicator survey process, therefore expects the transition to be seamless. However, the uncertainty of the pending negotiations with labor agreements and contractual proposals create an environment that could lend itself to multiple staff/surveyor retirements. While the SSA is confident that the positions will be refilled, the hiring process is tedious, labor intensive and new surveyors require a learning curve of at least a year before they are independent in their function and comfort level. The SSA is anticipates that there will be a learning curve that will impact the survey

schedule. Consequently, to the extent possible, deliberate and thoughtful strategies are considered when inspection schedules are developed in preparation for time that may be lost related to such learning curve.

C. Consultation

The ABCMS requires ongoing software updates to respond to improvements and modernizations to the software program. While software malfunctions will often be managed locally by the information technologist assisting with software or programmatic problems, consultation with an information technologist architect is essential as the ABCMS is further refined. The SSA has contracted with Innovative Architects to provide oversight support as further designs are incorporated into the system. The essential cost associated with that consultative contract is \$89,610.

D. Enforcement

LTC enforcement activities in FY 2016 continued to be significant. Fourteen (14) nursing home complaints were assigned a classification of IJ and were investigated in 2 days. Sixty-two (62) nursing home complaints were assigned a ten (10) day triage, although a slight decrease from FY 2015 volume, the complexity of the investigations continues. In FY 2016, 321 enforcement cases were referred to the Regional Office, a 30% increase from FY 2015. In addition, frequent enforcement activities continued to occur with hospitals in FY 2016, with hospitals losing deemed status due to Condition-level noncompliance. In FY 2016, this Agency conducted ten (10) CMS approved substantial allegation surveys. While the number of substantial allegation surveys has stabilized, the volume of hospital complaints investigated under state authority continues to grow. Condition level non-compliance was identified in twenty nine (29) hospital investigations (7 standard survey, 22 complaint surveys), with this activity leading to 1 full Medicare survey in Connecticut's hospitals at CMS' direction and seven (7) revisits to ascertain if the condition level non-compliance had been corrected. This level of nursing home and hospital activity is anticipated to continue in FY 2017, particularly as federal and state budget constraints reduce rate increases to healthcare providers.

The enhanced enforcement protocols for home health agencies, ambulatory surgical centers, and end stage renal disease has increased identification of non-compliance and consequently has also increased workload.

E. Equipment

Funding is requested to purchase:

Twenty-five (25) tablet computers with specifications as follows:

- Pentium Class @2.0 GHz processor
- 4 GB of RAM memory
- 10GB on SATA drive at 7200 RPM available disc space
- >1024x768 screen resolution flat panel tablet
- Secure access encryption
- Three universal serial bus port
- Removable media memory stick
- Mouse or equivalent
- Wireless, Network interface card
- CD/DVD -Rom optical drive
- 6-cell lithium ion battery
- Side to Rear cooling
- Audio
- Windows 7-64 bit operating system
- Windows Net Framework 3.5 Runtime Platform
- Anti-virus license
- Microsoft word processing
- Internet explorer v9.0 browser

The cost per computer is \$1500.00 each.

II. Organizational Considerations

A. Survey and Certification

1. Five significant organizational considerations for Long Term Care (LTC) will continue in FY 2018: the SSA's continued engagement in the CMS National Partnership to Improve Dementia Care in Nursing Homes, Emergency Preparedness in Nursing Homes, Infection Control and the high level of enforcement activities including monitoring of the Special Focus Facilities (SFF) and release and implementation of the infection control worksheet for nursing homes, release of the LTC Revised regulations and implementation of the revised LTC survey process. Although the QIS survey has been replaced, the revised survey process also works from an automated platform. The SSA will continue to incur costs associated with maintenance and replacement costs of tablets computers and portable media devices, which have added to the budget burden. Additionally, in anticipation of the revised long term care automated survey process, significant training needs were assessed and planned for. In an effort to increase efficiency and productivity, the SSA is utilizing wireless cards to maintain connectivity with field staff, thereby reducing time spent in the office. However, plans continue for FY 2018 to include, replacing and/or upgrading the

wireless cards with virtual private network (VPN) access and/or a virtual desk which will allow greater access to the secured network, facilitating greater efficiencies and productivity and providing virtual desktops to all field survey staff.

In addition, the SSA has engaged with the State's hospital, nursing home and the home health trade associations regarding a collaborative work group which are addressing quality of care issues across the continuum of care.

2. Introducing the revised long term care survey process has increased the surveyor time and number of surveyors required to complete revisit activities. While it was expected that implementation of the revised long term care survey process would be effortless, as Connecticut had been utilizing the QIS process since 2005, the learning curve has been encumbered with limited staffing resources and identified knowledge deficits. However, the provision of additional training where needed and thoughtful and deliberate scheduling has facilitated the transition.

The current certification and enforcement requirements will continue to have significant organizational and fiscal impacts on the SSA. Significant activities in LTC include the increased number of adverse actions and the increasing number and complexity of issues noted in complaints. Increased costs related to extended surveys, complaint surveys, special focus facility surveys, follow-up visits, informal dispute resolutions, data entry, monitoring of ASPEN Enforcement Manager (AEM), monitoring visits, and processing of adverse actions will continue in FY 2018. The state agency anticipates that these costs will continue as facilities experience repeat "G" level deficiencies and "H" level deficiencies. In FY 2017 a total of 115 (decreased from 118 in FY 2016), "G" level deficiencies, and 0, "H" level deficiencies were cited. Further, 11, "J" level deficiencies were cited in 10 facilities, 7 "K" level deficiencies in 3 facilities and 2 "L" level deficiencies in 2 facilities were cited.

Continued implementation of the Affordable Care Act (ACA) will also impact organizational activities at the SSA. The Department of Public Health maintains a consumer oriented website that is easily accessible to the public, however, it currently does not post statements of deficiencies information and/or complaint investigation reports and/or the facility plan of correction with regards to certification activities, however, as the Department of Public Health migrates to a new electronic enterprise, a portion of an FTE has been dedicated to work with the Department's information technology staff to ensure that consumer access to this data will happen in FY 2018. The SA expects to fully comply; however these currently unfunded mandates will create additional burdens to survey and certification activities.

Additionally, resources are utilized to conduct revisits to nursing home certification surveys. In FY 2017, 317 revisits were conducted, 19 nursing homes required a second revisit to ascertain compliance and 3 nursing homes required a third revisit before substantial compliance was identified.

3. Staff activities include review of survey findings, survey processing, notifications, providing education and remediation to staff as appropriate, Federal reporting, Informal Dispute Resolution (IDR), processing of enforcement actions, participation in CMS' Alternative Dispute Resolution process, and participation in the federal hearing process. In addition, a significant number of federal freedom of information requests are processed annually. Approximately .75 FTE of a health program assistant's time is devoted to fulfilling these requests and while the request is forwarded to CMS Central Office (CO), a significant amount of time is spent retrieving and scanning documents for processing to the CO for their review and approval for release.
4. Although we have developed a very efficient IDR process, we anticipate that IDR requests will be requested with the same frequency in FY 2018 in response to the expanded definition of "no opportunity to correct" and with the impact of the scoring methodology related to the Five Star rating system and weights given to scope and severity. Also, as civil money penalties increase related to changes in the inflation index, it is expected that the request for IDR's will rise as well. In FY 2017, Connecticut conducted 108 (increase of 13 from FY 2016) informal dispute resolutions regarding 279 citations, consistent with FY 2016 numbers. Many providers with immediate sanctions, substandard quality of care or any "G" level or above deficiency requested IDR for both survey and complaint findings. The SA will continue to devote 1.25 FTEs to this process (.75 FTE Supervising Nurse Consultant and .5 FTE Health Program Assistant).
5. While promoting efficiencies, additional data entry in the ASPEN Enforcement Manager (AEM) has resulted in tracking the increased number of providers with "no opportunity to correct," and in communicating with the Regional Office, Medicaid Agency, and providers, and scheduling changes to shorten the survey interval for these facilities. Health Program Assistant (HPA) time for these activities has been and will continue to be approximately 20 hours per week. Eighty hours per month for 12 months = .60 FTE, HPA. By shortening the survey interval, as is appropriate for facilities requiring immediate sanctions and/or with a repeated history of non-compliance, more facilities will need to be surveyed twice in any fiscal year. Conservatively, we estimate an ongoing workload of 10-20 "extra" surveys per year.
6. Enhanced monitoring for those nursing homes with survey and complaint records that indicate a poor history of compliance, to include, the Special Focus Facilities will continue in FY 2018. While we agree that these surveys are important, we

feel there are other facilities with poor compliance histories that we monitor, which should also be accounted for in survey time allocations. In such cases the survey interval is shortened and conducted at the nine-month rather than fifteen month interval.

7. Enhancing the survey process to include the enhanced investigative protocols, assessing a facility's abuse prevention procedures when triggered, reviewing smoking policies and procedures and direct observations related to such, reviewing for adverse drug reactions and expanding the process has increased survey time and training for every LTC survey. It is noteworthy to mention that although the current long term care survey process does not utilize the QI/QM reports, the SSA has determined that these reports are of great value when conducting an off site assessment of a facility. The SSA values the importance of these activities and feels they should be accounted for in survey time allocations.
8. The State Agency works collaboratively with the State Medicaid Agency who facilitates the Nursing Home Financial Advisory Committee which has been codified in Connecticut General Statutes. The SSA maintains a contingency plan for managing the potential impact of financially distressed nursing homes. Monitoring of facilities experiencing bankruptcy and/or issues with financial viability in FY 2018 will continue. Currently, as of this writing, 2 nursing homes are in state receivership for financial distress. This monitoring activity requires substantial supervisory and surveyor resources to be diverted from planned survey activities and requires collaboration with the State Medicaid Agency, the Long Term Care Ombudsman Program and in many cases the Office of the Attorney General. The Agency will continue frequent communication with the State Medicaid Agency and the Long Term Care Ombudsman regarding these facilities and other potential concerns with financial viability. The State Agency anticipates that FY 2018 will continue to require the expenditure of resources in this area.
9. In FY 2007 and FY 2008, Connecticut transitioned with a statewide expansion of the Quality Indicator Survey (QIS) process. Because of the potential to have delays in certification activities during the QIS training process, the SA developed a very energetic plan to position itself to ensure compliance with all federal LTC mandates. As we transition in the new survey process, the same rigor and vigor will be applied in this transition. Connecticut is extremely proud to re-state that the QIS survey process was actualized as it was intended, four surveyors for four days. This resource level and timeliness was consistently applied, unless the survey required extending related to any widespread problems that may have been identified. We expect this to continue with the current revised process.

A great deal of planning has and will continue to be done to ensure that staff are well prepared for the new survey process and once trained, maintain compliance with the new survey protocols. Six surveyors participated in the new survey process, train the trainer training. While our survey workforce is less than 75 surveyors, our plan identified the need to prepare 6 surveyors as trainers. The SSA has longevity in its surveyor workforce, with many eligible for retirement. Training 6 trainers will maintain a secure succession plan should there be any unpredicted movements in the workforce. The plan has addressed the phase in of surveys that will account for a moderate learning curve to ensure that survey intervals do not exceed the 15.9 month survey interval, at the same time maintaining the 12.9 month average interval between surveys. While Connecticut had been a QIS state, introducing a new survey process coupled with learning a newly numbered regulation set and the introduction of the new interpretive guidance has impacted operations. Additionally, Connecticut is a small state therefore, utilizes training staff that are active surveyors, further adding to the loss of resources during survey activities.

Connecticut remains very enthusiastic about the introduction of the revised survey however; cautiously optimistic that survey time will not be lost. It is noteworthy to mention that survey time on occasion, is lost related to computer problems and/or issues that have been associated with leaning curves as revisions occur and/or updates/upgrades to the software programs occur.

The SSA will continue to provide mobile devices to all survey staff to promote efficiencies. To address this, portable media devices, that include, but are not limited to, hot spots, virtual desk top, and virtual portal network will be deployed to facilitate connectivity to ASPEN and therefore mitigate delays in survey times and decrease office time for survey write up. While work has been actively started in this area, much work remains as considerable office time is devoted to the write up process associated with each survey and certification activity.

10. MDS/Staffing Focused Surveys: Elimination of this requirement with the release of the long term care survey process has been a great relief to the SSA. Although the number was limited to 6 surveys, it was a labor intensive process with often scare resources.
11. Adverse Events Focused Survey: Connecticut Public Health Code requires that long term nursing facilities report to the SSA unusual or untoward incidents as directed by the law. The SSA receives annually upwards of 15,000 adverse events in which all are reviewed for potential investigation. The CT SSA looks forward to future guidance and direction that will reduce recurrence of such events.

12. Complaint investigations continue to require considerable SSA staff resources. In FY 2017, the SSA received/reviewed 747 (FY 2016: 794) nursing home complaints and 572 (FY 2016: 594) were investigated. Although this represents a slight decrease over FY 2016, the complexity and significance of the allegations continues to increase. Of the 572 complaints investigated, 118 contained allegations of resident abuse or neglect.

The SSA received/reviewed 371 (FY 2016:415) hospital complaints and investigated 312 (FY 2016:321) in FY 2016 with 16 (an increase of 100% from FY 2016) of those investigated under federal authority. Connecticut continues to prioritize and triage complaints in accordance with Chapter 5 of the State Operations Manual.

In FY 2017 this agency completed 10 (FY 2016:29), 2 day (IJ) investigations and 58 (FY 2016: 104), 10-day (non IJ high) investigations across all certified provider types. Complaints are investigated in conjunction with scheduled Federal surveys for all provider types, when the timing of these activities permits, in order to utilize resources efficiently; however, this scheduling economy is frequently not available due to complying with the 10-day time frame for investigation. Although this SSA maintains a complaint unit, and combines complaints with surveys whenever possible, additional resources are needed to fully implement the CMS timeframe mandates.

The complaint/compliance team investigates complaints in all clinical settings and has the capacity to follow an individual complaint throughout the continuum of care. The SA does not currently maintain a toll-free hotline specifically for nursing home complaints; however, complaints may now be submitted on line through the State Agency web page as well as via telephone, fax and in writing.

13. The total number of Home Health Agencies (HHA) has stabilized in FY 2016, however the number of consumer complaints received has increased. In FY 2016, condition-level noncompliance was identified in 7 (FY 2016:15) certified agencies as the result of certification surveys and/or complaint investigations, requiring extended surveys and follow-up visits

The consolidations within the industry that occurred recently have resulted in larger agencies with multiple branch offices; consequently, each survey requires larger sample size and longer survey time frames. Smaller agencies continue to branch out, by submitting application materials to the SSA for review and recommendation to the Regional Office (RO) for authorization. This process requires discussion and feedback to the providers, to obtain acceptable documentation and qualifying staff in the branch prior to a SSA recommendation being made. Surveyors reviewed the applications during office time, and reported to CMS regional office with recommendations for approval. The review

process at the SSA level was lengthy as applicants did not have the information required or the provider organization at the branch level was inadequate, and required much inquiry and guidance from the SSA.

Additional challenges related to HHA activities includes staffing turnover in many agencies resulting in changes in key managerial positions with lack of replacement, resulting in extended time in the office and/or delays with the survey process. Home health agency surveys continue to consume additional time and resources related to agency conversion to electronic storage of records, using a variety of program vendors, with varying levels of user-friendliness, and insufficient amount of provider staff available to navigate the electronic record for surveyor review.

It is anticipated that at least 3 new agencies will request initial certification through the SSA in FY 2017, as they cannot budget for accreditation organization fees, however, the SSA is not positioned based on our current staffing resources to conduct the certification inspection. However, once certified, these agencies will require annual surveys until they demonstrate a readiness for the 36-month survey schedule.

Additionally, establishing OASIS transmission for agencies seeking certification either through accreditation organizations or the SSA will continue to consume technical and educational hours from the SSA. The complexity of complaints associated with the home health agencies and hospices continue to extend survey and investigation time. The net effect is that staffing requirements for this program remained unchanged in FY 2017; however, we anticipate as MFP evolves, exponential growth in community based settings/providers is expected to include home health agencies and with the changes in Hospice survey frequency, it is predictable that staffing in this unit will need to be increased. In FY 2017, CMS may request the SSA to perform at least one validation survey of an accredited home health agency and possibly an accredited hospice. Based on CMS' estimate of an additional 1.5 days per survey, at least an additional .5 to 1.0 FTE surveyor will be needed to accomplish the planned workload.

With the implementation of the CMS enforcement protocols for Home Health Agencies (HHA) effective July 1, 2014, supervisory time increased significantly. Provider training has been ongoing both at the state level and with individual providers. An enforcement system requires tracking, communication with CMS, provider technical assistance and quality control, which must be carried out by a supervising nurse consultant and this also, has led to increased supervisory and manager oversight.

Complaint activity in home health agencies remains steady, with approximately 33% of all certified agencies requiring at least one complaint investigation

annually. In FY 2016, 36 (FY 2016: 49) complaints were reviewed, with 34 assigned for investigation. This is consistent with FY 2016.

14. Hospice agency growth continues with the SA anticipating one initial visit for FY 2018. Hospice survey staff have been trained pursuant to the release of the revised Conditions of Participation in 2008. Pursuant to the IMPACT Act of 2014, all certified Hospices will be surveyed not less frequently than every 36 months. Survey activity in the Hospice setting identified Condition Level non-compliance in 2 surveys.
15. Complaint investigations in hospital settings (general and psychiatric) continue to require a significant commitment of time and resources. The CT SSA conducted 16 hospital substantial allegation surveys in FY 2016. Ten of the sixteen identified condition level non-compliance in which 2 full Medicare surveys were completed and eight (8) follow up visits were conducted. This level of activity resulted in the allocation of significant resources to complete the mandated activities associated with assessing for substantial compliance subsequent to identification of such.

Mandatory training for hospital surveyors will require that one (1) new surveyor be afforded hospital training in FY 2018. Additional training for psychiatric hospitals and EMTALA training will not be required for FY 2017.

We expect this level of activity to continue in FY 2018 and it is anticipated that approximately three (3) full Medicare surveys in hospitals will be performed in FY 2018. However, it is important to note that CMS' re-consideration of whether a full Medicare survey may or may not be warranted as a result of sequestration, has been of great value as we move forward with planning activities pursuant to identifying condition level non-compliance. The labor-intensive nature of hospital complaints, the anticipation of EMTALA complaints and the complexity and significance of the allegation(s) will continue to place an additional burden on complaint unit staff, as well as the reporting to CMS. In FY 2016, the SSA conducted one (1) hospital validation survey at the request of CMS. It is anticipated that one validation survey in a general hospital and one survey in a psychiatric hospital will be performed in FY 2018.

The SSA is grateful for the Pharmacy 797 training that was offered in FY 2017. The training was well executed and comprehensive. Each surveyor in Connecticut who conducts hospital surveys has received this important training.

16. Within the Life Safety and Environmental Unit, it is has been both demonstrated and anticipated that ongoing survey activity, change of ownership inspections, and project monitoring of new and renovated construction projects within Long

Term Care (LTC), ESRD, Ambulatory Surgical Centers (ASC), hospital and the more complex ICF/MR providers will continue to contribute to the high level of both survey and inspection activity. The survey agency continues to allocate resources for mandatory training to maintain the level of expertise and knowledge regarding both CMS requirements for certification and life safety code requirements. Additionally, adoption of the 2012 edition of Life Safety Code has created additional training burdens. While a twenty (20) hour webinar training was provided, the learning curve beyond the webinar has been deep.

17. Onsite surveys of Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IID) facilities will continue to require dedicated surveyors. Recertification surveys of all ICF/MR facilities will continue to be completed annually. In addition, onsite follow up revisits will continue to be required for most facilities; also each survey must include the LSC survey which often requires a revisit. In FY 2017, there were two (2) ICF/IID facilities identified with non-compliance with Conditions of Participation, which resulted in additional surveys. With the latitude that has been provided with scheduling survey inspections within a 9-15 month window, it is expected that approximately twelve (12) ICF/IID facilities will be scheduled closer to the 9 month mark. The continued use of short-term certifications for facilities with poor compliance patterns and the ensuing follow-up visits, LSC revisits, complaint visits and follow-up visits for the contracted federal monitoring surveys will continue to account for the high level of activity in the ICF/IID unit. Additionally, in FY 2017, two (2) complaint surveys were conducted which all concluded with citations for deficient practice.
18. Community Mental Health Centers (CMHC): Pursuant to the new regulations, survey and oversight responsibilities have been transferred to the SSA. CT has ensured that staff have been trained and fully expects to conduct 5% of the targeted surveys in FY 2017 as directed by the CMS.
19. Surveys of ESRD units will occur at least at the mandated 10% level. In addition, four (4) initial surveys are anticipated in FY 2018. In FY 2017, ESRD surveys identified condition level non-compliance in eleven (11) supplier surveys (consistent with FY 2016) which required additional revisits. Connecticut continues to experience a steady increase in the need for dialysis services. CMS has on occasion allowed hospitals in the state to be certified as "Special Purpose Dialysis Facilities" in order to meet this outpatient demand. Several hospitals have utilized this option and have been certified. The SSA will prioritize initial surveys to facilitate access to such essential services when requested for FY 2018. A considerable amount of supervisory/administrative time continues to be devoted to discussion of dialysis standards, access to care and staffing with the dialysis community and ESRD Network. Survey staff time will also be required for ongoing implementation of the ESRD facility data profile process. Manager

and supervisor time devoted to Network activities will continue to be significant, in order to comply with the OIG recommendations and with CMS' information-sharing requirements. CMS has implemented STAR training, although as proposed by CMS may be eliminated in the near future. Connecticut fully expects to comply with the training requests for FY 2018 and will ensure that all staff participating in ESRD surveys are trained on the ESRD Core Survey process. In addition, the revised Condition of Participation coverage effective October 14, 2008 and new survey protocol will require the allocation of additional resources for training for these highly specialized surveyors.

20. The CT SA continues to experience an increase in Ambulatory Surgical Centers (ASCs). The SSA continues to receive requests for initial surveys with approximately five (5) initials projected for FY 2018. With facility construction at various stages of completion and five (5) initial surveys anticipated in FY 2018, additional staff resources continue to be devoted to this program. Although CMS assigns initial surveys as a Tier IV priority, the lowest priority, access to care is also a responsibility the SSA shares with CMS and its beneficiaries. In FY 2017, condition level non-compliance was identified during three (3) inspections. This is an increase from FY 2016, as regulations at the state level may become more permissive, the SSA expects compliance issues with the conditions of participation at the federal level. In addition, validation surveys of accredited ASC's will be completed, as requested by CMS. Ongoing monitoring and training of the ASC staff to ensure proficiency and competency with the revised survey protocol will be a priority for FY 2018. The SSA will continue to utilize the infection control worksheets and looks forward to CMS resuming worksheet collection in FY 2019. In addition, the SSA has responded to numerous telephone inquiries from suppliers relative to the revised regulations and survey protocols and representatives from the Department participate and present at least annually in a statewide conference dedicated to ASC issues. The SSA will continue to act as a resource for suppliers.

21. Implementation of the Condition of Participation/Restraint and Seclusion for Psychiatric Residential Treatment Facilities (PRTFs) requires SSA participation. Survey agencies are responsible for these activities and thus require appropriate funding.

Connecticut as the SSA since 2005 has enjoyed a very collaborative relationship with the SMA, specifically the exchange of information when a serious incident report is identified. However, this collaboration has required the SSA to expend a portion of a Full Time Equivalent of a Supervising Nurse Consultant to review incidents as reported by the SMA for compliance with the condition of participation and potential entry into the Aspen Complaint Tracking System (ACTS) for investigation.

While the SSA investigated 2 serious reportable incidents in FY 2017, an increase in reporting significant events has been noted in FY 2018 which have required investigations and 2 of which have resulted in immediate jeopardy. The SSA has communicated with the SMA and an educational program for all PRTF providers is being scheduled.

22. The Criminal Background Check Program has been actualized in FY 2015 and has been expanded across the continuum through FY 2017 and FY 2018. Although this program has been separately funded through a CMS grant opportunity, this program has required active participation of the CT SSA. Currently, the Medicare award is supporting one (1) FTE to support the technology requirements of the program as previously referenced.

III. Nurse Aide Registry, Training, Competency Evaluation and Enforcement and Feeding Assistant Programs

1. This Agency will continue to expend significant time and resources maintaining the Nurse Aide Registry. The receipt and investigation of complaints (which continue to grow) regarding nurse aides and other facility staff, and clerical support for the Nurse Aide Competency Evaluation Program continues to increase. There are one hundred and eight (108) approved Nurse Aide Training programs in Connecticut. Approximately three (3) new programs are expected to require approval in FY 2018. There are currently approximately 38,000 nurse aides on the registry in Connecticut. A contractual agreement wherein a vendor administers the Nurse Aide Competency Evaluation Program, with the cost being absorbed by the facility, is in place. Continued funding is requested for one clerical FTE, as well as one FTE professional staff person, to carry out Nurse Aide Registry mandates.

The final federal regulation for feeding assistants was promulgated in FY 2004. State Regulations were approved in 2007. Additional staff time has been allocated to approve training programs and train staff regarding implementation of the regulations. To date, forty-nine (49) feeding assistant programs have been approved. The State Agency also needs to offer continued training regarding the regulations to providers. We anticipate that the addition of this staff category will require an additional .50 FTE HPA and 1.25 FTE clerical staff.

IV. Program Emphases

In keeping with CMS directives, the State Agency's priorities for survey activity will be as follows:

A. Tier I Nursing Homes: Recertification surveys and associated revisits including Special Focus Facilities (SFF) of all Long-Term Care facilities on a statewide average of once per year, maintaining an average of or less than 12.9 months. Poor compliance patterns have required additional follow-up visits and this is expected to continue. In accordance with CMS guidelines, SFF inspections will occur every six months.

Home Health Agencies: Recertification surveys of all non-deemed Home Health Agencies within a 36.9 -month maximum interval between completed surveys, commensurate with the need to assure the delivery of quality home health services, will be conducted. Extended surveys will be conducted if complaint visits should determine condition level non-compliance. This Agency's final survey schedule will be developed based on CMS criteria and discussion with the Regional Office. Approximately thirty seven (37) re-surveys and six (6) initial surveys of non-accredited agencies will be required. In addition, it is anticipated that at least one validation survey of an accredited home health agency will also be performed at the direction of CMS during the FY 2018.

ICF/IID: Recertification surveys of all ICF/IID facilities once per year, applying a 9-15 month window for scheduling with a maximum interval of 15.9 months with a 12.9 month average shall be conducted. Onsite follow-up revisits will be required for most ICF/IID facilities, particularly since each survey must include the LSC follow-up visit.

Hospitals, Psychiatric and Deemed Hospitals:

Validation surveys will be conducted as directed by CMS at the 1% coverage level for accredited hospitals (1 survey) and/or additional surveys as directed by CMS. Substantial allegation surveys will be conducted when authorized by CMS. Complaint allegations prioritized as IJ's and RO authorized EMTALA and restraint/seclusion death incident surveys, initiated within the applicable SOM timeframes will be conducted. Full surveys pursuant to identification of condition level non-compliance will be conducted as authorized by CMS.

Patient Safety Initiative/risk evaluation surveys as directed by the CMS will be withheld in FY 2017 as CMS revises the survey tools. As directed by CMS when a hospital complaint investigation has been approved for investigation under federal authority in a PSI area, the PSI tool specific to such area shall be completed.

Non-deemed Hospitals: Complaint allegations prioritized as IJ's and Regional Office authorized EMTALA and restraint/seclusion death incident surveys, initiated or completed within the applicable SOM times frames shall be completed.

Transplant Centers: All investigations triaged as Immediate Jeopardy will be investigated in accordance with Chapter 5 of the SOM.

End Stage Renal Disease (ESRD): Complaint allegations triaged as an IJ will be done in accordance with Chapter 5 of the SOM. Additionally, 10% of the ESRD facilities using the CMS generated, rank ordered Outcomes list will be utilized for facility selection. The SSA will select half of the 20% facilities from the Outcome list to determine the 10% sample.

Psychiatric Residential Treatment Facilities: The SSA will conduct surveys to ensure, a maximum interval of 5 years and shall conduct surveys on 20% of the certified entities.

Hospice (non-deemed): Pursuant to the IMPACT Act of 2014, all certified Hospices will be surveyed not less frequently than every 36 months. **Hospice (deemed):** The SSA will conduct a validation surveys of a deemed hospice according to a list provided by CMS. With Regional Office approval, complaints triaged as an Immediate Jeopardy will be initiated within two (2) days of approval.

Outpatient Physical Therapy Providers: With Regional Office approval, complaints triaged as an Immediate Jeopardy will be initiated within two (2) days of approval.

Ambulatory Surgical Centers (ASC's): The SSA will conduct validation surveys of 5-10% of deemed ASC's as directed by CMS based on an accreditation organization (AO) survey.

Core Infrastructure activities will be conducted as a Tier I priority. Monitoring quality in accordance with the State Performance Standards Systems (SPSS) to ensure compliance with mandated workload and accurate and timely data uploads will continue to be a priority to the SA. Maintenance of a HHA hotline, training of survey staff, executing emergency preparedness essential functions, and maintenance and review of the Nurse Aide Registry will continue to be prioritized as Tier I work. Complaint investigations which are triaged as a high potential for immediate jeopardy in all certified provider types will continue as a Tier I priority and be assigned and classified in accordance with Chapter 5 of the State Operations Manual. Complaints for all provider/supplier types, including EMTALA allegations, will be

investigated in accordance with Federal directives. Complaints continue to increase each year, necessitating the assignment of more survey staff to their investigation. This Agency makes every attempt to combine complaint investigations with surveys or follow-up visits, in order to maximize personnel resources. However, this economy of scales has largely been negated due to our attempt to implement CMS' ten-day time frame for investigation when actual harm is alleged in LTC. Additional staff resources as previously noted is required and must be funded in order for Connecticut to successfully implement this initiative. Without adequate funding for all of CMS' mandates, States will be unable to accomplish other survey workloads. Implementation of the ASPEN/ACTS/AEM system currently requires additional time and staff, which has impacted resources that have not been expanded for numerous years.

B. Tier II Nursing Homes: While Nursing Home Oversight and Improvement Program initiatives will not require separate budgeting for FY 2017, the initiatives will continue to be implemented, including enhanced LTC survey protocols, more frequent surveys and other visits to the Special Focus Facilities, "staggering" LTC survey start times, and complaint investigations. Six MDS Staffing Focused Surveys will be conducted.

Collaboration with the Quality Improvement Organization (QIO) continues for LTC Activities include training of SA staff, QIO staff, and Ombudsman staff, and ongoing coordination with providers. Connecticut is also actively engaged in the CT Culture Change Coalition participating in the monthly steering committee meetings. In FY 2017, the State Agency staff will continue to participate in the culture change initiatives.

In an effort to improve the quality of long term care, Connecticut has developed and implemented co-training activities with the Quality Improvement Organization, the Ombudsman Office and the provider community, recognizing that the same message must be sent to all stakeholders.

Home Health Agencies: Complaint allegations prioritized and Non IJ high will be initiated within 45 days of Regional Office approval.

ICF/IID: Extended surveys will be conducted when condition level non-compliance has been identified. Additionally, complaint investigations will be conducted for all complaints triaged at a non-IJ level.

Hospital, Psychiatric Hospitals and Deemed Hospitals: Substantial allegation complaint investigations of a deemed hospice prioritized as non IJ

high will be conducted with Regional Office authorization within 45 days of such authorization will be conducted.

Hospital, Psychiatric Hospitals and Non-Deemed Hospitals: As a Tier II priority the SA will ensure that there will be no more than a 5 year maximum interval between surveys for any non-deemed hospital to ensure that Federal requirements are being met. Additionally, 5% of the non-deemed hospitals, most at risk for providing poor care will be surveyed.

ESRD: The SSA will conduct surveys to ensure a 3.5 maximum interval between all surveys. In addition, complaint allegations entered for investigation and not prioritized as a potential IJ will be investigated.

Transplant Centers: Complaint investigations will be conducted that are triaged as potential IJ. In addition, re-approval surveys that do not meet the data submission, clinical experience, or outcomes requirements will be conducted.

Hospice: Complaint allegations prioritized as non IJ for deemed hospices will be investigated.

Outpatient Physical Therapy Providers: In accordance with Tier II priorities, 5% of the outpatient physical therapy providers will be surveyed. Complaint investigations triaged as a non IJ high will be investigated with 45 days of Regional Office approval.

Comprehensive Outpatient Rehabilitation Facilities: The SSA will use the Comprehensive Outpatient Rehabilitation Facility Survey Report, Form CMS-360 (09/03) to inspect 5 % of the Medicare certified CORFS in Connecticut. This will result in increased survey time as surveyors refocus their efforts to ensure continued compliance with core services requirements.

Ambulatory Surgical Centers: The SSA will perform surveys totaling at least 25% of non-deemed Ambulatory Surgical Centers (ASC) in accordance with the new priorities set by CMS for this provider type. Facilities at risk for quality concerns will be included in the 25% sample. Complaint investigations triaged as a non IJ high will be investigated with 45 days of Regional Office approval.

Community Mental Health Centers: The SSA will survey 5% of the providers in the state. Providers more at risk for quality problems will be considered for inclusion.

Portable X-Ray Suppliers: The SSA will survey 5% of the providers in the state. Providers more at risk for quality problems will be considered for inclusion.

Initial Surveys: Relocation of any provider displaced during a public health emergency declared by HHS will be conducted.

Complaint Investigations: Complaint investigations triaged as a non-IJ high will be conducted.

Connecticut currently has three non-accredited hospitals and others are considering dropping their accreditation program. Initial surveys of such hospitals will be conducted, as well as recertification surveys at the 5% coverage level, which will count toward the 6-year average interval.

Connecticut will prepare in FY 2018 for the certification/inspection activities that will be incorporated into the MPD for 2019 all transplant surveys.

C. Tier III

Nursing Homes: Initial surveys of nursing homes that are seeking Medicaid funding only and or dual certification Medicare/Medicaid will be conducted.

ICF/IID: Initial certification surveys will be conducted as requested

Hospitals, Psychiatric Hospitals and Non Deemed: The SSA will ensure that no more than four (4) years elapses between surveys for any non-deemed hospital.

The SSA will continue to process attestation of compliance for new and existing IPPS units. IPPS verification will be conducted for 5% of Connecticut's units to ensure compliance with the IPPS exclusion requirements.

ESRD: Recertification surveys of ESRD facilities annually will continue to be implemented in FY 2018 to ensure that no more than 3 years lapse between surveys or any one particular ESRD facility. This Agency concurs with CMS' focus on this provider type. However, as the coverage level has increased, additional staff has needed to be trained and their time devoted to these surveys and related follow-up visits has increased. Additional supervisory and clerical time has also been required to process these recertifications. Additionally, the State continues to support the "Fistula First" initiative. Connecticut is currently and expects moving forward to

continue its active engagement in supporting an ESRD facility wide culture of safety and guided patient care observations using ESRD specific infection control checklists.

Outpatient Physical Therapy Providers: Additional surveys will be conducted to ensure that all non-deemed providers are surveyed on average, every six (6) years.

Comprehensive Outpatient Rehabilitation Facilities: Additional surveys will be conducted to ensure that all non-deemed providers are surveyed on average, every six (6) years.

Ambulatory Surgical Centers (ASC's): The SA will ensure that no more than 6 years lapse between non-deemed ASC's.

Community Mental Health Centers: Initial surveys will be conducted unless there is verification of access concerns.

Portable X-Ray Suppliers: Additional surveys will be conducted to ensure that all non-deemed providers are surveyed on average, every six (6) years.

Initial Surveys: Initial certification surveys for ESRD, Transplant, SNF's/NF's, and relocation of non-deemed branches or off site location will be conducted. However, should there be any access to care issues identified in the geographical area, the initial survey will be conducted with Regional Office approval expeditiously. Initial certifications will be conducted as per CMS directives for all provider/supplier categories. The assignment of such a low priority ranking with the exception of ESRD providers to initial surveys causes a dilemma for States. Beneficiaries prefer services delivered locally and deserve choice in access to care.

Complaint Investigations: Complaint investigations triaged as a non-IJ medium will be conducted.

Training, operation, and oversight of the MDS/RAI continue to require a significant amount of time of both technical and clinical staff. Staff turnover in nursing homes continues to require constant training and technical assistance by State Agency staff. With implementation of MDS 3.0, the Survey Agency is no longer responsible for the management and retention of MDS data. With the release of MDS Version 3.0 in October of 2011 a significant amount of additional time has been required to provide training/technical support and coordinate activities related to the MDS, due in part as previously mentioned, staff turnover. The state RAI Coordinator will

continue to participate in all mandatory CMS RAI training programs, web casts, satellite broadcasts, and monthly all state conference calls. Submission to the RO of semi-annual online MDS training worksheets on April 15th and September 15th will continue. The RAI Coordinator will continue to collaborate and coordinate the exchange of information with CMS, the Fiscal Intermediary, the QIO, and trade associations. It is anticipated that 5 hours per week will be devoted by the RAI Coordinator to accomplish these initiatives. Survey staff has found the Quality Indicator/Quality Measure Reports System to be a valuable survey tool; however, extra pre-survey time for report analysis and additional Entrance Conference time for provider education continues to be required due to staff turnover within the provider community.

In FY 2018 it is anticipated that the State RAI coordinator will present two training activities to providers and SSA staff. Furthermore the RAI Coordinator will participate in training to enhance competencies, understanding of the RAI process and educational skills.

Training, operation, and oversight of OASIS continue to require a significant amount of technical and clinical staff support to providers. Data receipt from providers and transmission to CMS has continued successfully in FY 2017. Additional staff resources (e.g., DP Help Desk staff) have been utilized to assist providers. It is anticipated that the high level of activity will continue. Additional provider training will be required in FY 2017. Training will most likely be related to the CoP: Reporting Oasis Information. Implementation of the final PPS system continues to cause an increase in provider need for technical support.

Maintenance of the ASPEN system and continuation of orientation and ongoing training of staff will continue, as additional ASPEN applications are added. The ASPEN Coordinator will continue to devote significant time to the implementation of the complaint, enforcement and other new modules in FY 2017. However, it is anticipated that as CMS continues to redesign the major aspects of the ASPEN/OSCAR phase of QIES, the CASPER system and the QIES to success program, an additional 2.5 FTE technical support staff will be required to: assist in the upgrade or change of current systems; train agency and provider staff; and provide technical assistance on an ongoing basis, however an underfunded budget will not permit the SSA the opportunity to augment the existing technical support staffing plan.

As survey systems continue to progress to automation, there will be a greater need to support this area. With the revised long term care survey process conversion scheduled for November 28, 2017, Connecticut has identified a greater need to augment staffing in this area. Considerable resources have

been expended to keep the process fluid. As automation expands across the continuum an increase in technical support is anticipated.

D. Tier IV: As resources permit, Tier IV work will be completed in accordance with the Mission & Priority Document (MPD).

E. Core Infrastructure Quality improvement mechanisms and monitoring will continue to be implemented in FY 2018 to ensure compliance with the required State Performance Standards System (SPSS) Performance Measures. Agency staff time must be devoted to this process and it is appropriate for CMS to fund such FTEs, at least at a level equivalent to prior SAQIP staff time (.5 FTE). CMS has unfortunately assigned the lowest priority level to this important function. Because reports of State Agency performance are public, providers and their attorneys will seek and utilize performance reports. State Agencies must receive adequate funding to carry out all CMS mandates. The SSA will continue to track compliance with the SPSS in collaboration with the RO.

Monitoring of facilities in Chapter 11 proceedings and reporting to CMS will continue. In FY 2018, approximately 50 monitoring visits were conducted to ensure that safe quality care was being provided to all beneficiaries.

Connecticut has an extensive emergency planning process, which does not fall within the Facility Licensing and Investigations Section (FLIS), which is the Connecticut Department of Public Health's federal survey section. Federal and state agencies are utilizing the Incident Command System (ICS) to address emergency planning. In Connecticut as well as many other states our staff will be utilized to provide hands on care as applicable in emergency situations and pandemic events. A minimal number of staff will remain available to address other crisis situations in certified entities. It is essential that CMS not develop distinct database requirements for tracking and reporting in certified entities. It is essential that DHHS and its federal sister agencies develop one data set for all reporting requirements. In a pandemic as well as any other disaster, health care professionals will have little time to devote to feeding a database; therefore prudent measures must be implemented to assist individuals who will be addressing real life and death decisions. The SSA will appoint an emergency point of contact available twenty four hours a day, seven days a week to the RO should the State declare a widespread disaster.

For purposes of emergency planning, Connecticut is divided into 5 regions with Emergency Support Functions (ESF) in each. While significant planning has been done in the hospital arena, gaps existed in the area of long term care facilities. With the disasters of 2011 and 2012, followed by the February 2013 Blizzard, the Connecticut Department of Public Health (DPH) recognized the need for a Long Term Care Mutual Aid (LTC-MAP) plan in addition to supports that were already in existence. The effectiveness of this plan in several regions of the state during these events furthered the importance of establishing a Long Term Care disaster management system. This plan is operated by the Long Term Care facilities in coordination with DPH and the Department of Emergency Management and Homeland Security (DEMHS).

The State of Connecticut has a Long Term Care Mutual Aid Plan (LTC-MAP) for all 5 regions. The LTC-MAP plan includes a process to work together to provide resource and assets to disaster impacted long term care facilities. A comprehensive program of sharing supplies, equipment, pharmaceuticals, staff, transportation and vendors potentially avoid the need to evacuate a nursing home in some situations. If necessary the plan establishes a pre-planned process for supporting the evacuation of a single or multiple nursing homes, coordinating resident placement and providing clear strategies to handle an influx of residents or surge in a disaster. In March of 2017 a nursing home with a census of 185 residents was evacuated due to major mechanical failures and the risk of fire. The evacuation spanned over a time period of 9 hours with all 185 residents accounted for and safe. Without the LTC-MAP, this monumental task would not have been as successful as it was.

- E. Schedules/Work Plans - Survey workload projections are noted in the budget package.

IV. Education Programs for Long Term Care Providers and Residents

In accordance with Sections 1819(g) (1) (B) and 1919(g) (B) of the Social Security Act, the Agency will continue to conduct periodic educational programs for staff and residents of Long Term Care Facilities. This Agency currently provides facility educational programs for certified entities and residents upon the written request of facilities. Additionally, the Agency provides statewide educational programs in conjunction with the Long Term Care Provider Organizations and upon implementation of significant new regulations, procedures and/or policies. Materials will be disseminated by facsimile and/or mass mailing, as directed by CMS, as well. The Agency will continue to provide telephone liaison with providers, consumers and other State and Federal agencies. To promote greater understanding across all provider types, the SA meets with the provider's trade associations

quarterly. The Agency recently entered all long-term care facilities into a mass network system, which allows for simultaneous facsimile or E-mail transmission to all facilities.

As previously stated the SA has engaged in co-training opportunities with the Quality Improvement Organization, the Ombudsman Office and the provider community, which has resulted in very positive feedback from all stakeholders.

V. Fiscal Year 2018 Survey and Certification Training Program.

In accordance with SOM requirements, the Agency intends to ensure the provision of continuing education to all survey and certification staff. New staff and current staff will continue to attend CMS and non-CMS training courses and satellite broadcast as needed and/or as mandated. In addition to the programs noted elsewhere in this report, the Agency intends to provide each staff member with appropriate training in the form of regional specialty seminars and conferences, workshops and related courses as needed, and requests adequate funding to maintain and enhance surveyors' skills. As CMS revises the Code of Federal Regulations, staff training will continue as changes are finalized and published. It is anticipated that the revised Long Term Care regulations will be codified in FY 2017 which will require additional resources for training.

All newly employed state survey agency staff members will be oriented utilizing CMS instructional materials and guidelines including the CMS Preceptor Manual. CMS training packages will be provided to each surveyor at the beginning of the orientation, and CMS videotapes will be incorporated into the training process. Within one year of employment, new surveyors will attend a relevant provider-specific CMS sponsored basic training program.

Connecticut will train all future LTC staff in the revised long term care survey process and assist the Regional Office in their training as requested. As other survey systems progress to automation, Connecticut will ensure that education and training are provided as appropriate. CMS must recognize that additional resources are necessary to initiate and support such endeavors.

In order to ensure that survey and certification staff receive adequate training regarding regulatory and program requirements and have the necessary skills to perform surveys, the state agency's supervisory and administrative staff will identify surveyors' needs for further training and /or continuing education. The CMS annual training schedule will be distributed to each supervisor and manager in order to ensure that programs are provided to the target audience and to recommend candidates for specific training programs. The State Agency Training Coordinator will subsequently nominate candidates for the programs using the CMS Classroom Learning System (CLS) and maintain such in the CMS Learning Management System (LMS)

The SSA will require that CMS satellite programs be viewed by the identified target audience either at the time of the live broadcast or at a later date within the specified time frame; records of surveyors' attendance at these programs will be maintained.

During the fiscal year the SSA will conduct and/or plan approximately four in-service programs that will address areas related to the survey and certification process including updates provided by CMS and topics requiring clarification and/or further training.

All equipment utilized by the state survey agency will be maintained in working order. Technical assistance is provided for satellite broadcasts including web-based and web-cast training. CMS Policy Letters are distributed to all supervisors and appropriate staff, maintained in the state agency's training room and are available to surveyors, supervisors and other survey and certification staff.

This Agency will also participate in the national Training Administration Data Management System. This will include State Agency quality assessment and improvement activities focused on surveyor training and competence, as well as the reporting to CMS of individual surveyor and aggregate training data.

The Training Coordinator will attend additional regional and consortium meetings as planned by CMS.

Please accept this narrative as an overview of the Connecticut State Survey Agency's work plan.

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

STATE SURVEY AGENCY

BUDGET JUSTIFICATION - FISCAL YEAR 2019

OCTOBER 1, 2019- SEPTEMBER 30, 2020

General Comments

Attached please find the estimated budget for Fiscal Year (FY) 2020 for the Connecticut State Survey Agency (SSA). The dollar figures, breakout, program emphases and positions required are based upon an in-depth review of the total certification functions of the agency. The narrative reflects a consolidated report of all survey agency components.

Predicated upon Regional Office (RO) guidance, the following information is submitted in support of the budget request for Fiscal Year 2020 Title XVIII and Title XIX survey and certification activities. The budget has been prepared by the Department of Public Health as the state survey agency (SSA). A copy of the prepared budget request has been forwarded to the single State Medicaid Agency (Connecticut Department of Social Services).

The SSA fully expects to complete Tier I, II and III work, however anticipates challenges that will include, but not be limited to resource constraints/limitations as a result of more than 20% of staff vacancies, increases in personnel costs as a result of employee bargaining contractual obligations, significant increases in fringe benefit costs and additional programmatic mandates directed by the Mission and Priority Document. This submission represents a true need budget to complete Tier I, II and III work to ensure that the Medicare and Medicaid beneficiaries that reside in Connecticut receive not only safe care, but just as important, quality care that is delivered in accordance with state and federal laws and regulations.

The 2017 State Employee Bargaining Agent Coalition (SEBAC) agreement made modifications to employee benefits with changes to the cost of living adjustment for individuals who retire after June 30, 2022. To that end, it is critical to note, the SSA is anticipating that July 1, 2020, approximately 30% of the staff in the Facility Licensing and Investigations Section will be lost through the retirement process resulting in a loss of mission critical staff. A largely proportionate number of the aforementioned 30% will be nurse consultants who are integral to survey and certification activities. Currently, the SSA is preparing for succession planning which, will among many measures include, exploring the concept of utilizing outside of state service, consultants to conduct the essential activities that will ensure safe and quality healthcare for all beneficiaries. The costs associated with this concept are to be determined, however, expected to exceed the personnel costs associated with employment with the SSA. While this is a forecasted issue, the SSA would be remiss if these discussions were not initiated sooner rather than later.

I. Financial Considerations

FY 2018 and FY 2019 experienced a loss of two PHSM's, more than 13 Nurse Consultants, 2 Life Safety Code Inspectors, a Health Program Associate, an Office Assistant, and a Processing Technician due to retirements, promotions or other reasons. Although the positions are in various stages of the hiring process to be refilled, there are months that the positions are vacant due to the length of the State's hiring process.

In 2010, the Connecticut Department of Public Health (DPH) was awarded a 2.8 million dollar grant from the United States Health and Human Services (USHHS) to develop a comprehensive program for long term care providers to intensify protections for recipients of long term care services. Utilizing grant funds and in collaboration with the Department of Emergency Services and Public Protection (DESPP) and the Centers for Medicare and Medicaid Services' (CMS) technical assistance vendor, CNA Analysis & Solutions, an automated system, Applicant Background Check Management System (ABCMS) was developed, which included, but was not limited to, live scan fingerprinting, long term care provider education, and an automated data base to process criminal background checks. Utilizing state general funds to support the program, DPH employed three (3) office assistants and one Health Program Associate to provide support and oversight to the program. Additionally, with the assistance of the grant funds, DPH contracted with an information technology analyst to assist with the development and management of the automated system. Development of the automated system and promulgating the enabling legislation spanned over a five year period. In October of 2015, Connecticut went live with the national criminal background program, initially with the nursing home industry, with home health care agencies phased in February, 2016 and chronic disease hospitals and Intermediate Care Facilities for Individuals with Intellectual Disabilities (IDF/IID) in 2018.

The USHHS grant funds expired September 29, 2016 and unspent dollars were returned. The grant supported one full time equivalent for an information technology analyst and up until September 29, 2016 had been financially supporting the cost of the criminal background check for providers. However, the cost of the criminal background check, which includes the fingerprinting and background check has been transferred to the provider community and the Full Time Equivalent (FTE), information technologist analyst will continue in FY 2020 to be supported with the Medicare award.

The information technology analyst is integral to Connecticut's national criminal background check program. DPH and the criminal background check program require this position to perform all ongoing system maintenance and integration of updates, maintaining and altering web services and communications channels to DESPP and the State billing facility, and technical support for the in house DPH program specialists and external Long Term Care and Home Health Agency facility users. This position is also required to support defining ongoing roles and permissions required for enrolling participants and generic user support required while accessing the national criminal background check system. There is a backlog of some of the consultant's duties. The specific backlogged tasks include applying monthly updates to the system; verifying if new system updates have corrected issues in the system; reviewing enhancements to the system and implementing selected enhancements. The back log is currently being addressed by greater oversight and project management. Connecticut's national criminal background check program cannot be maintained or

sustained without such information technology support. Inability to maintain this position would result in termination of the program.

The Connecticut system went live in October of 2015 and had been limited to the 226 certified nursing homes until February 2016 when home health agencies were phased in and the 2018 phase in of ICF/IID and chronic disease hospitals which are certified as acute hospitals. Since the go live date, 112,206 applications for fingerprint submission have been made. More importantly, of those 112,206 applications, only 97,881 applicants went on further to be fingerprinted and processed. It is notable that 16,450 applications or 14.6% of the potential candidates for employment did not proceed with the background check. It is significant that 14.6% did not move forward in the process and it can be suggested that the ABCMS is promoting a safer workforce for our vulnerable healthcare beneficiaries. Of those 97,881 fingerprints, 7,306 (12%) returned with a criminal history ("hits") either on the state or federal side or both. These "hits" resulted in 296 not eligible for employment determination. This volume and number of outcome "hits" reinforces the value this program has in ensuring the safety of our vulnerable healthcare beneficiaries and will only promote the quality and integrity of our healthcare workforce who will be caring for Connecticut's most vulnerable residents, many Medicare beneficiaries.

As previously mentioned, state funding supports 3 full time equivalent office assistants, 1 full time equivalent Health Program Associate and approximately .20 of a full time equivalent of managerial support. In total, this represents approximately \$385,000 of state funding for this vital program. The aforementioned staff members provide supportive roles, which includes, but is not limited to, monitoring and processing as it relates to the background check system. The State Survey Agency, pursuant to the 1% increase in funding in FY 2017 established and filled an Information Technologist Analyst 2 (IT-2) position at a salary including fringe benefits of \$148, 687, a position that will assume the important duties and responsibilities for the automation functions of the program. This budget request shall continue to support the IT-2 for FY 2020. As you will note in the financial commitment of approximately \$385,000, the State of Connecticut is fully committed to this program and with financial support from CMS anticipates continued success of the national criminal background check program ensuring a safer and more competent workforce.

Our FY2020 budget submission reflects a true need request of \$6,468,348, which is a 0% increase from the FY 2019 budget award. Constructing a budget with extraordinary increases in fixed costs will undoubtedly create challenges; and Tier work will need to be further prioritized. Fixed costs such as a fringe benefit rate of 91.06% cannot be negotiated. These costs are significant and represent the majority of the budget request. In addition, an indirect rate of 40% to the budget request has also created significant increases in costs of operations and personnel.

Support for Fiscal Year (FY) 2020 survey and certification activities reflects a carefully calculated determination of program requirements and the funding necessary to accomplish CMS objectives. In addition, in excess of 3 FTEs have been devoted to unfunded Federal mandates (such as federally mandated State Agency Performance Measures, Long Term Care and Home Health Agency (HHA)

Independent Dispute Resolution (IDR) and enforcement, Freedom of Information Act (FOIA) requests, complaint triage, enhanced and automated survey protocol for End Stage Renal Dialysis (ESRD) and residents receiving ESRD services in a nursing home, and coordination with the Quality Improvement Organization (QIO) throughout FY 2020. We would be remiss if we did not emphasize the workload associated with Freedom of Information (FOI) requests that are processed locally and forwarded to the Regional Office for their review. As consumers become more informed and demands for quality of care increase, those considerations have resulted in increases for Freedom of Information (FOI) requests. As the Department continues its current initiative to expand automated services, it is expected that this will improve FOI requests, as much of the information will be readily available to the public. However, in the meantime, the request are managed manually and currently one (1) Full Time Equivalent (FTE) is dedicated to this task. Pursuant to S&C 17-30 Hospitals/CAHs/NHs, revised June 9, 2017 the SSA has been vigilant in monitoring water management plans in nursing homes and hospitals to mitigate the risk of Legionella in healthcare facility water systems to prevent the incidence of Legionnaires disease in healthcare facilities. The life safety code unit has been tasked with monitoring for compliance with 42 CFR §482.42 for hospitals and 42 CFR §483.80 for skilled nursing facilities and nursing facilities during the course of standard surveys and/or complaint investigations with allegations suggestive of non-compliance with infection control. While this mandate has impacted workload, it has resulted in opportunities for the SSA to provide technical assistance to providers concerning compliance with the requirements. Additionally, the Connecticut SSA has partnered with the infectious disease section of the DPH to convene a workgroup that not only discusses facility response when a waterborne organism, including, but not limited to Legionella is identified in routine water testing, but also to provide joint training and technical assistance regarding compliance with the requirements.

The Emergency Preparedness regulations were implemented on November 15, 2017 and although a one year notice was given prior to implementation, the SSA has identified condition level non-compliance on multiple occasions. In addition to reviewing water management plans, the life safety code unit reviews compliance with Appendix Z and the conditions of participation and standards with regards to a certified healthcare facility's emergency planning in the event of an all hazards incident. These additional unfunded mandates, while important and enhance the quality of care provided in certified health care facilities, have exponentially impacted the workload of this small unit.

The ongoing initiatives including changes to the Hospice surveys will continue to have a significant impact on State Survey Agencies (SSA). Increased staffing continues to be necessary to carry out expanded survey protocols, more frequent surveys, mandated time frames for initial onsite investigation of complaints as prioritized in accordance with Chapter 5 of the State Operations Manual, enhanced survey protocols, increased imposition of remedies, and referrals to the Department of Justice, State Attorney's Office and other CMS mandated activities. While Connecticut has been very fortunate to have a very skilled workforce with longevity, coupling the revised survey process with the new regulations has been demanding. Long term care surveys, have in several cases required 5-6 days to complete which is a deviation from the usual 4 days. The exigent demands of the survey schedule have compounded other certification activities. However, to that end, Connecticut anticipates that it will complete the FY 2020 Mission and Priority Document mandatory workloads.

After much work in the Executive Office and with the Legislature, Connecticut's state budget was approved and resulted in increases in personnel salaries pursuant to negotiations with employee bargaining units. A 3.5% wage increase was given on July 1, 2019 and another 3.5% wage increase will be given to collective bargaining members effective July 2020. Employee collective bargaining agreements, salary increases, and salaries combined with the fringe benefit rate will consume and overwhelm the 2020 award. The CT SSA is requesting \$6,468,348 for FFY 2020 to meet the mandatory Mission and Priority workloads.

A. Personnel Services

The increase in employee fringe benefits combined with employee salaries exhausts the budget award. Connecticut has been fortunate to experience a work force with great longevity, however, the work force is aging out which has and may result in a fair number of retirements in FY 2020. It is anticipated that in FY 2020, there will be at least three to four staff vacancies. The SSA is confident that the request to refill will be approved, but, training is costly not only financially, but just as importantly, in time lost to training activities.

B. Training and Programmatic Activities

While restrictions have been imposed on all out of state travel and training, documentation from the CMS reinforcing the mandatory training requirements as set forth in the 1864 agreement between the SSA and the Secretary of Health and Human Services has facilitated training opportunities and necessary approvals. While the future of the majority of training opportunities is done via webinar or through the Integrated Surveyor Training Website (ISTW) moving to the Quality S, Safety & Education Portal (QSEP) which relieves the burden of travel costs, the indirect impact results in loss of time for certification activities. However, the SSA recognizes the importance of training and is appreciative of the opportunities that CMS provides, especially the efforts made towards the expansion of the iQies platform. The SSA will request the following training opportunities:

1. The Director and/or Survey and Certification Manager of the Connecticut State Agency will continue to represent the SSA at various meetings of the Association of Health Facility Survey Agencies (AHFSA) in FY 2020.
2. The Resident Assessment Instrument (RAI) and Outcome and Assessment Instrument Set (OASIS) Coordinators had not been scheduled for FY 2020, however the SSA will plan on attending in FY 2020, if offered.

3. In FY 2010, a revised Ambulatory Surgical Center (ASC) survey protocol was implemented with a focus on infection control. In accordance with Tier II responsibilities, 25% of all non-deemed ASC facilities will be inspected utilizing this enhanced survey process. Implementation of the revised protocol has resulted in an increased identification of condition level non-compliance. In FY 2019, condition level non-compliance was identified during two (2) inspections, including one immediate jeopardy. This continued endeavor will require ongoing education with staff that participates in ASC surveys. Three staff have been trained to conduct the ASC surveys during FY 2019 due to vacancies which accounts for increased training time. Continued training will be required of all surveyors that participate in ASC surveys to ensure that the survey process is executed accurately, consistently and efficiently which includes continues completion of the Infection Control Surveyor Worksheet. Although the new protocols have enhanced patient safety, consistent with our mission, it has required additional resources and time allocated to complete inspection activities.
4. Effective October 14, 2008, new End Stage Renal Disease (ESRD) regulations were implemented for certifying ESRD facilities. In February 2009, ESRD facilities were expected to comply with the applicable provisions of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection. That expectation required additional training for the LSC surveyors. Pursuant to these changes, in FY 2013 a new survey process for dialysis facilities was designed and implemented which focuses on areas that are of the highest risk for patients receiving ESRD services. The SSA acknowledges the complexity and high safety risks associated with ESRD services and to that end, supports ongoing training for those highly specialized surveyors in FY 2020. To ensure competent and qualified staff, the SSA fully intends to continue to send all staff that conducts ESRD surveys to the ESRD Core Survey process. As CMS develops training material for infection control in the ESRD setting, surveyors will require training subsequent to their release. With the elimination of the STAR process in December 2019 and the use of a paper process, more time has on survey has been added to the survey which is an added burden to the survey process and staff resources. In addition, the SSA meets on a regular basis with large providers of ESRD services to discuss trends that are noted across the corporation and quality projects that have been initiated to mitigate recurrence. The annual ESRD Update has not been scheduled for FY 2020, the CT SSA will have the supervising nurse consultant who has oversight for ESRD programmatic activities will attend.
5. The regulations for Home Health Conditions of Participation have been revised and were effective January 13, 2018 with subsequent revisions in September 2019. Ongoing webinar training was provided as developed by CMS with ongoing updates and notifications as posted on the CMS website communicated to surveyors and providers. Ongoing on-site education to the

providers during survey as well as individual provider instruction telephonically has been provided increasing the length of surveys.

6. The SSA has received the revised Home Health Agency Regulations, effective January 13, 2018, participated in in training opportunities and will continue to participate in training activities for all new staff. In CT, the Building and Fire Safety Unit inspectors do not participate in HHA or Hospice federal surveys. Therefore the HHA and Hospice surveyors are tasked with the additional responsibility of reviewing the E-tags (emergency preparedness) during all visits to the provider (complaint surveys and investigations). Additionally, the SSA maintains the HHA complaint hotline which accounts for numerous hours per week to follow up on the reported issues/concerns.
7. In addition to the scheduled meetings for State Training Coordinators, the Agency's Coordinator will participate in meetings sponsored by the RO or Consortium to address training issues. It is anticipated that as enhancements are made to the survey and certification training program and the ISTW, the role of the State Training Coordinator will be expanded and ongoing training for the Coordinator will be required especially with the roll out of the iQIES' platform.
8. The Five Star Quality rating system for nursing homes became effective on December 18, 2008. The Five Star Quality Ratings were on hold from November 2017 to November 2018 and as updates are generated in the system, the SA continues to respond to questions and concerns regarding the rating system. The SSA has made efforts by way of participation in CMS conference calls and CMS leadership conferences to train staff to respond to inquiries and disseminate information to the provider community as provided by CMS. Additionally, the Five Star Quality rating system has emerged as a very effective tool when the state agency is conducting its due diligence in the assessment of potential, incoming buyer/owner/operators as a function of the change of ownership process as well as scheduling the weekend surveys. The CT SSA plans to conduct a webinar in FY 2020 for long term care providers to address one star providers.
9. In FY 2019, CMS instituted a new enforcement for Late Adopters with multiple citations. CT recognized this as an opportunity to assist long term care facilities recognize the importance of improving their antipsychotic medication rates. The CT SSA conducted a three-part webinar for long term care facilities to become more aware of the new enforcement process and one facility presented their best practices as an example to assist the other providers.
10. In June of 2007, CT promulgated regulations regarding the Feeding Assistant Program in the long-term care arena, which required additional and ongoing

training of staff. A portion of an FTE is expended to continue to review feeding assistant programs and provide survey staff with updated information as approved programs are added. Currently, CT has 46 approved feeding assistant programs.

11. Participation by State Agency staff in CMS and other training courses will occur in FY 2020. The CT SSA volunteered to participate in the Complaint Investigation Pilot.
12. While the SSA appreciates longevity in the Life Safety Code Unit, two vacancies occurred in FY2019 and Fire Inspector I Certification Training is required for the new staff. The CT SSA has an added advantage, in that 60% of the inspectors in the unit are currently certified as state fire marshals which has provided great value to their professional experiences. The volume of work has consistently increased in the LSC unit. Additionally, the LSC surveyors actively participate with facility manager/facility engineer work groups across the certified health care continuum. With the adoption of NFPA 2012 edition, training and engagement with the provider groups facilitated an efficient implementation. This level of surveyor participation and engagement has demonstrated positive outcomes when the LSC survey such facilities for compliance.

Connecticut has had the good fortune of having a very competent and capable life safety code unit that has worked well with the provider community to identify non-compliance and more importantly work with providers on sustaining compliance. Connecticut has had state laws and regulations regarding fire suppression and a nursing home sprinkler requirement since 2005.

13. It is important to note that while mandatory training opportunities are fully funded by CMS, all travel authorizations are reviewed at the executive level of state government. This state policy position has in some situations created barriers to training and in some cases resulted in a denial of the travel/training. The SSA will continue to work with executive leadership to reinforce the importance and value of training, however, this will require balance and strategic planning.
14. The SSA has partnered with the QIO, the CT Hospital Association and the nursing home trade associations regarding the CMS Initiatives to Improve Dementia Care and Reduce Unnecessary Hospitalizations. While these are unfunded initiatives, the SSA is very enthusiastic and continues to look forward to impacting and enhancing quality for healthcare beneficiaries across the continuum through these valuable initiatives. The SSA has been actively

engaged in the state coalition to improve dementia care in nursing homes and anticipates continuing that active engagement in FY 2020.

15. The State of Connecticut through the Department of Social Services (DSS) has been actively engaged in the Money Follows the Person (MFP) Initiative. MFP supports person centered care with healthcare beneficiaries engaged in choice of care options. It is anticipated that there will be exponential growth with community based setting providers, specifically, home health agencies. To that end, as nursing home residents are transitioned to the community, the SSA expects to see rebalancing that will include a reduction in nursing home beds and an increase in home health agencies by the year 2025 reflective of the increase in residents transferring to community based settings.
17. Independent Informal Dispute Resolution (IIDR): In accordance with Section 6111 of the Patient Protection and Affordable Care Act, the SSA shall provide nursing homes an opportunity for an Independent Informal Dispute Resolution (I-IDR) within thirty (30) days of notice of deficiencies that have been cited that lead to the imposition of a civil money penalty. CT has contracted with the Quality Improvement QIO) to conduct their IIDR process. In FY 2018 there were zero requests for an IIDR conference and that has continued to date in FY 2019.
18. CT currently has one Special Focus Facility (SFF) in which inspection activity occurs twice a year. Connecticut's experience with the SFF program has been very positive with the designated facility responding to improve the quality of care and graduating from the SFF program. During FY 2019, the SFF may not be eligible to graduate and will require more oversight, which will require more resources than expected.
19. Sequestration has assisted significantly with promoting efficiencies in survey and certification with the greatest value noted in the change regarding the practice of a full survey after identifying condition level non-compliance. This process was labor and resource intensive and in many cases did not provide the value consistent with the allocation of time and resources that the process required.
20. The Emergency Preparedness final rule was published September 16, 2016. The regulations have been implemented and the LSC unit is surveying for compliance effective November 15, 2017.
21. The SSA had been approved to implement transitioning to an Electronic Plan of Correction (EPOC) for Connecticut's nursing home providers. The SSA

implemented EPOC effective October 11, 2017. Staff and the long term care provider community has been trained with 100% participation.

22. As the SSA prepared for the revised long term care survey, many resources were utilized in the planning and preparation phase. The SSA sent 6 surveyors to the training in Annapolis in August of 2017. Additionally, the ASPEN Coordinator who offers significant support with the automated survey processes also received training on the revised long term care survey process in August of 2017. The SSA made the decision to train all survey staff in the long term care survey process, training all staff created great depth for the certified provider with the greatest number of facilities. However, this plan has been labor intensive and has been delayed due to competing priorities. As new employees are on-boarded, all nurse consultants will be trained in the revised long term care survey process. Connecticut participated in the pilot for the revised process and feedback from the surveyors was very positive and the enthusiasm for the new process continues. Connecticut is currently utilizing the quality indicator survey process, therefore expects the transition to be seamless. As staff retire or leave the SSA, the SSA is confident that the positions will be refilled, the hiring process is tedious, labor intensive and new surveyors require a learning curve of at least a year before they are independent in their function and comfort level. The SSA anticipates that there will be a learning curve that will impact the survey schedule. Consequently, to the extent possible, deliberate and thoughtful strategies are considered when inspection schedules are developed in preparation for time that may be lost related to such learning curve.
23. IQIES – iQIES which is an internet system that will replace the legacy system QIES. It supports the Survey & Cert program, quality initiatives for provider settings, and aids in managing payment for services to beneficiaries and fraud & abuse efforts. This will also support the objectives to promote affordable healthcare, expand safe, high-quality healthcare options, and empower people to make informed choices for healthier living. The QIES, CASPER and ASPEN will undergo a series of modernizing, system enhancements resulting in what will now be called the Internet Quality Improvement and Evaluation System (iQIES) beginning in FFY 2020. The enhancements will make the system more reliable, scalable, secure, accessible, and Cloud-based.
The SSA will need to support a full-time Consultant during the SSA transition at the cost of \$75,000 for a six month contract beginning in FY 2020. The consultant will provide education to staff, technical assistance, and troubleshoot any issues that arise during the transition.
24. Home Health Agency – The SSA is strengthening the partnership with other agencies by conducting joint investigations of potentially unlicensed home

health agencies. Staff have conducted three (3) different visits to ascertain whether the care and services provided meet the level of care that services need to be provided by a home health agency.

25. Complaints – The SSA offered a web based portal to receive complaints on April 2018. For FY 2019, there were 1,810 complaints received for all provider types. Of the 1,810 complaints received in FY 2019, 893 were for nursing homes (49%). The total number of complaints has increased 5% from FY 2018 which was 1,725. The SSA expects this number will continue to increase for FY 2020 since it makes it easier for the consumer to submit a complaint. A Public Health Services Manager or Supervising Nurse Consultant reviews and triages the complaints. Therefore, the additional review of complaints will be added to the already full workload of staff.
26. Web Based Reportable Events- The SSA required the nursing homes to submit reportable events via a web based system as of October 2018. Since the go live date, there have been 10,535 events reported to the SSA. All SSA staff and provider users were trained on the system. Multiple webinars and demonstrations were conducted to train the users. Demonstrations were conducted to various long term care provider groups.
27. Posting findings and plan of correction – In order to comply with S and C letter 14-41 NHs, the SSA is posting survey findings with the plan of correction on a new licensing platform. This public website is useful in assisting the public to assess the quality of long term care options and the quality of care provided by individual facilities. Staff have been trained on how to perform the duties to upload the documents. Notification was made to all providers and expects to complete the roll out this process to all provider types during FY 2020.
28. The CT SSA coordinated a Fall Prevention Safety Summit for Long Term Care Facilities using federal CMP funds. There were more than 350 attendees from long term care. The purpose of the Fall Prevention Safety Summit for Skilled Nursing Facilities was to provide participants with the tools to reduce the risk of falls in skilled nursing facilities. The Fall Prevention Safety Summit for Skilled Nursing Facilities provided better recognition of fall risk factors as well as research-driven and clinically-tested interventions to improve resident quality of life and functional independence.
29. The CT SSA has many nursing homes whose staff are members of a unionized bargaining unit. In FY 2019, the SSA receive strike notices for 23 long term care facilities. Although the labor action was rescinded prior to the effective date, many staff expenditures were utilized to prepare to monitor the facility's replacement workers, review strike plans, train staff to conduct monitoring as well as administrative paperwork.

30. The CT SSA plans to schedule staff to attend/participate in CMS training to conduct surveys at psychiatric hospitals to evaluate the two special conditions, medical records and staffing after March 31, 2020 when CMS designates the SSA's to assume full responsibility for the surveys.
31. Effective January 1, 2019, the transplant survey activity, including initials, re-approvals, revisits, and complaint investigations will be conducted by the CT SSA. One Supervisor has been trained and additional training will be required for additional staff to conduct the surveys.
32. Effective March 2020, the CT SSA will be conducting the surveys for the two special conditions of participation (CoP's) during psychiatric hospital surveys. The Nurse Consultants will require additional training and will need more time to conduct the surveys. This will add to the already stressed workload.

C. Consultation

The ABCMS requires ongoing software updates to respond to improvements and modernizations to the software program. While software malfunctions will often be managed locally by the information technologist assisting with software or programmatic problems, consultation with an information technologist architect is essential as the ABCMS is further refined. The SSA has contracted with Innovative Architects to provide oversight support as further designs are incorporated into the system. The essential cost associated with that consultative contract is \$71,040.

D. Enforcement

LTC enforcement activities in FY 2019 continued to be significant. Fifteen (15) nursing home complaints were assigned a classification of IJ and were investigated in 2 days. One hundred and three (103) nursing home complaints were assigned a ten (10) day triage, compared to seventy-six (76) the previous year which is a significant increase from FY 2018 and the complexity of the investigations continues. In FY 2019, 200 standard long term care surveys and 288 complaint surveys were conducted.

In addition, frequent enforcement activities continued to occur with hospitals in FY 2019, with hospitals losing deemed status due to Condition-level noncompliance. In FY 2019, this Agency conducted thirty-four (34) CMS approved substantial allegation surveys compared to twenty (20) in FY 2019. Condition level non-

compliance was identified in thirty-three (33) hospital investigations (2 standard surveys, 31 complaint surveys). Thirty-six (36) revisits were conducted on FY 2019 to ascertain if the condition level non-compliance had been corrected.

This level of nursing home and hospital activity is anticipated to continue in FY 2020, particularly as federal and state budget constraints reduce rate increases to healthcare providers.

The enhanced enforcement protocols for home health agencies, ambulatory surgical centers, and end stage renal disease has increased identification of non-compliance and consequently has also increased workload.

E. Equipment

Funding is requested to purchase:

Twenty-five (25) tablet computers with specifications as follows:

- Intel Core i5 8265U @1.6 GHz (3.9 GHz) / 6MB Cache
 - 8 GB of RAM memory
 - 256GB SSD + 32 GB SSD cache
 - 13.3" LED touchscreen 1920x1080 Full HD screen
 - Secure access encryption
 - 1 USB 3.1 port
 - 1 HDMI port
 - 2 Thunderbolt™ (USB Type-C™ connector)
 - Input devices: HP Premium Collaboration Keyboard, full-size, spill-resistant, backlit and DuraKeys; Glass ClickPad, Microsoft Precision Touchpad, gestures support as default; Accelerometer; Magnetometer; Gyroscope; Ambient light sensor; Hall sensor
 - Bluetooth 5.0, 802.11a/b/g/n/ac/ax wireless networking
 - HP Long Life 4-cell, 56.2 Wh Li-ion polymer battery
 - Audio - Bang & Olufsen, dual stereo speakers, 3 multi array microphone
 - Windows 10 64 bit operating system
 - Anti-virus license
 - Microsoft Office
- HP Thunderbolt Dock 120W G2
- HP 3 year Next Business Day Onsite Hardware Support warranty

The cost per computer is \$1140.00 each.

The cost per docking station is \$172.00 each

The cost per HP 3 year Next Business Day Onsite Hardware Support warranty is \$51.00 each

II. Organizational Considerations

A. Survey and Certification

1. Five significant organizational considerations for Long Term Care (LTC) will continue in FY 2020: the SSA's continued engagement in the CMS National Partnership to Improve Dementia Care in Nursing Homes, Emergency Preparedness in Nursing Homes, Infection Control and the high level of enforcement activities including monitoring of the Special Focus Facilities (SFF) and release and implementation of the infection control worksheet for nursing homes, release of the LTC Revised regulations and implementation of the revised LTC survey process. Phase 3: Although the QIS survey has been replaced, the revised survey process also works from an automated platform. The SSA will continue to incur costs associated with maintenance and replacement costs of tablets computers and portable media devices, which have added to the budget burden. Additionally, in anticipation of the revised long term care automated survey process, significant training needs were assessed and planned for. In an effort to increase efficiency and productivity, the SSA is utilizing virtual private network (VPN) access and/or a virtual desk which will allow greater access to the secured network, facilitating greater efficiencies and productivity and providing virtual desktops to all field survey staff.

In addition, the SSA has engaged with the State's hospital, nursing home and the home health trade associations regarding a collaborative work group which are addressing quality of care issues across the continuum of care.

In FY 2020, the SSA will be conducting an initial certification survey for a nursing home.

2. PHASE 3: Introducing the revised long term care survey process has increased the surveyor time and number of surveyors required to complete revisit activities. However, the provision of additional training where needed and thoughtful and deliberate scheduling has facilitated the transition.

The current certification and enforcement requirements will continue to have significant organizational and fiscal impacts on the SSA. Significant activities in LTC include the increased number of adverse actions and the increasing number and complexity of issues noted in complaints. Increased costs related to extended surveys, complaint surveys, special focus facility surveys, follow-up visits, informal dispute resolutions, data entry, monitoring of ASPEN Enforcement Manager (AEM), monitoring visits, and processing of adverse actions will continue in FY 2020. The state agency anticipates that these

costs will continue as facilities experience repeat "G" level deficiencies. In FY 2019, a total of 84 "G" level deficiencies, and 0 "H" level deficiencies were cited. Further, 8 "J" level deficiencies were cited, 4 "K" level deficiencies, and zero (0) "L". Additionally, the workload has increased due to the need to conduct revisits for the Emergency Preparedness tags, one revisit was conducted for FY 2019 for the Schizophrenia survey as well as the need to conduct onsite revisits for the Late Adopter deficiencies.

Continued implementation of the Affordable Care Act (ACA) will also impact organizational activities at the SSA. The Department of Public Health maintains a consumer oriented website that is easily accessible to the public, and was implemented on December 1, 2018. This allows the Department to post statements of deficiencies and the facility plan of correction with regards to certification and/or complaint investigations utilizing a new electronic platform. A portion of an FTE has been dedicated to work with the Department's information technology staff to ensure that consumer access to this data began in in FY 2018 and continues into FY 2019 and 2020.

Additionally, resources are utilized to conduct revisits to nursing home certification surveys. In FY 2019, 359 revisits were conducted compared to 344 in FY 2018.

3. Staff activities include review of survey findings, survey processing, notifications, providing education and remediation to staff as appropriate, Federal reporting, Informal Dispute Resolution (IDR), processing of enforcement actions, participation in CMS' Alternative Dispute Resolution process, and participation in the federal hearing process. In addition, a significant number of federal freedom of information requests are processed annually. Approximately 0.75 FTE of a health program assistant's time is devoted to fulfilling these requests and while the request is forwarded to CMS Central Office (CO), a significant amount of time is spent retrieving and scanning documents for processing to the CO for their review and approval for release.
4. Although we have developed a very efficient IDR process, we anticipate that IDR requests will be requested with the same frequency in FY 2020 in response to the expanded definition of "no opportunity to correct" and with the impact of the scoring methodology related to the Five Star rating system and weights given to scope and severity. Also, as civil money penalties increase related to changes in the inflation index, it is expected that the request for IDR's will rise as well. In FY 2019, Connecticut conducted 97 (96 FY 2018) informal dispute resolutions regarding 241 citations. Many providers with immediate sanctions, substandard quality of care or any "G" level or above deficiency requested IDR for both survey and complaint findings. The SA will continue to devote 1.25 FTEs to this process (0.75 FTE Supervising Nurse Consultant and .5 FTE Health Program Assistant).
5. While promoting efficiencies, additional data entry in the ASPEN Enforcement Manager (AEM) has resulted in tracking the increased number of providers with "no opportunity to correct," and in communicating with the Regional Office, Medicaid Agency, and

providers, and scheduling changes to shorten the survey interval for these facilities. Health Program Assistant (HPA) time for these activities has been and will continue to be approximately 20 hours per week. Eighty hours per month for 12 months = .60 FTE, HPA. By shortening the survey interval, as is appropriate for facilities requiring immediate sanctions and/or with a repeated history of non-compliance, more facilities will need to be surveyed twice in any fiscal year. Conservatively, we estimate an ongoing workload of 10-20 "extra" surveys per year.

6. Enhanced monitoring for those nursing homes with survey and complaint records that indicate a poor history of compliance, to include, the Special Focus Facilities will continue in FY 2020. While we agree that these surveys are important, we feel there are other facilities with poor compliance histories that we monitor, which should also be accounted for in survey time allocations. In such cases the survey interval is shortened and conducted at the (six-month for SFF) nine-month rather than fifteen month interval.
7. Enhancing the survey process to include the enhanced investigative protocols, assessing a facility's abuse prevention procedures when triggered, reviewing smoking policies and procedures and direct observations related to such, reviewing for adverse drug reactions and expanding the process has increased survey time and training for every LTC survey. It is noteworthy to mention that the SSA uses the CASPER reports when conducting and off site assessment of a facility. The SSA values the importance of these activities and feels they should be accounted for in survey time allocations.

On a quarterly basis, staff participate in educational seminars which include in part: Infection control and prevention, Healthcare Associated Infections (HAI), Opioid Crisis and Treatments, and trends during surveys. Staff that attend any educational programs present the information to the SSA staff during the quarterly seminars/trainings.

8. The State Agency works collaboratively with the State Medicaid Agency who facilitates the Nursing Home Financial Advisory Committee which has been codified in Connecticut General Statutes. The SSA maintains a contingency plan for managing the potential impact of financially distressed nursing homes. Monitoring of facilities experiencing bankruptcy and/or issues with financial viability in FY 2019 will continue. Currently, as of this writing, two (2) nursing homes are in state receivership for financial distress and/or monitoring the closures of the facilities. This monitoring activity requires substantial supervisory and surveyor resources to be diverted from planned survey activities and requires collaboration with the State Medicaid Agency, the Long Term Care Ombudsman Program and in many cases the Office of the Attorney General. The Agency will continue frequent communication with the State Medicaid Agency and the Long Term Care Ombudsman regarding these facilities and other potential concerns with financial viability. The State Agency anticipates that FY 2020 will continue to require the expenditure of resources in this area.

9. In November of 2017, Connecticut transitioned to the automated new Long Term Care Survey Process. While Connecticut had been utilizing the Quality Indicator Survey (QIS) process and anticipated a seamless transition due to the experience with an automated process, the process was challenged with a deeper learning curve than expected. The SSA has made great effort in maintaining the process as designed but, it has been complicated by the dissimilarity in the two processes. The QIS stage 1 sample was less complicated than the current process which has led to delays in moving through the survey process. Connecticut has been an active participant in the monthly meetings that are conducted by the CMS Central Office and is confident that as proficiency with the process is gained, efficiencies will follow.

A great deal of planning has and will continue to be done to ensure that staff are well prepared for the new survey process and once trained, maintain compliance with the new survey protocols. Six surveyors participated in the new survey process, train the trainer training. While our survey workforce is less than 60 surveyors, our plan identified the need to prepare 6 surveyors as trainers. The SSA has longevity in its surveyor workforce, with many eligible for retirement. Training 6 trainers will maintain a secure succession plan should there be any unpredicted movements in the workforce. The plan has addressed the phase in of surveys that will account for a moderate learning curve to ensure that survey intervals do not exceed the 15.9 month survey interval, at the same time maintaining the 12.9 month average interval between surveys. While Connecticut had been a QIS state, introducing a new survey process coupled with learning a newly numbered regulation set and the introduction of the new interpretive guidance has impacted operations. Additionally, Connecticut is a small state therefore, utilizes training staff that are active surveyors, further adding to the loss of resources during survey activities.

Connecticut remains very enthusiastic about the introduction of the revised survey however; cautiously optimistic that survey time will not be lost. It is noteworthy to mention that survey time on occasion, is lost related to computer problems and/or issues that have been associated with learning curves as revisions occur and/or updates/upgrades to the software programs occur.

The SSA will continue to provide mobile devices to all survey staff to promote efficiencies. To address this, portable media devices, that include, but are not limited to, hot spots, virtual desk top, and virtual portal network will be deployed to facilitate connectivity to ASPEN and therefore mitigate delays in survey times and decrease office time for survey write up. While work has been actively started in this area, much work remains as considerable office time is devoted to the write up process associated with each survey and certification activity.

Numerous nursing homes and/or outpatient dialysis clinics have reached out to the Department for guidance to implement hemodialysis in the nursing home as outlined in QSO-18-24-ESRD. The Department anticipates that additional resources will be

required to ensure compliance with Conditions for Coverage 42 CFR Part 494, F-698, and SOM Chapter 2. We are projecting that approximately four (4) initial certifications will be conducted in FY 2020. The SSA may need to recruit for an additional Nurse Consultant.

10. Adverse Events Focused Survey: Connecticut Public Health Code requires that long term nursing facilities report to the SSA unusual or untoward incidents as directed by the law. In FFY 2019, the SSA received 8,310 adverse events in which all are reviewed for potential investigation which is a slight increase from FFY 2018 of 8,304. The CT SSA looks forward to future guidance and direction that will reduce recurrence of such events.
11. Complaint investigations continue to require considerable SSA staff resources. In FY 2019, the SSA received/reviewed 1,810 complaints compared to FY 2018, received 1,725 total complaints. Of the 1,810 complaints received, there were 893 nursing home complaints. FY 2019 represents a 5% increase in complaints from the previous year. The complexity and significance of the allegations continues to increase.
12. The SSA received and reviewed 474 hospital complaints for FY 2019 compared to 272 in FY 2018, a 174% increase. Connecticut continues to prioritize and triage complaints in accordance with Chapter 5 of the State Operations Manual.

In FY 2019 this agency completed 38 (FY 2018 was 39) 2 day (IJ) investigations and 211 (FY 2018 was 150) 10-day (non IJ high) investigations across all certified provider types. Complaints are investigated in conjunction with scheduled Federal surveys for all provider types, when the timing of these activities permits, in order to utilize resources efficiently; however, this scheduling economy is frequently not available due to complying with the 10-day time frame for investigation. Although this SSA maintains a complaint unit, and combines complaints with surveys whenever possible, additional resources are needed to fully implement the CMS timeframe mandates.

The complaint/compliance team investigates complaints in all clinical settings and has the capacity to follow an individual complaint throughout the continuum of care. The SA does not currently maintain a toll-free hotline specifically for nursing home complaints; however, complaints may now be submitted on line through the State Agency web page as well as via telephone, fax and in writing.

ESRD surveyors collaborate with state and federal agencies (CDC and the Healthcare Associated Infections Program) with any significant and/or unusual infections. On an annual basis, surveyors attend an annual conference hosted by IPRO. Topics vary from infection rates to best practices in ESRD facilities.

13. The total number of Home Health Agencies (HHA) has increased by three (3) agencies in FY 2019, however the number of consumer complaints received has stabilized. In FY 2019, condition-level noncompliance was identified in 8 certified Home Health agencies (with two certified agencies demonstrating condition-level non-compliance during two surveys within the same fiscal year) as the result of certification surveys and/or complaint investigations, requiring extended surveys, follow-up visits and IDR (Informal Dispute Resolution) time.

The consolidations within the industry that occurred recently have resulted in larger agencies with multiple branch offices; consequently, each survey requires larger sample size and longer survey time frames. Smaller agencies continue to branch out, by submitting application materials to the SSA for review and recommendation to the Regional Office (RO) for authorization. This process requires discussion and feedback to the providers, to obtain acceptable documentation and qualifying staff in the branch prior to a SSA recommendation being made. Surveyors reviewed the applications during office time, and reported to CMS regional office with recommendations for approval. The review process at the SSA level was lengthy as applicants did not have the information required or the provider organization at the branch level was inadequate, and required much inquiry and guidance from the SSA.

FY 2019 saw the initiation of change of ownerships and mergers extending into FY 2020. As a result, the SSA has devoted much time and involvement into directing and monitoring to authorize the closure of the selling agencies.

Additional challenges related to HHA activities includes staffing turnover in many agencies resulting in changes in key managerial positions with lack of replacement, resulting in extended time in the office and/or delays with the survey process. Home health agency surveys continue to consume additional time and resources related to agency conversion to electronic storage of records, using a variety of program vendors, with varying levels of user-friendliness, and insufficient amount of provider staff available to navigate the electronic record for surveyor review.

The SSA management of the CMS-mandated hotline for home health and hospice complaints, questions and concerns involves the daily time spent in telephone response, research of the materials and/or information requested, with sometimes many attempts to reach the caller during the day, and the use of approved interpreters for communication.

While new home health agencies are required to seek initial certification (a Tier 4 work that the SSA lack resources to complete) through the Accrediting Organizations (the AO) such as CHAPS, the Joint Commission or ACHC, the same new home health agencies eventually relinquish their deemed status instead of re-applying with the AO after three years for financial reasons, and the SSA regularly sees an influx of agencies being added to the SSA annual recertification list. In 2018, three certified and deemed

home health agencies relinquished their deemed status and sought certification from the SSA instead. This is a permanent addition to the SSA certification workload moving forward.

The inception of OASIS-D on January 13, 2019 resulted in training time for the Connecticut OEC (OASIS Education Coordinators) and OAC (OASIS Automation Coordinators), the providers and webinar time for the Quarterly OASIS support for the OEC.

Additionally, establishing OASIS transmission for agencies seeking initial certification through accreditation organizations will continue to consume technical and educational hours from the SSA. The complexity of complaints associated with the home health agencies and hospices continue to extend survey and investigation time. The net effect is that staffing requirements for this program remained unchanged in FY 2019; however, we anticipate as MFP evolves, exponential growth in community based settings/providers is expected to include home health agencies and with the changes in Hospice survey frequency, it is predictable that staffing in this unit will need to be increased. In FY 2019, CMS requested from the SSA the completion of one validation survey of an accredited home health agency. Based on CMS' estimate of an additional 1.5 days per survey, at least an additional .5 to 1.0 FTE surveyor will be needed to accomplish the planned workload.

The SSA expects to complete 30 recertification surveys of Home Health Agencies in FY 2020, without the anticipated number of validation surveys and/or full surveys triggered by substantial complaints to be approved by the Regional Office within deemed home health agencies.

With the implementation of the new CMS Conditions of Participation for Home Health Agencies (HHA) effective January 13, 2018, supervisory time and surveyor time increased significantly in office training and field applications. Provider training has been ongoing both at the state level and with individual providers. The Interpretive Guidelines for the new Conditions of Participation were not published by CMS until August 2018, resulting in another series of training, information release and communication with providers and trade associations at the State level.

As the new Conditions of Participation rolled out, the SSA supervisory time was significantly consumed in discussion with the providers and the trade association on the citing at the condition level under the new federal regulations, a concern for most providers already cited or working diligently to improve practice and prevent condition-level citing and/or enforcement actions.

During FY 2019, the SA initiated regulatory actions at both the state and federal level towards a certified agency with repeated CoP level findings. The SA suspended admissions and directed a decrease in the census to a manageable level to ensure the patient's safety. These preliminary actions resulted in the voluntary surrender of this

agency which consumed a significant amount of time and resources to conduct onsite monitoring and compliance meetings.

An enforcement system requires tracking, communication with CMS, provider technical assistance and quality control, which must be carried out by a supervising nurse consultant and this also, has led to increased supervisory and manager oversight.

Complaint activity in home health agencies remains steady, with approximately 33% of all certified agencies requiring at least one complaint investigation annually. Complaint activity in home health agencies remains steady for FY 2019 whereby 41 complaints were received.

14. Pursuant to the IMPACT Act of 2014, all certified Hospices will be surveyed not less frequently than every 36 months. The SSA anticipates 10 hospice recertification surveys for FY 2020.
15. In addition, frequent enforcement activities continued to occur with hospitals in FY 2019, with hospitals losing deemed status due to Condition-level noncompliance. In FY 2019, this Agency conducted thirty-four (34) CMS approved substantial allegation surveys compared to twenty (20) in FY 2019. Condition level non-compliance was identified in thirty-three (33) hospital investigations (2 standard surveys, 31 complaint surveys). Thirty-six (36) revisits were conducted on FY 2019 to ascertain if the condition level non-compliance had been corrected. In FY 2019, the SA completed 474 complaint surveys for hospitals and psychiatric hospitals.
16. Mandatory training for hospital surveyors will require that three (3) new surveyors be afforded hospital training in FY 2020. All staff who conduct surveys for hospitals will require to complete the new psychiatric hospital training which includes the two special conditions of participation of staffing and medical records. This is an added workload to the already strained staffing in the SSA. Additional training for EMTALA training may be required for one staff for FY 2020. One (1) EMTALA allegation survey was conducted during FY 2019. The SSA expects this number to be consistent for FY 2020. Conducting an EMTALA investigation requires significant resources to ensure the survey process is completed in accordance with Appendix V.
17. We expect the level of activity to continue in FY 2020 and it is anticipated that approximately three (3) full Medicare surveys in hospitals will be performed in FY 2020. However, it is important to note that CMS' re-consideration of whether a full Medicare survey may or may not be warranted as a result of sequestration, has been of great value as we move forward with planning activities pursuant to identifying condition level non-compliance. The labor-intensive nature of hospital complaints,

the anticipation of EMTALA complaints and the complexity and significance of the allegation(s) will continue to place an additional burden on complaint unit staff, as well as the reporting to CMS.

18. In FY 2019, the SSA conducted one (1) hospital validation survey at the request of CMS. It is anticipated that one validation survey in a general hospital will be performed in FY 2020.
19. The SSA is grateful for the Pharmacy 797 training that was offered in FY 2017. The training was well executed and comprehensive. Each surveyor in Connecticut who conducts hospital surveys has received this important training. USP 797 training will be conducted for new staff orientation.
20. There are 2 acute care hospitals in CT who perform organ transplants performing four different organ types. All investigations triaged as Immediate Jeopardy will be investigated in accordance with Chapter 5 of the SOM. During FY 2019, the SSA is required to conduct all complaint investigations and transplant surveys. It is anticipated that two (2) additional staff will be required to participate in Transplant Survey Training.
21. Within the Life Safety and Environmental Unit, it is has been both demonstrated and anticipated that ongoing survey activity, change of ownership inspections, and project monitoring of new and renovated construction projects within Long Term Care (LTC), ESRD, Ambulatory Surgical Centers (ASC), hospital and the more complex ICF/MR providers will continue to contribute to the high level of both survey and inspection activity. The survey agency continues to allocate resources for mandatory training to maintain the level of expertise and knowledge regarding both CMS requirements for certification and life safety code requirements. Additionally, adoption of the 2012 edition of Life Safety Code has created additional training burdens. While a twenty (20) hour webinar training was provided, the learning curve beyond the webinar has been deep.
22. Onsite surveys of Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IID) facilities will continue to require dedicated surveyors. Recertification surveys of all ICF/IID facilities will continue to be completed every nine (9) to fifteen (15) months. In addition, onsite follow up revisits will continue to be required for most facilities; also each survey must include the LSC survey which often requires a revisit. In FY 2019, there were eight (8) ICF/IID facilities identified with non-compliance with Conditions of Participation, which resulted in extended surveys. With the latitude that has been provided with scheduling survey inspections within a 9-15 month window, it is expected that approximately twelve (12) ICF/IID facilities will be scheduled closer to the 9 month mark. The continued use of short-term certifications for facilities with poor compliance patterns and the ensuing follow-up visits, LSC revisits, complaint visits and follow-up visits for the

contracted federal monitoring surveys will continue to account for the high level of activity in the ICF/IID unit. Additionally, in FY 2019, three (3) complaint surveys were conducted which all concluded with citations for deficient practice.

23. Community Mental Health Centers (CMHC): Pursuant to the new regulations, survey and oversight responsibilities have been transferred to the SSA. CT has ensured that staff have been trained and fully expects to conduct 5% of the targeted surveys in FY 2020 as directed by the CMS.
24. Surveys of ESRD units will occur in accordance with the tier levels as outlined in the Mission and Priority Document. In addition, four (4) initial surveys are anticipated in FY 2020. In FY 2020, 6 ESRD surveys identified condition level non-compliance in seven (19) supplier surveys which required additional revisits. Connecticut continues to experience a steady increase in the need for dialysis services. CMS has on occasion allowed hospitals in the state to be certified as "Special Purpose Dialysis Facilities" in order to meet this outpatient demand. Several hospitals have utilized this option and have been certified. The SSA will prioritize initial surveys to facilitate access to such essential services when requested for FY 2020. A considerable amount of supervisory/administrative time continues to be devoted to discussion of dialysis standards, access to care and staffing with the dialysis community and ESRD Network. Survey staff time will also be required for ongoing implementation of the ESRD facility data profile process. Manager and supervisor time devoted to Network activities will continue to be significant, in order to comply with the OIG recommendations and with CMS' information-sharing requirements. CMS has implemented STAR training, although as proposed by CMS may be eliminated in the near future. Connecticut fully expects to comply with the training requests for FY 2020 and will ensure that all staff participating in ESRD surveys are trained on the ESRD Core Survey process. There has much time dedicated to long term care providers that are exploring ESRD in nursing homes. The CT SSA has met with both the long term care providers and the ESRD providers to explore this option. In addition, the revised Condition of Participation coverage effective October 14, 2008 and new survey protocol has required the allocation of additional resources for training for these highly specialized surveyors.
25. The CT SA continues to experience an increase in Ambulatory Surgical Centers (ASCs). The SSA continues to receive requests for initial surveys with approximately three (3) initials projected for FY 2020. With facility construction at various stages of completion and three (3) initial surveys anticipated in FY 2020, additional staff resources continue to be devoted to this program. Although CMS assigns initial surveys as a Tier IV priority, the lowest priority, access to care is also a responsibility the SSA shares with CMS and its beneficiaries. In FY 2019, condition level non-compliance was identified during two (2) inspections, including one (1) immediate Jeopardy. Validation surveys of accredited ASC's will be completed, as requested by CMS. Ongoing monitoring and training of the ASC staff

to ensure proficiency and competency with the survey protocol will be a priority for FY 2020. The SSA will continue to utilize the infection control worksheets in FY 2020. In addition, the SSA has responded to numerous telephone inquiries from suppliers relative to the revised regulations and survey protocols and representatives from the Department participate and present at least annually in a statewide conference dedicated to ASC issues. The SSA will continue to act as a resource for suppliers.

26. Implementation of the Condition of Participation/Restraint and Seclusion for Psychiatric Residential Treatment Facilities (PRTFs) requires SSA participation. Survey agencies are responsible for these activities and thus require appropriate funding.

Connecticut as the SSA since 2005 has enjoyed a very collaborative relationship with the SMA, specifically the exchange of information when a serious incident report is identified. However, this collaboration has required the SSA to expend a portion of a Full Time Equivalent of a Supervising Nurse Consultant to review incidents as reported by the SMA for compliance with the condition of participation and potential entry into the Aspen Complaint Tracking System (ACTS) for investigation.

The SSA investigated 12 serious reportable incidents in FY 2019. During FY 2019, Immediate Jeopardy was identified on 3 occasions in 2 PRTF settings. The CT SA continues to review all serious occurrence reports that are submitted from the PRTF's and responds with onsite investigations as deemed necessary. Additionally, pursuant to legislation in 2019, the SSA participated in a work group that reviewed the significant findings that were identified in PRTF's and the limited authority the SSA has as it relates to the CoP, Restraint and Seclusion. Recommendations as a result of this workgroup include exploring the potential for legislative licensure authority for DPH to ensure safe and quality of care is being provided to this very vulnerable population.

27. The Criminal Background Check Program has been actualized in FY 2015 and has been expanded across the continuum through FY 2019. Although this program has been separately funded through a CMS grant opportunity, this program has required active participation of the CT SSA. Currently, the Medicare award is supporting one (1) FTE to support the technology requirements of the program as previously referenced.

III. Nurse Aide Registry, Training, Competency Evaluation and Enforcement and Feeding Assistant Programs

1. This Agency will continue to expend significant time and resources maintaining the Nurse Aide Registry. The receipt and investigation of complaints (which continue to grow) regarding nurse aides and other facility staff, and clerical support for the Nurse Aide Competency Evaluation Program continues to increase. There are one hundred and six (106) approved Nurse Aide Training programs in Connecticut. Approximately three (3) new programs are expected to require approval in FY 2020. There are currently approximately 35,000 nurse aides on the registry in Connecticut. A contractual agreement wherein a vendor administers the Nurse Aide Competency Evaluation Program, with the cost being absorbed by the facility, is in place. Continued funding is requested for one clerical FTE to process renewals and renews 17,000 to 21,000 nurse's aide certificates per year as well as one FTE professional staff person, to carry out Nurse Aide Registry mandates.

The final federal regulation for feeding assistants was promulgated in FY 2004. State Regulations were approved in 2007. Additional staff time has been allocated to approve training programs and train staff regarding implementation of the regulations. To date, forty-six (46) feeding assistant programs have been approved. The State Agency also needs to offer continued training regarding the regulations to providers.

IV. Program Emphases

In keeping with CMS directives, the State Agency's priorities for survey activity will be as follows:

A. Tier I Nursing Homes: Recertification surveys and associated revisits including Special Focus Facilities (SFF) of all Long-Term Care facilities on a statewide average of once per year, maintaining an average of or less than 12.9 months. Poor compliance patterns have required additional follow-up visits and this is expected to continue. In accordance with CMS guidelines, SFF inspections will occur every six months. No more than 15.9 months elapses between completed surveys for any particular nursing home. Complaint investigations triaged as IJ will be investigated in accordance with Chapter 5 of the SOM.

Home Health Agencies: Recertification surveys of all non-deemed Home Health Agencies within a 36.9 -month maximum interval between completed surveys, commensurate with the need to assure the delivery of quality home health services, will be conducted. Extended surveys will be conducted if complaint visits should determine condition level non-compliance. This Agency's final survey schedule will be developed based on CMS criteria and discussion with the Regional Office. Complaint investigations triaged as IJ will be investigated in accordance with Chapter 5 of the SOM. Validation Surveys will be conducted as directed by CMS and substantial Allegation

Validation (Complaint) Surveys –IJs will be completed only when authorized by the RO, complaint surveys are to be initiated and completed within the applicable SOM timeframe.

Approximately thirty-three (33) re-surveys will be required. In addition, it is anticipated that at least one validation survey of an accredited home health agency will also be performed at the direction of CMS during the FY 20120.

ICF/IID: Recertification surveys of all ICF/IID facilities once per year, applying a 9-15 month window for scheduling with a maximum interval of 15.9 months with a 12.9 month average shall be conducted. Onsite follow-up revisits will be required for most ICF/IID facilities, particularly since each survey must include the LSC follow-up visit. Complaint investigations triaged as IJ will be investigated in accordance with Chapter 5 of the SOM.

Hospitals, Psychiatric and Deemed Hospitals:

Validation surveys will be conducted as directed by CMS at the 1% coverage level for accredited hospitals (1 survey) and/or additional surveys as directed by CMS. Substantial allegation surveys will be conducted when authorized by CMS. Complaint allegations prioritized as IJ's and RO authorized EMTALA and restraint/seclusion death incident surveys, initiated within the applicable SOM timeframes will be conducted. Full surveys pursuant to identification of condition level non-compliance will be conducted as authorized by CMS.

Non-deemed Hospitals: Complaint allegations prioritized as IJ's and Regional Office authorized EMTALA and restraint/seclusion death incident surveys, initiated or completed within the applicable SOM times frames shall be completed.

Transplant Centers: All investigations triaged as Immediate Jeopardy will be investigated in accordance with Chapter 5 of the SOM. During FY 2020, the SSA are required to conduct all complaint investigations and transplant surveys. Complaint investigations triaged as IJ will be investigated in accordance with Chapter 5 of the SOM.

End Stage Renal Disease (ESRD): Complaint allegations triaged as an IJ will be done in accordance with Chapter 5 of the SOM. Additionally, 10% of the ESRD facilities using the CMS generated, rank ordered Outcomes list will be utilized for facility selection. The SSA will select half of the 20% facilities from the Outcome list to determine the 10% sample. Initials certification surveys will be conducted within 90-days of the MAC approval of the CMS-855 unless the supplier has elected a deeming option.

Psychiatric Residential Treatment Facilities: The SSA will conduct surveys to ensure, a maximum interval of 5 years and shall conduct surveys on 20% of the certified entities. Complaint investigations triaged as IJ will be investigated in accordance with Chapter 5 of the SOM.

Hospice (non-deemed): Pursuant to the IMPACT Act of 2014, all certified Hospices will be surveyed not less frequently than every 36 months. **Hospice (deemed):** The SSA will conduct a validation surveys of a deemed hospice according to a list provided by CMS. With Regional Office approval, complaints triaged as an Immediate Jeopardy will be initiated within two (2) days of approval.

Outpatient Physical Therapy Providers: With Regional Office approval, complaints triaged as an Immediate Jeopardy will be initiated within two (2) days of approval.

Ambulatory Surgical Centers (ASC's): The SSA will conduct validation surveys of 5-10% of deemed ASC's as directed by CMS based on an accreditation organization (AO) survey. The SSA will conduct complaint investigations prioritized as IJ- deemed ASC's only.

Core Infrastructure activities will be conducted as a Tier I priority. Monitoring quality in accordance with the State Performance Standards Systems (SPSS) to ensure compliance with mandated workload and accurate and timely data uploads will continue to be a priority to the SA. Maintenance of a HHA hotline, training of survey staff, executing emergency preparedness essential functions, and maintenance and review of the Nurse Aide Registry will continue to be prioritized as Tier I work. Complaint investigations which are triaged as a high potential for immediate jeopardy in all certified provider types will continue as a Tier I priority and be assigned and classified in accordance with Chapter 5 of the State Operations Manual. Complaints for all provider/supplier types, including EMTALA allegations, will be investigated in accordance with Federal directives. Complaints continue to increase each year, necessitating the assignment of more survey staff to their investigation. This Agency makes every attempt to combine complaint investigations with surveys or follow-up visits, in order to maximize personnel resources. However, this economy of scales has largely been negated due to our attempt to implement CMS' ten-day time frame for investigation when actual harm is alleged in LTC. Additional staff resources as previously noted is required and must be funded in order for Connecticut to successfully implement this initiative. Without adequate funding for all of CMS' mandates, States will be unable to accomplish other survey workloads. Implementation of the ASPEN/ACTS/AEM system currently requires additional time and staff, which has impacted resources that have not been

expanded for numerous years. Additional resources and training will be needed when CMS transitions to the iQies platform.

B. Tier II Nursing Homes: While Nursing Home Oversight and Improvement Program initiatives will not require separate budgeting for FY 2020, the initiatives will continue to be implemented, including enhanced LTC survey protocols, more frequent surveys and other visits to the Special Focus Facilities, "staggering" LTC survey start times, and complaint investigations. "Off-Hours" Surveys will be conducted on at least 10 percent of the standard health surveys on the weekend or before 8:00 a.m. or after 6:00 p.m. (i.e., "off-hours) and at least 50% of the required off-hours surveys on weekends using the list of facilities with potential staffing issues provided by CMS. Complaint investigations triaged as Non-IJ High will be conducted in accordance with Chapter 5 of the SOM.

In an effort to improve the quality of long term care, Connecticut has developed and implemented co-training activities with the Quality Improvement Organization, the Ombudsman Office and the provider community, recognizing that the same message must be sent to all stakeholders.

Home Health Agencies: Complaint allegations prioritized and Non IJ high will be initiated within 45 days of Regional Office approval.

ICF/IID: Extended surveys will be conducted when condition level non-compliance has been identified. Additionally, complaint investigations will be conducted for all complaints triaged at a non-IJ level.

Hospital, Psychiatric Hospitals and Deemed Hospitals: Substantial allegation complaint investigations of a deemed hospice prioritized as non IJ high will be conducted with Regional Office authorization within 45 days of such authorization will be conducted.

Hospital, Psychiatric Hospitals and Non-Deemed Hospitals: As a Tier II priority the SA will ensure that there will be no more than a 5 year maximum interval between surveys for any non-deemed hospital to ensure that Federal requirements are being met. Additionally, 5% of the non-deemed hospitals, most at risk for providing poor care will be surveyed.

ESRD: The SSA will conduct surveys to ensure a 3.5 maximum interval between all surveys. In addition, complaint allegations entered for investigation and not prioritized as a potential IJ will be investigated.

Transplant Centers: Complaint investigations will be conducted in accordance with Chapter 5 of the SOM and mandatory re-approval surveys will be conducted at a 5 year survey interval.

Hospice: Complaint allegations prioritized as non IJ for deemed hospices will be investigated.

Outpatient Physical Therapy Providers: In accordance with Tier II priorities, 5% of the outpatient physical therapy providers will be surveyed. Complaint investigations triaged as a non IJ high will be investigated with 45 days of Regional Office approval.

Comprehensive Outpatient Rehabilitation Facilities: The SSA will use the Comprehensive Outpatient Rehabilitation Facility Survey Report, Form CMS-360 (09/03) to inspect 5 % of the Medicare certified CORFS in Connecticut. This will result in increased survey time as surveyors refocus their efforts to ensure continued compliance with core services requirements.

Ambulatory Surgical Centers: The SSA will perform surveys totaling at least 25% of non-deemed Ambulatory Surgical Centers (ASC) in accordance with the new priorities set by CMS for this provider type. Facilities at risk for quality concerns will be included in the 25% sample. Complaint investigations triaged as a non IJ high will be investigated with 45 days of Regional Office approval (deemed).

Community Mental Health Centers: The SSA will survey 5% of the providers in the state. Providers more at risk for quality problems will be considered for inclusion.

Portable X-Ray Suppliers: The SSA will survey 5% of the providers in the state. Providers more at risk for quality problems will be considered for inclusion.

Initial Surveys: Relocation of any provider displaced during a public health emergency declared by HHS will be conducted.

Complaint Investigations: Complaint investigations triaged as a non-IJ high will be conducted.

Connecticut currently has three non-accredited hospitals and others are considering dropping their accreditation program. Initial surveys of such hospitals will be conducted, as well as recertification surveys at the 5% coverage level, which will count toward the 6-year average interval.

Connecticut prepared in FY 2018 for the certification/inspection activities that is incorporated into the MPD for 2019-2020 for all transplant surveys.

C. Tier III

Nursing Homes: Initial surveys of nursing homes that are seeking Medicaid funding only and or dual certification Medicare/Medicaid will be conducted. Conduct complaint investigations triaged as non-IJ Medium.

ICF/IID: Initial certification surveys will be conducted as requested

Hospitals, Psychiatric Hospitals and Non Deemed: The SSA will ensure that no more than four (4) years elapses between surveys for any non-deemed hospital. The SSA will continue to process attestation of compliance for new and existing IPPS units. IPPS attestations will be processed as directed.

ESRD: Recertification surveys of ESRD facilities annually will continue to be implemented in FY 2020 to ensure that no more than 3.5 years lapse between surveys or any one particular ESRD facility. This Agency concurs with CMS' focus on this provider type. However, as the coverage level has increased, additional staff has needed to be trained and their time devoted to these surveys and related follow-up visits has increased. Connecticut is currently and expects moving forward to continue its active engagement in supporting an ESRD facility wide culture of safety and guided patient care observations using ESRD specific infection control checklists. Complaint Investigations triaged as non-IJ medium will be conducted and relocations, expansion of service(s), and/or addition of station(s) for which an on-site survey is required.

Outpatient Physical Therapy Providers: Additional surveys will be conducted to ensure that all non-deemed providers are surveyed on average, every six (6) years and seven (7) year interval.

Comprehensive Outpatient Rehabilitation Facilities: Additional surveys will be conducted to ensure that all non-deemed providers are surveyed on average, every six (6) years and no more than seven (7) years elapse between surveys for any one provider.

Ambulatory Surgical Centers (ASC's): The SA will ensure that no more than 6 years lapse between non-deemed ASC's.

Community Mental Health Centers: Initial surveys will be conducted unless there is verification of access concerns. Maintain a five (5) year interval.

Portable X-Ray Suppliers: Additional surveys will be conducted to ensure that all non-deemed providers are surveyed on average, every six (6) years and no more than seven (7) years between surveys.

Initial Surveys: Initial certification surveys for ESRD, Transplant, SNF's/NF's, and relocation of non-deemed branches or off site location will be conducted. However, should there be any access to care issues identified in the geographical area, the initial survey will be conducted with Regional Office approval expeditiously. Initial certifications will be conducted as per CMS directives for all provider/supplier categories. The assignment of such a low priority ranking with the exception of ESRD providers to initial surveys causes a dilemma for States. Beneficiaries prefer services delivered locally and deserve choice in access to care.

Complaint Investigations: Complaint investigations triaged as a non-IJ medium will be conducted.

Training, operation, and oversight of the MDS/RAI continue to require a significant amount of time of both technical and clinical staff. Staff turnover in nursing homes continues to require constant training and technical assistance by State Agency staff. With implementation of MDS 3.0, the Survey Agency is no longer responsible for the management and retention of MDS data. With the release of MDS Version 3.0 in October of 2011 a significant amount of additional time has been required to provide training/technical support and coordinate activities related to the MDS, due in part as previously mentioned, staff turnover. The state RAI Coordinator will continue to participate in all mandatory CMS RAI training programs, web casts, satellite broadcasts, and monthly all state conference calls. Submission to the RO of semi-annual online MDS training worksheets on April 15th and September 15th will continue. The RAI Coordinator will continue to collaborate and coordinate the exchange of information with CMS, the Fiscal Intermediary, the QIO, and trade associations. It is anticipated that 5 hours per week will be devoted by the RAI Coordinator to accomplish these initiatives. Survey staff has found the Quality Indicator/Quality Measure Reports System to be a valuable survey tool; however, extra pre-survey time for report analysis and additional Entrance Conference time for provider education continues to be required due to staff turnover within the provider community.

In FY 2020 it is anticipated that the State RAI coordinator will present two training activities to providers and SSA staff. Furthermore the RAI Coordinator will participate in training to enhance competencies, understanding of the RAI process and educational skills.

Training, operation, and oversight of OASIS continue to require a significant amount of technical and clinical staff support to providers. Data receipt from providers and transmission to CMS has continued successfully in FY 2019. Additional staff resources (e.g., DPH Help Desk staff) have been utilized to assist providers. It is anticipated that the high level of activity will continue. Additional provider training will be required in FY 2020. Training will most likely be related to the inception of OASIS D-1 on January 1, 2020.

Maintenance of the ASPEN system and continuation of orientation and ongoing training of staff will continue, as additional ASPEN applications are added. The ASPEN Coordinator will continue to devote significant time to the implementation of the complaint, enforcement and other new modules in FY 2017. However, it is anticipated that as CMS continues to redesign the major aspects of the ASPEN/OSCAR phase of iQIES, the CASPER system and the iQIES to success program, an additional 2.5 FTE technical support staff will be required to: assist in the upgrade or change of current systems; train agency and provider staff; and provide technical assistance on an ongoing basis, however an underfunded budget will not permit the SSA the opportunity to augment the existing technical support staffing plan.

As survey systems continue to progress to automation, there will be a greater need to support this area. With the revised long term care survey process since November 28, 2017, Connecticut has identified a greater need to augment staffing in this area. Considerable resources have been expended to keep the process fluid. As automation expands across the continuum an increase in technical support is anticipated.

D. Tier IV: As resources permit, Tier IV work will be completed in accordance with the Mission & Priority Document (MPD).

E. Core Infrastructure Quality improvement mechanisms and monitoring will continue to be implemented in FY 2020 to ensure compliance with the required State Performance Standards System (SPSS) Performance Measures. Agency staff time must be devoted to this process and it is appropriate for CMS to fund such FTEs, at least at a level equivalent to prior SAQIP staff time (.5 FTE).

CMS has unfortunately assigned the lowest priority level to this important function. Because reports of State Agency performance are public, providers and their attorneys will seek and utilize performance reports. State Agencies must receive adequate funding to carry out all CMS mandates. The SSA will continue to track compliance with the SPSS in collaboration with the RO.

Monitoring of facilities in Chapter 11 proceedings and reporting to CMS will continue. In FY 2019, approximately 10 monitoring visits were conducted to ensure that safe quality care was being provided to all beneficiaries.

Connecticut has an extensive emergency planning process, which does not fall within the Facility Licensing and Investigations Section (FLIS), which is the Connecticut Department of Public Health's federal survey section. Federal and state agencies are utilizing the Incident Command System (ICS) to address emergency planning. In Connecticut as well as many other states our staff will be utilized to provide hands on care as applicable in emergency situations and pandemic events. A minimal number of staff will remain available to address other crisis situations in certified entities. It is essential that CMS not develop distinct database requirements for tracking and reporting in certified entities. It is essential that DHHS and its federal sister agencies develop one data set for all reporting requirements. In a pandemic as well as any other disaster, health care professionals will have little time to devote to feeding a database; therefore prudent measures must be implemented to assist individuals who will be addressing real life and death decisions. The SSA will appoint an emergency point of contact available twenty four hours a day, seven days a week to the RO should the State declare a widespread disaster.

For purposes of emergency planning, Connecticut is divided into 5 regions with Emergency Support Functions (ESF) in each. While significant planning has been done in the hospital arena, gaps existed in the area of long term care facilities. With the disasters of 2011 and 2012, followed by the February 2013 Blizzard, the Connecticut Department of Public Health (DPH) recognized the need for a Long Term Care Mutual Aid (LTC-MAP) plan in addition to supports that were already in existence. The effectiveness of this plan in several regions of the state during these events furthered the importance of establishing a Long Term Care disaster management system. This plan is operated by the Long Term Care facilities in coordination with DPH and the Department of Emergency Management and Homeland Security (DEMHS).

The State of Connecticut has a Long Term Care Mutual Aid Plan (LTC-in place for all 5 regions. The LTC-MAP plan includes a process to work together to provide resource and assets to disaster impacted long term care

facilities. A comprehensive program of sharing supplies, equipment, pharmaceuticals, staff, transportation and vendors potentially avoid the need to evacuate a nursing home in some situations. If necessary the plan establishes a pre-planned process for supporting the evacuation of a single or multiple nursing homes, coordinating resident placement and providing clear strategies to handle an influx of residents or surge in a disaster. In March of 2017 a nursing home with a census of 185 residents was evacuated due to major mechanical failures and the risk of fire. The evacuation spanned over a time period of 9 hours with all 185 residents accounted for and safe. Without the LTC-MAP, this monumental task would not have been as successful as it was.

- E. Schedules/Work Plans - Survey workload projections are noted in the budget package.

IV. Education Programs for Long Term Care Providers and Residents

In accordance with Sections 1819(g) (1) (B) and 1919(g) (B) of the Social Security Act, the Agency will continue to conduct periodic educational programs for staff and residents of Long Term Care Facilities. This Agency currently provides facility educational programs for certified entities and residents upon the written request of facilities. Additionally, the Agency provides statewide educational programs in conjunction with the Long Term Care Provider Organizations and upon implementation of significant new regulations, procedures and/or policies. Materials will be disseminated by facsimile and/or mass mailing, as directed by CMS, as well. The Agency will continue to provide telephone liaison with providers, consumers and other State and Federal agencies. To promote greater understanding across all provider types, the SA meets with the provider's trade associations quarterly. The Agency recently entered all long-term care facilities into a mass network system, which allows for simultaneous facsimile or E-mail transmission to all facilities.

As previously stated the SA has engaged in co-training opportunities with the Quality Improvement Organization, the Ombudsman Office and the provider community, which has resulted in very positive feedback from all stakeholders.

V. Fiscal Year 2020 Survey and Certification Training Program.

In accordance with SOM requirements, the Agency intends to ensure the provision of continuing education to all survey and certification staff. New staff and current staff will continue to attend CMS and non-CMS training courses and satellite broadcast as needed and/or as mandated. In addition to the programs noted elsewhere in this report, the Agency intends to provide each staff member with appropriate training in the form of regional specialty seminars and conferences, workshops and related courses as needed, and requests

adequate funding to maintain and enhance surveyors' skills. As CMS revises the Code of Federal Regulations, staff training will continue as changes are finalized and published. It is anticipated that the revised Long Term Care regulations and interpretive guidance will be codified in FY 2020 which will require additional resources for training.

All newly employed state survey agency staff members will be oriented utilizing CMS instructional materials and guidelines including the CMS Preceptor Manual. CMS training packages will be provided to each surveyor at the beginning of the orientation, and CMS videotapes will be incorporated into the training process. Within one year of employment, new surveyors will attend a relevant provider-specific CMS sponsored basic training program.

Connecticut will train all future LTC staff in the revised long term care survey process and assist the Regional Office in their training as requested. As other survey systems progress to automation, Connecticut will ensure that education and training are provided as appropriate. CMS must recognize that additional resources are necessary to initiate and support such endeavors.

In order to ensure that survey and certification staff receive adequate training regarding regulatory and program requirements and have the necessary skills to perform surveys, the state agency's supervisory and administrative staff will identify surveyors' needs for further training and /or continuing education. The CMS annual training schedule will be distributed to each supervisor and manager in order to ensure that programs are provided to the target audience and to recommend candidates for specific training programs. The State Agency Training Coordinator will subsequently nominate candidates for the programs using the new iQIES training program.

The SSA will require that CMS satellite programs be viewed by the identified target audience either at the time of the live broadcast or at a later date within the specified time frame; records of surveyors' attendance at these programs will be maintained.

During the fiscal year the SSA will conduct and/or plan approximately four in-service programs that will address areas related to the survey and certification process including updates provided by CMS and topics requiring clarification and/or further training.

All equipment utilized by the state survey agency will be maintained in working order. Technical assistance is provided for satellite broadcasts including web-based and web-cast training. CMS Policy Letters are distributed to all supervisors and appropriate staff, maintained in the state agency's training room and are available to surveyors, supervisors and other survey and certification staff.

The Training Coordinator will attend additional regional and consortium meetings as planned by CMS.

Please accept this narrative as an overview of the Connecticut State Survey Agency's work plan.

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

STATE SURVEY AGENCY

BUDGET JUSTIFICATION - FISCAL YEAR 2023

OCTOBER 1, 2022- SEPTEMBER 30, 2023

General Comments

Attached please find the estimated budget for Fiscal Year (FY) 2023 for the Connecticut State Survey Agency (SSA). The dollar figures, breakout, program emphases and positions required are based upon an in-depth review of the total certification functions of the agency. The narrative reflects a consolidated report of all survey agency components.

Predicated upon Centers for Medicare and Medicaid (CMS) Boston location guidance, the following information is submitted in support of the budget request for Fiscal Year 2023 Title XVIII and Title XIX survey and certification activities. The budget has been prepared by the Department of Public Health as the state survey agency (SSA). A copy of the prepared budget request has been forwarded to the single State Medicaid Agency (Connecticut Department of Social Services).

As the SSA continues to evolve through the recovery phase of the pandemic, Connecticut is facing significant challenges. Challenges have a direct relationship to the number of vacancies, particularly in the surveyor workforce, recruitment challenges related to workforce shortages and a significant back log of certification and investigation activities to complete. A workload plan to complete the overdue work has been completed, however, the SSA continues to be confronted with barriers.

Since January of 2022 due to an aging workforce and state benefit changes to the retirement plan, across all state agencies, there has been an increasing number of staff retirements. Staffing vacancies have been the largest challenge/barrier to addressing the back log of work as a result of the pandemic. Currently, the Facility Licensing and Investigations Section (FLIS) has a roster of 98 Full Time Equivalents (FTE) which includes administrative and supportive staff. Of those 98 FTE's, 66 are allocated to conduct certification surveys. Most notable, of the 66 FTE's allocated for certification activities, 26 of those 66 are currently vacant positions which represents an unprecedented vacancy rate of 39% in the FLIS. Included in the vacancy rate are the 2 key leadership positions in the section, Branch and Section Chief. While the FLIS is in varying degrees of recruitment, the training process is comprehensive and it is anticipated that it will be 6 -12 months before the surveyors that are hired, are independent and Surveyor Minimum Qualifications Test (SMQT) certified. Not unique to Connecticut, the state hiring process is very comprehensive and must be processed through multiple approvals prior to even posting. The Department of Public Health is working with the Department of Administrative Services (DAS) to promote efficiencies with this process which includes but is not limited to, a rolling application/posting for the nurse consultant/surveyor position.

The SSA has taken many steps to complete Tier I, II and III work, which includes a reorganization of the FLIS to align the work with surveyor expertise to allow for enhanced predictability and facilitate throughput of the work, however anticipates challenges that will include, but not be limited to resource constraints, ongoing increases in personnel costs as a result of employee bargaining contractual obligations, significant increases in benefit costs and additional programmatic mandates directed by the Mission and Priority Document (MPD). This submission represents a true need budget to complete Tiers I, II and III work to ensure that the Medicare and Medicaid beneficiaries that reside in Connecticut receive not only safe care, but just as important, quality care that is delivered in accordance with state and federal laws and regulations.

In 2010, the Connecticut Department of Public Health (DPH) was awarded a 2.8 million dollar grant from the United States Health and Human Services (USHHS) to develop a comprehensive program for long term care providers to intensify protections for recipients of long-term care services. Utilizing grant funds and in collaboration with the Department of Emergency Services and Public Protection (DESPP) and the Centers for Medicare and Medicaid Services' (CMS) technical assistance vendor, CNA Analysis & Solutions, an automated system, Applicant Background Check Management System (ABCMS) was developed, which included, but was not limited to, live scan fingerprinting, long term care provider education, and an automated data base to process criminal background checks. Utilizing state general funds to support the program, DPH employed three (3) office assistants and one Health Program Associate to provide support and oversight to the program. Additionally, with the assistance of the grant funds, DPH contracted with an information technology analyst to assist with the development and management of the automated system. Development of the automated system and promulgating the enabling legislation spanned over a five-year period. In October of 2015, Connecticut went live with the national criminal background program, initially with the nursing home industry, with home health care agencies phased in February 2016 and chronic disease hospitals and Intermediate Care Facilities for Individuals with Intellectual Disabilities (IDF/IID) in 2018. The system remains active and supports the long-term care health care system to ensure a safe workforce.

In accordance with the MPD, the SSA anticipates the following work will be completed in FY 2023:

- Ambulatory Surgical Centers: Tier 1, 2 and 3.
- Providers of Outpatient Physical Therapy and Speech-Language Pathology: Tiers 1, 2 and 3.
- Comprehensive Outpatient Rehabilitation facilities: Tiers 1, 2 and 3.
- Community Mental Health Centers: Tier 1, 2 and 3.
- End Stage Renal Disease: Tier 1, 2 and 3.
- Rural Health Clinics (RHC): Connecticut does not have any certified RHC's.
- Federally Qualified Health Centers: Subject to self-attestation, however, the SSA commits to completing Tier 1 work.
- Home Health Agencies: Tiers 1 and 2.
- Hospice: Tiers 1 and 2.

- Hospital, Psychiatric Hospitals and Critical Access Hospitals (CAH): Connecticut does not have any CAH's and can commit to accomplishing Tiers 1 and 2 for hospitals and psychiatric hospitals for survey and certification activities and investigation of complaints. Staffing resource issues and competing backlog work will prohibit Tier 3 work.
- Intermediate care Facilities for Individuals with Intellectual Disabilities (ICF/IID): Tier 1 and 2 and will make every effort to complete complaint investigations triaged as non-IJ medium during the course of recertification activities.
- Long Term Care (LTC): LTC facilities comprise the largest volume of work and resources. While a robust recruitment process is in place, the vacancy rate, coupled with the comprehensive and labor-intensive training process, the SSA will be challenged with its ability to fully accomplish the Tier 1 workload, i.e., 15.9-month maximum interval between surveys and a 12.9-month average between consecutive surveys. As noted in QSO Memo 22-02, "CMS continues to emphasize the importance of complaints and FRIs in identifying serious concerns that are occurring in facilities¹ and as such, the SSA will continue to prioritize LTC complaints accordingly and expeditiously, recognizing consumer complaints and facility reported incidents will provide critical information that will support and drive decision making related to certification activities. It is anticipated that Tier 2 workload will be accomplished while Tier 3 objectives will not be achieved.
- Portable X-Ray Suppliers: Tiers 1, 2 And 3.
- Psychiatric Residential Treatment Facilities: Tiers 1 and 2.
- Religious Nonmedical Health Care Institutions (RNHCI's): Connecticut does not have any certified RNHCI's; and
- Transplant Program: Tiers 1 and 2.

I. Financial Considerations

Our FY2023 budget submission reflects a true need request of \$6,468,994, which is a 0% increase from the FY 2022 budget award. Constructing a budget with extraordinary increases in fixed costs will undoubtedly create challenges; and Tier work will need to be further prioritized. Fixed costs such as a fringe benefit rate of 95.45% cannot be negotiated. These costs are significant and represent much of the budget request. In addition, an indirect rate of 42% to the budget request has also created significant increases in costs of operations and personnel.

Support for Fiscal Year (FY) 2023 survey and certification activities reflects a carefully calculated determination of program requirements and the funding necessary to accomplish CMS objectives. In addition, in excess of 6 FTEs have been devoted to unfunded Federal mandates (such as federally mandated State Agency Performance Measures, Long Term Care and Home Health Agency (HHA) Independent Dispute Resolution (IDR) and enforcement processes, Freedom of Information Act

¹ <https://www.cms.gov/files/document/qso-22-02-all.pdf>

(FOIA) requests, complaint triage, and enhanced and automated survey protocols for End Stage Renal Dialysis (ESRD) and residents receiving ESRD services in a nursing home throughout FY 2023.

Notable, this past legislative session Connecticut's state budget was approved and resulted in increases in personnel salaries pursuant to negotiations with employee bargaining units. Additionally, non-collective bargaining personnel also received increased salaries. A 3% wage increase was given on July 1, 2022, and another 3% wage increase will be given to collective bargaining members effective July 2023. Employee collective bargaining agreements, salary increases, and salaries combined with the fringe benefit rate will consume and overwhelm the 2023 award. The CT SSA is requesting \$6,468,994 for FFY 2023 to meet the mandatory Mission and Priority workloads.

A. Personnel Services

The ongoing high costs associated with employee fringe benefits combined with increased employee salaries, has consumed the budget award. Connecticut had been fortunate to experience a work force with great longevity, however, the work force has aged out and coupled with changes in the retirement benefit, this has resulted as previously mentioned, in a vacancy rate of upwards of 40% in FLIS. It is anticipated that in FY 2023, there will be at least three to four staff vacancies. The SSA is confident that the request to refill will be approved, but training is costly not only financially, but just as importantly, in time lost to training activities.

B. Training and Programmatic Activities

Moving to the Quality, Safety & Education Portal (QSEP) has relieved the burden of travel costs, however, there continues to be a direct impact related to loss of time/resources for certification activities in an already resource thin environment. However, the SSA recognizes the importance of training and is appreciative of the opportunities that CMS provides, especially the efforts made towards the expansion of the QSEP platform. As the SSA rebuilds its surveyor/staffing capacity, it is mission critical to ensure that staff are adequately and appropriately trained to conduct activities as outlined in the Mission and Priority Document. The SSA will request the following training opportunities:

1. The Director and/or Survey and Certification Manager of the Connecticut State Agency will continue to represent the SSA at various meetings of the Association of Health Facility Survey Agencies (AHFSA) in FY 2023. Additionally, the SSA Director and Deputy Director will attend and participate in the annual CMS Survey Executive Training Institute.

2. The Resident Assessment Instrument (RAI) and Outcome and Assessment Instrument Set (OASIS) Coordinators had not been scheduled for FY 2023, however the SSA will plan on attending in FY 2023, if offered.
3. In FY 2010, a revised Ambulatory Surgical Center (ASC) survey protocol was implemented with a focus on infection control. In accordance with Tier II responsibilities, 25% of all non-deemed ASC facilities will be inspected utilizing this enhanced survey process. This continued endeavor will require ongoing education with newly hired staff that participates in ASC surveys. Continued training will be required of all surveyors that participate in ASC surveys to ensure that the survey process is executed accurately, consistently and efficiently which includes continued completion of the Infection Control Surveyor Worksheet. Although the new protocols have enhanced patient safety, consistent with our mission, it has required additional resources and time allocated to complete inspection activities.
4. Effective October 14, 2008, new End Stage Renal Disease (ESRD) regulations were implemented for certifying ESRD facilities. In February 2009, ESRD facilities were expected to comply with the applicable provisions of the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection. That expectation required additional training for the LSC surveyors. Pursuant to these changes, in FY 2013 a new survey process for dialysis facilities was designed and implemented which focuses on areas that are of the highest risk for patients receiving ESRD services. The SSA acknowledges the complexity and high safety risks associated with ESRD services and to that end, supports ongoing training for those highly specialized surveyors in FY 2023. To ensure competent and qualified staff, the SSA fully intends to continue to ensure all staff that conduct ESRD surveys are adequately trained. As CMS develops training material for infection control in the ESRD setting, surveyors will require training after their release. In addition, the SSA meets on a regular basis with large providers of ESRD services to discuss trends that are noted across the corporation and quality projects that have been initiated to mitigate recurrence. The annual ESRD Update has been scheduled for FY 2023, the CT SSA will have the supervising nurse consultant who has oversight for ESRD programmatic activities will attend.
5. The SSA received the revised Home Health Agency Regulations, effective January 13, 2018, and participated in training opportunities and will continue to participate in training activities for all new staff. All staff that have been recently hired and assigned to this area will be trained in the regulations and Conditions of Participation. In Connecticut, the Building and Fire Safety Unit inspectors do not participate in HHA or Hospice federal surveys. Therefore,

the HHA and Hospice surveyors are tasked with the additional responsibility of reviewing the E-tags (emergency preparedness) during all visits to the provider (complaint surveys and investigations). Additionally, the SSA maintains the HHA complaint hotline which accounts for numerous hours per week to follow up on the reported issues/concerns and staff will continue to be trained accordingly.

6. In addition to the scheduled meetings for State Training Coordinators, the Agency's Coordinator will participate in meetings sponsored by the CMS Boston location or Consortium to address training issues. It is anticipated that as enhancements are made to the survey and certification training program and the QSEP, the role of the State Training Coordinator will be expanded and ongoing training for the coordinator will be required especially with the roll out of the iQIES` platform. Additionally, the SSA is currently revising its training program to promote greater standardization and consistency which will translate to the survey process enhancing survey outcomes.
7. The Five Star Quality rating system for nursing homes became effective on December 18, 2008. The Five Star Quality Ratings were on hold from November 2017 to November 2018 and as updates are generated in the system, the SA continues to respond to questions and concerns regarding the rating system. The SSA has made efforts by way of participation in CMS conference calls and CMS leadership conferences to train staff to respond to inquiries and disseminate information to the provider community as provided by CMS. Additionally, the Five Star Quality rating system has emerged as a very effective tool when the state agency is conducting its due diligence in the assessment of potential, incoming buyer/owner/operators as a function of the change of ownership process as well as scheduling the weekend surveys.
8. In June of 2007, CT promulgated regulations regarding the Feeding Assistant Program in the long-term care arena, which required additional and ongoing training of staff. A portion of an FTE is expended to continue to review feeding assistant programs and provide survey staff with updated information as approved programs are added. Currently, CT has 46 approved feeding assistant programs.
9. While the SSA appreciates longevity in the Life Safety Code Unit, two vacancies occurred in FY 2022 and Fire Inspector I Certification Training is required for the new staff. The CT SSA has an added advantage, in that 60% of the inspectors in the unit are currently certified as state fire marshals which has provided great value to their professional experiences. The volume of work has consistently increased in the LSC unit. Additionally, the

LSC surveyors actively participate with facility manager/facility engineer work groups across the certified health care continuum. With the adoption of NFPA 2012 edition, training and engagement with the provider groups facilitated an efficient implementation. This level of surveyor participation and engagement has demonstrated positive outcomes when the LSC survey such facilities for compliance.

10. The SSA has partnered with the CT Hospital Association and the nursing home trade associations regarding CMS Initiatives which includes but is not limited to the national Partnership to Improve Dementia Care, and while these are unfunded initiatives, the SSA is very enthusiastic and continues to look forward to impacting and enhancing quality for healthcare beneficiaries across the continuum through these valuable initiatives. As the SSA transitions out of the pandemic and normalizes operations, resuming these activities is anticipated.
11. The State of Connecticut through the Department of Social Services (DSS) has been actively engaged in the Money Follows the Person (MFP) Initiative. MFP supports person centered care with healthcare beneficiaries engaged in choice of care options. It is anticipated that there will be exponential growth with community-based setting providers, specifically, home health agencies. To that end, as nursing home residents are transitioned to the community, the SSA expects to see rebalancing that will include a reduction in nursing home beds and an increase in home health agencies by the year 2025 reflective of the increase in residents transferring to community-based settings.
17. Independent Informal Dispute Resolution (IIDR): In accordance with Section 6111 of the Patient Protection and Affordable Care Act, the SSA shall provide nursing homes an opportunity for an Independent Informal Dispute Resolution (I-IDR) within thirty (30) days of notice of deficiencies that have been cited that lead to the imposition of a civil money penalty. CT has revised its process and has developed a panel of volunteers nursing home providers who support this effort. In FY 2022 there were three requests for an IIDR conference.
18. CT currently has one Special Focus Facility (SFF) in which inspection activity occurs twice a year. Connecticut's experience with the SFF program has been very positive with the designated facility responding to improve the quality of care and graduating from the SFF program.
22. As updates are made to the long-term care survey process, training is provided to surveyors. This will continue through FY 2023.

25. Complaints – The SSA offered a web-based portal to receive complaints in April 2018. This has resulted in an exponential increase in the number of complaints received in FY 2022. Pursuant to QSO Memo 20-12 on March 4, 2020, CMS suspended many inspection activities². This allowed SSA's to focus on infection control support and technical assistance across the health care sector, complaint submissions continued which has led to a substantial backlog of uninvestigated complaints. Connecticut continues to work on this back log; however, it is a monumental workload.
26. Web Based Reportable Events- The SSA required nursing homes to submit reportable events via a web-based system as of October 2018. All SSA staff and provider users have been trained on the system. Multiple webinars and demonstrations were conducted to train the users. Demonstrations were conducted to various long term care provider groups.
29. The CT SSA has upwards of 65 nursing homes whose staff are members of a collective bargaining unit. Monitoring these nursing homes to ensure contracts and in place and/or negotiations are ongoing has required staff resources. In FY 2022, the SSA received strike notices for one long term care facilities. Staff resources are utilized to prepare to monitor the facility's replacement workers, review strike plans, train staff to conduct monitoring as well as administrative paperwork.
31. Effective January 1, 2019, the transplant survey activity, including initials, re-approvals, revisits, and complaint investigations will be conducted by the CT SSA. One Supervisor has been trained and additional training will be required for additional staff to conduct the surveys.
32. Performance Management Activities: As the FLIS reorganizes, there is a robust plan to incorporate Quality Assurance and Performance Improvement (QAPI) activities into the work plan. A durational project manager has been assigned to develop action plans and lead these activities to ensure that the SSA is achieving performance targets and complying with the CMS state performance standards and priorities. As this work continues and ongoing evaluation is conducted, it is anticipated that this work will evolve into a QAPI team of 2-3 staff.

² <https://www.cms.gov/files/document/qso-20-12-all.pdf>

C. Consultation

The ABCMS requires ongoing software updates to respond to improvements and modernizations to the software program. While software malfunctions will often be managed locally by the information technologist assisting with software or programmatic problems, consultation with an information technologist architect is essential as the ABCMS is further refined. The SSA has contracted with Innovative Architects to provide oversight support as further designs are incorporated into the system. The essential cost associated with that consultative contract is \$71,040.

As nursing homes work through the recovery phase of the pandemic, it has become increasingly apparent that the provision of quality and safe care, which has been compounded by workforce issues, has become challenging for providers. Survey teams are identifying increased numbers of immediate jeopardy (IJ) situations in nursing homes over the past year. For example, typically, the Connecticut SSA reports approximately 12 cases of IJ in any given year. In quarters 3 and 4 of FFY 2022, there have been 19 reported situations. This has resulted in enhanced enforcement at the state and federal level. The FLIS has benefited greatly from consultation with a Federal Regulatory Legal Consultant who has supported the section with enforcement and interpretation of the federal regulations. In FFY 2023, the FLIS is requesting to support 20% of this consultant for support in federal interpretations of the regulations.

D. Equipment

Funding is requested to purchase:

- One Hundred tablet computers with specifications as directed in the MPD.
 - Seventy-five will be targeted as replacement tablets for tablets currently in service and at the end of their useful utility; and
 - Twenty-five will be target as supplemental inventory.

The cost per computer is \$1900.00 each.

The cost per docking station is \$172.00 each

The cost per HP 3-year Next Business Day Onsite Hardware Support warranty is \$51.00 each.

II. Organizational Considerations

E. Survey and Certification

1. Five significant organizational considerations for Long Term Care (LTC) will continue in FY 2023:
 - i. The SSA's continued engagement in the CMS National Partnership to Improve Dementia Care in Nursing Homes.
 - ii. Emergency Preparedness in Nursing Homes.
 - iii. Infection Control in LTC.
 - iv. Review of the high level of enforcement activities including monitoring of the Special Focus Facilities (SFF); and
 - v. Release and implementation of the LTC Revised regulations and implementation of the revised LTC survey process, including but not limited to, Phase 3 of the revised regulations.

2. PHASE 3: Introducing the revised long term care survey process has increased the surveyor time and number of surveyors required to complete revisit activities. However, the provision of additional training where needed and thoughtful and deliberate scheduling has facilitated the transition.

The current certification and enforcement requirements will continue to have significant organizational and fiscal impacts on the SSA. Significant activities in LTC include the increased number of adverse actions and the increasing number and complexity of issues noted in complaints. Increased costs related to extended surveys, complaint surveys, special focus facility surveys, follow-up visits, informal dispute resolutions, data entry, monitoring of ASPEN Enforcement Manager (AEM), monitoring visits, and processing of adverse actions will continue in FY 2023. The state agency anticipates that these costs will continue as facilities experience repeat "G" level deficiencies.

3. Staff activities include review of survey findings, survey processing, notifications, providing education and remediation to staff as appropriate, Federal reporting, Informal Dispute Resolution (IDR), processing of enforcement actions, participation in CMS' Alternative Dispute Resolution process, and participation in the federal hearing process. In addition, a significant number of federal freedoms of information requests are processed annually.

4. Although we have developed a very efficient IDR process, we anticipate that IDR requests will be requested with the same frequency in FY 2023 in response to the expanded definition of "no opportunity to correct" and with the impact of the scoring methodology related to the Five Star rating system and weights given to scope and severity.

5. Enhanced monitoring for those nursing homes with survey and complaint records that indicate a poor history of compliance, to include, the Special Focus Facilities will continue in FY 2023. While we agree that these surveys are important, we feel there are other facilities with poor compliance histories that we monitor, which should also be accounted for in survey time allocations. In such cases the survey interval is shortened and conducted at the (six-month for SFF) nine-month rather than fifteen-month interval.
6. The State Agency works collaboratively with the State Medicaid Agency who facilitates the Nursing Home Financial Advisory Committee which has been codified in Connecticut General Statutes. The SSA maintains a contingency plan for managing the potential impact of financially distressed nursing homes. Monitoring of facilities experiencing bankruptcy and/or issues with financial viability in FY 2023 will continue. Currently, one (1) nursing home is in state receivership for financial distress. This monitoring activity requires substantial supervisory and surveyor resources to be diverted from planned survey activities and requires collaboration with the State Medicaid Agency, the Long-Term Care Ombudsman Program and in many cases the Office of the Attorney General. The Agency will continue frequent communication with the State Medicaid Agency and the Long-Term Care Ombudsman regarding these facilities and other potential concerns with financial viability. The State Agency anticipates that FY 2023 will continue to require the expenditure of resources in this area.
7. In November of 2017, Connecticut transitioned to the automated new Long Term Care Survey Process. A great deal of planning has and will continue to be done to ensure that staff are well prepared for this survey process and once trained, maintain compliance with the new survey protocols.

The SSA will continue to provide mobile devices to all survey staff to promote efficiencies. To address this, portable media devices, that include, but are not limited to, hot spots, virtual desktop, and virtual portal network will be deployed to facilitate connectivity to ASPEN and therefore mitigate delays in survey times and decrease office time for survey write up. While work has been actively started in this area, much work remains as considerable office time is devoted to the write up process associated with each survey and certification activity.

8. The total number of Home Health Agencies (HHA) has increased by three (3) agencies in FY 2022. The SSA management of the CMS-mandated hotline for home health and hospice complaints, questions and concerns involve the daily time spent in telephone response, research of the materials and/or information requested, with sometimes many

attempts to reach the caller during the day, and the use of approved interpreters for communication.

While new home health agencies are required to seek initial certification (a Tier 4 work that the SSA lack resources to complete) through the Accrediting Organizations (the AO) such as CHAPS, the Joint Commission or ACHC, the same new home health agencies eventually relinquish their deemed status instead of re-applying with the AO after three years for financial reasons, and the SSA regularly sees an influx of agencies being added to the SSA annual recertification list.

9. Pursuant to the IMPACT Act of 2014, all certified Hospices will be surveyed not less frequently than every 36 months.
10. Within the Life Safety and Environmental Unit, it is having been demonstrated and anticipated that ongoing survey activity, change of ownership inspections, and project monitoring of new and renovated construction projects within Long Term Care (LTC), ESRD, Ambulatory Surgical Centers (ASC), hospital and the more complex ICF/IID providers will continue to contribute to the high level of both survey and inspection activity. The survey agency continues to allocate resources for mandatory training to maintain the level of expertise and knowledge regarding both CMS requirements for certification and life safety code requirements.
11. Onsite surveys of Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IID) facilities will continue to require dedicated surveyors. Recertification surveys of all ICF/IID facilities will continue to be completed every nine (9) to fifteen (15) months. In addition, onsite follow up revisits will continue to be required for most facilities; also, each survey must include the LSC survey which often requires a revisit.
12. Community Mental Health Centers (CMHC): Pursuant to the new regulations, survey and oversight responsibilities have been transferred to the SSA. CT has ensured that staff have been trained and fully expects to conduct 5% of the targeted surveys in FY 2023 as directed by the CMS.
13. Surveys of ESRD units will occur in accordance with the tier levels as outlined in the Mission and Priority Document. Connecticut continues to experience a steady increase in the need for dialysis services. CMS has on occasion allowed hospitals in the state to be certified as "Special Purpose Dialysis Facilities" in order to meet this outpatient demand. Several hospitals have utilized this option and have been certified. The SSA will prioritize initial surveys to facilitate access to such essential services when requested for FY 2023. A considerable amount of supervisory/administrative time continues to be devoted to discussion of dialysis standards, access to care and staffing with the dialysis community and ESRD

Network. Survey staff time will also be required for ongoing implementation of the ESRD facility data profile process. Manager and supervisor time devoted to Network activities will continue to be significant, in order to comply with the OIG recommendations and with CMS' information-sharing requirements. There has been much time dedicated to long term care providers that are exploring ESRD "dens" in nursing homes. The CT SSA has met with both the long-term care providers and the ESRD providers to explore this option and one "den" has been approved in FY 2022.

14. Implementation of the Condition of Participation/Restraint and Seclusion for Psychiatric Residential Treatment Facilities (PRTFs) requires SSA participation. Survey agencies are responsible for these activities and thus require appropriate funding.

Connecticut as the SSA since 2005 has enjoyed a very collaborative relationship with the SMA, specifically the exchange of information when a serious incident report is identified. However, this collaboration has required the SSA to expend a portion of a Full Time Equivalent of a Supervising Nurse Consultant to review incidents as reported by the SMA for compliance with the condition of participation and potential entry into the Aspen Complaint Tracking System (ACTS) for investigation. As a result of legislation passed in 2021, Connecticut will be licensing the state operated PRTF's.

15. The Criminal Background Check Program has been actualized in FY 2015 and has been expanded across the continuum through FY 2019. Although this program has been separately funded through a CMS grant opportunity, this program has required active participation of the CT SSA. Currently, the Medicare award is supporting one (1) FTE to support the technology requirements of the program as previously referenced.

II. Nurse Aide Registry, Training, Competency Evaluation and Enforcement and Feeding Assistant Programs

This Agency will continue to expend significant time and resources maintaining the Nurse Aide Registry. The receipt and investigation of complaints (which continue to grow) regarding nurse aides and other facility staff, and clerical support for the Nurse Aide Competency Evaluation Program continues to increase. There are one hundred and forty-three (143) approved Nurse Aide Training programs in Connecticut. Approximately three (3) new programs are expected to require approval in FY 2023. Post pandemic the number of certified nurse aides decreased 26,000, however, a significant amount of work was done at the state and local level to enhance this critical work force and there are upwards of 29,100 currently certified nurse aides. Continued funding is requested for one clerical FTE

to process renewals and renews 17,000 to 21,000 nurse's aide certificates per year as well as one FTE professional staff person, to carry out Nurse Aide Registry mandates.

III. Core Infrastructure

Quality improvement mechanisms and monitoring will continue to be implemented in FY 2023 to ensure compliance with the required State Performance Standards System (SPSS) Performance Measures. Agency staff time must be devoted to this process, and it is appropriate in the future for CMS to fund such FTEs. Because reports of State Agency performance are public, providers and their attorneys will seek and utilize performance reports. State Agencies must receive adequate funding to carry out all CMS mandates. The SSA will continue to track compliance with the SPSS in collaboration with the CMS Boston Location.

IV Emergency Preparedness

The State of Connecticut has a Long-Term Care Mutual Aid Plan (LTC-MAP) in place for all 5 regions. The LTC-MAP plan includes a process to work together to provide resource and assets to disaster impacted long term care facilities. A comprehensive program of sharing supplies, equipment, pharmaceuticals, staff, transportation and vendors potentially avoid the need to evacuate a nursing home in some situations. If necessary, the plan establishes a pre-planned process for supporting the evacuation of a single or multiple nursing homes, coordinating resident placement and providing clear strategies to handle an influx of residents or surge in a disaster.

During the Pandemic the LTC_MAP was essential in many critical functions related to the pandemic.

V. Education Programs for Long Term Care Providers and Residents

In accordance with Sections 1819(g) (1) (B) and 1919(g) (B) of the Social Security Act, the Agency will continue to conduct periodic educational programs for staff and residents of Long-Term Care Facilities. This Agency currently provides facility educational programs for certified entities and residents upon the written request of facilities. Additionally, the Agency provides statewide educational programs in conjunction with the Long-Term Care Provider Organizations and upon implementation of significant new regulations, procedures and/or policies. Materials will be disseminated by facsimile and/or mass mailing, as directed by CMS, as well. The Agency will continue to provide telephone liaison with providers, consumers and other State and Federal agencies. To promote greater understanding across all provider types, the SA meets with the provider's trade associations quarterly.

VI. Fiscal Year 2023 Survey and Certification Training Program.

In accordance with State Operation Manual (SOM) requirements, the Agency intends to ensure the provision of continuing education to all survey and certification staff. New staff and current staff will continue to attend CMS and non-CMS training courses and satellite broadcast as needed and/or as mandated. In addition to the programs noted elsewhere in this report, the Agency intends to provide each staff member with appropriate training in the form of regional specialty seminars and conferences, workshops and related courses as needed, and requests adequate funding to maintain and enhance surveyors' skills. As CMS revises the Code of Federal Regulations, staff training will continue as changes are finalized and published.

All newly employed state survey agency staff members will be oriented utilizing CMS instructional materials and guidelines. In order to ensure that survey and certification staff receive adequate training regarding regulatory and program requirements and have the necessary skills to perform surveys, the state agency's supervisory and administrative staff will identify surveyors' needs for further training and /or continuing education.

During the fiscal year the SSA will conduct and/or plan approximately four in-service programs that will address areas related to the survey and certification process including updates provided by CMS and topics requiring clarification and/or further training.

All equipment utilized by the state survey agency will be maintained in working order. Technical assistance is provided for satellite broadcasts including web-based and web-cast training. CMS Policy Letters are distributed to all supervisors and appropriate staff, maintained in the state agency's training room and are available to surveyors, supervisors and other survey and certification staff.

The Training Coordinator will attend additional regional and consortium meetings as planned by CMS.

Please accept this narrative as an overview of the Connecticut State Survey Agency's work plan.

Delaware



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

October 28, 2022

The Honorable Robert P. Casey
United States Senate
Special Committee on Aging
Washington, DC 20510-6400

Dear Chairman Casey,

Thank you for the opportunity to provide the state of Delaware's data for the U.S. Senate Special Committee on Aging. The answers to the questions are as follows and on the attached spreadsheet.

1. The Delaware Division of Health Care (DHCQ) is responsible for the state and federal oversight of all the nursing homes in Delaware. As of October 19, 2022, there are 44 nursing homes certified by the Centers for Medicare and Medicaid Services (CMS). The workload associated with the nursing homes includes the completion of routine surveys, intake and triage of complaints and facility reported incidents and associated surveys. Other responsibilities include the completion of necessary steps for a change of ownership/modification of ownership and control and new providers. The workload is prioritized in accordance with the CMS Mission and Priority Document. A factor that has impacted the nursing home survey workload is that DHCQ is seeing an increased number of complaints and facility reported incidents that require on-site surveys. In addition, the number of immediate jeopardy findings has significantly increased when completing surveys.

Prior to the pandemic, staffing was a major challenge. The pandemic has made an already grim situation even worse. In this current environment, not only are we facing a lack of experienced survey staff, but we are facing difficulties training new staff. The training protocol requires new staff be mentored by experienced staff. When there are not enough trained survey staff to train new staff, training is delayed and can impact the length of surveys. The cumulative effect is that the required survey workload is not completed in a timely manner, the exception being urgent situations like those that involve immediate jeopardy.

2. Staff turnover has significantly impacted Delaware. Since the onset of the pandemic, survey staff have left for a variety of reasons including retirement, another job with a more attractive salary, or changing the focus of their career. The staff turnover has impacted the completion of the nursing home surveys, both routine and compliant, and the training of new staff. As stated in the answer to Question #1, survey staff are required to be mentored by experienced survey staff. Due to the lack of experienced staff, this has proven challenging. Delaware has implemented sign-on bonuses in addition to a significant increase in the nursing surveyor salary. Delaware has also looked into contracting with an outside agency for training purposes, but there have been setbacks to get the contract finalized.
3. Nursing salaries affected the DHCQ ability to hire and retain nurses even before the pandemic. The pandemic has only heightened the issue. Prior to the pandemic, the state of Delaware hired a nurse recruiter and implemented a monetary bonus upon completion and demonstrated competency of the survey process.



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

Efforts implemented after the onset of the pandemic include a hiring bonus, and, effective July 1, 2022, the starting salary for nurse surveyors was significantly increased. The current starting salary is commensurate with years of experience under licensure.

Although the nursing salary was increased, a nurse with comparable education and experience could earn between \$10,000 and \$20,000 more annually in the private sector.

Another issue we have seen is that many nurses apply for the nurse surveyor position, but then decline an interview, or the job, because of the salary or because they have already accepted another position. It has been reported that the sign-on bonuses offered in some of the private sector areas are very appealing. Another factor is that many offer overtime with bonuses for working extra shifts.

4. Although Delaware has explored the idea of using contractors to assist with the completion of survey work, Delaware has not been able to hire contractors.
5. A number of years ago, all new surveyors had to attend an in-person training to become a surveyor. CMS has implemented QSEP, an online training portal, which has been helpful in training the surveyors in the “classroom” portion of the training. As mentioned in previous answers, Delaware is experiencing challenges training new staff. The CMS nursing home surveyors from the Philadelphia office did allow a new surveyor to observe on one occasion, but more assistance in this area would be helpful.

Another area that could be improved upon is the timing of the release of guidance. Since the onset of the pandemic, CMS and the CDC (Centers for Disease Control and Prevention) released major changes with no warning or phase-in time period. On a number of occasions these releases were right before a holiday weekend or on a Friday afternoon. These releases caused a great deal of confusion to both the survey team and the nursing homes as there were inevitably a number of questions related to the new release.

Consistency across the different regions is another area that would be helpful. The different state agency representatives often speak to each other. On more than one occasion, we have found that issues and guidance are different across the regions.

6. The Delaware state agency used the CARES Act funding to purchase new equipment, personal protective equipment and to cover the cost of the focused infection control surveys. The sunseting of this funding will require the state to reallocate funds from other areas to cover the necessary costs.
7. See attached.



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

Thank you again for the opportunity to provide this data to the U.S. Senate Special Committee on Aging.

Sincerely,

A handwritten signature in black ink that reads "Corinna Getchell".

Corinna Getchell
Division Director, Division of Health Care Quality

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	44	
	What is the number of Medicare and or Medicaid certified nursing home beds?	4858	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,051,434	
	FY2021	\$1,041,046	
	FY2020	\$419,477	
	FY2019	\$743,422	
	FY2018	\$416,975	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$883,634	
	FY2021	\$788,429	
	FY2020	\$1,611,040	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	21	
	FY2021	21	
	FY2020	21	
	FY2019	21	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	8	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	7	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	4	
	FY2021	3	
	FY2020	1	
	FY2019	2	
	FY2018	2	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	3	
	FY2021	1	
	FY2020	3	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	3.62 years	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	55%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	33%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$67,192- \$83,450	
	Not registered nurses?	\$42,320 - \$60,170	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$11,994	
	FY2021	\$14,408	
	FY2020	\$23,420	
	FY2019	\$25,091	
	FY2018	\$22,820	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	6 as of 10/28/2022	

7 (i)

CY2021	29
CY2020	43
CY2019	28
CY2018	9
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	100%
CY2021	100%
CY2020	100%
CY2019	100%
CY2018	100%

District of Columbia

March 3, 2023

Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
Washington, DC 20510-5364

Dear Dr. Senator Casey,

Thank you for your letter sent on September 12, 2022. The DC Department of Health (DC Health), which contains the District of Columbia's (DC) state survey agency, is proud of its role in ensuring quality care to residents in nursing homes through its surveying activities and is committed to finding solutions to ongoing workforce challenges. We greatly appreciate Congress' continued support of our work to promote health, wellness and equity, across the District, and protect the safety of residents, visitors and those doing business in our nation's Capital. Please find below our answers to the questions posed by the Special Committee on Aging.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

DC is unique in comparison to its State Agency (SA) counterparts based on its size and geographic location. There are 17 nursing facilities in the DC, which vary in their licensed bed counts.

DC Health utilizes the annual Mission and Priority document issued by the Centers for Medicare and Medicaid (CMS) each fiscal year to plan and schedule federal survey activities. These are completed by using standardized reports from CMS' database, along with review complaints and facility reported incidents.

Because there are specific timeframes set forth by CMS in the State Operations Manual that indicate when certain survey activities (e.g., recertification and complaint surveys) should be completed, every attempt is made to meet these requirements. Due to staff funding limitations, there are times where staff have been pulled from standard surveys to address more urgent matters, such as complaints that may allege actual harm or possible immediate jeopardy, to ensure that timely investigation occurs. In these incidents, there has been an impact on the timeliness of completion of the documentation post survey because the surveyors will then have a backlog of reports. When needed, based on the pending workload and availability of staff, the supervisor joins the survey team in the field to assist in completing surveys.

DC Health works to fill vacancies as soon as possible. The orientation and training program for a surveyor is an intensive process that takes at least six months before the individual is eligible to test for the State Minimum Qualifications Test (SMQT). Successful completion of this test is a requirement from CMS before an individual can survey for compliance in CMS certified nursing homes. This is a significant cause of staffing challenges in completing CMS surveys. While part of the orientation process requires new surveyors to conduct field-based training and for them to be given assignments upon validation of their skills, they cannot conduct survey activity independently and without the supervision until they have successfully completed the SMQT.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Over the past three years, our agency has faced survey staff turnover. The turnover included surveyors leaving the agency due to retirement, resignations due to work intensity, and tragically, some staff passed away. Some of the staff retirements were due to health conditions and other co-morbidities that would place them at higher risk if they were to contract COVID-19 or other illnesses.

Strategies used by DC Government to reduce staff turnover included:

- DC Government employees were awarded an additional 40 hours of annual leave;
- DC Health implemented optional telework up to two days a week if appropriate based on the employee's job functions.

Staff turnover impacted DC Health's ability to perform required survey activity during the COVID-19 pandemic. CMS required all SAs to conduct Focus Infection Control Surveys at each facility within 2-5 days based on the COVID-19 data that the facility reported through the NHSN portal. There were challenges to meeting the CMS timelines to complete the Focus Infection Control Surveys and to initiate a complaint or facility-reported incident surveys within the specified time. The assigned focused infection control surveys had to be completed within 2-5 days of notice from CMS, and this requirement did not consider any other survey needs that may have existed. To complete the required survey activities, the supervisors joined the survey team to fill in for those staff who retired until all positions were filled. There were also times when the program manager also went onsite to initiate/investigate potential Immediate Jeopardy complaints/incidents to ensure the SA responded immediately and to ensure that residents and patients had adequate care and protection.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have

visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

DC Government has held several virtual and in-person job fairs to assist with garnering more applicants and hiring/filling more positions quickly. In addition, announcements are posted on DC Government websites, and notifications are made to the partner associations of our hiring efforts.

The District of Columbia's Nursing Association (DCNA) is the active nursing union for nurses employed by DC Health. DCNA meets with the human resources department to review the union contract. This contract stipulates the salary range for nurses based on their years of experience as a nurse, so the salaries are comparable to other registered nurse positions in DC.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

DC Health has not used contractors to fill surveyor vacancies or address survey backlogs. Survey activities have consistently been completed by DC Health staff. While the survey process for nursing homes is driven by Federal requirements, the District also has licensure requirements for nursing home providers. For this reason, when surveys are conducted, surveyors are also required to review the provider's practices to determine if they are following District requirements. Contract surveyors typically survey for compliance with Federal requirements only, which would require surveyors from DC Health to still be present on the survey, or for a subsequent survey to be conducted to verify that licensure requirements had also been met. Therefore, contractors would not be helpful or cost-effective for DC Health's surveying activities.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

CMS' response to the public health emergency (PHE) through the implementation of policies and guidance helped save the lives of many residents and staff of nursing homes. There has been ongoing and consistent communication between DC Health and the Philadelphia Regional Office.

During standing weekly/bi-weekly calls with CMS Philadelphia staff, DC Health shares the status of surveys and any staffing updates. In addition, we have notified them during these calls of the staffing efforts that have been taken to fill vacant positions.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set

to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

DC Health has not utilized the CARES Act funding; therefore, we do not anticipate an impact of the sunset of these funds that will occur in 2023.

Thank you for the opportunity to explain how we provide regulatory oversight of the nursing homes in the District of Columbia. If you have any questions, please contact us.

Sincerely,



Arian Gibson, MS
Senior Deputy Director
Health Regulation and Licensing Administration
DC Department of Health

Enclosure

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	17	
	What is the number of Medicare and or Medicaid certified nursing home beds?	2448	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$815,834	
	FY2021	\$330,729	
	FY2020	\$410,321	
	FY2019	\$14,729	
	FY2018	\$536,147	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$522,466	
	FY2021	\$618,425	
	FY2020	\$625,973	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	6-7	
	FY2021	6-7	
	FY2020	6-7	
	FY2019	6-7	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	2	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	2	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	0	
	FY2021	2	
	FY2020	1	
	FY2019	1	
	FY2018	0	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	0	
	FY2021	2	
	FY2020	1	
FY2019	1		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7.58	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	42%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	58%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$90,451 - \$119,318	
	Not registered nurses?	\$93,114 - \$116,967	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2	

7 (i)

CY2021		0
CY2020		0
CY2019		0
CY2018		0
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022		100%
CY2021	n/a	
CY2020	n/a	
CY2019	n/a	
CY2018	n/a	

Florida



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

February 20, 2023

Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging

Dear Senator Casey,

In response to your letter dated September 12, 2022 attached are responses from the State of Florida.

If you or your staff have questions regarding the information provided, please contact me directly at [REDACTED] or [REDACTED]

Sincerely,

Kimberly R. Smoak
State Survey Agency Director
Deputy Secretary
Division of Health Care Policy and Oversight
Florida Agency for Health Care Administration



- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.**

Answer:

The Florida State Survey Agency is the delegated agency for completion of CMS workload requirements for recertification, complaint, initials, monitoring and special surveys within sixty-seven counties. With the Public Health Emergency (PHE) of the last few years there has been an exit of experienced nursing home (NH) surveyors.

With over 700 nursing homes, complaint investigations historically represented a substantial workload for the State Agency. The mandated halt in federal survey work contributed to a substantial workload to investigate complaints. The PHE related exits of experienced surveyors compounded workload challenges.

As of November 2022, 35% of survey staff have two years or less experience surveying nursing homes, with a 25% total surveyor staff vacancy rate. Currently 50% of our surveyors have 5-10 years of experience and 36% have 10+ years of experience. Strategies used to address staffing shortfalls include recruitment in nursing magazines, participation in job fairs, surveyors traveling to other locations within the state to complete workload in those areas with vacancies and hiring for surveyor positions funded with higher rates of pay to supplement state benefits. Each year, the Agency submits a legislative budget request to increase the rate of nurse salaries.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.**

Answer:

Prior to the PHE, the Agency upheld the CMS performance measures for surveys, including timely completion of nursing home recertifications and complaint investigations.

The federal suspension of surveys during the PHE did impact timely completion of nursing home surveys. Complaints related to PHE staff turnover have been assigned to recertification surveys to help address any impacts on nursing home teams.

From January to November 2022, 86% of candidates declining position due to salary did so when initially contacted for an interview, indicating salary was a driving factor.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?**

Answer:

The Florida legislature approved pay raises in 2020 and 2022 for state employees, increasing salaries by 3% and subsequently 5.38%. Even with these raises, the pay is not competitive with current sign-on bonuses or base rates offered in private-sector hospitals and nursing homes. National inflation has caused Americans to look for higher paying jobs to shoulder the rise in price of everyday items.

4. **Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?**

Answer:

Florida has an agreement with two other states for IIDR reviews only and does not use contractors for completion of survey work.

5. **What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG, or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.**

Answer:

During the past three federal fiscal years, the average salary for a Registered Nurse Specialist has remained at \$45,173.10 annually. Meanwhile, the average Registered Nurse salary in Florida is currently \$72,000 a year (nurse.org).

CMS issuing mileage reimbursements for any survey that is federally funded could assist those traveling to areas experiencing staffing shortages. Gas price fluctuations impact staff who routinely drive personal vehicles to survey activity, and this would assist current staff struggling with impacts of inflation on gas prices.

6. **The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?**

Answer:

The CARES Act funding provided states with additional funding to cover the required 20% Focused Infection Control surveys required by CMS. This funding also covers any federally mandated investigations into COVID related complaints. Should these unnecessary surveys continue to be mandated and demand a greater workload, following sunset in 2023 the State Agency may experience a Survey and Certification Budget shortage.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	698	
	What is the number of Medicare and or Medicaid certified nursing home beds?	84,336	Data Source is the most recent CMS-1539 in ACO: SNF-Beds-18 7,454; SNF-Beds 18-19 76,650; NF-Beds 19 232
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022		\$10,453,457, of the state budget was allocated to LTC
	FY2021		\$10,858,711, of the state budget was allocated to LTC
	FY2020		\$10,998,544, of the state budget was allocated to LTC
	FY2019		\$10,589,127, of the state budget was allocated to LTC
	FY2018		\$10,865,987, of the state budget was allocated to LTC
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022		\$10,279,351, of the Medicare and Medicaid funds was allocated to LTC
	FY2021		\$10,647,196, of Medicare and Medicaid funds was allocated to LTC
	FY2020		\$13,490,385, of Medicare and Medicaid funds was allocated to LTC
FY2019		\$11,374,323, of Medicare and Medicaid funds was allocated to LTC	
FY2018		\$11,510,829, of Medicare and Medicaid funds was allocated to LTC	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022		229 Positions
	FY2021		199 positions
	FY2020		200 Positions
	FY2019		208 Positions
	FY2018		213 Positions
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	58	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	37	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	24	
	FY2021	29	
	FY2020	13	
	FY2019	27	
	FY2018	34	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	37	
	FY2021	40	
	FY2020	25	
FY2019	24		
FY2018	37		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6.43 years	FO2: 4.25 yrs; FO3: 4.9 yrs; FO4: 3.99 yrs ; FO5: 9.0 yrs; FO7: 7.26 yrs; FO8: 6 yrs; FO9: 11 yrs; FO11 5 yrs. AVG Statewide: 6.43 years
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	35.27%	FO2: 41.18%; FO3: 50%; FO4: 40%; FO5: 18%; FO7: 26% ; FO8: 33%; FO9: 30%; FO11 44%; AVG Statewide: 35.27%
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	49.55%	FO2: 29.41%; FO3: 20%; FO4: 35%; FO5: 67%; FO7: 73%; FO8: 47%; FO9: 70%; FO11 55%; AVG Statewide: 49.55%
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		

	Registered nurses?	\$1,823.89 - \$2,384.00 biweekly	RN + two years of experience.
	Not registered nurses?	\$1,398.00 - \$1,817.00 biweekly	Surveyor Generalist
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		Florida does not contract external sources for NH surveying, IIDR, or other NH related oversight. Florida has an agreement with South Caroling & North Carolina for IIDR reviews.
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		Data Source: ACTS Federal Intakes Report
	CY2022	57	
	CY2021	115	
	CY2020	420	
	CY2019	85	
	CY2018	42	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		Data Source: ACTS IJ Timeframe Report and manual reconciliation for State Holidays/Office Closures
	CY2022	94.74%	3 late
	CY2021	95.65%	5 late
	CY2020	99.29%	3 late
CY2019	100%	0 late	
CY2018	100%	0 late	

Georgia

HealthCare Facility Regulation Division

Appendix A: Georgia Response Document
Information Request from U.S. Senate Special Committee on Aging

Question 1: Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The Healthcare Facility Regulation Division (HFRD) is under the jurisdiction of the Georgia Department of Community Health. HFRD licenses, certifies, and regulates healthcare facilities through state statute, and through contracts and agreements with the Centers for Medicare & Medicaid Services (CMS) and the Food and Drug Administration of the U.S. Department of Health and Human Services.

HFRD is charged with enforcing state and federal statutes, as well as regulatory oversight of 360 long term care healthcare facilities. HFRD also distributes nearly \$3 million a year in grants through the CMS Civil Money Penalty Reimbursement grant program for quality assurance efforts in nursing homes throughout Georgia.

Challenges: Georgia is challenged with a severe statewide nursing shortage that transcends facilities, disciplines and programs. Georgia was experiencing a staffing shortage prior to the public health emergency, which was significantly magnified when COVID -19 hit. As a result, the quality of care of the most vulnerable population suffered as evidenced by the volume and severity of the complaints and the state agency's struggle to complete surveys timely. HFRD staffing was also adversely impacted.

CMS adjusted to the PHE and required state agencies to only conduct complaint and focus infection control surveys. This created an increase backlog in standard recertifications and less egregious complaints.

Surveyors must complete the LTC Basic Online Training course before they become eligible to take the **Surveyor Minimum Qualifications Test (SMQT)** and survey independently. This process takes on average 6-8 months plus an additional twelve (12) months for a new hire to become proficient in the regulatory and survey process. Consequently, the survey process takes longer to complete.

Challenge #2 Georgia does not offer a competitive salary for the experienced RNs.



HealthCare Facility Regulation Division

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

The HFRD turnover rate has consistently been high year after year. *See Appendix C* The primary reasons for leaving offered by most surveyors was a better pay and less travel. While the travel is mandatory, we endeavor to hire strategically by location to minimize travel. However, this is not always possible. Regarding salary the state has increased salaries, however not enough to significantly impact the shortage. The PHE also served as an impetus for retirements and resignations.

Additional strategies: Georgia has developed a recovery plan which includes stronger and more expedited marketing and recruiting plan, hiring, cross training, salary adjustments, utilization of contractors and stringent monitoring.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

The Georgia SA was negatively impacted by the shortage, we lost a significant number of veteran surveyors who resigned for higher paying positions. Georgia could not compete with the \$100/per hour salaries that were advertised on billboards, media etc... Georgia increased the salaries under two principles #1 By location: nurses that resided in certain counties where salaries were most competitive received a higher salary (this increase applied to new and existing staff) and #2. By Certification, once the surveyors successfully pass the SMQT they receive a salary increase. Finally, the state gave a nice one-time bonus to all of its' employees. Yet it was and is not enough to stop the turnover. We currently have approximately 23 vacant positions.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using . contractors. How does your agency oversee



HealthCare Facility Regulation Division

contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Georgia employed the services of three outside contractors to help with the backlog and meet the ongoing contractual obligations. Contractors have conducted complaint, monitoring and recertification surveys. However, each contracted agency was able to offer limited assistance as their demand was/is high nationwide. Our agency performs QA on all contracted work.

See Appendix B is for insertion of contracts.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Survey and Certification process needs to be streamlined and examined for flexibilities with the use of desk reviews, technology (virtual visits in some instances), revisit survey frequency guidelines.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency/

Several facilities took advantage of the Cares Act through technology and in-person strategies. They purchased electronic devices phones; I Pads to facilitate resident to family communications during COVID when visitations were restricted. For screening accommodations patio furniture and filters were purchased.

Cares Act Funding

Received: \$1,878,949

Expensed: \$313,831

Remaining: \$1,565,117

Actions: Currently working on a spenddown for these funds to support approved and appropriate efforts.

7. Please provide the requested data in the attached Excel sheet:

Hawai'i

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII



KENNETH S. FINK, M.D., M.G.A., M.P.H.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

In reply, please refer to
file:

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 337
KAPOLEI, HAWAII 96707

January 10, 2023

Honorable Robert P. Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
United States Senate
Washington, DC 20510-6400

Dear Senator Casey:

Thank you for your letter dated September 12, 2022, requesting information from state survey agencies on staffing needs to conduct surveys on behalf of the federal government.

Attached are responses from the Hawaii Department of Health (DOH) Office of Health Care Assurance (OHCA) as the state survey agency.

Sincerely,

KEITH R. RIDLEY, M.B.A.
Chief, Office of Health Care Assurance

Attachments

c: Deputy Director, Health Resources Administration
State of Hawaii, Department of Health

Kenneth S. Fink, M.D., M.G.A., M.P.H.
Director of Health
State of Hawaii, Department of Health



In reply, please refer to
file:

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 337
KAPOLEI, HAWAII 96707

Narrative Responses to Questions 1 Through 6

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Response: The Hawaii Department of Health (DOH) Office of Health Care Assurance (OHCA) is the state's regulatory agency responsible to ensure compliance of all health care facilities in the state with state licensing regulations and federal Medicare regulations for Medicare-eligible and/or Medicaid-eligible programs. OHCA is located on Oahu and travels to neighbor islands to conduct surveys. The availability and experience of surveyors is critical to being able to carry out its responsibilities. OHCA contracts with three (3) Medicare-approved private agencies to assist in conducting Medicare recertification surveys.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Response: Staff turnover or vacancies often prevent OHCA from completing its survey work on time. Most turnover has been due to retirement, several have been due to competing jobs, and a few have been due to frequent and prolonged travel requirements, specifically for off-island, over-night travel by surveyors with responsibilities with young families. As stated above, the Hawaii state agency is located on Oahu and travels to neighbor islands to conduct surveys.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Response: Anecdotally, it appears that Hawaii's overall nursing shortage is more acute than in other states possibly because of isolation and Hawaii's high cost of living. Salary differences are commonplace between state civil service employees and the private sector. However, civil service employees generally enjoy greater employment benefits such as increased number of holidays, retirement, health care insurance coverage, and generous paid vacation and sick leave to name just a few. Unfortunately, negotiated union contracts provide for staff (including nurses) with similar years of experience to be paid the same regardless of their productivity. As a result, OHCA does not have the ability to unilaterally provide individual pay increases to higher productive nurses who produce quality results or signing bonuses.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Response: Hawaii contracts with three (3) Medicare-approved contractors to conduct recertification surveys when OHCA's surveyors are unavailable. Recertification surveys often include complaints which can be investigated during the recertification survey. The benefit of using contractors is that surveys get done; the challenges are cost and competing with other states and with CMS to schedule the contractors to conduct the surveys, so timeliness can be negatively impacted. CMS approves the contract agencies; there is no need for CMS to do more in that regard.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Response: No recommendations.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Response: Hawaii used CARES Act funds to perform additional CMS-required, COVID-specific surveys. Sunsetting of those funds will not significantly impact OHCA. However, regular funding must continue to be fair and equitable.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	45	
	What is the number of Medicare and or Medicaid certified nursing home beds?	4,323	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$310,369	
	FY2021	\$315,821	
	FY2020	\$319,615	
	FY2019	\$373,436	
	FY2018	\$361,590	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,871,949	
	FY2021	\$2,645,174	
	FY2020	\$2,598,462	
FY2019	\$2,872,506		
FY2018	\$2,884,608		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	12	Full time bodies
	FY2021	12	Full time bodies
	FY2020	12	Full time bodies
	FY2019	13	Full time bodies
	FY2018	13	Full time bodies
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	6	Full time bodies
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	6	Full time bodies
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	1	Full time bodies
	FY2021	3	Full time bodies
	FY2020	3	Full time bodies
	FY2019	1	Full time bodies
	FY2018	1	Data not available for this time period
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	1	Full time bodies
	FY2021	2	Full time bodies
	FY2020	0	
FY2019	4	Full time bodies	
FY2018	1	Full time bodies	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	4	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	1	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	3	

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$118,788 - \$151,200	
	Not registered nurses?	\$63,384 - \$93,804	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$601,366	
	FY2021	\$157,278	
	FY2020	\$171,854	
	FY2019	\$133,373	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2	
	CY2021	none	
	CY2020	2	
	CY2019	1	
	CY2018	8	
	What percentage of immediate jeopardy complaint surveys were inflated within the federally required timeframe in each the following calendar years?		
	CY2022	25%	
	CY2021	none	
	CY2020	0%	
	CY2019	0%	
CY2018	7%		

Idaho



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Brad Little – GOVERNOR
Dave Jeppesen – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
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October 28, 2022

Chairman Bob Casey
Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, D.C., 20510

Chairman Casey,

Idaho's State Survey Agency for federal certification survey activities is the Division of Licensing and Certification, which is part of the Idaho Department of Health and Welfare. Below are Idaho's responses to the six questions included in your email request. We have also completed Question 7 in the Excel Spreadsheet, which accompanies this letter in our response.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Idaho Response:

For over 10 years, the division has been challenged to fill its surveyor positions, particularly the surveyor positions for which we need RNs. Idaho is largely a rural state with just a few more densely populated areas, such as the Boise metropolitan area, the Coeur d'Alene area in northern Idaho, and the Pocatello/Idaho Falls areas in eastern Idaho. Surveying in rural/frontier areas creates challenges. The team most impacted by workforce challenges is the division's Long-term Care Team, the team that surveys skilled nursing facilities. That team requires 17 full-time surveyors, mostly RNs. We currently have 12 of those 17 positions vacant because we cannot find surveyors with the background and experience needed for the job. We are challenged to fulfill our performance obligations with CMS because of staffing issues, and we use contracted surveyors as well as hiring retired surveyors as temporary staff, when we can attract them.

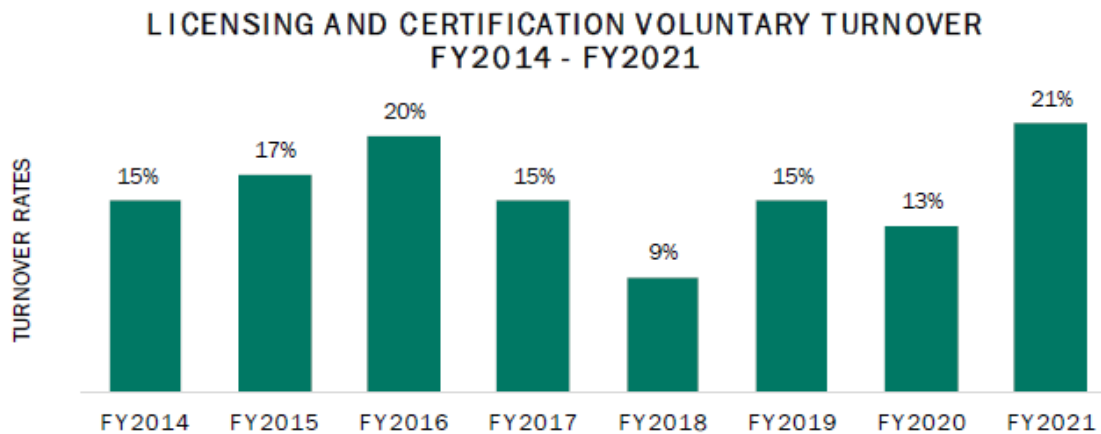
In Idaho, state agencies' budgets must be appropriated annually by the Idaho Legislature. Between 2013 and 2017, the division was successful in having its budget request approved by the legislature for increased salaries for surveyors. Despite those increases, RNs in

particular can still earn more than twice the hourly salary in private sector health care jobs than they can make as a state surveyor.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Idaho Response:

The graph below shows the division's annual turnover rate from state fiscal year 2014 to state fiscal year 2021.



Turnover in 2021 was largely due to surveyors being attracted to jobs in the private sector, where they can earn more than twice the salary they earn as a surveyor. During the height of the pandemic, RNs were offered salaries as high as \$200 per hour in some health care settings, while RN surveyors in the division start at \$31.13 per hour.

Most surveyors who left the division left for higher paying jobs. A few surveyors retired, and a few left to move to other states to care for elderly parents. Burn out is definitely a contributing factor for some, but no surveyors who have left the division in the past three years have cited burn out as the primary reason they were leaving.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Idaho Response:

As we stated in our response to Question #1, Idaho has struggled to fill our vacant surveyor positions for over 10 years. We have petitioned the Idaho Legislature twice, in 2013 and 2017, for increased surveyor pay. We continue to experience difficulties in recruiting and hiring surveyors, particularly for our Long-term Care Team. Below are specific strategies we employ to recruit/retain RNs:

- We continue to seek temporary surveyors to assist the Long-term Care and Residential Assisted Living Facilities teams.
- We continue to actively recruit for Health Facility Surveyors. We pay RNs more than other surveyors with credentials as a registered dietician or licensed social worker. RNs start at \$31.13, whereas surveyors with other credentials start at \$26.67
- Using surplus personnel funds from staff vacancies, we continue our contract with Healthcare Management Solutions (HMS) to provide us with temporary trained surveyors to integrate with our Long-term Care Team to complete surveys for skilled nursing facilities. HMS is a contractor for the Centers for Medicare and Medicaid Services (CMS) to complete federal certification surveys across the nation. We will continue to use contracted surveyors until the Long-term Care team is fully staffed.
- We issued retention pay increases and bonuses to experienced survey staff in 2020.
- Also in 2020, we began offering hiring bonuses to help attract surveyors. Surveyors must sign an agreement to stay at least one year, or they have to pay back the hiring bonus.

Even with the higher starting salary and the hiring bonuses, we cannot compete with the private sector for wages. Most of our surveyors who left our division for higher pay were attracted by the hiring bonuses and higher salaries offered by skilled nursing facilities and hospital systems. In Idaho, the average hourly wage for a nurse is \$32.26, and the average hourly wage for a RN is \$66.65.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Idaho Response:

For several years, Idaho has contracted with Healthcare Management Solutions for SMQT-qualified surveyors. We use these surveyors only for surveys conducted in skilled nursing facilities since that team is the team in our division that we can't fully staff. We do not use contractors to perform Informal Dispute Resolution, but we have a reciprocal agreement with other states to perform Independent Informal Dispute Resolution (I-IDR).

Overall, we are grateful for the ability to use contracted surveyors. With their help, we still struggle to meet CMS performance expectations, but we would have no chance of meeting

expectations without them. The biggest challenge to using contracted surveyors is the cost. We pay more than twice the hourly rate for a contracted surveyor than we pay state surveyors.

There are several things we do to ensure contractors are conducting timely, high quality surveys:

- Survey teams are comprised of state survey staff and contracted survey staff. We do not deploy survey teams comprised of only contracted surveyors.
- The lead of each survey team is a state surveyor; contracted surveyors do not serve as team leads.
- Supervisors of the Long-term Care surveyors do a quality review of every survey report to ensure compliance and quality.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Idaho Response:

We have shared our concerns in each of the annual Mission and Priorities documents we have submitted to CMS. WE have included copies of those documents in our response.

- The requirement to do separate infection control surveys from recertification surveys creates a significant amount of additional work when we are understaffed.
- When sending QSO memos, the timeframes for implementing changes is not sufficient for survey staff training or provider orientation to the changes. Also, CMS does not have the training resources ready when training is supposed to occur. Sometimes, the automated systems, communication vehicles (like a new email box) are not in place when the changes are supposed to be
- Adding additional work with no additional funding. Idaho has had the same base budget since 2015. We have had to increase the number of staff needed, salaries, and the costs of travel have increased (air travel, hotels) to complete the additional work, but no additional funding.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Idaho Response:

The division received \$440,000 in CARES Act funds to support the division in completing the required infection control surveys and supporting survey activity during the COVID-19

pandemic. The funding was used for staffing and travel to conduct surveys as well as for testing surveyors and acquiring the necessary PPE to conduct in-facility surveys.

Currently, there is \$94,000 in CARES Act funds remaining for Idaho. That funding remains a critical need to us to support ongoing infection control surveys.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 2, 2021

Mission and Priority Document
Federal Fiscal Year 2021
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 2021 budget and anticipated performance.

The 2021 Medicare base budget amount, \$1,764,941, is the same as the FFY 2020 award as directed in the CMS “Mission and Priority Document” dated January 8, 2021. The document identifies supplement survey work for validation surveys for Home Health, Hospice and Ambulatory Surgical Centers, funds identified as pending.

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 ongoing Public Health Emergency (PHE), the costs associated with recruitment and salaries for professional staff, increased travel expense (fuel and lodging) and the increasing numbers of providers seeking federal certification. We have applied, and received approval, for Hospice Impact Act and CARES Act supplemental funding and appreciate the support and funds for this work.

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

At this time, we do not have a freeze on hiring positions or furloughs, and a reduction in force is not anticipated. In fact, this budget includes an average of a 4% salary increase

for all staff beginning July 1, 2021. We have retained retired, qualified survey staff who work part time completing LTC POC review, phone mail follow ups, CNA abuse investigations and report review. We are currently training staff from other programs to assist in performing LTC survey activity while we continue to recruit and train LTC surveyors. Currently, there are nine open surveyor positions in the Bureau, two on the Medicare Certification team and seven on the Long Term Care Team. The Department continues to contract with HMS to provide SMQT qualified survey staff to supplement the Idaho LTC team, conducting recertification and complaint investigations. The PHE has resulted in recertification surveys and complaint investigations not meeting CMS expectations for timelines across all provider types, however, the LTC program is affected the most. The NLTC Program, ICF/IID program and the FFS&C program returned to a “normal” survey schedule the second week in July 2020 except for Hospital work as outlined in QSO memo 21-13-Hospitals. The NLTC and ICF/IID programs are completing focused infection control surveys with any type of survey as directed in QSO memo 20-20.

Baseline Activity:

TIER 1. In FFY 2021, we anticipate we will accomplish Tier 1 work to include surveys of the NLTC and ICF/IID providers as directed by CMS via admin and QSO memos at the frequency identified in Appendix 1 of the Mission and Priority Document. Our ability to meet the supplemental survey activity in Home Health, Hospice and Ambulatory Surgical settings will be dependent on timing, resources and our ability to complete mandatory Tier 1 level work. We predict that we will have one reasonable assurance (initial) survey for an ESRD and ASC. The LTC program will not meet and will not achieve a statewide average of 12.9 months and no facility greater than 15.9 months recertification surveys in a single year, we anticipate at least 3-4 years to meet expectations. The greatest challenge to meeting Tier 1 requirements for LTC is, the backlog of complaints and the inability to complete recertification surveys for over 12 months. Recruitment, hiring and training of staff in the LTC unit and the LTCSP process continues to be a challenge. We continue to work with HMS to provide SMQT qualified LTC staff to supplement the Idaho LTC teams to try to meet contractual obligations. The contract staff is expensive, nevertheless, we are committed to becoming current on the survey intervals within the next 3-4 years. We are working to cross train surveyors from other units to help support the LTC program when there is time available.

TIER 2. We anticipate being able to complete most of the Tier 2 surveys for NLTC and ICF/IID providers as directed by CMS via admin and QSO memos at the frequency outlined in Appendix 1 of the Mission and Priority Document. Please see the anticipated plan below in the order of the MPD;

ASC: Targeted Surveys (25%)

Non-IJ complaints

Outpatient PT & Speech Language Pathology (OPT/SP) Providers

1 recertification survey; we have 7 providers.

Non-IJ complaints

Comprehensive Outpatient Rehabilitation Facility (CORF):

N/A Idaho does not have a CORF

Community Mental Health Centers (CMHCs)

N/A Idaho has one CMHC

Dialysis (ESRD)

Idaho does not have an ESRD facility on the Outcomes list
Non-IJ complaints

Rural Health Clinic (RHC)

2 Recertification surveys
Non-IJ complaints.

Federally Qualified Health Centers (FQHC)

Non-IJ complaints.

Home Health Agencies (HHA)

Complaint investigation of Substantial Allegation of Non-Compliance

Hospice surveys:

Hospice Agencies in Idaho are only federally certified; there is no State licensure. Idaho requested and was awarded \$58,000 for FFY 2021 for Hospice Impact Act dollars. We expect this to meet the Tier 1 and Tier 2 activities for this program.

Hospitals: The State's ability to meet this level of work will be dependent on CMS direction. Currently, QSO memo 21-13 prohibits the State Survey Agency (SA) from completing recertification surveys or complaint investigation of substantial allegation of non-Compliance.

Non-deemed hospitals:

2 Recertification surveys
Non-IJ complaint investigation of Substantial Allegation of Non-Compliance

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Non-IJ complaints.

Long Term Care

As discussed above, with the backlog of complaints due to the PHE and diversion of survey resources to Focused Infection Control survey, we will not be able to meet this expectation. With the reduction of FIC surveys in January 2021, we have begun complaint investigation surveys. We will maintain a focus on complaints through at least April or May of 2021. Given the short period of time left in the FFY to complete recertifications, I am not certain we will meet the off hour start requirement.

Portable X-ray suppliers

These surveys are completed by Bureau of Labs in the Division of Public Health in the Department of Health and Welfare.

Religious Nonmedical Health Care Institutions

Idaho does not have this provider type

Psychiatric Residential Treatment Facilities (PRTFs)

Idaho has one provider
Non-IJ complaints

Transplant Programs

Idaho does not have a hospital that provides transplant services.

The Non-Long-Term Care unit has equalized the number of surveys each year to ensure at least a three-year survey interval for the health care providers and suppliers that have

the greatest impact to the health and safety of Idaho citizens. In the NLTC Tier 2 area, we are prioritizing the work as follows:

Ambulatory Surgical Centers 25% sample
Non-Accredited Hospitals and CAH surveys as allowed by CMS
Rural Health Clinics recertification surveys
Outpatient Physical Therapy Provider recertification surveys

Tier 3 work is prioritized as follows:

Survey of Previously Terminated Providers (2)
Outpatient Physical Therapy Providers (7)
Rural Health Clinics (5)
Community Mental Health Providers (1)

No work is expected at this level for the providers listed below per QCOR 2-34-21:
ASC, ESRD, non-Deemed CAHs, non-Deemed Hospitals

Idaho does not have transplant centers or comprehensive outpatient rehab facilities.

The Bureau of Labs in the Division of Public Health in the Department of Health and Welfare has responsibility for the CLIA program.

TIER 4. We do not anticipate being able to complete Tier 4 work. We anticipate one new adolescent psychiatric hospital to open in FFY2021, and one CAH psychiatric unit; both entities will be seeking entry through a deeming entity.

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.
- The nurse aide registry will require additional attention and resources as the PHE ends and LTC facilities must ensure all staff hired under the 1135 waiver meet NATCEP requirements.
- Maintenance of the Home Health Hot Line.
- Management of Civil Monetary Penalty fund, tracking and reporting

We will not be able to meet the expectation of providing two provider MDS training courses annually. Our resources to complete this work will be assigned to complete LTC survey activity,

State performance measures are taken seriously and our ability to meet contract expectations is monitored on a regular basis.

Emergency Preparedness. The state is using Idaho Resource Tracking System for hospitals and nursing homes.

Equipment

- It has been nearly 5 years since we purchased the original laptops for the LTCSP survey process. These machines have passed the warranty date and are experiencing terminal problems. This budget request includes 9 replacement tablet PCs (\$11,952.00) to be used for the LTCSP survey process.
- We added 3 additional MIFIs to support the LTCSP survey process.
- We also added 3 new mobile phones to support survey activity across all programs.

Training

We ensure that the Idaho survey force is trained and knowledgeable utilizing the CMS training program. There are two in person meeting/trainings included in the budget, a Seattle location ROSA meeting and the AHFSA Annual Conference in late FFY 2021. Idaho's ability to participate in CMS workgroups will be based on our ability to meet survey expectations.

The baseline budget submitted reflects a request of \$1,764,941. This budget recognizes the cost share for home health surveys, staff vacancies, personnel dollars, contract dollars, and hardware associated with implementation of the new LTC survey process. If you have any questions, please call me at [REDACTED].



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



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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December 28, 2018

Mission and Priority Document
Federal Fiscal Year 2019
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 2019 budget and anticipated performance.

The 2019 Medicare budget amount (\$1,764,765) is based on a half a percent (0.5%) increase of our 2018 award (\$1,755,985) as directed in the CMS "Mission and Priority Document" dated October 4, 2018.

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 recruitment and salaries for professional staff, 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 number of staff, including contract staff, currently performing the work, administrative appeals, actual costs associated with travel, training, and equipment, and indirect costs associated with shared functions such as information technology services, attorneys, human resources, office space, etc.

At this time, we do not have a freeze on hiring positions or furloughs, and a reduction in force is not anticipated. We have retained retired, qualified survey staff who work part time completing LTC POC review, phone mail follow ups, CNA abuse investigations and report review. We expanded our recruitment for health facility surveyors to statewide. We have one regionally based LTC RN. To meet work load requirements, we are

committed to hiring LTC talent where they live. The process of having regionally based staff increases time and costs. Currently, there are six open surveyor positions in the Bureau, three on the Medicare Certification team and three on the Long-Term Care Team. The Department continues to contract with HMS to provide SMQT-qualified survey staff to supplement the Idaho LTC team, conducting recertification and complaint investigations. In addition, the HMS contract has been expanded to include survey work of the state owned and operated ICF/IID (Southwest Idaho Treatment Center).

The implementation of the LTCSP survey process has had a significant impact on our ability to complete LTC surveys in a timely manner. We have asked, and have been approved, for a second LTCSP onsite support survey. CMS DNH has approved this survey which is to happen in January or February 2019. This will provide team members, who were not part of the first survey, the opportunity to utilize the expertise of the University of Colorado and the Survey Support Process.

Nursing Home Overall Regulation Update and Improvement and Transition to Single Nursing Home Survey Process

The Budget request includes \$2,778.00 for the purchase of 2 tablet/laptop computers, to support the new survey process in providing equipment for new survey staff and back-up machines for each survey team. A replacement desk at \$1,041.00 is also included.

IMPACT Act 2014, Hospice surveys:

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

Idaho was awarded \$56,250 in FFY 2018 for Hospice Impact Act dollars. We have requested \$82,900 for FFY 2019. I anticipate that we will overspend the FFY 2018 award as we have over spent \$56,250 in the last two federal fiscal years. The overspent dollars for Hospice surveys are then paid by the base budget and this has contributed to Idaho's need for additional dollars.

Baseline Activity:

TIER 1. In FFY 2019, we will strive to accomplish all 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, recruitment, hiring and training, of staff in the LTC unit and the LTCSP process. We continue to work with HMS to provide SMQT qualified LTC staff to supplement the Idaho teams to try to meet contractual obligations. The contract staff is expensive, nevertheless, we are committed to becoming current on the survey intervals. We are also working with LTC staff to overcome difficulties such as 50% of off hours surveys needing to start on a weekend, and continued provider and legislative oversight of staff performance. We are

also anticipating the retirement of 2-3 experienced staff members in the Non-Long-Term Care program and in the CNA registry this year. The anticipated change in validation surveys is expected to impact our ability to complete work. We have completed validation surveys for Home Health and Ambulatory Surgical Centers. We anticipate 1-2 initial ESRD surveys for the fiscal year.

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 Non-Long-Term Care unit is working to even out the surveys to ensure at least a three-year survey interval for the health care providers and suppliers that have the greatest impact to the health and safety of Idaho citizens. Several Critical Access Hospitals have obtained deemed status during the last fiscal year. Several ASC's, Hospice Agencies and Home Health Agencies have dropped their deemed status. In the NLTC Tier 2 area, we are prioritizing the work as follows:

- 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 (9)
- Non-Accredited Hospitals & CAHs (3)
- Ambulatory Surgical Centers (9)
- Residential Psychiatric Treatment Facility (2)
- Rural Health Clinics (0)
- Outpatient Physical Therapy Providers (0)
- Portable X-ray suppliers (0)
- IPPS Exclusion Verification (0)
- Survey of Previously Terminated Providers (0)

Idaho does not have transplant centers or comprehensive outpatient rehab facilities.

TIER 4. We do not anticipate being able to complete Tier 4 work. We anticipate two new psychiatric hospitals to open in FFY2019, one 96 bed acute inpatient psychiatric hospital and one 16 bed acute adolescent psychiatric hospital, both will enter through a deeming survey by the Joint Commission.

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 ability 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 \$1,704,985 plus an additional \$7,549.38 for a total of \$1,712,534.38. This budget recognizes the cost share for home health surveys, staff vacancies, personnel dollars, contract dollars, and hardware associated with implementation of the new LTC survey process. There are two areas where costs are not yet known, the overspend to complete the Tier 1 work for Hospice survey which exceeds the base Impact allocation, expected to be about \$27,000.00; and the additional contractor costs which resumed in June for the last quarter of the year. If you have any questions, please call me at [REDACTED].



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



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Mission and Priority Document
Federal Fiscal Year 2018
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 2018 budget and anticipated performance.

The 2018 Medicare budget amount (\$1,704,985) is based on a half a percent (0.5%) increase of our 2017 award (\$1,169,502) as directed in the CMS "Mission and Priority Document dated October 17, 2017, revised October 27, 2017.

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, 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 2017 Idaho Legislature approved significant salary increases for health facility surveyors (\$3.00/hr.) and for supervisors (\$2.00/hr.), and a 3% increase for all other employees. This salary increase should allow the Bureau to recruit and retain surveyors, especially RNs. At this time, we do not have a freeze on hiring positions or furloughs; and, a reduction in force is not anticipated. We have retained retired, qualified, survey staff members who work part time. We expanded our recruitment for health facility surveyors to statewide. We have two LTC regionally based RNs. We are committed to hiring LTC talent, to meet work load requirements, where they live. The process of having regionally based staff increased time and costs. Currently, there are six open surveyor positions in the Bureau, three on the Medicare Certification team and three on the Long Term Care Team. The Department continues to contract with HMS to provide SMQT-qualified survey staff to supplement the Idaho team conducting complaint investigations.

The implementation of the LTCSP survey process has had a significant impact on our ability to complete LTC surveys in a timely manner. We have taken advantage of CMS CO's offer to gain efficiency and effectiveness of the LTCSP process utilizing the expertise of the University of Colorado and the Survey Support Process. This survey will happen the week of July 9, 2018.

Nursing Home Overall Regulation Update and Improvement and Transition to Single Nursing Home Survey Process

The Budget request includes \$22,078.00 for the purchase of 4 tablet/laptop computers to support the new survey process in providing equipment for new survey staff and back-ups machines for each survey team.

IMPACT Act 2014, Hospice surveys:

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

Idaho was awarded \$56,250 in Hospice Impact Act dollars. I anticipate that we will overspend the \$56,250 as we have over spent \$56,250 in the last two federal fiscal years.

Baseline Activity:

TIER 1. In FFY 2018, we will strive to accomplish all 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 training staff in the LTC unit and implementation of the new LTCSP process. Staffing and survey outcomes are the greatest challenges to getting Tier 1 work completed. The LTC statewide average exceeds the 12.9-month average. The addition of initial ESRD Surveys to this Tier will also have an impact on recourses and our ability to complete lower Tier work.

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 Hospital 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 (3)
- ESRD recertification
- Psychiatric Treatment Facility
- 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 or comprehensive outpatient rehab facilities.

TIER 4. We do not anticipate being able to complete Tier 4 work. We have completed four (4) requests for exception review for initial surveys: one (1) Medicare-only SNF in Lewiston and three (3) dually certified facilities in Twin Falls, Nampa, and Boise. 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 \$1,704,985 plus an additional \$7,549.38 for a total of \$1,712,534.38. This budget recognizes the cost share for home health surveys, staff vacancies, personnel dollars, contract dollars, and hardware associated with implementation of the new LTC survey process. There are two areas that costs are not yet known: the overspend to complete the Tier 1 work for Hospice survey which exceeds the base Impact allocation, which is expected to be about \$25,000.00, and the additional costs for using contracted surveyors which resumed in June for the last quarter of the year. If you have any questions, please call me at [REDACTED].

Mission and Priority Document
Bureau of Facility Standards
Idaho Department of Health and Welfare
Federal Fiscal Year 2018
Page 4 of 4

A handwritten signature in black ink that reads "Debby Ransom". The signature is written in a cursive, flowing style.

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

Date: July 8, 2018

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state? 80		
	What is the number of Medicare and or Medicaid certified nursing home beds? 6,031		
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022 \$399,413 *est only FFY2022 has not been finalized		
	FY2021 \$434,345		
	FY2020 \$378,827		
	FY2019 \$568,717		
	FY2018 \$498,558		
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022 \$1,788,614 + \$110 (COVID monies) = \$1,898,614 *est only FFY2022 has not been finalized		
	FY2021 \$1,919,283 + \$82,179 (COVID monies) = \$2,001,462		
	FY2020 \$1,720,836 + \$106,976 (COVID monies) = \$1,827,812		
FY2019 \$2,757,353			
FY2018 \$2,224,691			
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022 - 17		
	FY2021 - 17		
	FY2020 - 17		
	FY2019 -17		
FY2018 - 17			
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total? 12		
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses? 8		
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022 - 3		
	FY2021 - 4		
	FY2020 - 2		
	FY2019 - 3		
	FY2018 - 4		
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022 - 3		
	FY2021 - 5		
	FY2020 - 4		
FY2019 - 3			
FY2018 - 4			
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff? 2 yrs		
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying? 80%		
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying? 20%		
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses? \$31.13 to \$49.37		
	Not registered \$26.67 to \$49.37		
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022 \$494,981.42 *est only FFY2022 has not been finalized		
	FY2021 \$350,648.54		
	FY2020 \$632,196.18		
	FY2019 \$1,047,296.69		
	FY2018 \$416,439.65		
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022 9		

7 (i)

CY2021	6		
CY2020	4		
CY2019	3		
CY2018	2		
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?			
CY2022	67%		
CY2021	67%		
CY2020	80%		
CY2019	67%		
CY2018	50%		

Illinois



October 28, 2022

Senator Robert P. Casey, Jr., Chairman
United States Senate
Special Committee on Aging
Washington, DC 20510-6400

Re: Illinois State Survey Agency Information

Dear Chairman Casey,

Thank you for your communication of September 12, 2022, seeking information from the Illinois state survey agency. Illinois appreciates the opportunity to provide you and the Special Committee on Aging with responses pertinent to surveyor staffing, recognizing the importance of attracting and retaining a highly qualified, surveying team to ensure the health, safety, and welfare of nursing home residents.

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely compliant and standard surveys, and strategies.*

As of October 25, 2022, Illinois reported 685 skilled nursing homes. Of these facilities, 656 are dually Medicare/Medicaid facilities pursuant to Title 18/19 of the Social Security Act. There are currently 29 Medicare (Title 18) only facilities, and 21 facilities that are Medicaid (Title 19) certified. All facilities regardless of certification are also licensed and regulated by the State under the Nursing Home Care Act (210 ILCS 45, et. seq.) and Skilled Nursing and Intermediate Facilities Code (77 Ill. Adm. 300). Situated within the Illinois Department of Public Health, the Office of Healthcare Regulation (OHCR) and its various Divisions are responsible for ensuring all licensed and/or certified long-term care facilities comply with the applicable federal and state regulations.

To ensure the state carries out its statutory and regulatory responsibilities, OHCR consists of numerous specialized divisions including Field Services, Compliance Assurance, Licensure & Certification, Life Safety & Construction, Special Investigations Unit (SIU), Training & Technical

Unit, and the Administrative Rules Division. A brief description of activities within each division or unit follows:

- **Field Services:** Responsible for conducting all on-site health surveys in nursing homes including complaints, re-certification/annual, licensure, waivers, and revisits to determine substantial compliance. Surveyors also serve as periodic monitors in facilities with ongoing non-compliance or when the state agency believes their presence is necessary to protect the health or safety of residents owing to substantial non-compliance.
- **Compliance Assurance:** Responsible for communicating survey findings to providers, imposing and/or recommending applicable state and federal enforcement action, processing waivers, monitoring federal enforcement cycles, and serving as liaison with the Centers for Medicare & Medicaid Services (CMS) Region 5 survey and enforcement group. The Division also encompasses activities related to document storage, freedom of information requests, the ePOC system, informal dispute resolution/independent dispute resolution, tracking and trending data, implementing new technology and processes to streamline the survey process.
- **Licensure & Certification:** Processes all license applications, renewals, change of ownership, monitoring changes in nursing home administration, and tracking data related to licensure activity. Provides certification data and related survey information to CMS.
- **Life Safety & Construction:** The activities of this Division include conducting plan reviews and project inspections of both licensed and certified health care facilities and conducting life safety inspections in long-term care facilities. Surveying staff investigate complaints specific to life safety code regulations, conduct certification surveys, and issue enforcement action for deficiencies and/or licensure violations.
- **Special Investigations Unit:** The unit maintains the Central Compliant Registry (CCR) that provides a 24 hour toll-free nationwide complaint hotline. The CCR is the central repository for concern or complaints across 29 programs within OHCR and is responsible for the initial triaging of complaints and entering complaint data in CMS' complaint database (ACTS). Other activities of the unit include leading a multi-disciplinary/multi-agency Abuse Prevention Review Team for purpose of conducting in-depth review of valid allegations of sexual assault and unnecessary deaths of long-term care residents. The unit oversees communication with non-licensed health care employees concerning founded allegations of resident abuse, neglect, or misappropriation of funds. The unit maintains collaborative relationships with external law enforcement agencies, the state Medicaid Fraud Unit, and Office of Inspector General.
- **Training and Technical Unit:** The activities of this unit include assessing training needs, coordinating trainings, creating curriculum and educational materials, evaluating learning outcomes, and maintaining training records for all-long-term surveyors. The Unit's supervisor serves as the state training coordinator and liaison with the CMS central office. Additional activities performed by the Unit include oversight and daily

administration of the advanced nursing assistant training programs (ANATP), basic nursing assistant training programs (BNATP), and resident attendant programs (RA). Staff within the unit also provide technical support to surveyors and providers with respect to the Resident Assessment Instrument/Minimum Data Set tools.

- **Administrative Rules:** This Division is responsible for monitoring legislation impacting the state’s administrative rules, crafting revisions to the rules, emergency rules (particularly in response to the COVID-19 pandemic), and collaborating with programmatic, legal, and other subject matter experts of the Department. The Healthcare Worker Registry (HCRW) (database of all non-licensed health care workers) is maintained by the office. Activities associated with the HCWR include managing a provider portal, processing removal of individuals under the applicable statutes and regulations, and reviewing waivers/appeals.

While separate Divisions exist within OCHR, there is extensive collaboration between employees given the intersection of surveying with enforcement, health surveying with life-safety surveying, the issuance of new administrative rules and need for training, and the overarching shared goal of ensuring a highly effective framework is in place to fulfill the office’s regulatory responsibilities. Crucial to the activities of OHCR is a fully staffed, trained surveying team. Illinois has aggressively filled surveyor vacancies, and more recently developed a strategy to reorganize the structure of the surveying regions based on data including, but not limited to, facility growth, expansion of assisted living facilities, number of complaints, and geographic location of facilities and surveyors. While this initiative is underway, in the interim the state agency continues to meet its surveying obligations with overtime, integrating technology to improve processes, and engaging all members of the surveying team as change agents.

2. *Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency’s ability to conduct its work? In your answer, please address reasons for staff departures (e.g. retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.*

As indicated in the attached documentation, the state agency experienced an average annual turnover of 18 surveyors over the last 5 years. However, the turnover rate declined by 5.4% in 2020 with 11 surveyors separating from the state agency compared to the prior year where 24 surveyors left the state agency. Although the number of surveyors separating in 2021 and 2022 is increasing slightly, the predominant factors contributing to staff turnover are retirement, promotion within the state surveying agency, and lateral moves to survey in non-certified facilities. One factor believed to prevent attrition to other public sector employers and the private sector is the flexibility offered by OCHR in work schedules (4–10-hour workdays). This flexible work schedule also ensured the state agency was able to successfully mitigate against a backlog of complaint investigations and annual re-certification surveys during the COVID-19 pandemic. However, as other agencies seek to offer attractive compensation and benefit packages, this advantage may diminish.

Given the fact the training, orientation, and completion of the surveyor minimum qualifications test (SMQT) requires a minimum of twelve months, OHCR has partnered with human resources staff at the Department to ensure known vacancies are filled as expeditiously as possible. Strategies include the trial use of a “direct hire” list, shortening the time to hire owing to prequalified status, expanding visibility by advertising positions on virtual websites, participation in job fairs, and recent hiring of a recruiting specialist.

The state agency is exploring additional strategies to attract and retain surveyors, including building mentoring/preceptor programs, providing tuition support to attract licensed practical nurses to the agency, and tuition reimbursement to existing employees to increase the number of nurses with both bachelor’s and master’s degrees.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes, or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?*

The state agency offers surveyors an alternate 4–10-hour workday flexible schedule. It is believed this schedule, in part, mitigated against challenges associated with hiring and retention of nurse surveyors. Terms and conditions of employment, including compensation, is governed by the terms of a collective bargaining agreement for registered nurses (Illinois Nursing Association). Similarly, nurses advancing to supervisory roles within the respective divisions are represented by AFSCME. Thus, salary increases, scheduled changes, and incentives are subject to bilateral negotiations.

The state agency has not undertaken a study to evaluate the impact of private sector signing bonuses or compare private sector vs. public sector salaries. However, it is generally accepted that public sector compensation is less than private sector, balanced by pension benefits, and work-life balance associated with work schedules and time off.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contracts to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?*

During the height of the pandemic, OHCR hired retired surveyors on 75-day temporary appointments to assist the state agency clear a backlog of complaints. Retired surveyors have also been hired to bridge the gap between retirement and hiring of a new surveyor, particularly in the Life Safety Code Division, given the unique educational qualifications.

Terms and conditions of employment are governed by the State’s Central Management Services and the Department’s Office of Human Resources. Surveyors hired under this agreement are considered at-will employees, are limited to a total 75 workdays in a twelve-month period, and are compensated at 80% of full pay with no benefits.

2019: 3 project designers (Life Safety & Construction)
2020: 8 health facilities surveillance nurses
2021: 1 architect (Life Safety & Construction)
1 HFSN (field surveyor)
2 HFSN (compliance/enforcement to process IDRs)

The benefits of hiring retired surveyors include possession of the necessary credentials to survey in certified facilities, experience, and savings in benefits such as retirement contributions and health insurance. The state agency ensures surveyors hired under such arrangements are supervised in the same manner as other members of the survey team to ensure high quality, timely surveys are conducted. Moreover, surveyors are required to complete all continuing education courses required by CMS and the state agency. The state agency would respectfully recommend CMS provide additional funding for contracted surveyors and create a shared network to connect qualified, interested surveyors with state agencies.

5. *What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.*

The state agency appreciates a regular dialogue with CMS representatives accomplished through a regular cadence of meetings and a collaborative relationship with the Region 5 leadership of the Survey and Enforcement Group. CMS periodically provides guidance to the state agencies surrounding the timing of surveys, and effective use of federal tools. CMS occasionally invites representatives of the state agencies to participate in working groups to create a shared dialogue around using data, and upcoming changes to processes and procedures. The state has found these meetings helpful, encouraging appropriate staff to participate and share information broadly with other team members. The state respectfully submits the creation of additional workgroups surrounding these issues would be beneficial. This platform can also be used to create a shared dialogue among state agency leaders to discuss experiences, successes, barriers, and systems changes related to scheduling, training, and surveyor retention.

6. *The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?*

The Illinois state survey agency was awarded \$3,789,389 under the 2020 CARES Act. Under the terms of the award, CARES funding was required to be utilized specifically for

COVID-19 related expenses including focused infection control surveys (FIC) and related expenses. As a result of this additional funding, Illinois was able to conduct FIC surveys in all certified nursing homes while ensuring all surveyors were provided with personal protective equipment including masks, gowns, eye protection, and cleaning supplies. In addition, the funding was used to pay for N95 fit testing for all surveying staff. Finally, when CMS updated the regulations requiring nursing home staff to be fully vaccinated and ensure robust policies were in place surrounding testing and documentation, Illinois was able to utilize CARES funding for these surveying activities.

The additional CARES funding was vital in supporting proactive surveying aimed at identifying gaps in infection control practices and procedures in Illinois nursing homes. Given the recent CMS initiatives aimed at improving infection prevention practices, the emergence of even more multi-drug resistant infections in nursing home residents, and persistent non-compliance with infection control regulations future funding is critical to the state survey agency.

7. Please provide the requested data in the attached Excel Sheet:

See Attachment "A" in response to the requested in subparagraphs a-i.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	704	
	What is the number of Medicare and or Medicaid certified nursing home beds?	88,597	
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$32,111,346	
	FY2021	\$17,665,807	
	FY2020	\$27,881,352	
	FY2019	\$18,192,856	
	FY2018	\$13,335,924	
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$17,214,335	
	FY2021	\$16,981,201	
	FY2020	\$17,075,754	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		See more information in the Additional Notes tab.
	FY2022	315	
	FY2021	324	
	FY2020	291	
	FY2019	307	
	FY2018	309	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	70	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	69	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	35	
	FY2021	30	
	FY2020	12	
	FY2019	40	
	FY2018	52	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	16	
	FY2021	15	
	FY2020	11	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	Nurses: 9 yrs 4months 21 days	PSA's who survey = 10 years 5 months 17 days
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	Nurses: 12.05%	PSA's 20%
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	Nurses 68.67%	PSA's 71.43%
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$71,124 - \$96,708	
	Not registered nurses?	HFSI \$54,300 - \$79,464 HFSII \$62,954 - \$93,924 HFSIII \$66,432 - \$99,348	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$17,130	
	FY2021	\$41,093	
	FY2020	\$7,465	
	FY2019	\$39,320	
	FY2018	\$150,103	

7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	402	
	CY2021	490	
	CY2020	140	
	CY2019	162	
	CY2018	131	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	93%	402-29=373/402=93%; Do not include SMHRF, ICF/IID, HCFCP, or AL complaints.
	CY2021	96%	490-22=468/490=96% ; Do not include SMHRF, ICF/IID, HCFCP, or AL complaints.
	CY2020	92%	140-11=129/140=92%; Do not include SMHRF, ICF/IID, HCFCP, or AL complaints.
	CY2019	90%	162-17=145/162=90%; Do not include SMHRF, ICF/IID, HCFCP, or AL complaints.
	CY2018	86%	131-18=113/131=86%; Do not include SMHRF, ICF/IID, HCFCP, or AL complaints.

Additional Notes

Please use the space below to provide any additional notes that would be helpful for the Committee to understand the data you are submitting

Section 7 (c):

Surveyors and Salaries

Year	# of Surveyors	Amount Earned	Retirement	Social Security	Group Insurance	Total
2018	309	\$20,541,081.78	\$10,487,330.94	\$1,515,329.02	\$4,756,223.38	\$37,299,965.12
2019	307	\$20,823,435.74	\$10,766,389.75	\$1,535,572.29	\$5,215,265.72	\$38,340,663.51
2020	291	\$23,174,223.21	\$12,604,544.93	\$1,707,703.25	\$5,005,341.92	\$42,491,813.31
2021	324	\$25,622,672.22	\$14,074,091.46	\$1,886,251.77	\$5,888,470.56	\$47,471,486.02
2022	315	\$26,017,205.38	\$14,640,770.92	\$1,910,209.15	\$5,984,225.40	\$48,552,410.86

Indiana

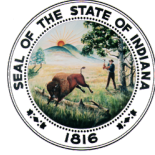
Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	524	
	What is the number of Medicare and or Medicaid certified nursing home beds?	50,821	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$5,079,399	Approximately 82% spent on LTC
	FY 2021	\$5,079,399	Approximately 83% spent on LTC
	FY 2020	\$5,079,399	Approximately 84% spent on LTC
	FY 2019	\$5,014,068	Approximately 84% spent on LTC
	FY 2018	\$5,014,068	Approximately 84% spent on LTC
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$14,552,454	Includes \$849,687 Funding for CARES. Approximately 82% spent on LTC
	FY 2021	\$14,433,119	Includes \$1,092,455 Funding for CARES. Approximately 83% spent on LTC
	FY 2020	\$13,370,868	Includes \$8375,000. Funding for CARES. Approximately 84% spent on LTC
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY 2022	100	
	FY 2021	100	
	FY 2020	100	
	FY 2019	100	
	FY 2018	100	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	1	We are aware of two additional vacancies that will occur in by July, 2023.
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	1	We are aware of two additional vacancies that will occur in by July, 2023.
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY 2022	14	
	FY 2021	20	
	FY 2020	7	
	FY 2019	6	
	FY 2018	4	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY 2022	12	
	FY 2021	18	
	FY 2020	12	
FY 2019	7		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	34.00%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	66.00%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$67,314.00- \$94,224.00	
	Not registered nurses?	\$47,320.00- \$66,222.00	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY 2022		
	FY 2021		
	FY 2020		
	FY 2019		
	FY 2018		
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	158	

7 (i)

CY2021	295
CY2020	674
CY2019	104
CY2018	96
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	100%
CY2021	100%
CY2020	100%
CY2019	100%
CY2018	100%



**Indiana
Department
of
Health**



Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

1. *Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.*

For fiscal year 2023, Indiana projects that survey teams will conduct 910 initial or resurvey visits among all facility types, as well as 1,681 follow-up visits and 2,154 complaint visits. In total, Indiana surveyors are projected to visit facilities 4,745 times in FY2023. The biggest challenge Indiana has had in carrying out its responsibilities is completing work that was stopped or delayed in order to focus on controlling the COVID-19 pandemic. In March 2020, CMS stopped all surveys except for immediate jeopardy ("IJ") complaints. At that time, Indiana was on track to complete all complaints and standard surveys in accordance with CMS rules. When CMS set out guidelines to resume survey activities that the state could complete, we were conducting large numbers of Focused Infection Control surveys weekly. Because of these COVID-19 related surveys, we were unable to resume annual surveys until April 12, 2021, and had to stop or delay those surveys several times as the Delta and Omicron variants spread throughout the state.

There are regions in our state with staffing shortages which have created a larger backlog of surveys in those areas; for instance, Area 5 has had 3-5 vacancies occur annually since 2020 and has had to postpone planned annual surveys to investigate high-priority complaints in a timely manner until those positions could be filled. To combat staffing shortfalls, we have prioritized the recertification surveys for SNF/NFs over re-licensure surveys for assisted living facilities, surveyors from other regions have traveled to help areas without staff, and we have used the strategies allowed by CMS by completing complaint investigations with recertification surveys.

2. *Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.*

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



Our LTC turnover rates peaked in 2021 at 18%, up from 7% in 2019 and 12% in 2020. Those rates declined to 12% in 2022, a year that included substantial pay raises for all surveyor positions. Exit interviews with departing surveyors have noted that the requirements on them for COVID-19 surveys and the better rates of pay in the private-sector were primary reasons for leaving their positions.

- Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?*

Exit interviews with departing surveyors have noted sign-on bonuses in the private sector in the thousands of dollars that they could not turn down. Prior to October 2022, pay ranges for new surveyors were between \$47,476 and \$83,902. From 2020-2022, applicants for surveyor positions informed us that their current salaries were between \$40,000 and \$60,000 *higher* than Indiana's starting salary.

In October of 2022, a statewide compensation study was completed and implemented that raised the pay ranges for new surveyors to \$67,314-\$94,224. This salary increase has helped to attract candidates and stem attrition, but signing bonuses and substantially higher private-sector pay continue to create staffing challenges. Additionally, this substantial increase in staff salaries has resulted in funding problems because, as explained below, Indiana's CMS baseline budget has not been increased in several years.

- Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?*

Indiana LTC has not used contracted surveyors to complete our work.

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Indiana has experienced an increase in expenses over the years from a variety of factors – increase travel costs, fluctuations in indirect cost rates, additional staffing needs to meet Tier 1 and Tier 2 workload from growth in providers and changes in M&P, salary adjustments to bring surveyors closer to fair market value and keep up with inflation, and recruitment/retention needs. Yet, our Title 18 funding has remained stagnant since 2017. The workload demands caused by the COVID-19 pandemic through FIC surveys and attempting to reduce the backlog of overdue surveys have further exacerbated the situation.

Indiana has always been a good steward of its Title 18 funding, and we have been able to fully utilize the CARES dollars to supplant a budgetary shortfall. And we continue to be fiscally prudent with the funds we do receive. However, with the CARES Act funding ending in FY23, and without an increase in our otherwise flat-lined Title 18 funding, Indiana faces a significant risk of not being able to maintain our current staffing levels (even with ongoing vacancies for critical surveyor positions). This shortfall would impact our ability to meet the Tier 1 and Tier 2 workload requirements. To meet those requirements, our current projections show that Indiana would need approximately an additional \$1.5 million in FY23 and \$2.5 million in FY24. These amounts represent roughly 44 full-time employees in FY23 and 74 full-time employees in FY24 (the average cost of a full-time employee, accounting only for the allocation to Title 18, is approximately \$34,000).

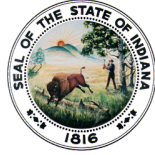
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**Indiana
Department
of
Health**



Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

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Indiana has always been a good steward of its Title 18 funding, and we have been able to fully utilize the CARES dollars to supplant a budgetary shortfall. And we continue to be fiscally prudent with the funds we do receive. However, with the CARES Act funding ending in FY23, and without an increase in our otherwise flat-lined Title 18 funding, Indiana faces a significant risk of not being able to maintain our current staffing levels (even with ongoing vacancies for critical surveyor positions). This shortfall would impact our ability to meet the Tier 1 and Tier 2 workload requirements. To meet those requirements, our current projections show that Indiana would need approximately an additional \$1.5 million in FY23 and \$2.5 million in FY24. These amounts represent roughly 44 full-time employees in FY23 and 74 full-time employees in FY24 (the average cost of a full-time employee, accounting only for the allocation to Title 18, is approximately \$34,000).

Iowa



Iowa Department of
INSPECTIONS & APPEALS

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

LARRY JOHNSON, JR., DIRECTOR

January 19, 2023

The Honorable Bob Casey, Jr., Chairman
U.S. Senate Special Committee on Aging
Washington, DC 20510

Sent Electronically:



Dear Chairman Casey:

Thank you for the opportunity to provide feedback regarding the challenges and workloads State Survey Agencies face in carrying out our important oversight duties of long-term care facilities. Our office had the opportunity to speak with your committee staff this summer. Our agency is comprised of dedicated employees who work tirelessly to ensure Iowans receive quality care. Attached is the requested Excel Spreadsheet with the relevant data for the past five years.

1. Recruitment and retention of qualified RNs has been and continues to be a focus of the department. However, most extended length in the survey process seems more related to an increase of complaints from residents and their families due to staffing.

2. In Iowa, the department has identified several reasons the length of surveys has increased:

CMS' suspension of most surveys during the pandemic did result in lengthier surveys as it takes longer to investigate older complaints (residents, staff move/change facilities, etc.). However, CMS put ambitious goals for states to reduce the complaint backlog from the pandemic ensuring timely surveys.

Certainly, new surveyors require training. The department and CMS provide a robust training program to ensure newer surveyors are efficient and effective.

The department has seen an increase of the number of deficiencies. The department posts the results of the surveys on its database at dia.iowa.gov. Focusing on staffing shortages will improve quality care and could decrease both the amount and length of surveys. Iowa has implemented multiple programs to address healthcare staffing in the state. A thorough review at the federal level of the CNA program and federal requirements could help address staffing shortages as well.

The survey process is longer. One example would be the vaccine mandate extended the length of the survey. Policy arguments aside, the enforcement of the mandate and reviewing a facility's vaccine policies takes time and adds to the length of the survey.

3. Please see the answers regarding staff turnover and salary ranges in the Excel Spreadsheet. Currently, Registered Nurses, Nursing Assistants, and Licensed Practical and Licensed Vocation Nurses are the three of the top four job postings on Iowaworks.gov as of December 5, 2022 with 4,664, 1,305, and 989 job postings, respectively. In February 2020, 197,600 Iowans were employed in Health Care and Social Assistance compared to

November 2022 with 190,400 Iowans employed in the same industry.¹ Since January 1990, employment in healthcare consistently grew until the pandemic with a 10.1 percent increase in employment from 2010 - 2019.²

A review of the federal reimbursement to state survey agencies for the work they do on behalf of CMS would assist with the recruitment and retention of surveyors.

4. Historically, the department utilizes retired surveyors to assist throughout the year. Iowa allows the department to use these contractor-retired-surveyors up to 780 hours each year. This setup has worked well throughout the years.

Because of CMS' reprioritization of surveys during the pandemic and the resulting backlog, Congress awarded state survey agencies CARES act funding to address the backlog. Iowa, similar to many other states, contracted with survey contractor companies to assist with the survey backlog. The contractors mostly conduct recertification surveys with any outstanding complaints that facility may have. The department is still responsible in the oversight of that survey.

5. The department is hopeful the upcoming launch of the iQUIES program will reduce redundancies and save surveyor time in utilizing the current technology CMS requires the states to utilize.

It has been appreciative that CMS launches listening sessions on streamlining the survey process. A continued review of the requirements of the survey in order to better balance efficiency and effectiveness. A facility, complainant, and public should know what the regulation is, what facts the surveyor saw and why that was a deficient practice and be able to easily read that from a 2567. While states, including Iowa, review this at an individual state level and implement any possible improvements, a federal review of the Principles of Documentation could improve the survey process.

6. The department agrees with its counterparts a thorough review of the survey process and the federal role in funding the survey process would be most beneficial.

Sincerely,



Linda Kellen
Interim Division Administrator
Health Facilities Division

Attachments.

cc: Stephanie Groen, Iowa State-Federal Relations, [REDACTED]

¹ <https://www.iowaworkforcedevelopment.gov/current-employment-statistics>

² https://www.iowaworkforcedevelopment.gov/sites/search.iowaworkforcedevelopment.gov/files/documents/2018/healthcare_2020.pdf

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	414	
	What is the number of Medicare and or Medicaid certified nursing home beds?	28,314	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,753,320	
	FY2021	\$2,455,775	
	FY2020	\$2,646,942	
	FY2019	\$2,360,104	
	FY2018	\$2,838,621	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$10,170,557	
	FY2021	\$9,627,337	
	FY2020	\$9,921,223	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	46	
	FY2021	45	
	FY2020	45	
	FY2019	45	
	FY2018	45	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	4	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	0-4	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	6	
	FY2021	12	
	FY2020	11	
	FY2019	11	
	FY2018	8	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022		On average, 5-10 surveyors leave the state agency for various reasons per year. An additional ~5 may stay within the agency, but may be promoted to positions other than surveyor.
	FY2021		
	FY2020		
FY2019			
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.5	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	42%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	37%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$66,600 - \$93,800	
	Not registered nurses?	\$66,600 - \$93,800	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$410,289	
	FY2021	\$29,185	

	FY2020	\$18,134	
	FY2019	\$14,450	
	FY2018	\$26,675	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	152	
	CY2021	221	
	CY2020	224	
	CY2019	36	
	CY2018	53	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	97%	
	CY2021	97%	
	CY2020	100%	
	CY2018	97%	

Kansas

DATE: March 17, 2023

TO: Special Committee on Aging

ATTN: Chairman Bob Casey

FROM: Commissioner Lacey Hunter

RE: Special Committee Request for Information

Committee Members,

Please accept this correspondence as well as the attached excel spreadsheet in response to a request received by our office on behalf of Senator Robert Casey and the Special Committee on Aging.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Kansas has vast rural and frontier communities that span the 2/3 of our state geographically, to support such a large area of square miles our survey and certification team for Nursing Homes is divided into 4 area offices located under the supervision of management at the North and South regional level. We also have a concentrated number of providers centralized around the two largest cities in Kansas; Wichita and Kansas City both of which are also under the supervision of management at the North and South Regional level. Our state is a bit unique in that we do house the long-term care and acute and continuing care survey and certification operations within the same state agency. The Kansas Department of Health and Environment (KDHE) is identified as the single state agency for Medicaid Agency as well as the signing party for the 1864 Agreement while the Kansas Department for

[Type here]

Aging and Disability Services (KDADS) is responsible for survey, certification and enforcement of nursing facilities and Psychiatric Residential Treatment Facilities. Have the survey function split between agency and training/education does make sharing staff or cross train with our sister agency difficult.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

When the COVID-19 pandemic hit in 2020 we had several long-term care survey staff that were eligible for full retirement benefits and of those 8 did retire. We have also had a few leave due to burnout but the largest staff turnover outside of retirement comes from new hires leaving prior to completing the required Long-Term Care Survey Process Training with CMS.

We have also given our staff a large bonus and 3 raises throughout the pandemic to aid the turn-over reduction and found this to be fairly success.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

The starting salary for RN survey staff ranges from \$52-54K with an additional 1-2K approx. upon completion of the certified survey training and testing requirements. This range in salary for a RN compare with 60K and up in almost all private sectors.

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4. Multiple states have replied hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Kansas utilized contract surveyor in 2018 and 2019 with the assistance of CMS to come into compliance with survey, certification, and enforcement standards as the state survey agency. In 2020 and 2021 KDADS utilized contract surveyors to complete infection control survey work.

5. What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Creating a deemed program for nursing facilities could directly impact the amount of work done by the state agency. CMS could also be complete some of the survey workload at the region CMS locations. Provide survey agency with policy changes or changes to the LTCSP prior to implementation so training time can be factored into the survey schedule. Consider the migration into new technology (iQuies) at a slower pace that allows for more user interface and feedback to ensure each provider's type and state agency is able to navigate the system with ease and not creating excess time on survey trying to input information into a computer system.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Our agency was able to utilize a portion of the CARES Act funding, but it was split with our sister survey agency KDHE. KDADS utilized the funding

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to off-set the costs incurred by HMS to perform survey for infection control as well as one time staff bonuses and new technology to assist them with more remote job functions.

Thank you for your time and consideration, please direct any follow up questions or concerns to Lacey Hunter at [REDACTED] or [REDACTED].

Thank you,

A handwritten signature in cursive script that reads "Lacey Hunter". The signature is written in black ink on a white background.

Lacey Hunter, Commissioner, Survey Certification & Credentialing
Kansas Department of Aging & Disability Services
503 S. Kansas Ave
Topeka, KS 66606-3403
Phone: [REDACTED]
Cell: [REDACTED]
Fax: [REDACTED]

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	323	
	What is the number of Medicare and or Medicaid certified nursing home beds?	14925	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,228,486	
	FY2021	\$2,447,156	
	FY2020	\$2,239,329	
	FY2019	\$2,464,331	
	FY2018	\$2,211,310	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$5,957,589	
	FY2021	\$6,778,863	
	FY2020	\$5,450,945	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	57	
	FY2021	57	
	FY2020	57	
	FY2019	57	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	29	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	29	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	3	
	FY2021	8	
	FY2020	10	
	FY2019	8	
	FY2018	9	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	8	
	FY2021	12	
	FY2020	9	
FY2019	10		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	9	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	11%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	86%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$62,000	
	Not registered nurses?	\$44,000	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$58,825	
	FY2020	\$31,356	
	FY2019	\$0	
	FY2018	\$0	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	383	

7 (i)

CY2021	606	
CY2020	549	
CY2019	479	
CY2018	373	
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	91%	
CY2021	97%	
CY2020	64%	
CY2019	Unknown	
CY2018	Unknown	

Kentucky



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

275 East Main Street, 5E-A
Frankfort, Kentucky 406 21
Phone: (502) 564-7963
Fax: (502) 564-6546

Eric Friedlander
SECRETARY

Adam Mather
INSPECTOR GENERAL

To: **Bob Casey, Chairman**
U.S. Senate Special Committee on Aging

From: **Belinda Beard, BS, RN Director**
Division of Health Care

The Division of Health Care (DHC) is the Kentucky State agency that provides oversight of the Long-Term Care (LTC) survey activities. The LTC scope of activities includes, but is not limited to, recertification surveys, complaint investigations, enforcement, and Informal Dispute Resolution processes. The aforementioned activities may also include enforcement processes if harm is identified and cited. These activities require numerous administrative tasks for CMS data submission and aggregation for quality review. The DHC has a working relationship with several state agencies as it relates to the LTC survey process, such as the Ombudsman Office, the Attorney General's Office, and the Division of Community Based Services, which adds another layer of LTC work activities.

The DHC struggles to meet the above-mentioned federal workload priorities, while trying to maintain an adequate and effective workforce. Due to the pandemic, Kentucky has lost 67% of our DHC staff. This significant staffing shortage prevents us from meeting our CMS survey timeframes. Kentucky struggles with recruitment and retention for many reasons due to our inability to be market competitive. Review of the surrounding state agencies and private sector pay rates revealed Kentucky state surveyor salaries are below market rates by \$21,000 dollars per year. CMS and state budgeted monies would need to increase significantly to allow DHC to raise salaries to meet the market rates. Although Kentucky gave our state employees an 8% percent pay raise this year, salaries are still below market rate at an average of \$53,906.16 a year.

Exit interviews reveal numerous staff left DHC for better paying positions; some accepted positions with salaries in the six-figure range. Several staff reported burn out, stating the extended travel and over time was too burdensome for their health and family life. A few elected to retire early, and others left out of concern for the potential exposure to COVID-19 while performing surveys.

Sixty-seven percent of our workforce have two years or less of surveying experience, which affects the quantity and quality of our work product. So training is crucial for these staff, however, at this time, Kentucky's five trainer positions are vacant. Although we continue to post positions and conduct interviews routinely, once candidates are offered the position, they decline citing the low pay. This leads to our need to re-post more positions, review more applications, and conduct more interviews than we

have ever had to do before and adds significantly to our daily workload. This also takes time away from our CMS work duties.

In addition to the DHC's staffing shortage, our complaint workload and the required percentage of infection control surveys have increased over the last three years. This increase in workload has contributed to our inability to effectively address our complaint backlog, and ability to conduct recertification surveys. Although we have contracted with a surveying agency, they are also experiencing staffing constraints due to their numerous contracts with other state agencies, preventing them from meeting our CMS contractual agreement. Working with the contracting company has also caused additional workload for the state agency related to the quality assurance (QA) of their work product. We find that our QA process identifies additional information and work that is needed on the part of the contracting company. This extra work causes delays in our submission of the work product to CMS.

The Kentucky State Agency respectfully suggests that CMS relax the requirement that LTC surveys be conducted on consecutive days, in order to allow staff a break on the weekends and holidays. In addition, we suggest that consideration of complaints in the backlog queue, that are over one year old, be allowed to be taken on the next recertification survey or not surveyed at all due to age. Our investigations of these have revealed that most facility employees cannot remember the event or the resident when the complaint is that old, making it nearly impossible to investigate.

The DHC appreciates the Committee's inquiry and the opportunity to share our struggles with the Special Committee on Aging.

My Kindest Regards,

A handwritten signature in cursive script that reads "BBeard".

Belinda Beard, BS, RN
Division Director

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	279	
	What is the number of Medicare and or Medicaid certified nursing home beds?	26,329	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,450,000	
	FY2021	\$1,450,000	
	FY2020	\$1,450,000	
	FY2019	\$1,450,000	
	FY2018	\$1,110,000	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$5,273,936	
	FY2021	\$5,198,945	
	FY2020	\$5,209,345	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	95	
	FY2021	95	
	FY2020	95	
	FY2019	95	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	79	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	57	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years? The below numbers are only an estimate		
	FY2022	8	
	FY2021	20	
	FY2020	32	
	FY2019	37	
	FY2018	17	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	21	
	FY2021	23	
	FY2020	23	
FY2019	24		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	3 years	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	76%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	24%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$53,906.16 to \$57,739.44 per year	
	Not registered nurses?	\$47,714.24 to \$60,905.52	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	IDR \$3,900 expended to date
	FY2021	\$372,500	6/30/2021 to 6/30/2022 \$372,500 for contracted nursing surveying; IDR FY 2021 thru 2022 \$41,675 closed 06/30/2022
	FY2020	\$0	
	FY2019 thru FY2020 IDR services- \$57,375	\$0	FY2019 thru FY2020 IDR services- \$57,375
	FY2018	\$51,000	IDR services- \$52,500, \$51,000 contracted surveyor
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		

7 (i)	CY2022	1759	
	CY2021	1736	
	CY2020	1287	
	CY2019	1226	
	CY2018	1080	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	3.6%	
	CY2021	25.8%	
	CY2020	67.4%	
	CY2019	63.1%	
	CY2018	84.9%	

Louisiana



October 17, 2022

Senator Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Casey,

On behalf of the Secretary of the Louisiana Department of Health, I thank you and the U.S. Senate Special Committee on Aging for the very important work you're doing regarding survey agency staffing/performance and all matters pertaining to those of older people.

Per your request, we have individually responded to questions 1-6 below and provided the requested data for question number 7 in the attached Excel spreadsheet.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The Louisiana Department of Health (LDH or Department), Health Standards Section (HSS or Agency) is the designated State Survey Agency. HSS licenses and/or recommends Medicare certification for 276 nursing homes within Louisiana. HSS is responsible for all nursing home licensing and certification surveys, nursing home complaint and facility reported incident surveys, focused infection control surveys, follow up surveys, nursing home enforcement and adverse actions. LDH also provides Resident Assessment Instrument/Minimum Data Set (RAI/MDS) technical support and educational training, oversight of the certified nursing aide training programs and oversight of the medication attendant certified program. In addition, LDH enforces relevant state and federal nursing home legislation, drafts or revises and promulgates relevant state nursing home rules, approves nursing home emergency preparedness all hazards plans, participates in and/or conducts stakeholder meetings, and conducts nursing home provider training related to CMS and/or state rules and regulations.

The State of Louisiana, based on its coastal geographic location and low lying areas, faces unique challenges when the State is affected by tropical weather systems. Over a third of the nursing facilities in the state are located within 22 coastal parishes, which are at an increased risk of being negatively impacted by a tropical weather system. Since July 2019, the State has been directly impacted by 5 hurricanes, including 2 category 4 hurricanes with sustained winds of 150 m.p.h., and 4 tropical storms. The increased intensity and frequency of hurricanes affecting our State, have proportionately increased the number of evacuations of nursing homes in our State and have begun to have more adverse effects on nursing homes outside of these coastal areas. To ensure the health, safety, and welfare of residents in nursing homes and other provider types during an event, survey and certification work is suspended in those affected areas and resources are directed toward the onsite monitoring of nursing homes that have evacuated or sheltered in place. In addition, the Department works with the nursing home providers that have sustained damage to ensure placement of their residents in other nursing facilities.

The availability and experience of surveyors does have a direct effect on the Agency's ability to carry out its responsibilities, as provided above. Louisiana has worked hard and has successfully addressed the backlog of overdue recertification surveys and is currently meeting timelines for complaint surveys in Nursing Homes. This has been accomplished by strategically scheduling surveys so that complaint surveys are done in conjunction with recertification surveys when applicable. In addition, Louisiana has been able to reassign surveyors from duties associated with state licensing work so that federally mandated work can be completed. This reassignment has resulted in the postponement of relicensing surveys at various provider types including but not limited to Adult Residential Care Facilities and Home & Community Based Service providers.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Surveys, inspections, and investigations of nursing homes in Louisiana are conducted by registered nurse surveyors. A registered nurse surveyor is an individual who is specially trained to conduct surveys of health care providers in order to determine compliance with state and federal regulations. Experienced registered nurses are

preferred as their foundation of knowledge (*e.g.*, education, training and experience) greatly enhances their ability to successfully function in this role. A registered nurse surveyor is expected to possess a fundamental healthcare knowledge base and a skillset that includes objectivity, effective communication, interpersonal skills, ethical behavior, compassion, critical thinking, and professionalism.

From early 2019 through July of 2022, Louisiana experienced challenges relative to recruiting registered nurse surveyors. This was primarily due to the entry level salary (\$52,666.00/annually) offered to registered nurses who applied. The more qualified and experienced applicants were declining to be interviewed or declining the position once offered. The primary reason that was given was the low rate of pay. Louisiana has also had a difficult time retaining experienced registered nurse surveyors. HSS has lost approximately 30% of our survey staff since the onset of the PHE. Determining factors for resignation have included low rate of pay, high workload demands, and excessive travel. In addition to resignations, many registered nurse surveyors who were eligible for retirement chose to retire. These registered nurses reported increased stressors associated with the pandemic as the main determining factor for retirement. This has all led to a high turnover rate for Louisiana.

For Fiscal Year 2018 through Fiscal Year 2022, the average number of registered nurse surveyor FTEs (Full Time Equivalent) allocated to the regulatory oversight of certified nursing homes was 46.69. During this 5 year timeframe, Louisiana experienced an overall turnover rate of approximately 17%. Turnover rates are as follows:

- FY 2018 – Approximately 15%
- FY 2019 – Approximately 18%
- FY 2020 – Approximately 12%
- FY 2021 – Approximately 16%
- FY 2022 – Approximately 25%

Employee turnover resulted from resignations, transfers, retirements, and promotions. A high turnover rate has a direct negative impact on the ability to complete mandated work as it has resulted in a reduced number of trained surveyors functioning in a production role which leads to tight scheduling, increased workload, increased travel, and employee burnout. In addition, a high turnover rate is extremely costly to the state as it takes approximately 10 months from date of hire to train a registered nurse surveyor to the point of being able to function effectively as an independent surveyor/investigator. For this reason, employee retention is a high priority for Louisiana.

In response to recruitment and retention challenges, Louisiana recently approved an increase in the base pay for registered nurses who apply for the position and/or function in the position of registered nurse surveyor. This went into effect in July of 2022 and provides registered nurses with a base salary of \$76,045 annually. This has put Louisiana in a position to be competitive with regards to attracting and maintaining qualified registered nurses, and it has had a significant impact on our ability to effectively recruit and retain registered nurses who function in this role. Before the increase in base salary, HSS had 20 vacant nurse surveyor positions that we were unable to fill. Since the increase in base salary, the number of vacant positions have been reduced to 6. In addition, Louisiana has provided registered nurse surveyors with the option to convert from 8-hour shifts five days/week to 10-hour shifts four days/week. Providing this flexibility and allowing staff to have greater control over their work schedule, has also had a positive impact on Louisiana's ability to effectively recruit and retain staff.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Louisiana has experienced challenges relative to the recruitment and retention of registered nurses. These challenges were identified as an area of concern prior to the PHE and have escalated since the PHE's onset.

Data collected in 2021 revealed that the average annual pay for a registered nurse in Louisiana was just over \$75,000 with the majority of salaries ranging between \$60,826 and \$92,841 annually. This was significantly higher than the \$52,666 salary Louisiana was offering candidates who applied for the position of registered nurse surveyor. In addition, many private sector employers were offering sign on bonuses and work at home options for registered nurse positions that could be done from a work at home environment. This contributed to the difficulties Louisiana was facing relative to the recruitment and retention of registered nurses.

As indicated in the response for question #2 above, Louisiana had a difficult time recruiting registered nurses due to the entry level salary of \$52,666.00 per annum

being offered to those who applied. In response to recruitment and retention challenges, effective July 2022, Louisiana approved an increase in the base pay for registered nurses who applied for the position or would function in the position of registered nurse surveyor. The increase provides registered nurses with a base salary of \$76,045 annually. This 44% increase in the starting salary of a register nurse surveyor made Louisiana more competitive with regard to attracting and maintaining qualified registered nurses. It has also had a significant impact on the State’s ability to effectively recruit and retain registered nurses who function in this role. In addition, as stated above, Louisiana has provided survey staff with the option to convert from 8-hour shifts five days/week to 10-hour shifts four days/week. This flexibility in work schedules has also had a positive impact on Louisiana’s ability to effectively recruit and retain staff.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Our agency has contracted with the Louisiana Office of State Fire Marshal (OSFM) to conduct all life safety code (LSC) surveys in our certified facilities, where required, in accordance with the CMS’ State Operations Manual (SOM) and Mission Priority Document (MPD) for more than the past 5 years. The decision to utilize the OSFM as a contractor was based on their years of experience and knowledge of the National Fire Protection Association (NFPA) requirements and training in inspecting facilities for LSC compliance as part of their state statutory and regulatory responsibilities. Louisiana utilizes NFPA requirements for code enforcement which is equivalent to current CMS’ LSC NFPA regulations.

The benefits for this contract are two-fold: (1) utilizing an OSFM inspector removes duplication of survey/ inspection work by different state agencies, and (2) cost savings through reduction in needed staff by our agency and the associated pay, benefits, and training costs. The challenges associated with utilizing a contractor for this work include: coordination of surveys due to occasional changes in survey schedule, occasional contractor staffing shortages, and the rare occasion of competing priorities within the contracted state agency.

Our Agency oversees our contract with the OFSM to ensure timely, high-quality LSC surveys by the following:

- Operations staff oversees the scheduling of certification surveys, coordinates, and verifies that our OSFM partners conduct the required LSC surveys;
- Our program staff ensures uploads of LSC surveys are done timely; and
- Our contract monitor, utilizing a sampling of LSC surveys, reviews the LSC surveys and documentation for quality of work and ensures that the contract monitor provides appropriate training as needed.

CMS currently provides oversight of our contractor to ensure effectiveness through conducting LSC comparative surveys, updating CMS training requirements to conduct LSC surveys, and communicating directly with our contractor and our agency.

Our Agency does not have an opinion at this time as to what CMS should be doing regarding overseeing the use of contractors.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

It is Louisiana's belief that CMS could allocate additional funding to State Agencies to account for the increased cost associated with the recruitment and retention of registered nurses who function in the role of surveyors/investigators. Since the onset of the PHE, State Agencies have experienced increased challenges with regard to staffing and retention. The staffing challenges have had a direct negative impact on Louisiana's ability to comply with routine federally mandated work as outlined in the CMS Mission & Priority document. The staffing challenges also have had a direct negative impact on the State Agencies ability to address overdue state licensing survey work. In response to staffing challenges, Louisiana was able to increase the entry level pay of registered nurses who function in the role of surveyors/investigators. This increase resulted in an added recurring cost to the State. While we feel our CMS Regional Office in Dallas has been a good partner, the primary request we have at this moment would be for additional funding.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

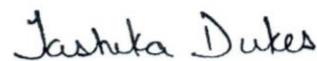
The CARES Act provides funding to Louisiana for Survey & Certification (S&C) to supplement the effort to offset the increased costs associated with the increased survey workload due to the COVID-19 PHE. The funds are being used for COVID-19 survey work and other related costs incurred due to the need for increased protection from the virus, including:

- Prioritization of immediate jeopardy and focused infection control surveys;
- Completion of the backlog of pending recertification surveys created during the PHE;
- Complaint surveys related to infection control violations and associated sanctions; and
- Increased volume of revisit surveys to provide greater oversight outside of complaint activity

The CARES Act funding is available through September 30, 2023. CMS asked States to evaluate, identify, and prioritize the use of CARES Act funds where possible, in accordance with the funding guideline. The supplemental funding has had a great impact on the costs associated with increased survey workload and other related activities due to COVID-19.

It would be difficult to complete the increased COVID-19 survey workload and other related cost with the S&C Medicare base budget allocated for Louisiana without the additional funding boost provided by the CARES Act.

Respectfully,



Tasheka Dukes, RN, BSN
Deputy Assistant Secretary / Director
Health Standards Section
Louisiana Department of Health

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	276	
	What is the number of Medicare and or Medicaid certified nursing home beds?	34,598	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,153,209	Title 19 Medicaid - LTC State Share
	FY2021	\$1,121,958	Title 19 Medicaid - LTC State Share
	FY2020	\$971,173	Title 19 Medicaid - LTC State Share
	FY2019	\$1,180,795	Title 19 Medicaid - LTC State Share
	FY2018	\$1,186,375	Title 19 Medicaid - LTC State Share
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$9,296,883	Title 18 Medicare and T19 Medicaid - LTC Federal Share
	FY2021	\$9,604,435	Title 18 Medicare and T19 Medicaid - LTC Federal Share
	FY2020	\$7,659,683	Title 18 Medicare and T19 Medicaid - LTC Federal Share
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	42.94	1.75 FTEs - SNF and 41.19 FTEs - SNF/NF (1,500 hours per Surveyor FTE)
	FY2021	40.84	1.69 FTEs - SNF and 39.15 FTEs - SNF/NF (1,500 hours per Surveyor FTE)
	FY2020	45.68	1.69 FTEs - SNF and 43.99 FTEs - SNF/NF (1,500 hours per Surveyor FTE)
	FY2019	53.89	2.40 FTEs - SNF and 51.49 FTEs - SNF/NF (1,500 hours per Surveyor FTE)
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	1.63	Multiplier - .327 of Total FTE's
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	1.63	Multiplier - .327 of Total FTE's
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	11.11	Multiplier - .327 of Total FTE's
	FY2021	5.28	Multiplier - .311 of Total FTE's
	FY2020	3.48	Multiplier - .348 of Total FTE's
	FY2019	4.52	Multiplier - .411 of Total FTE's
	FY2018	3.43	Multiplier - .382 of Total FTE's
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	5.55	Multiplier - .327 of Total FTE's
	FY2021	6.22	Multiplier - .311 of Total FTE's
	FY2020	5.22	Multiplier - .348 of Total FTE's
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	37	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	38	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$76,045 - \$104,416	RNs - MCS1 and MCS2
	Not registered nurses?	\$52,665 - \$69,742	Non RNs - MCS1 and MCS2 (CLIA surveyors included)
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$3,679,214	OSFM Contract/ Medicaid Myers and Stauffer Case Mix contract/ Medicaid Postlewaithe & Netterville accounting audit contractor / Office of Public Health- Sanitation inspections
	FY2021	\$3,716,553	OSFM Contract/ Medicaid Myers and Stauffer Case Mix contract/ Medicaid Postlewaithe & Netterville accounting audit contractor / Office of Public Health- Sanitation inspections
	FY2020	\$3,835,465	OSFM Contract/ Medicaid Myers and Stauffer Case Mix contract/ Medicaid Postlewaithe & Netterville accounting audit contractor / Office of Public Health- Sanitation inspections

FY2019	\$3,594,559	OSFM Contract/ Medicaid Myers and Stauffer Case Mix contract/ Medicaid Postlewaithe & Netterville accounting audit contractor / Office of Public Health- Sanitation inspections
FY2018	\$2,664,016	OSFM Contract/ Medicaid Myers and Stauffer Case Mix contract/ Medicaid Postlewaithe & Netterville accounting audit contractor/ Office of Public Health- Sanitation inspections
How many nursing home complaints did your state agency receive in the following calendar years?		
CY2022	444	As of October 14, 2022
CY2021	504	
CY2020	491	
CY2019	569	
CY2018	626	
How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
CY2022	27	As of October 14, 2022
CY2021	41	
CY2020	130	46 stand alone Infection Control IJ complaints
CY2019	30	
CY2018	83	
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	100%	
CY2021	100%	
CY2020	100%	
CY2019	100%	
CY2018	98.7%	
How many nursing home complaints representing non-immediate jeopardy did your state agency receive in the following calendar years?		
CY2022	417	As of October 14, 2022
CY2021	463	
CY2020	361	
CY2019	539	
CY2018	543	
What percentage of non-immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	100%	As of October 6, 2022
CY2021	100%	
CY2020	100%	
CY2019	99.8%	
CY2018	99.8%	

7 (i)

Maine

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011
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TTY: Dial 711 (Maine Relay)

November 17, 2022

Senator Bob Casey, Jr.
Chairman, U.S. Senate Special Committee on Aging
Office of Income Security Programs
Washington, D.C. 20510-6400

Re: Maine responses to Special Committee on Aging's letter dated September 12, 2022.

Dear Senator Casey:

I am providing the following information in response to your questions posed in the September 12, 2022 letter.

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.*

Response

All nursing homes in Maine are required to be federally certified by CMS. Our Nursing Home Survey & Certification program conducts federal recertification surveys and complaint investigations for approximately 90 nursing homes. We have funding for 15 surveyor positions, but due to vacancies have only 12 surveyors to cover the entire state of Maine, an area of more than 35,000 square miles—nearly the size of all the other New England states (NH, VT, MA, RI & CT) combined.

All but one of our 12 surveyors are nurses, and due to the significant difficulty of hiring more nurses, especially in geographic areas of need in our state, the eleven nurses on staff have incurred significant travel time to get complaints completed timely—especially the investigative areas required by CMS. Maine is large and very rural, and our State Agency and supervisors are located in the state capital, Augusta. Travel from our southernmost nursing home to our office is 110 miles, and travel from our northernmost nursing home to our office is 260 miles.

It takes more than a year for a new surveyor to fully train and be competent in the survey process. That long on-the-job training and preceptor/mentorship process, while valuable, delays survey times as preceptors need to spend more time reviewing the work and educating and instructing new surveyors.

The increased time to complete surveys results in a cascade of delays: it causes an increased backlog of complaint, recertification, focused-infection control surveys, and other work such as

facility staff vaccination audits. Further exacerbating the challenge are CMS requirements that State Agency, rather than CMS, staff have to conduct revisits after CMS staff conduct federal monitoring surveys. As a result of CMS shifting this work to federal contractors and States, State Agency staff are now required to do increased provider certification work.

Additionally, State Agency staff are required to do significant work to respond to federal Freedom of Information Act (FOIA) requests. We contend that this is inefficient: State Agencies, as part of their survey work, scan all survey documents into the CMS database; yet when there is a FOIA request, State Agencies are being required to pull those documents out of CMS's secure database, rename them, and then send them via multiple encrypted emails to CMS staff-- instead of CMS staff extracting the documents out of CMS's own database.

We are working to address these challenges by using every available qualified staff (including supervisors) in the field to help with workload, and by focusing and prioritizing the CMS nursing home tasks over other state licensure work. Neither is sustainable, and neither rectifies the root causes of these problems.

2. *Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.*

Response

Maine's long-term care survey team has been running anywhere from a 10-34% turnover and vacancy rate, which has had a significant impact on the ability to get surveys completed and address workload. Currently, a full 20% of our surveyors have fewer than 4 years' experience. The State Agencies have no way to train new staff other than to have existing staff take on that burden of training (CMS provides only online training, which is insufficient), in addition to doing their own surveying work. The staff who are doing the new surveyor training are fatigued from the repetitive training cycle that seems to bear no fruit: new staff leave soon after starting due to lower-than-private-practice pay, long hours, and extensive statewide travel, which means multiple nights away from home for most surveys. Once new staff leave, if others can be hired, existing staff start that training cycle again. The constant training of new staff and the increasing complexity of the complaints, along with increased survey requirements, means surveys and thorough complaint investigations take more time. This severe and urgent workload increases surveyors' stress and contributes to already-high burnout.

The staff who leave cite a number of reasons: fatigue from the workload, medical risk factors that make the requirement to enter facilities with ongoing outbreaks too risky, higher pay and better benefits in the private sector, among others.

Some retention strategies have involved granting staff time off to de-stress when requested, decreasing the number of recertification surveys so the teams were not doing seemingly endless back-to-back surveys, and allowing for some flexibility in workday schedules. These have been

helpful to an extent, but present their own challenges, and again do not address the root of the problem.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?*

Response

As a State Agency, the salaries for our staff are established and set through the state Bureau of Human Resources and impacted by the Legislature, collective bargaining, and other factors. In general, they do not provide competitive compensation for the skill levels needed to do the job of a surveyor effectively. Additionally, salaries have not been increased along with the increased demand for nurse surveyors due to the COVID-19 pandemic. In fact, nurse surveyor salaries in State government have not kept pace with private settings, and they are currently 50-75% below what the nurses in clinical settings are making. The salary for a nurse surveyor in Maine is \$51,022-\$72,716.80 while nursing positions in the clinical settings are hiring at \$88,780-\$124,000.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?*

Response

Our State Agency has been unable to hire contractors to do survey work. We have reached out to staffing/contract agencies, but there are no willing and qualified candidates. Additionally, the time required to train a contracted surveyor would be as significant as that required to train a new staff person. There is only a small number of contracting agencies in the country who have existing qualified and certified staff to do survey work; even they do not have sufficient staff to fill the requests they are receiving from other State Agencies.

Our State uses existing staff to conduct the very few IDR sessions that are requested. We have not had any Independent IDRs (IIDRs) requested since before the pandemic started.

- 5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of*

surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Response

- A. CMS should revisit the shift of its certification work to State Agencies and contractors. CMS shifted the certification work from its CMS offices to federal contractors and the State Agencies without fully understanding the burden it has placed on the states. No CMS training exists for this work and State Agencies expend a significant amount of time trying to assist providers in getting answers to CMS certification requirements and appropriate 855 forms and processing questions.
- B. CMS should work with Congress to base the frequency of recertification surveys on nursing home *performance*, rather than the passage of time. Instead of requiring nursing homes to be recertified every 9-15 months regardless of whether the nursing home has had zero deficiencies in past surveys (complaint and recertification) or hundreds of deficiencies, the reason for recertification surveys should be the nursing home's performance: how well has the nursing home cared for those in its charge?

This alone would enable the State Agency surveyors to have a relentless presence in nursing homes that have frequent citations, which is where they are most needed. Those nursing homes that do not have frequent citations or significant performance issues can be recertified every 3 years, which is consistent with CMS recertification requirements for hospitals and other medical providers.

- C. CMS could also change the Long-Term Care survey process to be more like that for Home Health Agencies: there is a shorter core survey and, if surveyors find nothing of concern and no violations, the survey team exits-- but if there are concerns, the survey team expands the survey and looks into more details.
- D. CMS staff could assist by doing more embedded surveys - surveys in which a CMS staff person does a survey with State Agency Staff and can provide guidance, training, and instruction. This will allow for the freeing up of State Agency staff to help with complaint survey volume.
- E. CMS should review and update its FOIA process so that it is not requiring State Agencies to send to CMS documents that are already in the CMS database.

6. *The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?*

Response


Our agency used this funding for OSHA-required medical screening exams for all our survey staff, as they are required to use N95 respirators when entering COVID-positive facilities. It also purchased multiple orders of PPE for staff (including several powered air purifying respirators for those who could not pass their N95 mask fit testing). This funding also assisted with staff costs associated with COVID-19 screenings and tracking, and with costs associated with staff who acquired COVID-19 because of their work going into COVID-positive facilities.

The effect of the loss of this funding while the effects of the pandemic are still being felt, and with the expected winter surge in COVID-19 cases, will be to shift the burden of the costs for State Agency staff to the state taxpayers for this federal work.

While CARES Act funding is expiring, the need for these expenses is not going away.

Thank you for the opportunity to provide you with Maine's perspective on these questions. Please feel free to contact me if additional information or clarity is required.

Sincerely,



Bill Montejo, RN
Director, Maine Division of Licensing & Certification
Maine Department of Health and Human Services

cc:

Senator Susan M. Collins (ME), member, U.S. Senate Special Committee on Aging
Jeanne M. Lambrew, PhD, Commissioner, Maine DHHS
Molly Bogart, Director of Government Relations, Maine DHHS

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer	
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	90	1 nursing home is in the process of closing and another has a temporary closure due to a lack of staff.	
	What is the number of Medicare and or Medicaid certified nursing home beds?	6472		
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?			
	FY2022	\$266,244	Partial Year. FFY2022 Qtrs 1, 2 and 3. Qtr 4 Grant Report not due at this time	
	FY2021	\$433,380		
	FY2020	\$370,420		
	FY2019	\$424,679		
	FY2018	\$511,630		
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?			
	FY2022	\$1,984,333	Partial Year. FFY2022 Qtrs 1, 2 and 3. Qtr 4 Grant Report not due at this time	
	FY2021	\$3,083,569		
	FY2020	\$2,737,385		
FY2019	\$2,982,835			
FY2018	\$3,117,115			
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?			
	FY2022	15	Does not include 2 supervisors which brings total to 17 for all years 2018-2022	
	FY2021	15		
	FY2020	15		
	FY2019	15		
FY2018	15			
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	3		
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	3		
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?			
	FY2022	3		
	FY2021	3		
	FY2020	0		
	FY2019	1		
	FY2018	0		
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?			
	FY2022	3		
	FY2021	4		
	FY2020	2		
FY2019	2			
FY2018	0			
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6		
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	33%		
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	50%		
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:			
	Registered nurses?	51,022-72,716		
	Not registered nurses?	43,201-57,969		
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?			
	FY2022	N/A	We did not account for IDR costs separately from the overall CMS 435 budget so we are unable to provide an accurate account of these expenses between 2018-2022. We did not incur any IDR costs during between 2018-2022.	
	FY2021	N/A		
	FY2020	N/A		
	FY2019	N/A		
FY2018	N/A			
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?			
	CY2022	4		

7 (i)	CY2021	9
	CY2020	15
	CY2019	5
	CY2018	12
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
	CY2022	100%
	CY2021	100%
	CY2020	100%
	CY2019	100%
	CY2018	100%

Maryland



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

November 18, 2022

The Hon. Bob Casey, Chairman
Special Committee on Aging
The United States Senate
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

The Hon. Tim Scott, Ranking Member
Special Committee on Aging
The United States Senate
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

RE: Data Request

Dear Chairman Casey and Committee Members:

The Maryland Department of Health (MDH) respectfully provides its responses to the questions posed by the Special Committee on Aging through the Annual Report of the MDH Office of Health Care Quality. The report can be accessed publicly here, and is attached to this letter: https://dlslibrary.state.md.us/publications/Exec/MDH/OHCQ/HG19-308%28b%29%284%29_2021.pdf.

The following comments are in addition to the information provided in the report.

- Regarding contract support, besides a period in the Summer of 2020 where CMS Region III contractors and staff were used to support focused infection control surveys, Maryland has not used contractual surveyors.
- Regarding CARES Act Funding, Maryland has used this funding to implement the CMS Focused Infection Control (FIC) survey process for nursing homes. The FIC survey included the appropriate focus on infection control processes during a pandemic for effective oversight in nursing homes.
- Please see the attached spreadsheet for the requested data that was readily available at this time.

If you have any questions or comments, please contact me or Megan Peters, (Acting) Director of Governmental Affairs, at [REDACTED].

Sincerely,

Jinlene Chan, MD, MPH, FAAP
Deputy Secretary, Public Health Services

cc: Patricia Tomsco Nay, MD, CHCQM, FAAFP, FABQAURP, FAAHPM,
Executive Director, Office of Health Care Quality
Megan Peters, Acting Director, Office of Governmental Affairs



MARYLAND DEPARTMENT OF HEALTH
Office of Health Care Quality

**Maryland Department of Health
Office of Health Care Quality**

**Annual Report and Staffing Analysis
Fiscal Year 2021**

Health-General Article § 19-308(b)(4)

Health-General Article § 19-1409(e)

Larry Hogan, Governor

Boyd Rutherford, Lt. Governor

Dennis Schrader, Secretary

Jinlene Chan, MD, MPH, FAAP, Deputy Secretary for Public Health Services

Patricia Tomsco Nay, MD, CHCQM, FAAFP, FABQAURP, FAAHPM, Executive Director

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Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 21 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article § 19-308(b)(4) and Health-General Article § 19-1409(e). OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in certain health care facilities and community-based programs. As of July 1, 2021, OHCQ oversees 19,032 providers in 44 industries, a record annual increase of 7.7 percent from the number of providers on July 1, 2020.

Through the authority of the Maryland Secretary of Health, OHCQ issues State licenses which authorize a facility or program to do business in Maryland. The Centers for Medicare and Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. As an agent of CMS, OHCQ conducts certification, recertification, and Clinical Laboratory Improvement Amendments (CLIA) activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations. It is through these activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure that there is public confidence in the health care and community delivery systems.

The COVID-19 pandemic and the catastrophic health emergency impacted OHCQ's activities as both federal and State government reprioritized existing mandates and established new ones to best protect the health and safety of individuals as the pandemic progressed. The federal and State systems of oversight, particularly in the nursing home industry, will continue to evolve over the coming years, requiring OHCQ to implement new and revised survey processes.

In FY 18, the Department developed and implemented a seven-year staffing plan for OHCQ. As anticipated, this controlled growth in the agency's workforce is progressively improving compliance with federal and State mandates. The 2021 legislative session resulted in additional mandates for OHCQ through the passage of HB0674/SB0704 - Nursing Homes – Transfer of Ownership – Site Visits and Surveys, HB0881/SB0815 - Mental Health Facilities – Sexual Abuse and Harassment – Reporting and Prevention, and SB0187/HB0240 - Criminal Procedure – Forensic Genetic Genealogical DNA Analysis, Searching, Regulation, and Oversight.

OHCQ continues to use technological solutions to improve processes and enhance communication, but our success will be determined by our most valued resource – OHCQ's staff who work each day to protect the health and safety of Marylanders across the health care continuum. It is an honor and a privilege to lead this group of dedicated staff. OHCQ appreciates the ongoing support of the Secretary, the Deputy Secretary, the Administration, members of the General Assembly, and all of our stakeholders.

Patricia Tomsko Nay, MD

Patricia Tomsko Nay, MD, CHCQM, FAAFP, FABQAURP, FAAHPM
Executive Director, Office of Health Care Quality

Mission and Vision

Through the authority of the Maryland Secretary of Health, the Office of Health Care Quality (OHCQ) issues State licenses which authorize a facility or program to do business in Maryland. The Department has designated OHCQ as the agency that monitors the quality of care in certain types of health care facilities and community-based programs.

The Centers for Medicare and Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. The Social Security Act mandates the establishment of federal minimum health and safety and Clinical Laboratory Improvement Amendments (CLIA) standards that must be met by providers and suppliers in order to participate in the Medicare and Medicaid programs. In this context, providers are patient care institutions, such as hospitals, hospices, nursing homes, and home health agencies. Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories and ambulatory surgery centers. As an agent of CMS, OHCQ conducts certification, recertification, and CLIA activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid.

OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations, which set forth minimum standards for the delivery of care. OHCQ provides technical assistance to applicants, licensees, consumers, and other stakeholders.

It is through these licensure, certification, and survey activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure that there is public confidence in the health care and community delivery systems. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

COVID-19 Pandemic and the Catastrophic Health Emergency

The COVID-19 pandemic and the catastrophic health emergency impacted OHCQ's licensure, certification, and survey activities as both State and federal government reprioritized existing mandates and established new ones to best protect the health and safety of individuals as the pandemic progressed. This required OHCQ to implement new or revised survey processes in many industries during FY 21. Both the State and federal systems of oversight will continue to evolve over the coming years, particularly in the nursing home industry.

During the pandemic, OHCQ implemented off-site reviews of new sites for existing community-based providers, such as programs serving individuals with developmental disabilities. The online audiovisual visit allowed for real-time communication between OHCQ and the provider. OHCQ could direct where the provider turned the camera and what areas to focus on during the tour of the physical space. In certain situations, this type of survey was both efficient and effective in determining if the new site met the licensure requirements and could begin operation. While

developed as an alternative during the pandemic, this type of survey is now being incorporated into OHCQ's standard processes when appropriate.

On March 16, 2020, the Maryland Secretary of Health issued an order limiting OHCQ's licensing, oversight, and inspection activities to the following activities for all provider types: (1) administrative review and triage of all complaints and facility-reported incidents; (2) on-site investigations of those complaints and facility-reported incidents that are triaged as an immediate jeopardy and any follow-up visits necessary to confirm abatement of the immediate jeopardy situation; (3) off-site processing of initial licensure applications and requests to increase capacity; an on-site visit will be conducted only if required for providers to seek reimbursement; (4) other investigations if determined by OHCQ's Executive Director or Designee to be imperative to protect the health and safety of Marylanders. The Secretary rescinded this order on October 1, 2020, allowing normal survey activities to continue.

Throughout the COVID pandemic and catastrophic health emergency, OHCQ followed the CMS prioritization of certification and survey activities in nursing homes. In response to the COVID-19 pandemic, CMS suspended nursing home surveys on March 4, 2020. On March 20, 2020, CMS permitted immediate jeopardy and focused infection control surveys in nursing homes if states had sufficient resources to perform the surveys. On May 18, 2020, CMS outlined a plan to restore survey activities based on the state's phase of the COVID pandemic. Generally, states could perform surveys to investigate alleged immediate jeopardy, revisits for immediate jeopardy, focused infection control surveys, initial surveys, and COVID hot spots. As states entered Phase 2, surveys to investigate alleged actual harm could be performed.

On June 1, 2020, CMS required states to conduct Focused Infection Control surveys of all nursing homes. Maryland completed these surveys on August 14, 2020. Maryland identified deficient infection control practices in many facilities, some of which had the potential to cause harm. In response to being notified of deficiencies, a nursing home was required to develop and implement a plan of correction. This process resulted in the correction of deficient infection control practices faster and improved care to Maryland's nursing home residents during the pandemic.

On August 17, 2020, CMS authorized states to perform recertification surveys after completing investigations of alleged immediate jeopardy and actual harm, focused infection control surveys, initial certification, and COVID hot spots.

Beginning on January 20, 2021, CMS limited hospital survey activities for 30 days by suspending hospital recertification surveys and limiting complaint surveys to immediate jeopardy complaint allegations. CMS prioritized onsite complaint investigations based on the following factors: (1) imminent danger to patients at the hospital, (2) noncompliance with Medicare hospital conditions of participation likely exists, and (3) if immediate action must be taken to protect the health and safety of patients. On February 18, 2021, CMS extended this directive for another 30 days until March 22, 2021.

When there were limitations for on-site survey activities, OHCQ surveyors and administrative staff conducted off-site surveys and licensure activities. During this period, the number of pending license applications decreased throughout OHCQ as staff completed licensure of new providers,

as well as requests for increased bed capacity, license capacity, and new service lines. As a result, FY 21 had a record increase of 7.7 percent in the number of providers overseen by OHCQ.

Strategic Planning Process

OHCQ's strategic planning process allows the agency to best use its resources to fulfill the mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four goals of the strategic planning process are:

1. Regulatory efficiency and effectiveness: Efficient and effective use of resources to fulfill mandates;
2. Core operations: Focus on core business functions and maintaining accountability;
3. Customer service: Consistent, timely, and transparent interactions with all internal and external stakeholders; and
4. Quality improvement: Sustaining a quality improvement process within OHCQ.

Several regulatory efficiency and effectiveness initiatives and approaches are described below.

Enhancing Online Services

Recognizing the importance of web-based information and services to both internal and external customers, OHCQ reclassified two administrative positions to webmasters. The webmasters plan, design, develop, and implement OHCQ's web-based applications and continually review and revise these systems to enhance efficiency and effectiveness. The optimization of web architecture for navigability by web browsers improves the end user's experience. The webmasters develop and implement in-person and online training related to these web-based applications.

Improving the Customer Experience through Agile Technology Modernization

OHCQ continues to implement internal- and external-facing dashboards for employees, applicants, providers, consumers, and other stakeholders. These intuitive dashboards organize important information in a single online location that is easily accessible from any device connected to the Internet. Internal dashboards provide real-time information to staff about upcoming tasks and deadlines, allowing supervisors to more easily manage large amounts of data and numerous tasks. External dashboards for various health care industries allow consumers and providers to get information and resources quickly. Figure 1 shows a screenshot of the assisted living dashboard that offers a description of assisted living programs and links to the relevant COMAR regulations, licensee directory, consumer resources, and provider resources.

In FY 21, the OHCQ dashboards were accessed over 100,000 times, allowing users to locate information at their convenience and decreasing the number of phone calls and emails that OHCQ administrative staff received for routine inquiries. As OHCQ has gained administrative efficiencies, vacant administrative positions are reclassified to surveyors to conduct survey, certification, and licensure activities. Currently, OHCQ's work force of 244 employees includes only 4 secretarial staff.

Figure 1: Assisted Living Programs Dashboard

MARYLAND DEPARTMENT OF HEALTH
Office of Health Care Quality

Programs Consumers Patient Safety Grants Regulations Reports

OHCQ Protecting the health and safety of Marylanders across the health care continuum **Assisted Living Programs**

Description

An assisted living program is a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of individuals who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the individuals.

It does not include a nursing home, as defined under Health-General Article, §19-301, Annotated Code of Maryland; a State facility, as defined under Health-General Article, §10-101, Annotated Code of Maryland; a program licensed or approved by the Department under Health-General Article, Title 7 or Title 10, Annotated Code of Maryland; a hospice care program licensed by the Department under Health-General Article, Title 19, Annotated Code of Maryland; services provided by family members; services provided by a licensed residential service agency or licensed home health agency in an individual's own home; or a Certified Adult Residential Environment Program that is certified by the Department of Human Services under Article 88A, §140, Annotated Code of Maryland.

OHCQ is responsible for the licensure and oversight of assisted living programs.

Maryland Regulations

Regulations related to assisted living programs are found in [COMAR 10.07.14](#). To order copies of COMAR regulations, call the Maryland Division of State Documents at 410-260-3876 or 800-633-9657. Regulations are also available at public libraries - Find your [nearest public library](#).

Licensee Directory The contact information for assisted living programs is at [Licensee Directory](#). The files can be viewed or downloaded with Adobe Acrobat®, Microsoft® Word or Microsoft® Excel.

Consumer Resources

Provider Resources

Mandated Activities of Licensed and Certified Providers

As of July 1, 2021, OHCQ oversees 19,032 providers in 44 industries. On October 1, 2020, OHCQ began oversight of the 44th industry, assisted living referrers. As discussed above, FY 21 had a record increase of 7.7 percent in the number of providers overseen by OHCQ. The increase in providers occurred primarily in clinical laboratories, residential service agencies, and health care staff agencies. Table 1 lists the number of licensees per provider types as of July 1st of 2019, 2020, and 2021.

New Mandates Related to the COVID-19 Pandemic

New federal and State nursing home mandates related to the COVID-19 pandemic significantly increased the workload for OHCQ surveyors and supervisors. CMS added the Focused Infection Control (FIC) survey for nursing homes. New State activities included surveys related to COVID-19 testing requirements, COVID-19 CRISP reporting, and emergency plans. Other federal and State mandates remained in place. While OHCQ hired additional nurse surveyors during the pandemic, nursing home surveyors require a year of training and must pass a national certification exam to survey independently. Thus, these new staff are still in training.

Table 1: Number of Licensees per Provider Type as of July 1, 2019, 2020, and 2021

Provider Type	Number of Licensees		
	July 1, 2019	July 1, 2020	July 1, 2021
Adult Medical Day Care Centers	115	121	122
Assisted Living Programs	1,563	1,650	1,672
Assisted Living Referrers	N/A	N/A	41
Birthing Centers	3	2	2
Cholesterol Testing Sites	0	0	0
Community Mental Health Centers	4	4	3
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Correctional Health Facilities	10	10	10
Cosmetic Surgery Facilities	5	5	5
Developmental Disabilities Sites (304 providers)	3,079	3,050	3,008
Employer Drug Testing Facilities	262	248	250
Federally Qualified Health Centers	78	78	77
Federally Waived Laboratories	3,264	3,434	3,894
Forensic Laboratories	46	45	45
Forensic Residential Centers	1	1	1
Freestanding Ambulatory Surgical Centers	343	337	340
Freestanding Medical Facilities	4	5	5
Freestanding Renal Dialysis Centers	174	175	175
Health Awareness Testing Sites	51	54	60
Health Care Staff Agencies	443	505	593
Health Maintenance Organizations	7	7	7
Home Health Agencies	54	54	56
Hospice Houses	16	16	16
Hospices	27	26	26
Hospital Laboratories	98	99	91
Hospitals	61	63	63
Independent Reference Laboratories	127	139	148
Intermediate Care Facilities Individuals with Intellectual Disabilities	2	2	2
Limited Private Inpatient Facilities	3	4	7
Long Term Care Facilities	227	227	226
Major Medical Equipment Providers	183	190	201
Nurse Referral Agencies	132	149	158
Outpatient Physical Therapy Providers	67	66	67
Patient Safety Programs (counted in hospitals)	0	0	0
Physician Office Laboratories	3,465	3,519	3,749
Point-of-Care Laboratories	1,447	1,477	1,804
Portable X-Ray Providers	10	10	10
Public Health Testing Sites	36	34	34
Residential Service Agencies	1,290	1,427	1,605
Residential Treatment Centers	7	7	6
Rural Health Clinics	0	1	1
Surgical Abortion Facilities	11	11	11
Tissue Banks	395	419	438
Transplant Centers	2	2	2
Total Number of Providers	17,113	17,674	19,032
Percentage of Growth from Prior Year	2.6%	3.3%	7.7%

New State Mandates

The passage of HB0674/SB0704 - Nursing Homes – Transfer of Ownership – Site Visits and Surveys requires OHCQ to conduct an on-site full survey within three months and an on-site follow-up survey within four months of the full survey of a nursing home after certain change of ownerships. While the administrative responsibilities will be absorbed by existing administrative officers and coordinators, the fiscal note included the need for five additional nurse surveyors to complete these mandates. No additional positions for this bill’s mandates were received.

HB0881/SB0815 - Mental Health Facilities – Sexual Abuse and Harassment – Reporting and Prevention created new mandates for OHCQ. This bill requires certain mental health facilities to report complaints of sexual abuse and sexual harassment. The fiscal note for this bill included the need for an additional nurse surveyor and triage staff to complete these activities. As no additional positions were received, OHCQ reallocated two new FY 22 positions from the long term care unit to the federal unit to triage and investigate sexual abuse and harassment allegations in vulnerable adolescent and adult populations.

SB0187/HB0240 - Criminal Procedure – Forensic Genetic Genealogical DNA Analysis, Searching, Regulation, and Oversight created several new mandates for OHCQ. This bill relates to the use of forensic genetic genealogical DNA analysis in criminal cases. OHCQ is required to develop a licensing program for labs that perform single-nucleotide polymorphisms or other sequencing based testing on evidence by October 1, 2022; develop a licensing program for individuals performing genetic genealogy by October 1, 2024; develop a training program on obtaining informed consent; and identify and approve one or more bioethicist genetic counselors to administer the training. These laboratories are primarily located outside of Maryland and some in other countries, necessitating out-of-state and out-of-county travel for OHCQ staff. The fiscal note for this bill included the need for two forensic scientists to develop, implement, and operate these activities. As no additional positions were received, OHCQ will need to reallocate two positions internally from other units to fulfill these mandates.

Surveyor Staffing Analysis

The surveyor staffing analysis in Appendix A calculates the number of surveyors needed in FY 22 to complete the projected number of mandated survey, certification, and licensure activities. These projections consider historical information as well as anticipated upcoming changes in federal or State oversight of an industry. The activities include the duties performed by surveyors, but not those duties performed by managers, administrative support staff, and clinical experts, such as the medical director and chief nurse.

The number of hours required for each activity is multiplied by the projected number of required activities in FY 22. The total is divided by 1,500, which is the accepted standard number of hours that the average surveyor spends conducting surveys in a year. The 1,500 hours considers time taken for holidays, vacation, personal days, sick leave, training, meetings, and travel. The number of full-time equivalents of surveyors required for each activity is calculated and then totaled by unit based on its specific mandates. The surveyor staffing deficit (number needed – current

positions) for each unit is calculated. The sum of all units' surveyor staffing deficit is OHCQ's surveyor staffing deficit.

Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 38.74 surveyor positions. The new COVID-related federal and State mandates as well as the new legislative mandates contributed to OHCQ's staffing deficit being higher than last year despite receiving 10 new positions. Appendix A details this analysis by unit, provider type, and activity.

Table 2: Surveyor Staffing Deficit Projected for FY 22

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit
Long Term Care	54.5	79.55	25.05
Federal	22	22.99	0.99
Assisted Living	33	36.99	3.99
Developmental Disabilities	46	52.75	6.75
Laboratories	6	7.97	1.97
Totals	161.5	200.24	38.74

OHCQ Staffing Plan for FY 18 through FY 24

Through the seven-year staffing plan, the Department continues to make significant progress towards meeting OHCQ's overall staffing needs. The plan includes the need for surveyors, managers, and other positions. The plan considers historical data as well as anticipated changes in federal and State oversight and industry trends. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated. As predicted, compliance with federal and State mandates is progressively improving. The FY 18, FY 19, FY 20, and FY 21 plans were fully implemented. Once freeze exemptions are given for the ten new positions received in FY 22, it is anticipated that the FY 22 plan will be fully implemented.

OHCQ continually works to decrease unnecessary administrative burden for the agency and providers. Whenever possible, vacant administrative positions are reclassified to conduct survey, certification, and licensure activities. Note that OHCQ's work force of 244 employees includes only 4 secretarial staff. OHCQ continues to enhance recruitment and retention processes while working with MDH Office of Human Resources to implement best practices.

OHCQ's mandated activities include licensure, certification, and survey activities, including the investigation of complaints and facility-reported incidents. Currently 38.74 new positions are needed to complete the mandated activities. Some of the COVID-related activities may decrease or be discontinued, resulting in a lower surveyor deficit in future years. Another consideration is that a 9 percent turnover rate increases the projected number of surveyors needed to fulfill

mandates from 200 to 218. Table 3 provides additional details about the staffing requirements implemented and planned for FY 18 through FY 24.

Table 3: OHCQ Staffing for FY 18 through FY 24

OHCQ Unit	Position	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Total
Long term care	Coordinator	2	1	1	0	0	1	0	5
Long term care	Nurse surveyor	1	4	3	5	1	3	4	21
Long term care	Physician surveyor	0	1	0	0	0	0	0	1
Long term care	Nurse trainer surveyor	1	0	0	0	0	0	0	1
Assisted living	Coordinator	1	0	0	1	0	0	0	2
Assisted living	Nurse surveyor	0	2	1	0	2	2	2	9
DD	Coordinator	1	1	1	0	1	0	1	5
DD	Nurse surveyor	1	2	2	2	0	1	2	10
DD	Coordinator special program surveyor	0	1	1	1	0	0	0	3
DD	Administrative officer III	0	0	0	0	4	2	1	7
DD	Office secretary II	1	0	0	0	0	0	0	1
Federal	Coordinator	1	0	1	0	0	0	0	2
Federal	Nurse surveyor	0	0	0	1	1	1	0	3
Federal	Triage specialist	0	0	0	0	1	0	0	1
Federal	Assistant deputy director	1	0	0	0	0	0	0	1
Federal	Health policy analyst	1	0	0	0	0	0	0	1
State	Health policy analyst	1	0	0	0	0	0	0	1
Positions per fiscal year		12	12	10	10	10	10	10	74

Long Term Care Unit

The long term care unit ensures that nursing homes are compliant with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations, as well as administrative reviews.

As described earlier in this report, there were new federal and State mandates related to the COVID-19 pandemic, including Focused Infection Control surveys and surveys related to COVID-19 testing, COVID-19 CRISP reporting, and review of emergency plans. It is anticipated that these activities will continue through FY 22, but will eventually be discontinued.

Table 4: Nursing Homes

Units of Measurement	FY19	FY20	FY21
Number of licensed nursing homes	227	227	226
Initial surveys of new providers	1	0	0
Annual full surveys	172	84	27
Focused infection control surveys	N/A	38	434
Follow-up surveys (onsite)	22	35	33
Complaints and facility self-reported incidents	3,902	4,182	4,067
Complaints and self-reported incidents, investigated	2,417	1,350	2,281
Life safety code surveys	*	*	79
Resident fund surveys	*	*	31
Compliance with COVID-19 testing	N/A	N/A	47
Compliance with COVID-19 CRISP reporting	N/A	N/A	99
Emergency plan reviews	N/A	N/A	78
Follow-up surveys (offsite)	N/A	N/A	277

* Not counted

Civil money penalties may be imposed by CMS for serious non-compliance with federal regulations and by OHCQ for serious non-compliance with State regulations. Table 5 lists the number of federal and State nursing homes civil money penalties imposed from FY 18 to FY 21, showing a 464% increase in nursing home civil money penalties from FY 18 – FY 19 to FY 20 – FY 21. As anticipated, this resulted in an increase in both informal and formal appeals. The monies collected from civil money penalties are deposited in the Health Care Quality Account special fund accounts and are used to fund grants that directly benefit the residents of Maryland’s nursing homes. More information about the Health Care Quality Account Grants Program is available at <https://health.maryland.gov/ohcq/Pages/GrantsProgram.aspx>.

Table 5: Number of Federal and State Nursing Home Civil Money Penalties Imposed from FY 18 to FY 21

Type of Sanction	FY18	FY19	FY20	FY21
Civil money penalties levied, State	0	0	49	86
Civil money penalties levied, federal	36	23	76	70
Denial of payment for new admissions	1	4	2	14
Total Number of State and Federal Sanctions	37	27	127	170

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 656 is a federal tag about the requirement to develop comprehensive care plans for nursing home residents. Table 6 includes the top twenty most frequently cited deficiencies by the number of citations under each F tag, including all scopes and severities.

**Table 6: Most Frequently Cited Federal Deficiencies
in Nursing Homes in FY 21**

Federal Tag	Description of Tag	Total Citations
F 656	Comprehensive Care Plan	124
F 842	Resident Records - Identifiable Information	121
F 684	Quality of Care	110
F 657	Care Plan Timing and Revision	101
F 623	Notice Requirements Before Transfer or Discharge	101
F 880	Infection Prevention and Control	97
F 584	Safe, Clean, and Comfortable Homelike Environment	81
F 812	Food Procurement, Store, Prepare, Serve Sanitary	81
F 641	Accuracy of Assessments	78
F 689	Free of Accident Hazards, Supervision, Devices	75
F 550	Resident Rights and Exercise of Rights	73
F 761	Label and Store Drugs and Biologicals	71
F 757	Drug Regimen is Free from Unnecessary Drugs	58
F 758	Free from Unnecessary Psychotropic Meds	57
F 756	Drug Regimen Review	56
F 625	Notice of Bed Hold Policy Before and Upon Transfer	54
F 580	Notify of Changes	48
F 655	Baseline Care Plan	47
F 692	Nutrition and Hydration Status Maintenance	44
F 697	Pain Management	37

Federal nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L which are situations where the facility’s noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 7 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 21.

**Table 7: Number of Actual Harm and Immediate Jeopardy Deficiencies
by Federal Tag in Nursing Homes in FY 21**

Federal Tag	Description of Tag	G	H	I	J	K	L
F 550	Resident Rights, Exercise of Rights	1					
F 563	Right to Receive or Deny Visitors		1				
F 578	Right to Refuse, Formulate Advance Directives	1			2		
F 600	Free from Abuse and Neglect	5					
F 603	Free from Involuntary Seclusion	1					
F 678	Cardiopulmonary Resuscitation (CPR)				2		
F 684	Quality of Care	2					
F 686	Treatment to Prevent or Heal Pressure Ulcers	2					
F 689	Free of Accident Hazards, Supervision, Devices	10			7		
F 692	Nutrition and Hydration Status	1					
F 698	Dialysis				1		
F 773	Laboratory Services – Physician Order	1					
F 880	Infection Prevention Control				2	5	3
F 812	Food Procurement, Store, Prepare, Serve Sanitary						1
F 835	Administration						1
F 908	Essential Equipment - Safe Operating Condition						1
	Tags at G or above – 50	24	1	0	14	5	6

Assisted Living Unit

The assisted living unit is responsible for the oversight of all assisted living programs in the State of Maryland, including those that participate in the Medicaid waiver program. The unit completes surveys for prelicensure, licensure, inspection of care, change of ownership, change of the level of care, follow-up, and to investigate complaints and facility-reported incidents. Allegations of unlicensed assisted living programs are investigated by this unit.

The passage of Senate Bill 966 in 2021 required all referrers to assisted living programs to register with OHCQ by October 1, 2020. A referrer is an individual or agency that (1) makes referrals to assisted living programs without cost to the person receiving the referral and (2) is compensated by an assisted living program or other third party for referring individuals to a licensed assisted living program. Currently there are 41 assisted living referrers registered with OHCQ.

Table 8: Assisted Living Programs

Units of Measurement	FY19	FY20	FY21
Number of licensed assisted living programs	1,563	1,650	1,672
Initial surveys	114	153	164
Renewal surveys	994	626	817
Other surveys	71	85	100
Complaints and facility self-reported incidents	1,152	1,120	1,079
Complaints investigated	1,092	1,194	1,192

Assisted living deficiencies are cited under State tags that categorize the types of deficient practices. For example, State tag 3680 is related to the management and administration of medications. Table 9 includes the most frequently cited assisted living deficiencies by State tag and the number of citations under each tag in FY 21.

Table 9: Most Frequently Cited Assisted Living Deficiencies in Assisted Living Programs in FY 21

State Tag	Description of Tag	Number of Citations
2600	Other Staff Qualifications	170
2550	Other Staff Qualifications	147
2780	Delegating Nurse	146
4910	Emergency Preparedness	145
4900	Emergency Preparedness	142
3330	Service Plan	141
4630	General Physical Plant Requirements	138
3680	Medication Management and Administration	135
2000	Administration	102
2220	Assisted Living Manager	99
1440	Licensing Procedure	97
3960	Resident's Rights	96
3380	Service Plan	89
3420	Resident Record or Log	85
2560	Other Staff Qualifications	79
2730	Other Staff Qualifications	76
2530	Alternate Assisted Living Manager	75
2280	Assisted Living Manager	74
3790	Incident Reports	74
4750	Emergency Preparedness	73

Table 10: Assisted Living Referrers

Units of Measurement	FY19	FY20	FY21
Number of referrers	N/A	N/A	41
Complaints investigated	N/A	N/A	0

Additionally, the unit is responsible for the oversight of adult medical day care centers for the elderly and medically handicapped adults, including surveys for precicensure, licensure, biannual, change of ownership, follow-up, and to investigate complaints and facility-reported incidents.

In response to the COVID-19 pandemic and catastrophic health emergency, adult medical day care centers were closed on March 17, 2020. On March 9, 2021, the centers were permitted to begin reopening. Therefore, the number of full surveys done in FY 20 and FY 21 is lower than other years.

Table 11: Adult Medical Day Care Centers

Units of Measurement	FY19	FY20	FY21
Number of licensed adult medical day care centers	115	121	122
Initial surveys of new providers	12	7	7
Full surveys	61	19	3
Follow-up surveys	0	2	0
Complaints investigated	35	27	10

Developmental Disabilities Unit

The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers serving individuals with developmental disabilities. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration's Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

Table 12: Developmental Disabilities Unit

Units of Measurement	FY19	FY20	FY21
Licensed developmental disability agencies	253	276	304
Number of sites	3,079	3,050	3,008
New agencies	11	18	31
Initial site surveys	149	124	164
Agencies surveyed	88	90	90
Complaints and self-reported incidents	4,651	4,450	4,253
Complaints and self-reported incidents, administrative reviews	2,228	2,391	2,363
Complaints and self-reported incidents, on-site investigations	1,353	1,133	1,434

Table 13: Developmental Disabilities Mortality Unit

Units of Measurement	FY19	FY20	FY21
Developmental disabilities deaths	268	294	313
Deaths investigated on-site	37	25	102
Deaths investigated, administrative reviews	191	260	133

The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local regulations. To maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by registered nurses, registered dietitians, registered sanitarians, developmental disabilities professionals, and life safety code inspectors. Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 14: Forensic Residential Centers

Units of Measurement	FY19	FY20	FY21
Number of licensed forensic residential centers	1	1	1
Renewal surveys	2	0	1
Complaints investigated	14	10	11

Table 15: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY19	FY20	FY21
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	1	2
Follow-up surveys	2	2	0
Complaints and self-reported incidents, investigated	72	25	21

Deficiencies in programs serving individuals with developmental disabilities are cited under State tags that categorize the types of deficient practices. For example, State tag 0715 is related to the administration of medications. Table 16 includes the most frequently cited deficiencies by State tag and the number of citations under each tag in FY 21.

Table 16: Most Frequently Cited Deficiencies in Programs Serving Individuals with Developmental Disabilities in FY 21

State Tag	Description of Tag	Number of Citations
1140	Individual Rights – Free from Neglect	298
715	Medication Administration	233
530	Staff Training	154
375	Policies and Procedures – Compliance with 10.27.11	131
171	OHCQ Investigation – PORII	82
505	Policies and Procedures - Implementation	65
169	Records and Reports	61
1435	Staff Ratios	60
645	Site in Good Repair	48
640	Site Free from Safety Hazards	47
1105	Values in IP – Wellbeing, Health	44
430	Emergency Procedures – 72-Hour Plan	32
1530	Implement Service Plan	30
735	Records at Site	27
705	Water Temperature Less than 110 Degrees	25
650	Free of Fire Hazards	23
855	Quality Assurance – Safety	22
1355	Components of IP	21
374	Policies and Procedures – Medication Admin	20
412	Policies and Procedures – Evacuation Plan and Drills	19

The developmental disabilities unit also licenses health care staff agencies and nurse referral agencies and investigates complaints in these industries under State authority.

Table 17: Health Care Staff Agencies

Units of Measurement	FY19	FY20	FY21
Health care staff agencies	443	505	593
Initial surveys of new providers	70	79	94
Complaint investigations	0	2	2

Table 18: Nurse Referral Agencies

Units of Measurement	FY19	FY20	FY21
Nurse referral agencies	132	149	158
Initial surveys of new providers	29	20	12
Complaint investigations	1	0	0

Federal Unit

In the federal unit, the types and scope of oversight is dictated by the provider type and certification by Medicare or Medicaid. As applicable to the provider type, under State and/or federal authority the unit conducts various types of surveys, conducts complaint investigations, reviews self-reported incidents, and reviews reports from accreditation organizations. It is responsible for the State licensure and/or federal certification of all non-long term care facilities as well as certain providers under State oversight only.

The unit oversees birthing centers, community mental health centers, comprehensive outpatient rehabilitation facilities, correctional health care facilities, cosmetic surgical facilities, federally qualified health centers, freestanding ambulatory surgery centers, freestanding medical facilities, freestanding renal dialysis centers, health maintenance organizations, home health agencies, hospices, hospice houses, hospitals, limited private inpatient facilities, major medical equipment providers, outpatient physical therapy providers, portable x-ray providers, residential service agencies, residential treatment centers, rural health clinics, surgical abortion facilities, and transplant centers.

Table 19: Birthing Centers

Units of Measurement	FY19	FY20	FY21
Licensed birthing centers	3	2	2
Initial surveys of new providers	0	0	0
Full surveys	3	1	2
Follow-up surveys	0	0	0
Complaint investigations	0	1	0

Table 20: Community Mental Health Centers

Units of Measurement	FY19	FY20	FY21
Community mental health centers	4	4	3
Complaint investigations	0	0	0

Table 21: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY19	FY20	FY21
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 22: Correctional Health Care Facilities

Units of Measurement	FY19	FY20	FY21
Correctional health care facilities	10	10	10
Initial surveys	0	0	0
Full surveys	2	0	0
Complaint investigations	0	0	0

Table 23: Cosmetic Surgical Facilities

Units of Measurement	FY19	FY20	FY21
Licensed cosmetic survey facilities	5	5	5
Initial surveys of new providers	1	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 24: Federally Qualified Health Centers

Units of Measurement	FY19	FY20	FY21
Federally qualified health centers	78	78	77
Complaint investigations	0	0	0

Table 25: Freestanding Ambulatory Surgery Centers

Units of Measurement	FY19	FY20	FY21
Licensed freestanding ambulatory surgical centers	343	337	340
Initial surveys	14	13	10
Full surveys	101	73	90
Follow-up surveys	15	9	9
Complaint investigations	10	11	9

Table 26: Freestanding Medical Facilities

Units of Measurement	FY19	FY20	FY21
Licensed freestanding medical facilities	4	5	5
Initial, full and follow-up surveys	0	0	0
Complaints investigated	0	1	0

Table 27: Freestanding Renal Dialysis Centers

Units of Measurement	FY19	FY20	FY21
Licensed freestanding renal dialysis centers	174	175	175
Initial surveys of new providers	8	8	1
Full surveys	63	47	45
Follow-up surveys	6	6	3
Complaint investigations	17	28	32

Table 28: Health Maintenance Organizations

Units of Measurement	FY19	FY20	FY21
Health maintenance organizations	7	7*	7
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	8	1	1

* Corrected last year's count from 9 to 7

Table 29: Home Health Agencies

Units of Measurement	FY19	FY20	FY21
Licensed home health agencies	54	54	56
Initial surveys of new providers	0	0	0
Full surveys	9	11	14
Follow-up surveys	1	2	0
Complaint investigations	13	6	6

Table 30: Hospices and Hospice Houses

Units of Measurement	FY19	FY20	FY21
Licensed hospices	27	26	26
Initial surveys of new providers	0	2	0
Full surveys	7	7	2
Follow-up surveys	3	0	1
Complaint investigations	15	3	11
Licensed hospice houses	16	16	16
Initial surveys of new providers	2	0	0
Complaint investigations in hospice houses	0	0	0

Table 31: Hospitals

Units of Measurement	FY19	FY20	FY21
Licensed or certified hospitals	61	63	63
Validation surveys of accredited hospitals	2	0	0
Complaints investigated on-site	93	40	44
Administrative reviews	210	177	207
Follow-up surveys	20	5	9
Enforcement remedies imposed	13	4	2

Table 32: Limited Private Inpatient Facilities

Units of Measurement	FY19	FY20	FY21
Licensed limited private inpatient facilities	3	4	7
Initial, full and follow up surveys	0	2	7
Complaint investigations	0	0	2

Table 33: Major Medical Equipment Providers

Units of Measurement	FY19	FY20	FY21
Licensed major medical equipment providers	183	190	201
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	1	0	3

Table 34: Outpatient Physical Therapy Providers

Units of Measurement	FY19	FY20	FY21
Licensed outpatient physical therapy providers	67	66	67
Initial surveys of new providers	3	1	2
Full surveys	19	8	9
Follow-up surveys	3	2	1
Complaint investigations	0	0	0

Table 35: Portable X-ray Providers

Units of Measurement	FY19	FY20	FY21
Licensed portable x-ray providers	10	10	10
Initial surveys of new providers	2	0	0
Full surveys	2	0	1
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 36: Residential Service Agencies

Units of Measurement	FY19	FY20	FY21
Licensed residential service agencies	1,290	1,402	1,605
Initial surveys of new providers	131	186	155
Full surveys	29	0	14
Follow-up surveys	9	12	18
Complaint investigations	98	62	99

Table 37: Residential Treatment Centers

Units of Measurement	FY19	FY20	FY21
Licensed residential treatment centers	7	7	6
Follow-up surveys	0	3	0
Validation surveys, seclusion or restraint investigation	1	0	0
Complaint investigations	20	10	7

Table 38: Rural Health Clinics

Units of Measurement	FY19	FY20	FY21
Licensed rural health clinics	N/A	1	1
Follow-up surveys	N/A	0	0
Complaint investigations	N/A	0	0

Table 39: Surgical Abortion Facilities

Units of Measurement	FY19	FY20	FY21
Licensed surgical abortion facilities	11	11	11
Initial surveys	0	0	0
Renewal surveys	9	2	1
Complaints investigated	3	0	2

Table 40: Transplant Centers*

Units of Measurement	FY19	FY20	FY21
Licensed transplant centers	2	2	2
Follow-up surveys	N/A	0	0
Complaint investigations	N/A	0	0

* In FY 18 and FY 19, CMS surveyed transplant centers. On October 1, 2019, CMS delegated the inspection of transplant programs to the states.

Maryland Hospital Patient Safety Program

The Maryland Hospital Patient Safety Program is independent of other OHCQ units. The patient safety program receives mandated self-reports of serious adverse events that occur in Maryland hospitals. OHCQ reviews the hospital's root cause analysis of these events to determine compliance with COMAR 10.07.06, the Department's regulations governing hospital patient safety programs. Information regarding trends, best practices, and lessons learned from the review of these events are disseminated to hospitals via the Maryland Hospital Patient Safety Program's Annual Report and clinical alerts.

More information about the Maryland Hospital Patient Safety Program and patient safety resources is available at <https://health.maryland.gov/ohcq/Pages/Patient-Safety.aspx>

Table 41: Hospital Patient Safety Program

Units of Measurement	FY19	FY20	FY21
Adverse event reports	232	269	559
Review root cause analysis reports (patient safety)	154	272	488
Follow-up investigations and hospital patient safety surveys	0	0	0

Clinical and Forensic Laboratories Unit

The clinical and forensic laboratories unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Marylanders and for federal certification of all Maryland laboratories. The State and federal licensing programs include those for tissue banks, blood banks, hospitals, independent reference, physician office and point-of-care laboratories, public health awareness screening, pre-employment related toxicology testing for controlled dangerous substances, and public health testing programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit conducts State and federal surveys to ensure compliance with applicable regulations. This unit is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

OHCQ surveys laboratories performing cytology testing biennially and investigates complaints. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency through the College of American Pathologists (CAP) or the American Society for Clinical Pathology program (ASCP).

This unit provides oversight for accredited and non-accredited laboratories that perform forensic analyses. Responsibilities include licensure, annual surveys, revisits of non-accredited laboratories, review of documents from laboratories and accreditation organizations, complaint investigations, and review of self-reported incidents from all forensic laboratories.

Table 42: Cholesterol Testing Sites

Units of Measurement	FY19	FY20	FY21
Cholesterol testing sites	0	0	0
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Complaint surveys	0	0	0

Table 43: Employer Drug Testing Facilities

Units of Measurement	FY19	FY20	FY21
Employer drug testing facilities	262	248	250
Initial surveys of new providers	8	1	2
Full surveys	67	41	27
Follow-up surveys	0	0	0
Complaint surveys	2	0	0

Table 44: Forensic Laboratories

Units of Measurement	FY19	FY20	FY21
Forensic laboratories	46	45	45
Full surveys	28	21	15
Follow-up surveys	1	0	0
Surveillance surveys	0	0	0
Complaint investigations	1	0	0

Table 45: Health Awareness Testing Sites

Units of Measurement	FY19	FY20	FY21
Health awareness test sites	51	54	60
Initial surveys	2	3	6
Full surveys	62	54	11
Follow-up surveys	3	0	0
Site approvals	1,639	1,393	403
Complaints surveys	0	0	0

Table 46: Hospital Laboratories

Units of Measurement	FY19	FY20	FY21
Hospital laboratories	98	99	91
Initial surveys of new providers	0	0	0
Full surveys	4	4	0
Follow-up surveys	0	0	0
Validation surveys	4	4	0
Complaint surveys	0	0	1

Table 47: Independent Reference Laboratories

Units of Measurement	FY19	FY20	FY21
Independent reference laboratories	127	139	148
Initial surveys of new providers	6	6	2
Full surveys	32	16	12
Follow-up surveys	0	22	0
Validation surveys	2	1	0
Complaint surveys	0	0	4

Table 48: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY19	FY20	FY21
Physician office and point of care labs, State only	351	378	475
Initial surveys of new providers	17	12	12
Full surveys	175	87	87
Follow-up surveys	78	104	0
Complaint surveys	0	0	8

Table 49: Physician Office and Point of Care Laboratories, Federal CLIA Surveys

Units of Measurement	FY19	FY20	FY21
Physician office, point of care labs, CLIA surveys	351	378	475
Initial surveys of new providers	17	12	12
Renewal surveys	158	75	72

Table 50: Public Health Testing Sites

Units of Measurement	FY19	FY20	FY21
Public health testing	36	34	34
Initial surveys of new providers	0	0	0
Full surveys	60	17	0
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

Table 51: Tissue Banks

Units of Measurement	FY19	FY20	FY21
Tissue banks	395	419	438
Initial surveys of new providers	9	1	2
Full surveys	28	12	0
Follow-up surveys	0	2	0
Validation surveys	0	0	0
Complaint surveys	3	0	0

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Long Term Care Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Nursing Homes						
Initial surveys	0	240	0	0.00		
Annual surveys	197	236	46,492	30.99		
CHOW initial surveys	9	240	2,160	1.44		
CHOW follow-up surveys	9	45	405	0.27		
Focused infection control surveys	360	16	5,760	3.84		
Complaint investigations	3,000	13	39,000	26.00		
Follow-up surveys onsite	35	16	560	0.37		
Follow-up surveys offsite	277	16	4,432	2.95		
State resident funds surveys	226	8	1,808	1.21		
Resident fund complaints	12	16	192	0.13		
Life safety code surveys onsite	80	16	1,280	0.85		
Life safety code annual surveys	197	16	3,152	2.10		
Life safety code follow-up surveys	32	8	256	0.17		
Life safety code complaint surveys	20	12	240	0.16		
COVID-19 testing surveys	108	8	864	0.58		
COVID-19 CRISP reporting surveys	1,170	4	4,680	3.12		
Emergency plan reviews	135	24	3,240	2.16		
Informal dispute resolutions	120	16	1,920	1.28		
Testifying in hearings	24	120	2,880	1.92		
Long Term Care Unit				79.55	54.50	25.05

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Assisted Living Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Adult Medical Day Care Centers						
Initial surveys	8	24	192	0.13		
Renewal surveys	110	16	1,760	1.17		
Complaints and self-reports	40	8	320	0.21		
Follow-up surveys	2	16	32	0.02		
Assisted Living Programs						
Initial surveys	144	40	5,760	3.84		
Annual surveys	1,520	16	24,320	16.21		
Complaints and self-reports	1,210	16	19,360	12.91		
Follow-up surveys	92	16	1,472	0.98		
Informal dispute resolutions for unit	16	16	256	0.17		
Testifying in hearings for unit	9	80	720	0.48		
Investigations of alleged unlicensed programs	16	80	1,280	0.85		
Assisted Living Referrers						
Complaints	1	8	8	0.01		
Assisted Living Unit				36.99	33.00	3.99

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Developmental Disabilities Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Developmental Disabilities Programs						
Initial site openings	180	6	1,080	0.72		
Annual surveys of providers	304	120	36,480	24.32		
Complaint and self-reports, on-site	1,450	16	23,200	15.47		
Complaint and self-reports, admin.	2,460	4	9,840	6.56		
Death investigations, on-site	50	40	2,000	1.33		
Death investigations, administrative	260	6	1,560	1.04		
Children’s providers, all activities	0	0	0	2.00		
Informal dispute resolutions	20	12	240	0.16		
Settlements and hearings	6	80	480	0.32		
Forensic Residential Centers						
Initial surveys	0	0	0	0.00		
Annual surveys	1	160	160	0.11		
Complaints and self-reports	12	8	96	0.06		
Follow-up surveys	0	8	0	0.00		
Informal dispute resolutions	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities						
Initial surveys	0	0	0	0.00		
Annual surveys	2	160	320	0.21		
Complaints and self-reports	25	8	200	0.13		
Follow-up surveys	1	16	16	0.01		
Informal dispute resolutions	1	8	8	0.01		
Health Care Staff Agencies						
Initial surveys	84	4	336	0.22		
Complaint investigations	2	8	16	0.01		
Nurse Referral Agencies						
Initial surveys	20	4	80	0.05		
Complaint investigations	2	8	16	0.01		
Developmental Disabilities Unit				52.75	46.00	6.75

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Federal Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Birthing Centers						
Initial surveys	1	40	40	0.03		
Renewal surveys	1	32	32	0.02		
Complaint investigations	2	16	32	0.02		
Community Mental Health Centers						
Initial surveys	1	32	32	0.02		
Complaints	1	24	24	0.02		
Comprehensive Outpatient Rehabilitation Facilities						
Initial surveys	1	32	32	0.02		
Renewal surveys	1	16	16	0.01		
Complaint investigations	1	8	8	0.01		
Correctional Health Care Facilities						
Initial surveys	0	24	0	0.00		
Full surveys	10	32	320	0.21		
Complaint investigations	1	8	8	0.01		
Cosmetic Surgery Facilities						
Initial surveys	1	48	48	0.03		
Renewal surveys	0	0	0	0.00		
Complaint investigations	2	16	32	0.02		
Federally Qualified Health Centers						
Complaints	1	24	24	0.02		
Freestanding Ambulatory Surgical Centers						
Initial surveys	16	48	768	0.51		
Renewal surveys	57	48	2,736	1.82		
Follow-up surveys	12	16	192	0.13		
Complaint investigations	14	16	224	0.15		
Freestanding Medical Facilities						
Initial surveys	2	64	128	0.09		
Full surveys	5	24	120	0.08		
Complaints	2	10	20	0.01		

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Federal Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Freestanding Renal Dialysis Centers						
Initial surveys	12	48	576	0.38		
Renewal surveys	60	48	2,880	1.92		
Follow-up surveys	8	16	128	0.09		
Complaint investigations	36	16	576	0.38		
Health Maintenance Organizations						
Initial surveys	1	160	160	0.11		
Full survey of non-accredited HMOs	0	120	0	0.00		
Follow-up surveys	0	16	0	0.00		
Complaints	5	8	40	0.03		
Home Health Agencies						
Initial surveys	1	40	40	0.03		
Renewal surveys	16	40	640	0.43		
Complaint investigations	12	24	288	0.19		
Hospice Care Programs						
Initial surveys	1	40	40	0.03		
Renewal surveys	9	40	360	0.24		
Complaint investigations, hospice	16	16	256	0.17		
Complaints, hospice houses	1	16	16	0.01		
Hospitals						
Initial surveys	1	210	210	0.14		
Validation surveys	3	210	630	0.42		
Complaint investigations, on-site	140	36	5,040	3.36		
Complaint investigations, administrative	300	8	2,400	1.60		
Follow-up surveys	19	16	304	0.20		
Transplant surveys	2	80	160	0.11		
Mortality review, psychiatric hospitals	30	24	720	0.48		
Limited Private Inpatient Facilities						
Initial surveys	2	40	80	0.05		
Complaints	3	24	72	0.05		
Major Medical Equipment Providers						
Initial surveys	12	16	192	0.13		
Complaint investigations	2	4	8	0.01		

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22 Federal Unit

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Outpatient Physical Therapy Providers						
Initial surveys	4	16	64	0.04		
Renewal surveys	10	16	160	0.11		
Follow-up surveys	2	16	32	0.02		
Complaint investigations	2	4	8	0.01		
Patient Safety Program						
Review hospital root cause analysis	560	3	1,680	1.12		
Patient safety program surveys	6	24	144	0.10		
Portable X-ray Providers						
Initial surveys	1	16	16	0.01		
Renewal surveys	2	16	32	0.02		
Complaint investigations	2	4	8	0.01		
Residential Service Agencies						
Initial surveys	154	32	4,928	3.29		
Follow-up surveys	24	16	384	0.26		
Complaint investigations	145	16	2,320	1.55		
Residential Treatment Centers						
Initial surveys	0	80	0	0.00		
Complaints	48	32	1,536	1.02		
Validation surveys	2	16	32	0.02		
Follow-up surveys	4	16	64	0.04		
Surgical Abortion Facilities						
Initial surveys	0	40	0	0.00		
Renewal surveys	9	40	360	0.24		
Complaint investigations	4	40	160	0.11		
All provider types in the unit						
Life safety code activities	0	0	0	0.80		
Informal dispute resolutions	14	16	224	0.15		
State and federal hearings	6	80	480	0.32		
Federal Unit				22.99	22.00	0.99

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Clinical and Forensic Laboratories Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Cholesterol Testing Sites						
Cholesterol testing	0	4	0	0.00		
Employer Drug Testing Facilities						
Initial surveys	8	8	64	0.04		
Full surveys	125	8	1,000	0.67		
Complaint surveys	4	8	32	0.02		
Forensic Laboratories						
Initial surveys	1	40	40	0.03		
Renewal surveys	23	40	920	0.61		
Surveillance surveys	1	24	24	0.02		
Complaints and self-reports	2	24	48	0.03		
Follow-up surveys	1	16	16	0.01		
Health Awareness Testing Sites						
Health awareness testing surveys	54	8	432	0.29		
Health awareness site approval	1,768	1	1,768	1.18		
Full surveys	54	8	432	0.29		
Follow-up surveys	2	4	8	0.01		
Complaints surveys	0	4	0	0.00		
Hospital Laboratories						
Initial surveys	1	40	40	0.03		
Full surveys	5	8	40	0.03		
Follow-up surveys	0	4	0	0.00		
Validation surveys	5	8	40	0.03		
Complaint surveys	3	4	12	0.01		
Independent Reference Laboratories						
Initial surveys of new providers	6	8	48	0.03		
Full surveys	34	8	272	0.18		
Follow-up surveys	11	4	44	0.03		
Validation surveys	2	8	16	0.01		
Complaint surveys	4	8	32	0.02		

**Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 22
Clinical and Forensic Laboratories Unit**

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Physician Offices and Point-of-Care Laboratories						
Initial surveys	20	6	120	0.08		
Full surveys	135	6	810	0.54		
Follow-up surveys	160	4	640	0.43		
Complaint surveys	10	6	60	0.04		
Validation surveys	6	16	96	0.06		
Public Health Testing Sites						
Initial surveys	1	6	6	0.00		
Full surveys	64	6	384	0.26		
Follow-up surveys	1	4	4	0.00		
Complaint surveys	1	4	4	0.00		
Tissue Banks						
Initial surveys	6	8	48	0.03		
Full surveys	178	8	1,424	0.95		
Follow-up surveys	2	4	8	0.01		
Complaint surveys	4	4	16	0.01		
Forensic Genetic Genealogical Laboratories						
All activities	N/A	N/A	N/A	2.00		
Clinical and Forensic Laboratories				7.97	6.00	1.97
OHCQ Surveyor Deficit				200.24	161.50	38.74

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	225	
	What is the number of Medicare and or Medicaid certified nursing home beds?	27718	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$3,516,333	
	FY2021	\$4,043,631	
	FY2020	\$3,613,961	
	FY2019	\$2,955,631	
	FY2018	\$2,316,324	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022		
	FY2021	\$3,830,096	
	FY2020	\$3,724,425	
FY2019	\$3,551,632		
FY2018	\$3,140,575		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	52	
	FY2021	47	
	FY2020	43	
	FY2019	40	
FY2018	36		
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	10	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	9	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	5	
	FY2021	7	
	FY2020	22	
	FY2019	9	
	FY2018	1	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	9	
	FY2021	3	
	FY2020	9	
FY2019	14		
FY2018	4		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?		
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?		
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?		
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$77,358 - \$112,091	
	Not registered nurses?		
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
FY2018	\$0		
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	0	
	CY2021	7	
	CY2020	28	
	CY2019	20	
	CY2018	11	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	n/a	
	CY2021	100%	
	CY2020	89%	
CY2019	100%		
CY2018	91%		



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 3, 2023

The Hon. Bob Casey, Chairman
Special Committee on Aging
The United State Senate
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

The Hon. Tim Scott, Ranking Member
Special Committee on Aging
The United States Senate
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

RE: Data Request, Maryland - Supplemental Update

Dear Chairman Casey and Committee Members:

As requested, please see Maryland’s supplemental response to our November 18, 2022 response to the Committee’s questions.

(1) The Maryland Department of Health’s (MDH) Office of Health Care Quality (OHCQ) is the designated state survey agency in Maryland. OHCQ conducts certification activities within nursing homes on behalf of the Centers for Medicare & Medicaid Services (CMS). OHCQ conducts state licensure activities and surveys in nursing homes on behalf of the Maryland Secretary of Health.

Prior to the COVID-19 pandemic, OHCQ was working through a backlog of nursing home surveys. As more surveyor positions were added to the unit and surveyors became Surveyor Minimum Qualified Training (SMQT) certified, the backlog was decreasing. In 2018, the state legislature and the Governor agreed on a seven-year staffing plan for OHCQ, beginning in state fiscal year (SFY) 2018; it is described in more detail in the response to question 3.

In early 2020, two factors contributed to an increased backlog of complaints and annual surveys. One factor was the additional oversight of nursing homes that Maryland provided related to COVID-19. This included compliance with federal and state COVID-19 testing requirements, COVID-19 State reporting requirements, and reviews of nursing homes’ emergency plans. OHCQ conducted 374 of the COVID-19 related surveys, resulting in the imposition of approximately 300 State civil money penalties on nursing homes in State Fiscal Years (SFY) 20 - 22. Subsequently, there was an increase in the number of informal dispute resolution conferences and appeals. In SFY 18 and 19, Maryland imposed no State civil money penalties on nursing homes. These COVID specific surveys were discontinued in December 2021.

Another factor was that MDH experienced a network security incident on December 4, 2021, that resulted in OHCQ losing access to the MDH computer network and ASPEN through May 4, 2022. In conjunction with the CMS Regional Office, OHCQ developed a paper-based system to investigate 10-day complaints and infection control surveys, but the annual surveys could not be conducted in this manner. On May 4, 2022, OHCQ was reconnected to the MDH network and to ASPEN. OHCQ was the second MDH unit to be successfully reconnected. The long term care unit was then able to enter into ASPEN all complaints and facility reported incidents that had been received, and all surveys that had been conducted, during the incident.

(2) Similar to many state survey agencies, Maryland's surveyors are an aging workforce with 8% of nurse surveyors eligible to retire now and 31% eligible to retire within five years. Long term care surveyors have primarily left OHCQ for retirement from State service or for a higher salary. Several OHCQ staff have joined CMS Headquarters in Maryland for higher salaries. We are not aware of any long term care surveyor resignations due to not wanting to survey onsite during the COVID-19 pandemic.

Given the amount of training required for surveyors, staff turnover in a state survey agency negatively impacts the completion of mandated surveys.

In regards to strategies used to reduce turnover, please see the response to question 3.

(3) In 2018, the Maryland Department of Health implemented a 7-year plan to increase OHCQ staffing, including 28 new long term care positions. The new positions include 26 surveyors and 4 coordinators, that is supervisors who lead a team of surveyors. This plan included salary increases, relocation of the agency, and other initiatives. In FY19, the starting salary of a Health Facility Surveyor Nurse I was \$57,451. Through two grade increases, two step increases, and multiple cost of living increases, the starting salary is now \$77,364. After one year of successful employment, the nurse surveyor receives a 6.7% increase to \$82,573. Salaries for triage staff, non-nurse surveyors, coordinators, and program managers also increased, as much as 24%. OHCQ relocated from a building constructed in the 1930's to a Class A office building with free parking in a more central location. The salary increases coupled with the new location have significantly improved recruitment and retention.

Staff satisfaction and retention has significantly improved with the creation of multiple promotional opportunities, flexible work schedules, part-time positions, tuition reimbursement, and increased teleworking. Other initiatives have included the strategic implementation of technology; a welcome aboard program; promoting work-life balance; cloud-based policies, procedures, and resources; mentoring and reverse mentoring; and supervisory and leadership training. Since July 2022, OHCQ has hired nine nurse surveyors, one resident funds surveyor, and one supervisor in the long term care unit. Interviews are being conducted currently to fill the remaining 5 nurse surveyors vacancies. As a result of these initiatives, OHCQ has one of the lowest turnover rates in the Maryland Department of Health.

We do not know the extent of the impact that private sector signing bonuses have contributed to the hiring and retaining of nurse surveyors in our agency.

(4) OHCQ utilized CMS Region III contractors and staff to assist in the completion of the Focused Infection Control (FIC) surveys in the summer of 2020. Otherwise, Maryland has not used contractual surveyors. We have considered the advantages and disadvantages of utilizing contractual surveyors. In discussions with the CMS Region III Office and other states, it was noted that contractual surveyors have the potential to negatively impact surveyor morale and may result in surveyors resigning for employment with a contractor. We are continuing to explore the use of contractual surveyors to reduce the backlog of surveys.

(5) During the COVID-19 pandemic, CMS developed the FIC survey process for nursing homes. The FIC survey included the appropriate focus on infection control processes during a pandemic. CMS should continue to consider other types of focused surveys that may be implemented in certain circumstances that may more efficiently provide effective oversight in nursing homes.

If not prohibited by federal law, the CMS regional offices could have increased availability of contractual surveyors for states to utilize, as needed. This would allow states to more quickly respond to surveyor staffing shortages or increased workloads. This would also promote consistency of contractual surveyors and allow CMS to evaluate their effectiveness in various settings over time.

State survey agencies routinely communicate with CMS regional offices through regularly scheduled and as needed phone calls. OHCQ's phone calls with the CMS Region III Office routinely included discussions about long term care staffing needs and pending workloads. During the COVID-19 pandemic, CMS Region III Office deployed CMS surveyors as well as contractual surveyors to Maryland to complete nursing home surveys. In addition, OHCQ submits staffing and workload information every quarter through the Pending Overdue Workload Questionnaire. OHCQ has no correspondence.

(6) CARES Act funding is being applied to the completion of Focused Infection Control surveys. OHCQ does not anticipate any significant adverse effects with respect to CARES act funding ending.

As requested, the response to (7) is in the attached Excel spreadsheet (updated from our November 18, 2022 submission on February 1, 2023).

Thank you for the opportunity to respond to the Committee's inquiry. If you have any questions or comments concerning the responses provided, please contact me at [REDACTED] or Megan Peters, (Acting) Director of Governmental Affairs at [REDACTED].

Sincerely,

Jinlene Chan, MD

Jinlene Chan, MD, MPH, FAAP
Deputy Secretary, Public Health Services

cc: Laura Herrera Scott, MD, MPH, Acting Secretary of Health
Patricia Tomsko Nay, MD, Executive Director, Office of Health Care Quality
Megan Peters, Acting Director, Office of Governmental Affairs

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	225	
	What is the number of Medicare and or Medicaid certified nursing home beds?	27718	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$3,516,333	
	FY2021	\$4,043,631	
	FY2020	\$3,613,961	
	FY2019	\$2,955,631	
	FY2018	\$2,316,324	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$3,830,096	
	FY2021	\$3,565,217	
	FY2018	\$3,140,575	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	58.5	
	FY2021	54.5	
	FY2020	63.5	
	FY2019	58.5	
	FY2018	52.5	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	8	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	7	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	5	
	FY2021	7	
	FY2020	21	
	FY2019	9	
	FY2018	not available	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	10	
	FY2021	3	
	FY2018	not available	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7.2	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	24%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	48%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$77,358 - \$112,091	
	Not registered nurses?	\$52,575 - \$80,992	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	

	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2	
	CY2021	7	
	CY2020	28	
	CY2019	20	
	CY2018	11	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	
	CY2021	100%	
	CY2020	89%	
	CY2019	100%	
CY2018	91%		

Additional Notes

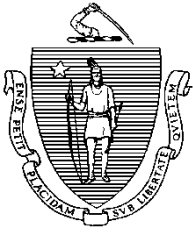
Please use the space below to provide any additional notes that would be helpful for the Committee to understand the data you are submitting

These are revised responses as of February 1, 2023.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	225	
	What is the number of Medicare and or Medicaid certified nursing home beds?	27718	
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	FY2021	\$4,043,631	
	FY2020	\$3,613,961	
	FY2019	\$2,955,631	
	FY2018	\$2,316,324	
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	FY2021	\$3,565,217	
	FY2020	\$3,724,425	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	58.5	
	FY2021	54.5	
	FY2020	63.5	
	FY2019	58.5	
	FY2018	52.5	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	8	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	7	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	5	
	FY2021	7	
	FY2020	21	
	FY2019	9	
	FY2018	not available	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	10	
	FY2021	3	
	FY2020	11	
FY2018	not available		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7.2	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	24%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	48%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$77,358 - \$112,091	
	Not registered nurses?	\$52,575 - \$80,992	
	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		

7 (h)	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2	
	CY2021	7	
	CY2020	28	
	CY2019	20	
	CY2018	11	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	
	CY2021	100%	
	CY2020	89%	
	CY2019	100%	
	CY2018	91%	

Massachusetts



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Division of Health Care Facility Licensure and Certification
67 Forest Street, Marlborough, MA 01752

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
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November 11, 2022

United State Senate
Special Committee on Aging
Washington, DC 20510

Re: Information Request from U.S. Senate Special Committee on Aging

Response: The Division of Health Care Facility Licensure and Certification (DHCLFC) sits within the Massachusetts Department of Public Health (DPH) and serves as the state survey agency (SSA) for the Centers for Medicare & Medicaid Services (CMS). DHCLFC conducts surveys and investigates complaints at CMS certified healthcare facilities to verify compliance with federal requirements, otherwise known as the CMS conditions of participation. Certified CMS healthcare facilities include, but are not limited to, ambulatory surgical centers, hospitals, laboratories, and nursing homes.

There are currently 363 certified nursing homes operating in Massachusetts. CMS certified nursing homes are required to go through a recertification survey. Recertification surveys are conducted by a team of interdisciplinary surveyors, using CMS software which leads the team through numerous required critical element pathways and investigations covering all aspects of nursing home operations and Federal nursing home regulations. Nursing homes are surveyed on a schedule of between 9 and 15.9 months, with a statewide average of 12.9 months for Massachusetts.

The surveyors also investigate complaints of incidences in CMS certified healthcare settings. In calendar year 2022, DPH received a total of 13,513 complaints as of August 31, 2022. This includes complaints across all CMS certified health care settings, including nursing homes, rest homes, home health agencies, hospice, adult day health programs, hospitals, clinics, ambulatory surgical centers and dialysis units.

When DPH receives a complaint about any long-term care facility, staff carefully reviews the information provided, gather additional information, and determine if further onsite investigation is necessary. As part of the investigation, DPH surveyors interview residents, examine medical records, and review the facility's policies and procedures to ensure they are meeting their responsibilities to

provide safe, high-quality care to residents. For calendar year 2022 (as of September 30, 2022), there have been 358 complaints at long term care facilities identified for onsite investigations.

Recertification surveys of nursing homes were suspended by CMS in March 2020 in response to the COVID-19 pandemic and then again during the fall/winter COVID-19 surge of 2020-2021 which led to a significant backlog of recertification surveys. During this time, CMS limited survey activity to immediate jeopardy complaints, allegations of abuse and neglect, and complaints alleging infection control concerns. DPH submitted a plan to address the backlog, approved by CMS. DHCFLC has reduced its Pending Overdue Workload in Nursing Homes by 48% in the past year.

There are currently 80 LTC surveyors that work within DHCFLC to ensure compliance with federal requirements in CMS certified healthcare facilities, including nursing homes. Approximately, 12 of the 80 surveyors are new hires who must go through an extensive training process. In the past five state fiscal years, approximately 30 surveyors and several office support staff left DHCFLC. Many of the staff that left were long-tenured staff with significant experience and institutional knowledge. Hiring and training new staff takes a significant amount of resources in terms of the training needed and the time necessary for that training, both for the new hires and current staff. Newly hired surveyors are not able to survey independently and can reduce the efficiency of seasoned staff while they precept the new staff. New surveyors must pass a federally mandated Surveyor Minimum Qualifications Test (SMQT) prior to conducting certification surveys independently. It is 1-2 years before new surveyors are functioning at the same level as more seasoned staff. DHCFLC has not used contractors to fill surveyor vacancies.

Anecdotally, salary is a significant issue in the ability to attract surveyors, both nurses and other professionals. While the agency does not have specific insight into the marketplace salaries, candidates have articulated that salaries elsewhere are higher, and the agency has lost candidates due to salary. There has not been specific mention of signing bonuses in the private sector contributing to the attrition rate. We are also acutely aware of the challenges that nursing homes face in finding nurses and other professionals as well and see a plethora of issues that stem from the inability to find staff.

Since the enactment of the CARES Act, our agency has used the funding to cover salaries of employees identified as those who perform COVID related surveys. The loss of CARES Act funding will have a direct impact on our state funding.

The agency has maintained an excellent relationship with our CMS colleagues. Although not directly related to the agency's ability to conduct timely surveys in the context of surveyor staffing shortages, CMS may want to review the Civil Money Penalty (CMP) Reinvestment fund application process for nursing homes to purchase Communicative Technology and In-Person Visitation Aides for their residents. This program was implemented by CMS during the pandemic. At times, the oversight, restrictions and process were overburdensome and created a barrier for providers in the state effectively utilize the funding.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	363	
	What is the number of Medicare and or Medicaid certified nursing home beds?	41,299	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$7,449,535	
	FY2021	\$7,449,535	
	FY2020	\$5,947,105	
	FY2019	\$5,292,760	
	FY2018	\$5,377,735	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$9,840,402	received a one time supplemental amount of \$900k in FY22
	FY2021	\$8,940,402	
	FY2020	\$8,940,402	
FY2019	\$9,039,170		
FY2018	\$8,954,195		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	82	
	FY2021	80	
	FY2020	80	
	FY2019	78	
FY2018	75		
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	3	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	2	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	6	
	FY2021	6	
	FY2020	8	
	FY2019	5	
	FY2018	12	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	3	
	FY2021	5	
	FY2020	9	
FY2019	7		
FY2018	5		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7.1	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	48%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	52%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$98,946.60 - \$140,552.04	
	Not registered nurses?	\$69,873.94 - \$98,888.60	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	We do not use contract for surveys, IDR or NH oversight
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
FY2018	\$0		
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	10	

7 (i)

CY2021	12	
CY2020	6	
CY2019	14	
CY2018	26	
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	100%	
CY2021	100%	
CY2020	80%	
CY2019	71%	
CY2018	45%	

Michigan



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

10/27/2022

The Honorable Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging

Senator Casey,

This past August, Michigan Department of Licensing and Regulatory Affairs created a bureau whose sole purpose is to oversee the federal survey and certification process in the state of Michigan on behalf of CMS. This function was formerly combined with the Bureau of Community and Health Systems, which will continue to exist and oversee the state licensing processes. While this may seem unconventional, LARA leadership recognizes the significant impact the federal survey process has on safeguarding our most vulnerable populations. Still reeling from the impact of the COVID pandemic, this separation will provide the necessary time, energy, and resources to address the federal survey and certification workload that accrued as a result. Michigan shares similar challenges that our neighboring state survey agencies (SA) have expressed with recruitment, retention, and burnout. These contributing factors directly impact the capacity to complete the workloads outlined in CMS' FY23 Mission and Priority Document for various provider types. Responses provided below pertain to workloads associated with nursing facilities.

Michigan's complaint intake volume continues to exceed the national average per CMS reporting. From 9/1/21-8/31/22, 6.5% of complaint surveys resulted in Immediate Jeopardy (IJ) citations compared with the national average of 2.3%. The investigation of IJs is an investment of considerable resources and time due to the severity and risk it poses to nursing home residents. Energy that could be devoted to preventative initiatives is diverted to the investigation and enforcement of more serious complaints per CMS guidelines. Further adding to the SA's workload, in July of 2022, Public Act 187 was passed by the Michigan Legislature which amended 1978 PA 368 related to the public health code. Particularly impactful to the Michigan SA are revisions made to Part 221 Federal Certification of Nursing Homes which, in part, now require the SA to "ensure that at least 1 nursing home surveyor remains on-site at the nursing home until the immediate jeopardy is abated unless the department determines that having a nursing home surveyor on-site at the nursing home is not practical". Additional revisions outlined in 2022 PA 187 require the SA to make every reasonable effort to confirm substantial compliance in an open survey cycle prior to executing a standard survey. This mandate further restricts the SA from combining revisits for open surveys with standard surveys to ensure efficiency and preservation of scarce resources. Michigan's newly formed SA, Bureau of Survey and Certification (BSC) will be taking an aggressive approach to identifying efficiencies within the bureau as well as implementing innovative tactics to reducing the number of

complaint intakes in effort to transition to a proactive approach with the federal survey and certification process. Additionally, BSC will be partnering with LARA's Office of Communications and Human Resources Bureau to leverage unconventional recruiting techniques to recruit quality candidates.

The Michigan SA has experienced its greatest turnover this past year. Thus far, the bureau has experienced a 10% departure rate. This is especially problematic as the SA anticipates difficulty with completing annual surveys within the CMS mandated timeframes due to the backlog created when they were paused during the COVID pandemic. The interview, onboarding, and training timeline takes an average of eight months from the date the position was posted. While the intent is to be anticipatory as possible to fill positions, FTE counts set by state appropriations for the bureau require the SA to remain within a total allotted number. The result of these constraints creates a deficit in available workforce and requiring the current surveyors to absorb the additional workload until replacements can be trained.

Consistent with other states, Michigan is experiencing a statewide nursing shortage, due largely as a result of compassion fatigue and emotional exhaustion exacerbated by the pandemic (Sullivan, et al., 2022). While not a requirement for the healthcare surveyor role, RN licensure is preferred as many aspects of the survey process require clinical acumen and experience consistent with this profession. Additionally, CMS' State Operations Manual requires survey teams to be comprised of one RN at a minimum. The Michigan SA has limited ability to be competitive with the private sector, particularly travel nursing agencies, which offer sign-on bonuses and hourly rates that far exceed fair market value. The Michigan SA is also governed by the Michigan Civil Service Commission which fixes rates of compensation based on classification. This has created a significant disadvantage with the recruitment of registered nurses. The Michigan SA is confronted with the decision to consider alternate healthcare experience when considering candidates, which will have additional implications on the efficiency of the survey process.

For the past five years, the federal survey and certification process has been housed in the Bureau of Community and Health Systems. During that time, the bureau contracted with, and continues to contract with, iMRPOve Health (formerly MPRO) which performs Independent Informal Dispute Resolution (IIDR) on behalf of CMS and most Informal Dispute Resolution (IDR) for the Michigan SA. Aside from utilizing contracted services for the IDR/IIDR process, the Michigan SA has not used contracted services for any other function of the federal survey process. Historically, the Michigan SA succeeded in accomplishing the yearly Mission and Priority mandated Tiers 1 and 2 requirements. Additionally, during the COVID pandemic, the employed surveyors successfully completed the focused infection control surveys (FICS). Contrary to past compliance, the Michigan SA is now facing the challenge of completing the suspended annual surveys during the mandated timeframes. Rather than utilizing contracted surveyors, which would only add to financial pressures, the newly formed bureau is working diligently to identify opportunities for efficiency within our own processes to remain compliant.

The Michigan SA has continued to partner with our CMS colleagues in the Chicago Location. Throughout the pandemic, the Chicago Location has provided continual communication and has been responsive to the questions and concerns escalated by this SA. While staffing volumes and ambiguity regarding CMS policies have been the topic of many discussions during monthly CMS/ Association of Health Facility Survey Agencies (AHFSA) calls, the Michigan SA has only

formally requested consideration for alternate staffing to assist with the backlog of complaints once. Historically, the Michigan SA has joined the collective concerns of neighboring states in the Chicago CMS Location pertaining to the persistently stagnant annual discretionary grant funding from CMS. Most recently, this SA escalated concerns to the Chicago Location regarding Phase 3 of the Revised Long-Term Care Surveyor Guidance (currently pending) which instructs SAs to conduct an onsite survey for all Priority 3 (non-IJ medium) complaints within a 45-day timeframe. The previous process for P3 complaints required no specified timeframe for investigation. This revision is also in conflict with the CMS FY23 MPD which still prioritizes P3 complaints as Tier 3. Therefore, due to stagnant funding and lack of adequate staffing, Michigan's primary priority will be the completion of Tiers 1 and 2 with low probability that P3 complaints will be triaged in 45 days.

The Michigan SA has utilized the CARES Act to fund FICS during the COVID pandemic. The FY 23 Mission and Priority Document requires the continuation of these surveys and requires the SA to conduct FICS for 20% of nursing homes. While the termination of CARES Act funding will impact the overall budget, the Michigan SA is more concerned with CMS continued stagnant annual survey and certification funding which has remained flatlined since FY2015. This fact, coupled with the sunseting of the CARES Act, places additional burden on the state to supplement the budget to remain operational.

The Michigan SA, Bureau of Survey and Certification appreciates the opportunity to provide feedback and insight to the U.S. Senate Special Committee on Aging and welcomes the opportunity for continued dialogue. It is only through collaboration can we identify ways to protect not only state and federal resources, but more importantly, our most precious commodity, our vulnerable residents.

Respectfully,

Jennifer Belden, MSHA, CPXP
Director, Bureau of Survey and Certification
Department of Licensing & Regulatory Affairs
Email: [REDACTED]

Sullivan, D., Sullivan, V., Weatherspoon, D., & Frazer, C. (2022, March). *Comparison of nurse burnout, before and during the COVID-19 pandemic*. The Nursing clinics of North America. Retrieved October 20, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8576118/>

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state? 433	433	
	What is the number of Medicare and or Medicaid certified nursing home beds? 45,030	45,030	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022: 4,669,965	4,669,965	
	FY2021: 4,661,346	4,661,346	
	FY2020: 4,438,130	4,438,130	
	FY2019: 4,864,617	4,864,617	
	FY2018: 4,435,265	4,435,265	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022: 18,483,896	18,483,896	
	FY2021: 19,021,892	19,021,892	
	FY2020: 17,883,040	17,883,040	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022: 92.53	92.53	
	FY2021: 94.24	94.24	
	FY2020: 95.90	95.9	
	FY2019: 101.20	101.2	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total? 11		
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses? 10		
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022: 13	13	
	FY2021: 10	10	
	FY2020: 8	8	
	FY2019: 5	5	
	FY2018: 11	11	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022: 10	10	
	FY2021: 9	9	
	FY2020: 6	6	
FY2019: 5	5		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?: 7.3 years	7.3 years	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?: 20%	20%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?: 69%	69%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses? \$26.50-43.85 hourly	\$26.50-43.85 hourly	RN license is a preferred qualification, but not required.
	Not registered nurses? \$26.50-43.85 hourly	\$26.50-43.85 hourly	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022: 153,996	153,996	
	FY2021: 173,846	173,846	
	FY2020: 182,014	182,014	
	FY2019: 294,593	294,593	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022: 55	55	

7 (i)

CY2021: 77	77
CY2020: 101	101
CY2019: 74	74
CY2018: 63	63
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022: 98.2%	98.2%
CY2021: 94.9%	94.9%
CY2020: 90.1%	90.1%
CY2019: 96%	96%
CY2018: 90.5%	90.5%

Minnesota

January 13, 2023

Dear Mr Gartrell,

Thank you for the opportunity for Minnesota to weigh in on the challenges of workload for State Survey Agencies.

In Minnesota, a top priority is to ensure the health and safety of the residents in nursing homes. As a regulatory agency, we work to ensure State and Federal regulations are implemented in each of our 349 nursing homes, to ensure all residents have access to safe and competent care. We work as an agency with the providers and other partners to ensure residents can experience quality of care and quality of life while residing in the nursing home setting.

Minnesota's state survey agency has experienced significant turnover over the past two-three years. At one point, our surveyor vacancy rate was 30%. Currently, our vacancy rate is just over 10%. Having a reduced workforce is especially problematic as the State Agency anticipates difficulty with completing annual surveys within the CMS mandated timeframes. This is largely due to the significant backlog created when surveys were paused during the COVID pandemic. The posting, screening, interview, onboarding, and training timeline takes a long time to complete, and especially with a shortage of nurses across the country making it more difficult to recruit competent staff to conduct State Agency survey work.

As indicated, consistent with what is being seen across the country, Minnesota is experiencing a statewide shortage of health care staff including nurses. This is due largely to caregiver fatigue and emotional exhaustion exacerbated by the pandemic. The Minnesota State Survey Agency does utilize other health care disciplines including Registered Dietitians and Licensed Social Workers, to ensure we have expertise to review the many facets of health care provided. However, Registered Nurses comprise the largest percentage of our survey staff since many aspects of the survey process require clinical skill sets and experience consistent with Registered Nurse licensure. In addition, CMS' State Operation's Manual identifies specific criteria for team composition, including expectations for Registered Nurses.

As our neighboring State Agencies have experienced, we've seen competition for staff across the many other health care settings in our state, including supplemental nursing agencies. Some of these other settings offer sign-on bonuses and hourly rates of pay that exceed fair market value. In Minnesota, our State Agency staff are represented by collective bargaining units which specify rates of pay and benefits based on classification. Minnesota has been working to offer options for enhanced surveyor satisfaction including flex time options and the option of teleworking versus going to an office when the work is not required to be conducted onsite.

Minnesota does have a contract with Health Management Solutions (HMS) to conduct recertification surveys of nursing homes in the state. Due to the demand for this type of survey support across the country, HMS' ability to conduct surveys varies. For awareness, to ensure consistency, Minnesota has chosen to embed a member of our State Agency staff with the HMS contractors during these surveys.

Prior to the Pandemic, Minnesota had regularly been able to complete the CMS Mission and Priority mandated Tiers 1 and 2 workloads, and largely had the ability to complete Tier 3 and Tier 4 work as well. During the COVID pandemic, Minnesota surveyors successfully completed Federally mandated focused infection control surveys (FICS) at all Federally certified nursing homes and worked diligently to meet the demands of increasing complaints triaged at the highest levels. Minnesota will continue to prioritize survey efforts in accordance with CMS guidance for survey workload prioritization.

Minnesota would welcome the opportunity to discuss solutions and options to ensure efforts that best ensure the health and safety needs of residents receiving care in nursing homes can be maintained.

Sincerely,



Maria King, Division Director

Minnesota Department of Health – Health Regulation Division

[Redacted]

Office: [Redacted]

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	349	
	What is the number of Medicare and or Medicaid certified nursing home beds?	24920	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$6,015,869	
	FY2021	\$6,073,505	
	FY2020	\$5,024,018	
	FY2019	\$5,499,308	
	FY2018	\$4,532,777	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$12,214,036	
	FY2021	\$12,331,055	
	FY2020	\$10,200,280	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	78	Total budgeted FTEs for all Federal Facilities: 92. Nursing Homes is 84.75% of federal workload
	FY2021	70	Total budgeted FTEs for all Federal Facilities: 83. Nursing Homes is 84.52% of federal workload
	FY2020	63	Total budgeted FTEs for all Federal Facilities: 85. Nursing Homes is 74.13% of federal workload
	FY2019	55	Total budgeted FTEs for all Federal Facilities: 84. Nursing Homes is 65.02% of federal workload
	FY2018	47	Total budgeted FTEs for all Federal Facilities: 88. Nursing Homes is 52.89% of federal workload
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?		
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?		
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	65	Total FTEs hired for all Federal Facilities: 65. Nursing Homes is 84.75% of federal workload
	FY2021	75	Total FTEs hired for all Federal Facilities: 75. Nursing Homes is 84.52% of federal workload
	FY2020	76	Total FTEs hired for all Federal Facilities: 76. Nursing Homes is 74.13% of federal workload
	FY2019	90	Total FTEs hired for all Federal Facilities: 90. Nursing Homes is 65.02% of federal workload
	FY2018	89	Total FTEs hired for all Federal Facilities: 89. Nursing Homes is 52.89% of federal workload
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	18	
	FY2021	23	
	FY2020	15	
FY2019	16		
FY2018	13		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	8	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	36%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	44%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$68,736-\$101,852	
	Not registered nurses?	\$52,722- \$77,297	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$895,193	
	FY2021	\$0	
	FY2020	\$0	

	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2744	
	CY2021	2401	
	CY2020	1865	
	CY2019	796	
	CY2018	na	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	991	
	CY2021	1424	
	CY2020	926	
	CY2019	332	
	CY2018	na	

Mississippi



MISSISSIPPI STATE DEPARTMENT OF HEALTH

October 28, 2022

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Mississippi has 206 certified nursing homes which house 17,382 certified beds. The MS survey team is also responsible for the licensure of an additional 7 nursing homes which do not take Medicare or Medicaid funds but are still required to be surveyed by the state. These homes have 840 beds which combined makes up 18,222 beds. The MS state survey agency has nursing homes spread throughout the state and includes **many rural areas**. The competition for nursing staff is keen, and all healthcare facilities compete for the same professional staff. It is important to know that the training component of surveying in Long Term Care facilities is extensive and takes from 4-6 months before a person can take the Surveyor Minimum Qualification Test (SMQT) – a 4-hour test to measure knowledge of, and competence with CMS rules and regulations. These “surveyors in training” can only learn during this period and cannot survey independently until they **actually pass** the SMQT test. Therefore, **they cannot survey alone**, and must be linked with a Preceptor. With many new staff, it requires more Preceptors to train on the job. The learning phase continues after the passing of the SMQT test for at least 1 year. [This is a very different Nursing role than shift work in a hospital where an RN can be hired today, and work independently tonight on the floor]. There is a much greater investment in the training of these individuals, and the months it takes for each surveyor to become fully prepared for the survey role.

The pandemic impacted completion of annual recertification surveys, and CMS changed their focus to push **Focused Infection Control surveys** in response to COVID and 2-day **Immediate Jeopardy complaint** investigations. Our staff were doing not only this work, but were placed on Emergency orders by the Governor of MS to respond to COVID needs –i.e. running COVID hotlines, performing COVID testing (surveyors were tasked to work with the MS National Guard to baseline test all staff and residents in long term care in 30 days), giving COVID vaccines, etc.

More generally, the CMS system, ASPEN, is a 20-year-old Oracle based system that is not compatible with newer technology machines. Our IT department is constantly facing work around issues and problems. While we understand there is a push to move to a web-based application, it has been a slow burn and we don't see much progress to get a better survey product pushed out to states to accomplish the increasing workload.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

The MS state survey agency lost 30 trained surveyors over the last 5 years and hired 61 new survey staff. We currently have 41% of our staff with 2 years or less experience. Only 16% of staff have over 5 years or more of experience. We continue to have difficulty retaining trained staff. The work is physically hard, mentally challenging and takes them away from home weekly in overnight status. We had 3 staff pass away during the pandemic, including our in-house IT person. It took 18 months to replace him. We have struggled with staff and family members of staff getting COVID which wreaked havoc with the survey schedule. We have had several staff take advantage of early retirement and lost others due to the disparity in the pay. During the pandemic, 90% of our survey staff were put on orders by the Governor. Four staff who were assigned to the Epidemiology Dept. to assist during COVID, transferred to that department permanently, stating it was "easier work" than surveying, with the same pay.

Current survey teams typically spend 3-4 nights a week away from home staying in hotels. We have developed a team approach to surveying in response to the turnover to keep surveyors closer to home so they can sleep in their own bed and be with family during the week. We have divided our state into 4 regions and are attempting to develop a 5th survey region to limit survey areas and distance from home.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Other health facilities can lure existing and potential surveyors with big sign on bonuses (upwards of \$25,000) which is a concern. We cannot expect noncompetitive state pay to be a match for this, just because the work is noble and important – which it is! We currently have a promising project with the MS State Personnel Board to bring nursing and surveyor staff salaries up to market value for this area. We feel this will help make our positions more competitive with surrounding areas. The retirement package with the state is exceptional, with the state matching 9% of employee contributions, and adding another 10% to the employee's retirement – 19% per pay period. We are extremely lenient with employee requests for time off. We offer almost 40 days per year of leave. We additionally offer, free of charge, 8 annual professional counseling sessions through MEA Cares, our employee assistance program. This is available for employees, their spouses, and any children up to age 26, and is not dependent on family participation in the employee insurance.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

At this time, we have lost all but one MSDH contract surveyor, and have been unable to fill our contract nursing positions. The current rate for RNs is \$26.80 per hour plus travel. This is not a competitive rate in the current market. We are seeking to get this raised with the State Personnel Board. We have been **committed to hiring more permanent staff** as opposed to contract staff. In 2017 we hired 2 contract companies to assist with a backlog of surveys. We spent several million dollars, and we were extremely displeased with the results, or lack thereof. Our providers also expressed great dissatisfaction with the teams provided. The survey companies put teams together with individuals from all over the country. Most had never worked together and did not get along. There were complaints from facilities of abhorrent professional behavior on the part of the surveyors which we were paying to do these surveys. We had reports from facilities of these individuals cursing and screaming at one another. Many facilities contacted us stating they would refuse entry if some returned. These are offenses that would have resulted in immediate termination of our full-time employees. We discovered that they did not call Immediate Jeopardies when warranted and “left that to the state to do” upon reviewing their deficiencies. We had zero return on our incredibly costly investment – a mistake we will not make again.

5. What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

CMS has been aware of the staffing shortages even before the pandemic. The work is difficult and requires a great deal of physical and mental energy to accomplish. It is not for the faint of heart! Our surveyors are very dedicated to the mission of protecting the health and well-being of the residents in these facilities.

CMS does not have easy answers to this staffing crisis – it is a national concern and will not be solved by pointing fingers. We need to spend more time building coalitions with all involved to work on these issues.

It is also important to **work with** facilities and **not penalize facilities so severely that they go out of business**. These residents must live somewhere, and not all small businesses can survive excessive Civil Money Penalties (CMP's) – [such as automatic penalties for non-reporting to the National Health and Safety Network weekly, for non-reporting of covid test numbers].

The things that would help would be to provide:

- On-site IT training for our IT staff from CMS so they can assist with all the process and tech needs our field staff have. Don't expect people to read 15 memos to implement.
- On-site training classes **within our state** for our staff on all new requirements. It is great to have online resources, however, most people learn best in an environment where they can ask questions and interact with subject matter experts, and other learners.
- Give a reasonable amount of time that any new information which comes out from CMS goes into effect. This allows staff to learn what the requirements are before having to put them in place with the facilities. That causes much stress for us and our facilities for it to be "effective immediately". We often receive feedback from the region that they are uncertain as well as to how we are to survey as they just received it.
- Consider surveying well run facilities **every other year** if they meet certain criteria. Several of our acute care facilities are on a multi-year survey cycle. Long-term care could be as well. We are in the facilities on complaints on an annual basis. It is not as if our Agency never darkens the door. If there are concerns, we will find out about them.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

The funding could only be drawn down **IF we used our available allocation from CMS**. With such extreme staff shortages and the low paying nursing salaries, we had a hard time using our regularly allotted dollars, as most of our budget is salaries. This **one-time funding** was also not enough to pay a contract survey company either – not that we would have, based on our previous experiences. You can't throw one time money at a systemic problem.

Submitted by:

Frances Fair

Frances Fair RN, BSN, Director
Health Facilities, Licensure and Certification
MS State Department of Health
143 B LeFleur's Square
PO Box 1700
Jackson, MS 39215-1700

██████████ Office
████████████████████

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state? - 206		
	What is the number of Medicare and or Medicaid certified nursing home beds? 17,382 Certified Beds		
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022 - \$563,372		
	FY2021 - \$589,437		
	FY2020 - \$1,045,784 (Denotes a reallocation in state funding which was adjusted by the next year)		
	FY2019 - \$503,272		
	FY2018 - \$602,840		
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022 - \$3,191,939		
	FY2021 - \$3,120,092		
	FY2020 - \$2,894,036		
FY2019 - \$2,316,990			
FY2018 - \$2,222,187			
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022 - 35		
	FY2021 - 32		
	FY2020 - 32		
	FY2019 - 30		
FY2018 - 39			
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total? - 6 Non-Nurse positions and 13 RN positions, for a total of 19 open positions		
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses? - 13 for RN's		
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022- 4		
	FY2021 -9		
	FY2020 -13		
	FY2019 - 21		
	FY2018 - 14		
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022 - 2		
	FY2021 - 7		
	FY2020 - 10		
FY2019 - 5			
FY2018 - 6			
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff? 2.75		
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying? 41%		
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying? 16%		
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses? \$55,741.31 - \$73,160.47 - based upon a Nurse III Position on the State Personnel Board website.		
	Not registered nurses? \$51,693.41 - \$67,847.61 - Based upon a Health Surveyor II Position on the SPB website.		
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022 - \$82,562 - (the reduction is due to dropping from 6 field surveyors to 1 contractual surveyor - [hourly employees, plus travel])		
	FY2021 - \$285,625		
	FY2020 - \$609,500		
	FY2019 - \$674,150		
FY2018 - \$505,875			
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022 - 47		

7 (i)

CY2021 - 77		
CY2020 - 25		
CY2019 - 82		
CY2018 - 61		
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022 -83%		
CY2021 - 67%		
CY2020 - 28%		
CY2019 - 33%		
CY2018 - 80%		

Missouri

Gartrell, Peter (Aging)

From: Bollin, Steve [REDACTED]
Sent: Tuesday, November 1, 2022 6:44 PM
To: Senate Special Committee on Aging
Subject: Responses to Survey questions
Attachments: Copy of Data Entry Form for Question 7 of Aging Committee Letter.xlsx; Response to Survey Questions for Sen Aging Committee.pdf

Categories: Blue category

Hi Peter:

Attached are responses to the survey questions you sent to us. Please let us know if there are any other questions. FYI we are still checking for e-mail correspondence requesting survey staffing assistance, and will send what we find in a separate e-mail.

Thank you.

Steve Bollin, Director
Division of Regulation & Licensure
Missouri Dept. of Health & Senior Services
3418 Knipp Dr. Suite F
Jefferson City, MO 65102-0570
ph. [REDACTED]

Dear Mr. Bollin:

Please see attached an information request from U.S. Senator Bob Casey, chair of the Senate Special Committee on Aging, regarding survey agency staffing and performance. The Committee will use your responses to evaluate and report on the challenges states face carrying out their duty to ensure nursing home residents receive quality care.

The [Senate Special Committee on Aging](#) is charged with the “study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to ... maintaining health ... and when necessary, of obtaining care or assistance.” For decades, the Committee has demonstrated a sustained bipartisan interest in ensuring high quality nursing home care as part of its work shaping federal policies and programs central to the lives of older Americans.

Chairman Casey is seeking responses to the questions in this letter by October 28. In responding to the letter, we request the following:

- Please respond individually to questions 1-6. Please provide your responses on letterhead in PDF format.
- Please provide requested data in Question 7 in the attached Excel sheet.
- Please return your responses to: [REDACTED].
- If you have questions, please call the Committee at [REDACTED] and ask for oversight staff, who can assist you.

Thank you for your attention to this request and the important work you do overseeing the country's 15,000 nursing homes.

Respectfully,

Peter Gartrell, Chief Investigator
Alex Federman, Health and Aging Policy Fellow

Chairman Bob Casey
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510



Steve Bollin, MPA, Director
Division of Regulation & Licensure
Missouri Dept. of Health and Senior Services
3418 Knipp Dr., Suite F
PO Box 570
Jefferson City, MO 65102



1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.
 - *Section for Long Term Care (SLCR) is part of the Regulation and Licensure Division (DRL) of the Missouri Department of Health & Senior Services (DHSS).*
 - *SLCR performs regulatory oversight of the state's 1161 Long term Care facilities, including Skilled Nursing, Residential Care, Assisted Living, and Intermediate Care. The Center for Medicare and Medicaid Services contracts with DHSSs for SLCR to conduct federal certification surveys in federally-certified facilities.*
 - *SLCR also investigates complaints about long term care facilities regarding a variety of issues, including care provision, abuse, or neglect. As part of the response to the pandemic, the department began performing Focused Infection Control surveys as well as verifying that facilities were meeting CMS standards for COVID-19 vaccination mandates.*
 - *Many of the challenges and dynamics are not unique to Missouri, especially staffing shortages for RNs and other qualified staff, which is extremely problematic given CMS requirements for RNs on the survey team. Somewhat unique to Missouri is the number of facilities located in small town or rural environments, including many that are County-owned. Reimbursement is not sufficient to cover operating expenses. Lack of staffing for surveyors, combined with a significant increase in the number of complaints about facilities, has created a significant backlog of work. Surveyors are spending so much time responding to complaints in order to get them investigated that routine surveys are not being done timely. Because of the serious nature of many complaints, especially if there is abuse or neglect they must take priority over recertification surveys.*

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.
 - *Turnover has been higher than average in the past. SLCR has lost many RN surveyors to positions offering salaries paying \$25,000 and higher without the added responsibilities of working weekends or being on call. SLCR has also lost a number of surveyors to other positions that offered remote working capacity and higher pay.*
 - *Many surveyors who left cited the combination of long hours and low pay as their primary reason for leaving. COVID has primarily driven the huge increase in salaries, frustration among staff because of increased workload, and conditions in facilities that lead to higher levels of complaints. SLCR has used primarily non-monetary strategies such as increased recognition, better communication, and increased support of staff needs, including expanding the ability for staff to use their home as their office domicile.*

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?
- *Increased competition has substantially decreased the available pool of workers, especially RNs. In one area of the state alone it has been more than 18 months since we had an applicant for an open RN surveyor position, let alone attract a qualified applicant.*
 - *Two raises were approved in 2022 to increase salaries but it did not help retention or help to attract new staff. Our starting salaries are so far behind the market that routinely we are not competitive for top level talent. Many prospective candidates have applied for a position because of a desire to transition out of direct care, but once they learn what our salary structure is, they frequently withdraw their application.*
 - *Our starting salary of \$60,000 in urban markets is about \$32,000 behind average starting salaries for nurses in hospitals, and about \$22,000 behind average starting salaries for long term care. Agency staffing has also made things extremely difficult, offering salaries more than double what our salary is, travel opportunities, or simply the option for a nurse to earn the same salary working one-quarter to one-third of the hours.*
 - *By law we are not allowed to offer bonuses, so high level performers cannot be recognized with monetary reward.*
4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?
- *Up until October of 2022 SLCR was not using contractors to perform surveys. We recently started this process after CMS made available \$900,000 in additional funds in late August. There was a catch - the funds had to be used or committed by September 30th, which did not give us much time to come up with a program for the funds and meet state requirements for funding new services. To make matters worse, because all other states have increased workloads, the survey companies are experiencing an increase in requests for assistance, which impacts how much work they could perform in a given state.*
 - *The outcomes of the surveys conducted by the contractors are submitted to us for review. In addition, any serious deficiencies identified are discussed with us before issuing. We also receive the completed survey packet that includes all information gathered by the contractors while performing the survey.*

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.
- ***Increase in federal funding so that states can hire/retain surveyors to completed required work. Please note any increase in federal funding must be matched by an increase in state funding. Federal and state fiscal years are often different, so there may be a lag in state funding match to meet any increase in federal funding. In addition, states must have FTE and appropriation authority to spend any increases in funding.***
 - ***Provide payment for services. When CMS adds to the workload, they should be required to perform an analysis of the impact on the survey agencies, including an estimate of the number of work hours that the new expectation will add. State agencies should be authorized an increase in payment based on the increase in work hours that they will be performing for CMS. CMS should not be allowed to add unfunded new work that results in an increase in work hours.***
 - ***Respond to requests for increased funding levels from State Agency Finance team***
 - ***Will send correspondence regarding survey agency staffing in a separate e-mail***
6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding. What affect, if any, will the sunseting of this funding have on your agency?
- ***The CARES Act funding is being used for pending (backlog) workload as well as Focused Infection Control surveys.***
 - ***Missouri has used most of its allocated CARES Act funding, so the existing federal budget is the funds we have for this current federal fiscal year.***
 - ***With the salary increases noted above (with no increase in federal budget), our existing budget is not sufficient to cover all operating expenses.***

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	515	
	What is the number of Medicare and or Medicaid certified nursing home beds?	53,506	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,837,423	
	FY2021	\$2,982,428	
	FY2020	\$2,882,642	
	FY2019	\$2,880,662	
	FY2018	\$3,121,157	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$7,149,486	Title XVIII Survey & Certification funding was \$4,086,445; Title XIX survey and certification funding was \$3,063,040
	FY2021	\$6,603,466	Title XVIII Survey & Certification funding was \$3,773,409; Title XIX survey and certification funding was \$2,830,057
	FY2020	\$6,611,596	Title XVIII Survey & Certification funding was \$3,778,055; Title XIX survey and certification funding was \$2,833,541
FY2019	\$6,096,801	Title XVIII Survey & Certification funding was \$3,489,559; Title XIX survey and certification funding was \$2,607,242	
FY2018	\$5,792,752	Title XVIII Survey & Certification funding was \$3,315,569; Title XIX survey and certification funding was \$2,477,183	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	189.98	
	FY2021	189.49	
	FY2020	188	
	FY2019	188.49	
FY2018	192.49		
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	22	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	19	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	58	
	FY2021	30	
	FY2020	39	
	FY2019	30	
	FY2018	34	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	49	
	FY2021	38	
	FY2020	41	
FY2019	32		
FY2018	29		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.23	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	36%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	41.70%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	See Note	Urban = \$60,841.68; Non Urban = \$53,858.64
	Not registered nurses?	\$48,192	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	\$0 contracted/ \$123,161.21 (IDR)/0 other
	FY2021	\$0	\$0 contracted/ \$121,364.82 (IDR)/0 other
	FY2020	\$0	\$0 contracted/ \$121,364.82 (IDR)/0 other
	FY2019	\$0	\$0 contracted/ \$225,878.22 (IDR)/0 other
FY2018	\$0	\$0 contracted/ \$282,218.89 (IDR)/0 other	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	1051	
	CY2021	1152	
	CY2020	988	
	CY2019	585	
	CY2018	513	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each of the following calendar years?		

CY2022	99.9%
CY2021	99.9%
CY2020	99.7%
CY2019	100.0%
CY2018	99.8%

Montana



Department of Public Health and Human Services

Certification Bureau ♦ PO Box 202953 ♦ Helena, MT 59620 ♦ (406) 444-2038 ♦ Fax: (406) 444-3456♦
www.dphhs.mt.gov

Greg Gianforte, Governor

Charlie Brereton, DPHHS Director

October 26, 2022

United States Senate
Special Committee on Aging
Robert P. Casey Jr., Chairman
Washington DC 20510-6400

RE: September 12, 2022, Letter Requesting Information from Montana

Mr. Casey and board members,

Montana Department of Public Health and Human Services – Office of Inspector General – Certification (OIG – Certification) has completed the information per your request related to nursing home surveys conducted in Montana. The responses are listed below and responses to Question 7 is attached in the provided Excel spreadsheet.

1a. Please describe the scope and activities of your agency’s nursing home survey and certification program and issues, challenges or dynamics unique to your state.

OIG - Certification has attempted to complete the four (4) Tiers of work identified by CMS in the annual Mission & Priorities Document. A primary challenge to completing all Tier levels has been staff vacancies and retention of surveyors. OIG - Certification has been successful in completing most of the issued Tier 1 & 2 workloads with some missed deadlines. Many of these examples are within 10 days or less of the two-day or 10-day response limits. Tier 3 addresses maximum survey intervals. OIG – Certification had to reduce the standards due to staff shortages and increased COVID-19 response surveys. It will take time to recover those frequencies to an acceptable level. To address the Tier 4 work, OIG – Certification is requesting new providers to use accrediting organizations to conduct their initial survey. The other aspect of Tier 4 is averages for surveys for various provider types. Again, this will take time to bring down these running averages based on the retention of a fully trained survey staff.

A unique challenge for Montana state employees conducting nursing home recertification, revisit, and complaint surveys is limited methods of traveling in the 4th largest geographic state. Surveyors are required to drive as much as 10 hours, often in inclement weather, to reach a survey location. Montana does not have access to many locations by means of public mass transportation.

1b. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The OIG – Certification staffing has had several ongoing challenges. Surveyors were originally based only out of Helena; this restricted the potential hiring pool. The State has recently approved remote work which permits the hiring of staff from various communities across Montana. This has helped bolster recruitment. Additionally, the survey schedule process was restructured to provide surveyors a set schedule of travel to every other week. This allows for staff to plan their time away from home. The combination of these two changes has proven to be a great marketing strategy. However, a negative repercussion is an increase to operating costs associated with 22 home-based workers such as use of personal and rental cars.

Secondly, since the survey process requires registered nurses to be on each team for the majority of workload, the State is trying to compete with the private sector and has found it difficult to match salaries. The 2022 average registered nurse annual salary in Montana is \$73,610 according to nurse.org. OIG - Certification is currently hiring all surveyors at \$59,821 or 19% lower this average. DPHHS has recently increased the annual salary to \$67,205, or 9% lower than the average salary. OIG - Certification has not had an increase in the federal budget since FFY15 to remain competitive with the salary market.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

In the past 14 years, OIG – Certification survey staff levels have varied and in fact was only filled completely for six weeks. The staff retention is based on three factors. The first being the travel and staff being away from home at least every other week for 25 weeks out of the year. Secondly, delivering only the bad news as we find deficiencies. In other words, the CMS expectation is to focus on deficiencies and not what is working. Another challenge is the complexities related to the continuously changing survey process. In the summer 2022, three seasoned surveyors retired stating the pending Chapter 5 changes & Phase 2 & 3 updates to long term care implementation and the associated learning of these new requirements was a key factor contributing to their departure.

OIG – Certification is constantly hiring and training new staff to complete this important work. The industry training standard has been it takes two years for staff to become comfortable with the survey process. The reality is a majority of staff do not remain employed in this field for two years. Some of the marketing strategies have been to accentuate the steady work, a schedule that is relatively stable, paid holidays, annual leave, sick time, overtime, health benefits, and retirement.

Hiring registered nurses is becoming more difficult as of late because of reimbursement rates for traveling nurses, healthcare facility salaries, and burnout in the industry from the COVID public health emergency. This is a dynamic that OIG – Certification has not seen in previous years.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

The surveyors in Montana have union representation. Within the month of September 2022, the union negotiated with DPHHS for an increase in the surveyors' base pay from \$59,821 to \$67,205. This will certainly help with staff retention.

Please see the response to Question 1 for further discussion on recruitment strategies.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

OIG – Certification has not approached hiring contractors to complete the required surveys. One exception is, CMS offered and OIG – Certification utilized a contracted surveyor for End Stage Renal Disease facilities. This equates to two facilities per year of the required six completed annually.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Additional federal budget award would help to maintain the existing survey staff at professional salaries, aid in drawing others to this unique work, and aid in moving closer to completing the workload. The recent focus on changes to the CMS State Operations Manual Chapter 5 Complaints, will require additional staff just to focus on the complaints to meet the required timelines and anticipated workload. This is an example of unfunded mandates that must be absorbed as workload and financial challenges continue.

The OIG - Certification has historically struggled to recruit staff for existing positions so additional staff funding hasn't been requested of CMS. FFY20 created many challenges and increased work expectations to include CMS Infection Control surveys specific to COVID, and increased complaints. OIG – Certification did request additional Federal funding for additional staff in FFY22 and FFY23 (attached).

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

The 2020 COVID funding did help to relieve some of the costs with PPE, fit testing, training of surveyors to perform the public health emergency (PHE) survey process, and the additional time on survey that was required for the focused infection control survey process. The sunseting of the funding will affect our ability to complete the required Facility Infection Control Surveys that CMS had continued to require while still in the PHE. This is an example of additional duties for surveyors onsite without funding as mentioned in response 5.

Thank you for the opportunity to provide input for the nursing home survey process. If you have additional questions, please do not hesitate to call.

Respectfully,

Todd D. Boucher
Bureau Chief
DPHHS Office of Inspector General

Survey and Certification Federal Fiscal Year 2022 Budget Request

For each element include justification.

Medicare Budgetary Considerations: Total Requested: \$3,061,090

1. Tier Workload:

	Previous FY % completed	Requested FY % completion goal
Tier 1	80	95
Tier 2	60	90
Tier 3	40	57
Tier 4	40	55
Flat Line FY % completion goal		
	85	
	70	
	45	
	40	

Title 18:

2. Salaries + Benefits: \$1,523,000
3. Training/Orientation: \$2,000
4. Equipment: 45,000
5. Travel: 430,000
6. Contract Services: 94,000
7. Supplies: 20,000
8. Office space: \$71,500
9. Indirects: 270,000

Title 19:

10. Salaries + Benefits: \$425,000
11. Training/Orientation: \$390.
12. Equipment: \$15,000
13. Travel: \$40,000
14. Contract Services: \$1,300
15. Supplies: \$4,400
16. Office space: \$30,500
17. Indirects: \$89,000

Summary: Please use this as our justification for requesting more funds than we spent last FFY,

Salaries - Will have to train seven surveyors for FFY2022 to achieve Tier Goals at 90% to 95% for Tier 1 & 2. Will continue plan into FFY2023 to bring at least Tier 3 and possibly Tier 4 to higher percentages if not 100%. Three are open positions (1 retirement) from our current staffing while four (4) would be temporary positions requested in this Budget Request. This approach is to deal with the attrition of maintaining qualified surveyors that has been occurring over the past 2 years. We have improved on this attrition with the use of home-based workers agreements; however, additional surveyors above our current staffing level is what we need to help us move toward completion of all Tier levels and backlog work by the end of FFY 2023. We have not been able to maintain a full surveyor crew for more than one

month over the past 13 years. Legislature has not approved salary increases for state employees in the next two years.

Training/Orientation – Will have to train an additional four surveyors for backlog and Tier workload.

Equipment - Includes replacement of 20 Long Term Care Survey Process LTCSP computers from originals purchased in FFY2017. Includes purchase of 8 cars for home -based workers in various parts of state with no access to state motor pool or limited access to rental cars.

Travel – Increases include price of fuel, additional rental/motor pool cars for multiple car travel due to COVID PHE. Higher cost for hotels because of influx of visitors to state and newer residents. State population has increased 1% overall (over 10,000) from 2019 to 2020 which is ranks Montana 10th.

Contract Services – New CNA registration database development. Previous system is no longer being technically supported as of December 2021.

IMPACT funds Requested: ___\$44,000_____

Summary: : Funding for completion of eight (8) hospice surveys due during FFY2022 to meet Tier 1. Request includes at least one validation survey.

CARES Act funds Requested: __\$46,800_____

Summary: Funding for LTC and NLTC FICS surveys during the PHE in FFY2022. Annual fit tests and additional PPE needs to complete the Infection Prevention work.

	Total FY22 Funds Requested
Medicare (Title 18 and Title 19)	T18=\$2,455,500 T19=\$605,590 Total = \$3,061,090
IMPACT	\$44,000
CARES Act	\$46,800

Survey and Certification Federal Fiscal Year 2023 Budget Request

For each element include justification.

Medicare Budgetary Considerations: Total Requested: \$3,061,090

1. Tier Workload:

	Previous FY % completed	Requested FY % completion goal
Tier 1	80	95
Tier 2	60	95
Tier 3	40	90
Tier 4	40	40
Flat Line FY % completion goal		
	85	
	70	
	45	
	0	

Title 18:

2. Salaries + Benefits: \$1,523,000
3. Training/Orientation: \$2,000
4. Equipment: 45,000
5. Travel: 430,000
6. Contract Services: 94,000
7. Supplies: 20,000
8. Office space: \$71,500
9. Indirects: 270,000

Title 19:

10. Salaries + Benefits: \$425,000
11. Training/Orientation: \$390.
12. Equipment: \$15,000
13. Travel: \$40,000
14. Contract Services: \$1,300
15. Supplies: \$4,400
16. Office space: \$30,500
17. Indirects: \$89,000

Summary: Please use this as our justification for requesting more funds than we spent last FFY,

Salaries - Will have to train five surveyors for FFY2023 to achieve Tier Goals at 95% for Tier 1 & 2. Will continue plan into FFY2024 to bring at least Tier 3 and possibly Tier 4 to higher percentages if not 100%. Five are open positions (3 retirements) from our current staffing while four (4) would be temporary positions requested in this Budget Request. This approach is to deal with the attrition of maintaining qualified surveyors that has been occurring over the past 3 years. We have improved on this attrition with the use of home-based workers agreements; however, additional surveyors above our current staffing level is what we need to help us move toward completion of all Tier levels and backlog work by the end of FFY 2023. We have not been able to maintain a full surveyor crew for more than one month

over the past 14 years. Union agreement just increased survey salaries by as much as 12% for retention. Increase in salaries will required additional money for budget.

Training/Orientation – Will have to train an additional nine surveyors for backlog and Tier workload.

Equipment - Includes replacement of 20 Long Term Care Survey Process LTCSP computers from originals purchased in FFY2017. Includes purchase of 8 cars for home -based workers in various parts of state with no access to state motor pool or limited access to rental cars.

Travel – Increases include price of fuel, additional rental/motor pool cars for multiple car travel due to COVID PHE. Higher cost for hotels because of influx of visitors to state and newer residents. State population has increased 1% overall (over 10,000) from 2019 to 2020 which is ranks Montana 10th.

Contract Services – New CNA registration database development. Previous system is no longer being technically supported as of December 2021.

IMPACT funds Requested: ___\$48,000_____

Summary: Funding for completion of eight (8) hospice surveys due during FFY2023 to meet Tier 1. Request includes at least one validation survey.

CARES Act funds Requested: __\$46,800_____

Summary: Funding for LTC and NLTC FICS surveys during the PHE in FFY2023. Annual fit tests and additional PPE needs to complete the Infection Prevention work.

	Total FY23 Funds Requested
Medicare (Title 18 and Title 19)	T18=\$2,455,500 T19=\$605,590 Total = \$3,061,090
IMPACT	\$48,000
CARES Act	\$46,800

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	62	Nine long term care facilities have closed since January 1, 2022
	What is the number of Medicare and or Medicaid certified nursing home beds?	5248	Excludes the 8 closed facilities in CY2022
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$163,750	
	FY2021	\$132,866	
	FY2020	\$178,794	
	FY2019	\$166,003	
	FY2018	\$177,500	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,442,957	
	FY2021	\$2,421,233	
	FY2020	\$2,597,650	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	22	
	FY2021	22	
	FY2020	22	
	FY2019	22	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	5	Two LPNs to start on November 14, 2022 will bring total vacancies to 3
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	3	We also hire other professionals such as dieticians, sanitarians, NH administrators, etc.
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		Please note MT State Fiscal Years = 7/1 to 6/30 (e.g SFY 2018 = 7/1/2017 to 6/30/2018)
	FY2022	5	
	FY2021	4	
	FY2020	6	
	FY2019	5	
	FY2018	0	State DPHHS hiring freeze on from February 2017 to March 2018
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	4	We also had an additional 3 leave in early SFY 2023 for retirement.
	FY2021	3	
	FY2020	5	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.5	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	5	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	12	Three senior surveyors with over 7 years, 10 years and 14 years retired in early SFY 2023
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$67,205	Increase occurred in October 2022.
	Not registered nurses?	\$67,205	Increase occurred in October 2022.

7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	Would have to make sure surveyor worker union would support hiring contractors.
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	7	
	CY2021	5	
	CY2020	6	
	CY2019	7	
	CY2018	1	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	43%	
	CY2021	20%	
	CY2020	16%	
	CY2019	43%	
CY2018	0%		

Nebraska



1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The LTC program includes nursing home survey work and state licensure assisted-living facility survey work. The nursing home surveyors not only do standard surveys but are also responsible for conducting all complaint investigation surveys for nursing homes.

A challenge is that the nursing home survey schedule changes frequently because surveyors are expected to do standard surveys and complaint surveys to meet the prioritization timeframes.

Another challenge is that Nebraska has five area offices throughout the state with a total of 32 surveyors who work in teams to do nursing home survey work. Only 9 of these surveyors have survey experience of 5 or more years.

Surveyor pay has historically been low, making it difficult to recruit and retain surveyors. Nebraska is a primarily rural state which requires surveyors to travel great distances and have frequent overnight stays away from their families.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

During the COVID-19 pandemic, Nebraska experienced an all-time high of 14 vacant nursing home surveyor positions at the same time. Due to having approximately half of the regular staffing, Nebraska had to prioritize nursing home survey work by: 1) complaints prioritized as potential immediate jeopardy; 2) complaints prioritized as potential harm to residents; and 3) focused infection control surveys; 4) standard nursing home surveys when CMS gave permission to resume standard nursing

home surveys. Reasons for surveyor departures included higher paying positions in the private sector, requirement for frequent travel, and some retirements.

Nebraska's major strategy to address surveyor turnover was initially creating recruitment and retention bonuses for RN surveyor positions (\$5,000 hiring bonus and \$10,000 retention bonus), followed by a 30% salary increase for RN surveyors and a 20% salary increase for surveyors with other health professional licenses.

Nebraska initiated weekly conference calls with nursing home surveyors to ensure all were updated with happenings for the week, including updated CMS guidance.

Active recruitment efforts with the Office of Human Resources aided in more applications for vacant surveyor positions.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

The bonuses and salary increases mentioned above in response #2 helped the Nebraska State Survey Agency be more competitive in the market for registered nurses. Prior to implementing these strategies, Nebraska was unable to compete with private sector employers for registered nurse positions. Although the pay incentives have increased the applicant pool, the applicants may not necessarily have long-term care experience.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Nebraska has used contracted surveyors to assist with the survey workload and contracted with a peer review organization to perform IDRs. Due to the number of vacant surveyor positions, contracted surveyors were needed to maintain an acceptable level of survey work. The benefit of doing so is being able to complete a greater share of the survey workload. Challenges of using contracted surveyors

include the increased cost compared to having FTE surveyors perform the work, and monitoring the work performed by contracted surveyors to ensure it meets Nebraska State Agency standards. The LTC Program Manager has reviewed all of the surveys completed by contracted surveyors and has requested additional information in instances when the survey product did not meet Nebraska State Agency standards. CMS expects the State Survey Agencies to be responsible for all survey work, whether it is performed by FTE surveyors or contracted surveyors.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

CMS could consider changing policy to allow facilities with a history of good performance to have a longer interval between standard surveys. Such a change could provide an incentive for facilities to improve performance and could also ease the survey workload burden on the State Survey Agency.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Nebraska has used CARES Act funding to support the cost of contracted surveyors.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	189	
	What is the number of Medicare and or Medicaid certified nursing home beds?	14,251	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		Significant annual variation due to timing of expenses; state share was 27-32% across all years.
	FY 2022	\$721,693	
	FY 2021	\$838,139	
	FY 2020	\$500,654	
	FY 2019	\$702,372	
	FY 2018	\$1,023,546	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$1,532,193	
	FY 2021	\$1,974,615	
	FY 2020	\$1,335,980	
FY 2019	\$1,745,927		
FY 2018	\$2,322,342		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY 2022	33	
	FY 2021	33	
	FY 2020	33	
	FY 2019	33	
	FY 2018	32	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	8	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	8	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY 2022	7	
	FY 2021	5	
	FY 2020	7	
	FY 2019	5	
	FY 2018	8	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY 2022	2	
	FY 2021	12	
	FY 2020	5	
FY 2019	5		
FY 2018	9		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.7	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	2.4	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	2.4	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$30.164-\$40.254 per hour	
	Not registered nurses?	\$21.549-\$31.766	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY 2022	\$371,801	
	FY 2021	\$641,703	
	FY 2020	\$0	
	FY 2019	\$3,990	
	FY 2018	\$109,320	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY 2022	67	

7 (i)

CY2021	87
CY2020	91
CY2019	93
CY2018	71
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	99%
CY2021	98%
CY2020	99%
CY2019	100%
CY2018	99%

Nevada

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Chairman Bob Casey
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

RE: Response to correspondence dated 9/12/22, concerning state survey agencies and nursing home surveys

Senator Casey,
Please find below responses to the questions found in your correspondence identified above:

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

For nursing homes, the Nevada State Survey Agency (SSA), is responsible for all aspects of state licensure and many components of initial CMS certification as well as re-certification, to include enforcement activities. Nevada's SSA is also responsible for intake of facility reported incidents and complaints and for completing investigations. Nevada's SSA employs surveyor minimum qualification test (SMQT) qualified surveyors as well as life safety code (LSC) qualified surveyors to accomplish CMS related survey tasks. Challenges for the Nevada SSA are not unique. Communication with several SSAs in other states indicates they are having similar challenges. Nevada's SSA experiences difficulties in accomplishing routine surveys as well as complaint investigations, due to staffing shortfalls. The Nevada SSA has been using a contractor (Health Management Solutions) to improve timeliness of periodic surveys and to diminish the time to initiate complaint investigations.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Over the last 5 years Nevada's SSA has experienced approximately 61% turnover for SMQT qualified surveyors and approximately 80% turnover for LSC qualified surveyors. In addition, Nevada's SSA has experienced an ongoing vacancy rate of approximately 25% of its total surveyor employees. Currently there are 8 vacancies out of 19 total nursing home surveyor positions, or a 42% vacancy rate for nursing home surveyors. There are various reasons for staff departures, such as retirement and competing jobs, but a common reason is the SSA's inability to provide competitive pay. These rates of turnover and vacancy severely diminish the SSA's ability to conduct work in nursing homes. A new surveyor trains for approximately 3-6 months, varying upon the individual's past experience, before they are able to successfully complete the SMQT to become a qualified nursing home surveyor. Beyond obtaining the qualification, a new surveyor typically continues learning for another 6 months, sometimes more, until competence and independence with

the survey/investigative processes is reached. The lack of experience in the long-term care survey process as well as complaint investigations results in inefficiencies, missed deficiencies and ultimately diminished capacity to assure quality of care. The COVID-19 pandemic resulted in increased vacancies and turnover. The SSA has limited tools available to reduce turnover and the strategy is to make the work environment as desirable as possible, in order to retain personnel. Things like telecommuting and advanced training are made available, but regardless recruitment and retention efforts continue to fall short of the agency's goals.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Nurse surveyor positions continue to be difficult to fill. Nevada's SSA provides an additional 10% for nurse surveyors over other surveyor positions and the agency usually hires nurses at the top of the salary range, regardless of experience. However, this only helps minimally with recruitment, because regardless of these SSA accelerations in pay, positions in the private sector, generally start at an even higher rate of pay. Of course, signing bonuses offered by the private sector also diminish the SSA's ability to effectively compete for recruitment of nurses.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

The Nevada SSA uses a single contract entity regularly to conduct federal surveys and individual contractors to conduct state licensure surveys/investigations. These contractors supplement the agency's overall ability to complete periodic surveys and complaint investigations. The entity used by the SSA for federal surveys is Healthcare Management Solutions (HMS). This is the same contractor regularly used by CMS to conduct surveys for CMS Regional Offices. HMS is also commonly used by other SSAs. Nevada's SSA contractual arrangement with HMS requires surveys to be conducted by CMS qualified surveyors and requires HMS to follow federal survey protocols. CMS Regional Offices could increase assurance of contracted surveys meeting federal standards by following/reviewing more of the surveys conducted by the contractors as part of CMS's regular review of the SSAs, but there's already a high level of confidence in HMS, so additional review may be unnecessary. There are challenges to using HMS and perhaps the most significant is the cost. The cost of contracting with HMS to conduct surveys is very expensive and even though it is partially paid for out of salary savings from SSA vacancies, the cost exceeds the cost of SSA employees conducting those surveys. In addition, the SSA employee is available to complete other survey workload whereas the HMS contractor only completes the survey they have been assigned.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

CMS could recognize that facility reported incidents (FRI) are significantly different than complaints and allow SSAs to process FRIs under a different set of protocols, rather than using the same protocols for both. When a facility reports an incident and follows up with a timely investigation and provides an acceptable resolution, the

SSA should be able to review the submissions and either close the FRI without an onsite investigation, or if the facility's investigation/resolution is unacceptable, turn the FRI into a complaint and investigate. This would eliminate redundant investigation activities thus allowing the SSA to focus more resources on periodic surveys and actual complaint investigations. The Nevada SSA receives a significant amount of FRIs each year, yet CMS policy requires the agency to conduct an onsite investigation of every FRI as well as every complaint. Consideration should be given to revise CMS policy to require a fiscal/staffing impact analysis anytime it creates policies and procedures that create more work for the SSA. For example, CMS transferred the CMS initial certification (855) application to the SSA which created an additional workload burden, without additional funds for additional staffing to complete that work. When CMS changed the FRI process, noted previously, from not requiring onsite investigation to treating all FRI's like a complaint, it dramatically increased our onsite complaint workload. Increased workload burdens coupled with staffing shortages increases the difficulty of completing survey and complaint work within required timeframes without funding to hire additional staff.

Per our understanding, the IDR process allows a nursing home to request citations be deleted regardless of the severity and scope. Nevada's SSA has seen an increase in IDR's as nursing homes become aware that they can request an IDR for any citation. Criteria should be established to limit the ability to request an IDR, for example, to those that result in actual harm or IJ citations or that result in a substandard quality of care survey, or perhaps to citations that result in a monetary penalty.

The special focus nursing home process has established criteria on when a nursing home can come off being a special focus facility. Once a nursing home meets the criteria they should be allowed to come off the list. Receiving a FRI or complaint after the criteria has been met should not be sufficient to keep them on the special focus status, but instead they would start a "new cycle" as a non-special focus nursing home.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

The Nevada SSA has used the CARES Act funds that were associated with Title 18 survey and certification activities to supplement our ability to accomplish the following:

- Conducting IJ complaint investigations and focused infection control surveys
- Completion of backlogged recertification surveys, resulting from the public health emergency (PHE)
- Conducting complaint investigation surveys related to infection control violations
- Increasing volume of revisit surveys to provide greater oversight
- Initiating state-specific interventions, such as use of state vendor, Healthcare Management Solutions, to assist in catching up with recertification survey backlogs
- Enhanced surveillance and monitoring of nursing homes through use of infection preventionists

Sunseting of these funds should have little impact on the Nevada SSA, as the agency has reduced its request for these particular funds. However, the SSA typically spends down all of the CMS funds allotted for survey and complaint investigation work and then must use state fees to complete some portion of the federal workload, so more CMS funding would be helpful to ensure the SSA is able to complete all of the CMS workload.

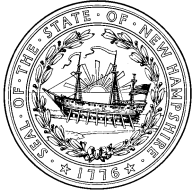
Sincerely,

Paal Shubert

Paul Shubert, Chief
Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	65	
	What is the number of Medicare and or Medicaid certified nursing home beds?	6758	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$435,152	
	FY2021	\$440,282	
	FY2020	\$446,824	
	FY2019	\$445,906	
	FY2018	\$448,576	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$783,642	This is Year to Date (YTD) because we are in the 4th quarter of 2022
	FY2021	\$1,005,800	
	FY2020	\$1,528,893	
FY2019	\$1,307,097		
FY2018	\$1,351,592		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	19	this value only includes surveyors; supervisors and managers not included
	FY2021	19	
	FY2020	19	
	FY2019	19	
	FY2018	19	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	8	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	1	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		The values in this section are estimates
	FY2022	5	
	FY2021	2	
	FY2020	2	
	FY2019	2	
	FY2018	8	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	3	
	FY2021	5	
	FY2020	5	
FY2019	4		
FY2018	4		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	4.05	The value represented is an estimate
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	15.70%	The value represented is an estimate

	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	57.80%	The value represented is an estimate
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$55,958 - \$83,394	
	Not registered nurses?	\$51,281 - \$76,170	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$614,961	This is Year to Date (YTD) because we are in the 4th quarter of 2022
	FY2021	\$649,239	This is incomplete due to June payment being Stale Claimed (lack of authority to pay in that year. That Invoice for \$201K, which dramatically raises the 2021 numbers to \$850K.
	FY2020	\$768,104	
	FY2019	\$873,739	
	FY2018	\$271,383	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	0	
	CY2021	7	
	CY2020	4	
	CY2019	4	
	CY2018	4	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	N/A	
	CY2021	86%	
	CY2020	25%	
	CY2019	75%	
CY2018	75%		



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES LICENSING AND CERTIFICATION

Lori A. Shibinette
Commissioner

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Chief Legal Officer

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From the New Hampshire Survey Agency
To Senate Special Committee on Aging,
Response to request for information from Senator Bob Casey, Chair, dated September 12, 2022

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

New Hampshire has 73 certified nursing homes, 13 certified hospitals, 26 certified home health agencies, 18 certified hospice agencies, 18 ambulatory surgical centers, 20 end stage renal disease facilities, 14 rural health centers, and 2 portable x-ray. New Hampshire's State Survey Agency (NHSSA) utilizes an interdisciplinary team of surveyors who are cross-trained for several certified providers. NHSSA performs all CMS duties as required in the 1864 agreement. We strive to perform all tiers of work as described in the Mission and Priority document. Surveyor vacancy, due to retirements and turnover, does affect our ability to complete our work in timely manner as it takes up to 9 months to train a surveyor to operate independently.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Over the past five years, turnover in New Hampshire has been largely due to end of career retirement, the COVID-19 pandemic, and competing jobs. Surveyor vacancy affects our ability to complete our work in timely manner. New surveyor staff take up to 9 months to train to operate independently. In a state of our size and a survey team of only 15 people, we don't have the depth in our survey team to dedicate staff to solely one facility type. This requires additional training for each staff member to ensure they can participate in different surveys as needed. When staff turnover, this impacts the survey team's ability to perform these surveys, requiring adjustments to our schedule.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Surveyors in New Hampshire are state employees. Our salaries are low compared to other health care settings. Our Governor and legislature has approved a 30% enhancement to our base salaries that make us slightly more competitive. Even with that enhancement, three nurses took a 50% pay cut when they accepted a position with the survey team, citing burnout in the nursing home and no quality of life. Our fulltime workweek is 37.5 hours, with weekends and holidays off, and a retirement pension. We have difficulty retaining staff and have lost one nursing

home administrator and three nurses to competing jobs after one year of work due to the private sector offering signing bonuses and large annual salaries with which we cannot compete.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

New Hampshire has not used contractors to fill any positions or fulfill any State Survey Agency duties. New Hampshire did accept assistance from two contracted surveys offered by CMS for End Stage Renal Disease.

5. What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

New Hampshire has not corresponded with CMS or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provide states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

The New Hampshire State Survey Agency has used CARES Act funding specifically for Infection Control Focused Surveys which are only required through 2023 so the sunseting of the CARES Act should not affect our agency.

Sincerely,

Kristie Holtz, State Agency Director
State of New Hampshire

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	73	
	What is the number of Medicare and or Medicaid certified nursing home beds?	7282	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,294,617	
	FY2021	\$1,284,002	
	FY2020	\$1,734,601	
	FY2019	\$1,074,037	
	FY2018		
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,593,556	
	FY2021	\$1,383,331	
	FY2020	\$1,409,198	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	16.75	
	FY2021	16.75	
	FY2020	16.75	
	FY2019	16.75	
	FY2018	16.75	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	2.75	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	2.75	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	3	
	FY2021	6	
	FY2020	2	
	FY2019	0	
	FY2018	1	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	2	
	FY2021	2	
	FY2020	5	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	3.1	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	50%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	35.70%	
	What is the current salary range for nursing home surveyors at your state agency who are:		
7 (g)	Registered nurses?	\$54,350.40 to \$76,226.80	
	Not registered nurses?	\$54,350.40 to \$76,226.80	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$1,933	
	FY2021	\$2,320	
	FY2020	\$2,400	
	FY2019	\$160	
	FY2018	\$1,173	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2	

7 (i)

CY2021	2
CY2020	6
CY2019	3
CY2018	2
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	100%
CY2021	100%
CY2020	100%
CY2019	100%
CY2018	100%

New Jersey



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

February 3, 2023

The Honorable Senator Bob Casey, Jr., Chairman
United States Senate
Special Committee on Aging
Washington, DC 20510-6400

RE: Information request from U.S. Senate Special Committee on Aging


Dear Senator Casey,

I am writing in response to your letter received by Pamela Lebak, Assistant Commissioner for Health Facilities Survey and Field Operations for the New Jersey Department of Health, on September 12, 2022. The New Jersey Department of Health (NJDOH) is very thankful for you and your committee staff members who are working to gain a better understanding of the activities of state survey agencies. As a regulator for a wide range of New Jersey's health care settings, including nursing homes, NJDOH has worked diligently throughout the pandemic and continues to do so.

The data that you requested will show that prior to the pandemic, NJDOH met the required statutory requirements set forth by the Centers for Medicaid and Medicare Services. We have faced many challenges since that time to meet these requirements, as outlined in our responses to your seven questions.

We appreciate the opportunity to provide the United States Senate Special Committee on Aging the detailed information requested to inform policy making for the benefit of all those who reside in nursing homes throughout the United States.

Sincerely,


Judith M. Persichilli, RN, BSN, MA
Commissioner

Enclosures:
Response to Senate on Aging Questions
Waiver for LTC Survey-Amendment

New Jersey 2020-2021 Price Quotes
90-22 DOH Various Vendors LTC Survey

CC:

Robin Ford, Deputy Commissioner, Health Systems

Pamela Lebak, Assistant Commissioner, for Health Facilities Survey and Field Operations

Joy Lindo, Division Director, Legal and Regulatory Compliance

Rosie Driscoll, Deputy Director of Policy & Legislative Services

New Jersey Department of Health Response to U.S. Senate Special Committee on Aging Questions

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Answer: New Jersey Department of Health's (NJDOH) Health Facility Survey and Field Operations Long Term Care (LTC) Programs work to ensure New Jersey's citizens receive appropriate levels of care in more than 360 nursing homes statewide. Professional surveyors inspect CMS-certified facilities to ensure they meet standards of quality care. Data is compiled and analyzed to prepare detailed reports. The survey process requires the review of corrective action plans, and recommendations for enforcement as indicated. Surveyors participate in off-hours visits and assist with telephone coverage for hotline calls.

Surveys vary in labor hours required. For 2022, the average number of labor hours required to complete a standard recertification survey is over 400. The survey staff consistently met survey frequency requirements as dictated by regulation and policy, and met federal quality standards, except complaint investigation requirements. The COVID-19 pandemic impacted the ability of survey staff to conduct on-site survey activity.

On June 1, 2020, the Centers for Medicare and Medicaid (CMS) required that all states complete infection control surveys of all CMS certified facilities in their states by July 31, 2020 or the states could face forfeiture of up to 5% of their Coronavirus Aid, Relief, and Economic Security (CARES) Act funding. NJ completed 100% of the required surveys by the established deadline. In addition, CMS established criteria for an "outbreak" and a requirement for LTC survey to conduct an infection control survey at facilities with an outbreak within three to five days. These additional requirements resulted in overdue routine surveys.

LTC survey staff and assignments are not regionalized in New Jersey. Staff are required to survey at any location regardless of residence or office assignment. Surveyors are not able to stay overnight and must commute to and from the facility daily for the length of the survey. Health Facility Survey and Field Operations surveyors are required to be professionals, including Registered Nurses, Licensed Pharmacists and Registered Dietitians.

NJ has separate programs for LTC standard surveys and LTC complaints. In these two programs, there are currently 54 staff and over 40 vacancies. On average, the LTC Complaints Program currently receives approximately 40 complaints and 80 reportable events weekly. Given current staffing, responses focus on infection control surveys and complaints. The vacancies create a challenge to complete standard surveys and can cause stress and affect morale. Approximately 25% of LTC program staff have two years or fewer of experience. This puts a strain on the experienced staff to train new staff and to precept with limited experience. Since 2020, an outside contractor has been used at times to assist with the backlog of surveys and bolster staff capacity. In 2022, a second contractor was also utilized.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Answer: NJDOH continues to build regulatory and quality improvement capacity to support long-term care quality and safety. Vacancies fluctuate regularly due to departures and new hires, but NJDOH has continued to hire new surveyors and overall staffing has increased slightly. NJDOH engaged two contracted survey agencies to conduct surveys in addition to the State survey staff. As previously mentioned, two outside contractors have been utilized to support survey activities.

Reasons for staff departures include retirement, burnout from the workload and the amount of travel required, promotions, and/or higher paying jobs. During the pandemic, reasons also included childcare coverage and health-related leaves of absence for surveyors and/or their families. Recertification survey activity was suspended from March 13, 2020, to November 2021. During that time, staff who did not take paid leaves were temporarily reassigned to other programs to assist with pandemic response initiatives. Some preferred this type of remote work and remain in those positions. Staff turnover creates additional work to recruit, hire, onboard, and train new staff. Federal training requirements are extensive, lasting approximately one year. The need to train new staff during the survey process creates additional work and can lengthen the survey time. The Division recently increased the starting salary for registered nurse surveyors and increased salaries for those paid below the new, higher starting salary.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Answer: NJDOH expanded advertising for new surveyors and implemented hiring goals. In surveying facilities, the NJDOH notes that all health care facility types are struggling with shortages of nurses. Surveyors do not receive paid overtime, NJDOH cannot issue signing bonuses, and conflict of interest restrictions prevents staff from obtaining additional part-time employment at a private facility. In 2022, the starting salary for nurse surveyors was raised from \$79,352.58 to \$85,868.26 using state funds in an attempt to be more competitive with the private sector. According to the U.S. Bureau of Labor Statistics, the registered nurse's annual mean wages in New Jersey were \$89,690 as of May 2021, putting our annual mean wages for registered nurses at 9th highest among all states.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Answer: NJDOH began using hired contractors to address survey backlogs in 2020 through waivers. Since the initial waiver, additional tasks such as Informal Dispute Resolutions have been added to the contract. NJ currently has waivers with two agencies to assist with surveys; however, the agencies work with other states and at times, have limited staff available to conduct NJ surveys. Due to the limited

availability of contracted surveyors, the agencies have been unable to commit to a minimum number of surveys. In addition, the NJ survey staff review the final report submitted by the contractors, add state tags if applicable, review and approve the plan of correction, and conduct follow-up visits when needed. Survey staff have reported that, at times, the contractors have a different interpretation of the regulations than the Survey Agency.

Attached are the waivers (in place of contracts): One document shows both the original waiver for 2020 and the amendment (in red) through December 2021. The excel sheet shows the rates thru December 2021. Several CertiSurv surveys were delayed until January 2022. For 2022, the approved waiver is attached.

5. What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG, or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Answer: CMS should be mindful of adding tasks to the survey process without removing any of the existing tasks or changing any of the intervals. There could also be better communication from CMS in response when the Survey Agency reaches out to them and/or better collaboration on waivers, Fire Safety Evaluation Systems, and joint or look behind nursing home surveys. Enhanced federal funding that is dedicated to staff salaries, bonuses or to increase the number of State surveyors would assist the State in recruitment and retention efforts. Association of Health Facility Survey Agencies (AHSFA) continues to advocate on these issues on behalf of state agencies across the nation.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

Answer: The State has already exhausted its Coronavirus Aid, Relief, and Economic Security (CARES) Act funding (approx. \$1.8 M through FFY 2021) on conducting Focused Infection Control surveys with our own staff and providing personal protective equipment for surveyors. Currently, the State has spent \$2.1 M on that task. The continuation of this funding would allow the State to continue with a higher number of surveys.

Supplemental WAIVER REQUEST AN - 109

Please find below the pre-approval request and supporting justification for a Waiver of Advertising necessary from DPP to engage a consultant for recommendations to reduce and mitigate the impact of COVID-19 on the residents and staff of the Long-term Care Facilities licensed in New Jersey.

1. Availability Under State Contracts

The type of consultant needed is not currently available on existing state contracts.

2. Description of Services

Contracted surveyors will conduct Infection Control Focused Surveys at 125-200 Medicare certified nursing homes. The surveyors will investigate compliance with the Medicare Requirements for Participation and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections.

a. Amendment

DOH requested additional surveys. Contractors will conduct 150 Infection Control focused surveys in State Licensed Assisted Living facilities using the CMS IC Focused survey process with a crosswalk to the NJ Assisted Living State regulations. Contractors will conduct complaint investigations at Medicare certified/State Licensed nursing homes and State Licensed Assisted Living facilities using the CMS complaint process with a crosswalk to the NJ Assisted Living State regulations.

3. Statutory Citation

N.J.S.A. 52:34-10(b)/ Public Exigency

New Jersey, like many states across the country, has seen significant numbers of positive COVID-19 cases in congregate settings like nursing facilities. As of April 30, 2020, there are more than 480 long-term care facilities (LTCs) with outbreaks, over 18,000 cases in LTCs and over 3,000 deaths in LTCs related to COVID-19. In light of LTC outbreaks to date, an immediate review and identification of recommendations for improvements is necessary to accomplish two essential and urgent goals: (1) nursing facilities must be better prepared for COVID cases, potential localized outbreaks, and other surge needs between now and the time widespread community vaccination or herd immunity is available. A more resilient and accountable long-term care facility network will reduce the opportunity for increased spread of the virus and further disproportionate deaths; (2) a review of DOH oversight tools and areas where improvements can be made either in regulation, statute, funding or federal action, will assist in giving DOH a better framework to ensure that facilities are appropriately prepared, managed and responding to this public health emergency.

4. Competition

Notice was publicly posted and sent to multiple consulting firms to identify potential vendors and obtain quotes. Certisurv was the lowest cost.

5. Waiver Amount

Request increase of \$2.8M to waiver.

6. Waiver Term

One (1) year or until new contract award.

7. Funding Source

Funding will be provided by COVID19 Pandemic identified funding.

8. OMB or OIT Approvals (only if required)

OMB approval required. OIT approval not required.

CertiSurv pricing for New Jersey, provided 6/30/2020

Recertification Survey - 3 Person Team	27,000		
Recertification Survey - 4 Person Team	35,000		
Recertification Survey - 5 Person Team	43,000		
Complaint Investigation - 1 Person Team	7,500	296	2,220,000
Complaint Investigation - 2 Person Team	14,500	300	4,350,000
Complaint Investigation w/IC - 1 Person Team	8,500	11500	332 2,822,000
Complaint Investigation w/IC - 2 Person Team	15,500	320	4,960,000
Infection Control Survey - 1 Person Team	4,675	1,248	14,352,000
Revisit - 1 Person Team	5,200	1248	
Revisit - 2 Person Team	10,000		
Initial Survey - 1 Person Team	7,750		
Initial Survey - 2 Person Team	14,750		
Initial Survey - 3 Person Team	22,000		
Initial Survey - 4 Person Team	28,000		
Supplemental Surveyor (added to NJ team)	9,500		

In most situations we'll take up to five intakes on a recert at no extra charge. If you have a recert with more than 5 intakes, we'd send an extra person and bill it as a recert with one more person. So, for example, a 3 person recert, with say 8 intakes, we would send 4 people and bill it at a 4 person recert (35,000).

Let me know if that doesn't answer your question, or if you have specific situations you would like to determine the cost for.



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY
CONTRACT COMPLIANCE & AUDIT UNIT
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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

ELIZABETH MAHER MUOIO
State Treasurer

MAURICE A. GRIFFIN
Acting Director

MEMORANDUM

TO: Aaron Binder, Deputy State Treasurer

FROM: Amy Davis, Associate Deputy Director

SUBJECT: **WAIVER OF ADVERTISING FACT SHEET**

DATE: June 9, 2022

AGENCY: Department of Health

WAIVER #: 90-22-DOH

TERM: Approval – June 30, 2024

VENDOR: CertiSurv, LLC
HMS, LLC

TOTAL: \$9,000,000

PURPOSE: The Department of Health (“DOH”) requires this waiver to contract with companies to provide surveyors at acute care and long-term care facilities until June 30, 2024. The goal of the inspections and investigations is to reduce and mitigate the impact of COVID-19 on the residents and staff of the Acute Care and Long-term Care facilities. The surveys will include Focused Infection Control Complaint Investigations, Recertification Inspections and Relicensing Inspections. The surveyors will investigate compliance with Medicare Requirements for Participation, determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections, and determine whether facilities comply with state licensing and federal certification regulations.

PRIOR WAIVERS: AN-109 and Supplements #1-5 (\$5,183,900.00).

STATUTORY JUSTIFICATION: Attorney General Approval under N.J.S.A. 52:34 – 10(b), which permits the State or a State agency to waive the advertising requirements where the public exigency requires the immediate delivery of the service.

COMPETITION: DOH posted the RFP for re-bid on DOH's website on Tuesday, January 11, 2022. Two (2) proposals were received and evaluated, and both vendors were determined to be responsive. Based on both the technical proposal and pricing, CertiSurv, LLC and HMS were recommended for contract award.

FUNDING: The waiver is 100% federally funded.

OMB and OIT APPROVAL: OMB approval was obtained for this waiver. OIT approval is not required for this waiver.

OTHER COMPLIANCE: The vendors submitted all required forms. DOH has provided certification from both vendors regarding E.O. 271.

COMPLAINTS: There are no complaints against the vendors.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	351	Source: S&C QCOR
	What is the number of Medicare and or Medicaid certified nursing home beds?	51,189	Source: S&C QCOR
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,341,169	State LTC activity codes only
	FY2021	\$2,433,276	State LTC activity codes only
	FY2020	\$3,132,220	State LTC activity codes only
	FY2019	\$2,287,990	State LTC activity codes only
	FY2018	\$1,984,750	State LTC activity codes only
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$9,013,453	Federal LTC activity codes only
	FY2021	\$8,798,350	Federal LTC activity codes only
	FY2020	\$9,149,169	Federal LTC activity codes only
	FY2019	\$9,978,858	Federal LTC activity codes only
FY2018	\$8,048,338	Federal LTC activity codes only	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each fiscal year?		
	FY2022	67.9	Time and Activity data for LTC recert and complaint surveyors only
	FY2021	80.9	Time and Activity data for LTC recert and complaint surveyors only
	FY2020	79.7	Time and Activity data for LTC recert and complaint surveyors only
	FY2019	79.2	Time and Activity data for LTC recert and complaint surveyors only
	FY2018	84.8	Time and Activity data for LTC recert and complaint surveyors only
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	36	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	24	

7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	6	
	FY2021	8	
	FY2020	1	
	FY2019	6	
	FY2018	7	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	11	
	FY2021	14	
	FY2020	6	
	FY2019	3	
	FY2018	4	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	25	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	75	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$69,579.06 - \$98,899.62	
	Not registered nurses?	\$58,031.09 - \$82,157.57	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$1,248,962	through Sept 30, 2022
	FY2021	\$2,284,600	
	FY2020	\$1,759,000	
	FY2019	\$0	

	FY2018		\$0
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the calendar year?		
	CY2022 to 9/30/22		20 <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2021		57 <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2020		95 <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2019		146 <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2018		208 <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe?		
	CY2022 to 9/30/22		95% <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2021		89% <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2020		98% <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2019		96% <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>
	CY2018		19% <small>Source:ACTS IJ Federal Complaints Investigation Timeframe Report</small>

New Mexico

December 16, 2022

Dear Special Committee on Aging,

As requested, please review New Mexico's responses to the questions below.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.
2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

New Mexico has 27 long term care surveyors that are responsible for the regulatory oversight of 68 nursing homes and 43 immediate care facilities within the state. The 27 surveyors includes 4 Manager positions and the bureau chief who are all SMQT qualified and regularly participate in Nursing Homes investigations. Of the 22 surveyors, 8 positions are Registered Nurses. Over the 18 months, we have lost (3) registered nurse surveyor positions to retirement and an additional (4) surveyor positions have resigned for other reasons. We currently have 5 vacant positions with an additional RN surveyor scheduled to retire at the end of December and a Manager in April 2023. (5) surveyor positions have been employed less than 6 months and are still in training. The surveyors are broken up into 4 district across our large state, and in 3 of the Districts only the Manager and one other surveyor are SMQT meaning that we are limited on staff that can conduct investigations independently, requiring that those surveyors must be on all nursing home survey investigations while they train new surveyors.

In addition, the federal budget does not cover all positions that are conducting federal surveys, so New Mexico state general funds have had to fill in the budget gaps of these positions. Unfortunately, limits in general fund availability have prevented our ability to fill vacant positions, so as positions vacate, our survey teams have gotten smaller. So far New Mexico has continued to be able to meet federal tier workload, however we are anticipating missed complaint deadlines and recertifications surveys surpassing 15 months in the near future.

DIVISION OF HEALTH IMPROVEMENT

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Over the last several years, New Mexico increased Registered Nurse salaries to be more comparable to RNs in the private sector. Being a Registered Nurse surveyor is ideal for a RN no longer wanting to provide direct care, however busy survey schedules and many nights away from home can be hard on our surveyors and our RN surveyors are actively being recruited for higher salaries and more predictable schedules from nursing homes, hospitals etc. We are finding it more challenging to recruit for RN surveyor positions and then to get those surveyors to stay. We are unable to compete with sign on bonus offers.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Over the last couple years, we have used contractors to conduct (8) recertifications surveyors for \$247k. This has allowed our surveyors some breathing room to get caught up on survey backlog and the increased influx of complaint assignments. The funds used for contractors came from a different budget source than could be used to fill vacant positions. No funds are used to complete IDR workload. The state agency is involved in the scheduling of contract survey work, the identification of immediate jeopardy citations and reviews the contractors' statement of deficiency for quality and defensibility.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

With an appropriate budget to fill surveyor positions that are conducting federal oversight work, no additional support is needed from CMS.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

New Mexico has used CARES funding to purchase PPE and some contract work. Without CARES funding, New Mexico would be unable to contract for surveyor assistance.

Let us know if we can be of any further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chris Burmeister', with a long horizontal line extending to the right.

Chris Burmeister
Division of Health Improvement Director
New Mexico Department of Health

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	68	
	What is the number of Medicare and or Medicaid certified nursing home beds?	6832	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,434,794	State funding is total for entire Survey & Certification Program. We cannot identify funding for only Nursing Homes.
	FY2021	\$2,462,392	State funding is total for entire Survey & Certification Program. We cannot identify funding for only Nursing Homes.
	FY2020	\$1,911,474	State funding is total for entire Survey & Certification Program. We cannot identify funding for only Nursing Homes.
	FY2019	\$2,164,197	State funding is total for entire Survey & Certification Program. We cannot identify funding for only Nursing Homes.
	FY2018	\$1,722,021	State funding is total for entire Survey & Certification Program. We cannot identify funding for only Nursing Homes.
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,798,861	Federal Funding reflects only Long Term Care
	FY2021	\$2,033,740	Federal Funding reflects only Long Term Care
	FY2020	\$2,777,698	Federal Funding reflects only Long Term Care
FY2019	\$2,205,234	Federal Funding reflects only Long Term Care	
FY2018	\$2,254,485	Federal Funding reflects only Long Term Care	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	27	This includes (5) management positions that also conduct nursing home survey workload.
	FY2021	27	This includes (5) management positions that also conduct nursing home survey workload.
	FY2020	27	This includes (5) management positions that also conduct nursing home survey workload.
	FY2019	27	This includes (5) management positions that also conduct nursing home survey workload.
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	5	Pending (1) RN position retirement at end of December 2022 (not included in value)
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	3	Pending (1) RN position retirement at end of December 2022 (not included in value)
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	1	
	FY2021	9	
	FY2020	2	
	FY2019	11	
	FY2018	7	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	6	
	FY2021	2	
	FY2020	5	
FY2019	2		
FY2018	5		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	4 years average	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	33%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	33%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$39.80/hour \$83k annually	
	Not registered nurses?	\$26.64/hour \$55k annually	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$247,412	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	7	
	CY2021	6	
	CY2020	24	
	CY2019	4	
	CY2018	11	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	
	CY2021	100%	
	CY2020	100%	

CY2019	100%	
CY2018	100%	

New York

From: [Deetz, Valerie A \(HEALTH\)](#)
To: [Senate Special Committee on Aging](#)
Cc: [Herbst, Adam \(HEALTH\)](#)
Subject: RE: Information Request from U.S. Senate Special Committee on Aging
Date: Friday, October 28, 2022 4:59:41 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[Data Entry Form for Question 7 of Aging Committee Letter - Complete 10.07.2022 Final.xlsx](#)
[Responses to US Sentate Special Committee on Aging - NYS DOH 10-28-22 FINAL .pdf](#)

Good Afternoon, Please find the requested responses and data information in the attached. Please feel free to contact me with any questions.

Thank you.

Valerie A. Deetz
Deputy Director
Office of Aging and Long-Term Care

New York State Department of Health
875 Central Ave, Albany, NY 12206
Phone: [REDACTED]
[REDACTED]

From: Senate Special Committee on Aging [REDACTED]
Sent: Monday, September 12, 2022 2:29 PM
To: Deetz, Valerie A (HEALTH) [REDACTED]
Cc: Snyder, Melissa R (HEALTH) [REDACTED]
Subject: Information Request from U.S. Senate Special Committee on Aging

You don't often get email from [REDACTED]. [Learn why this is important](#)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear Ms. Deetz:

Please see attached an information request from U.S. Senator Bob Casey, chair of the Senate Special Committee on Aging, regarding survey agency staffing and performance. The Committee will use your responses to evaluate and report on the challenges states face carrying out their duty to ensure nursing home residents receive quality care.

The [Senate Special Committee on Aging](#) is charged with the “study of any and all matters pertaining to problems and opportunities of older people, including,

NYS Department of Health Responses to U.S. Senate Special Committee on Aging

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.**

Response: The New York State Department of Health (Department), Nursing Home surveillance program, licenses and conducts surveys and investigations to assess the quality of care and life for over 100,000 people residing in nursing homes across the State. Nursing home residents include the frail elderly with chronic disabilities; infants with multiple impairments; young adults suffering from traumatic brain injury, or other physical and cognitive disabilities; and those individuals with short-term rehabilitation (sub-acute) needs. The Department is required to conduct Certification Surveys, with the time between surveys ranging from 9 months to 15 months at each nursing home; Post-Survey Revisits to ensure that any citation within a survey is corrected; and complaint surveys because of complaints and incidents received by the Department.

Survey teams conduct unannounced surveys on weekdays, nights, weekends, and holidays. The survey teams are comprised of trained health care professionals in nursing, nutrition, social work, pharmacy, and sanitation. A report is sent to the facility after each survey regarding the results. Survey results include Standard Health Inspection and Life Safety Code Inspection as described below. The principles of the Long-Term Care Facilities State Operations Manual are applied to the survey, as appropriate to the survey type.

During a Standard Health Inspection, the survey team will review the quality of the care provided by the facility. The survey team will observe resident care, staff/resident interaction, and environment; they also review medical records and other documentation during the survey process. Using established protocols, the team interviews a sample of residents and family members about their life within the nursing home, and interviews caregivers and administrative staff. Trained surveyors will determine whether the wide range of regulatory standards are met.

During a Life Safety Code (LSC) Inspection the inspection team will review whether the life safety code requirements as established by the National Fire Protection Agency (NFPA) are met. The LSC inspection covers a wide range of aspects of fire protection, including construction, protection and operational features designed to provide safety from fire, smoke, and panic.

When regulatory requirements have not been met, the nursing facility must submit a plan of correction to the Department. The Department must find the plan acceptable before the facility is found to be back in compliance. Enforcement actions are imposed in accordance with state and federal guidelines. Survey results must be made available to residents, families and other interested parties.

Since actual survey results can be technically or medically complex and sometimes difficult to interpret, the Department has created Inspection Reports to present this information in a manner that is more understandable to the general public. These reports are intended to assist consumers

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compare, evaluate and choose a nursing home. For each nursing home, information is presented in a Summary and Detail section. All information is updated on a monthly basis to reflect the three most recent Certification Surveys, and the last three years of Complaint Surveys.

New York State long term care surveyors must be certified via the Center for Medicare and Medicaid Services' Surveyor Minimum Qualifications Test (SMQT), which impacts their onboarding and the timing of their ability to perform inspections as a qualified part of the interdisciplinary survey team. For purposes of transparency of expectations, when surveyor positions are posted for application, the candidate is put on notice they must pass SMQT certification within their first year of employment.

In New York State, specific challenges have largely been related to the Civil Service hiring and onboarding processes. Candidates who qualify on the State's score-based title lists are typically highly desirable by the private sector, other State agencies, and other survey programs within the Department of Health. At times, staff may onboard and receive a private sector job offer shortly thereafter from a competitor, often at a higher pay scale, and leave the Department. Having identified this significant challenge in the post-pandemic New York State, the Department and Civil Service leaders have spoken extensively about the need for wage parity and ways to address discrepancies between nurse surveyors and private sector nursing services. As a result of these activities, a geographic location pay differential (increase) was issued to State staff in nursing titles over the summer, with an intent to serve as a recruitment and retention strategy, additional pay increases were just announced in October. While this only recently went into effect, already there is an increase in nurse resumes being received by the Department.

Finally, having recognized the impact that the COVID-19 public health emergency had on the long-term care continuum, a newly developed subprogram within the New York State Department of Health was established to focus on aging and long-term care issues, including surveillance. The Office of Aging and Long-Term Care is poised to be a driving force of broad continuum changes that will impact the lives of New Yorkers for years to come.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.**

Response: In the past several years, New York State has experienced a significant increase in staff turnover due to retirements and job competition, as well as staff fatigue and burnout associated with the COVID-19 public health emergency and time spent away from family and loved ones. As a result, the survey backlog has increased and as the Long-Term Care Surveillance team navigates the backlog coupled with increasing and complex demands for time, the State's Civil Service Commission has issued a geographic location pay differential (increase) to State staff in nursing titles as a method to attract and retain nurse surveyors. In addition, the Department has authorized telecommuting as another mechanism to attract and retain survey staff, however the long-term impact on these changes will need to be evaluated over time as private sector wages and benefits continue to create fierce competition.

3. **Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?**

Response: Having recognized the active competition for nurses, in 2022 the NYS Civil Service Commission effectuated a salary increase for specific nursing titles – with a location-based add-on implemented and additional pay increases just announced in October- and has advertised the attractive 100% remote work atmosphere that surveyors can elect (subject to specific criteria). The challenges that the government-based surveillance team has experienced are exacerbated by the ability of the private industry to accommodate flexibility both in terms of wages and as it relates to workload and career path. Accordingly, New York State has invested resources to studying healthcare trends and identifying key strategies for solutions.

4. **Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?**

Response: Due to longstanding human resource gaps, the Department has historically utilized contractors to support State-employed surveyor staff. Benefits of using contractors include a reduced personnel burden when the contractor handles the onboarding process, and a predictable financial investment. Additionally, contracts allow the State – via the contractor - to hire surveyors who are already qualified to perform long term care surveillance activities (i.e., survey staff that received certification via the Surveyor Minimum Qualifications Test (SMQT)), to lessen the onboarding and lengthy long-term care survey orientation time.

Challenges of using contractors include administrative overhead consistent with typical government procurement and contract management expectations to assure accountability and preservation of taxpayer dollars; contractors try to hold their personnel costs to support a profit and at times struggle to hire and retain quality staff members; contractors tend to have a high turnover rate that at times exceeds even that of the State; and contractors have historically demonstrated less flexibility to respond to emergencies or changing priorities due to procurement laws, and in that regard cannot compete with State-staffed resources.

NYS Department of Health Responses to U.S. Senate Special Committee on Aging

In New York State, contract surveyors are subject to the same training requirements as State employees and participate on interdisciplinary teams with State staff, allowing for consistent training opportunities and policy application.

5. **What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.**

Response: There are several areas of flexibility that, if afforded, could have a positive impact on the New York State surveillance timeline.

a. **Suspended Recertification Survey Intervals**

Nursing home standard recertification surveys include a comprehensive overview of the facility's operations, and must be conducted at minimum, every 15 months, with a statewide average interval of 12 months or less. [Source: QSO-22-02-ALL, Issued November 21, 2022, Retrieved from <https://www.cms.gov/files/document/qso-22-02-all.pdf>.] During the COVID-19 public health emergency, CMS suspended certain routine inspections as part of the emergency response activities but then articulated expectation to resume such inspections. The Nursing Home Compare website and Five Star Quality Rating System have long served as valuable resources for consumers to view information about nursing homes to support health care decisions. Behind the scenes, the State Survey Agency (SA) conducts the inspections that drive the ratings. Specifically, the number, scope, and severity of identified areas of non-compliance with federal standards. The rating is based on the facility's three most recent recertification surveys, complaint deficiencies during the most recent three-year period, deficiencies cited on focused infection control surveys in the most recent three-year period, and any repeat revisits needed to verify that required corrections have brought the facility back into compliance. As previously mentioned, recertification surveys are expected to be performed every 15 months. New York State proposes that if a facility achieves a 4–5-star overall rating, then its recertification survey instead be on a 24-month basis. This would allow the SA to focus its resources on underperforming facilities while still allowing flexibility to address complaints and other matters at the 4-5 star rated facility to ensure interaction without a significant impact to the rating algorithm.

By suspending recertification survey intervals and allowing the SA to allocate resources on allegations of abuse or neglect, infection control, violations of transfer or discharge requirements, insufficient staffing or competency, Special Focus Facilities or candidates, and specific quality of care issues, as was the case during the early months of the public health emergency, then over time, predictably resources would stabilize while still driving accountability for serious areas that impact resident care.

b. **Extending SA Discretion to Investigate Complaints Triaged as Non-IJ Low**

Via CMS [QSO-22-02-ALL](#), issued November 12, 2021, CMS allowed SAs to close complaints triaged at this level at the next standard survey, and allowed discretion whether to include the resident(s) in the standard survey sample when there was a pattern of the

NYS Department of Health Responses to U.S. Senate Special Committee on Aging

same or similar allegations indicative of such a pattern of alleged non-compliance. This would be helpful as CMS acknowledged that conducting multiple complaint and Facility Reported Incident (FRI) investigations on standard recertification surveys would likely result in extending the length of time to conduct the surveys. CMS further acknowledged that this may make it challenging for SAs to meet the requirements to conduct a standard survey not later than 15 months after the date of the previous standard survey for each facility, and for maintaining the statewide average interval between standard surveys not exceeding 12 months, so intervals should be closely re-evaluated.

c. **Provide Qualified Staff to State Survey Agencies**

If CMS could provide to State Survey Agencies (SA) a pool of qualified surveyors to work in the SA, and payroll for such individuals, this would help offset the onboarding and contracting processes and expediate the ability of the SA to perform surveillance duties. Further, such CMS involvement could help inform the need for post survey revisits and federal oversight support surveys, which continue to be delegated to the SA in light of CMS staff shortages and require a significant SA staff investment.

d. **Provide Ongoing SA and Nursing Home Provider Education**

Knowledge of CMS databases is essential for SA to complete work timely and accurately. Throughout and in the wake of the COVID-19 pandemic, staff redeployments and retirements have drained the SA of stable and direct CMS contacts to produce timely responses to SA initiated inquiries. As the SA, that direct contact is needed to support the residents of nursing homes and further support the initiatives that CMS has designed to advance and sustain quality and transparency. Ongoing webinars for SA support staff are critical to improve communication, decrease errors, and increase productivity. Likewise, CMS should reinstitute, at a regional level, nursing home provider education to further support quality of care and life for nursing home residents. This should not solely be the responsibility of the SA during a time of workforce challenges and significant backlog.

e. **Provide Timely Technical Assistance**

Currently there is a long delay between a request for technical assistance with issues that arise from CMS databases as well as questions posed to CMS regarding new directives or interpretation of guidelines that they have issued. Prompt responses are essential for SA performance and can hinder quality care provided by nursing homes.

f. **Modify the Federal Monitoring Survey Process**

Due to CMS staff shortages, the SA have been directed to complete the survey process related to Federal Monitoring Surveys which includes conducting a post survey revisit to ensure the facility has fully implemented their plan of correction. This may also involve obtaining a LSC waiver from CMS which then takes a significant amount of SA.

g. **Increase Transparency to Improve Quality**

Improving quality is the base on which all CMS initiatives and SA activities are designed. A Quality Improvement Organization (QIO) is a group of health quality experts, clinicians, and consumers organized to improve the quality and efficiency of care delivered to Medicare beneficiaries and required under Sections 1152-1154 of the Social Security Act. Often the SA is unaware of which nursing homes are linked with the QIO; further, nursing

NYS Department of Health Responses to U.S. Senate Special Committee on Aging

home QIO participation is voluntary, even for those nursing homes who could be characterized as underperformers. This lack of transparency with the SA further exacerbates poor performance. Finally, work with the QIOs should be mandatory for poor performers, not voluntary. Throughout the public health emergency, the SA has partnered with the QIO to provide education and training on various topics that impact nursing home quality of care.

- h. Delay of Internet Quality Improvement and Evaluation System (iQIES) Implementation
The SA has already invested time and energy into exploring the impact of the 2023 Aspen to iQIES transition which is expected to be significant and is frankly, poorly timed. Until the identified systemic gaps are resolved, the transition could significantly exacerbate backlog. For example, the broken link between IQIES and the electronic Plan of Correction system has been devastating for the Home Care surveillance team and worse, continued outreach to the IQIES team has resulted in only acknowledgement that the issue is significant but without any estimated correction time. Additionally, based on the Committee's apparent recognition of the staffing shortages faced by the SA, the need for stabilized resources is paramount to support such a significant transition.
- i. Modify the Informal Dispute Resolution (IDR) Process
The IDR process gives nursing homes one informal opportunity to dispute cited deficiencies after any survey of Federal requirements for participation. Although CMS has given flexibility to the way the SA conducts the IDR process, subject to the Federal requirements outlined in 42 C.F.R. § 488.331 and Section 7212 of the State Operations Manual, the IDR process would be best administered by a separate branch of CMS. This change would allow the SA to focus resources on surveillance and allow for CMS to provide valuable feedback on the SA's administration of the survey process. Accordingly, the IDR function should be fully independent of the SA and administered by CMS.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Response: The onetime funding boost from the CARES act was incorporated into our existing State and Federal funding and was used to support infection control surveys and increased volume of complaints related to COVID-19. Funding is predominantly used to support state staff salaries, fringe benefits, indirect costs, and staffing contracts.

7. See Excel spreadsheet.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	613	As of 9/28/2022, Residential Health Care Facility Count 603; Transitional Care Unit Count 10
	What is the number of Medicare and or Medicaid certified nursing home beds?	114,134	As of 9/28/2022, Residential Health Care Facility Certified Bed Count 110,895; Transitional Care Unit Certified Bed Count 3,239
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		Surveillance-related spending is calculated based on rates approved in the respective Federal Fiscal Year. The below values are reflective of spending by Federal Fiscal Year (rather than by State Fiscal Year).
	FY2022	\$5,427,557	Reflects spending reported through 6/30/22.
	FY2021	\$11,452,773	
	FY2020	\$11,898,424	
	FY2019	\$12,078,149	
	FY2018	\$9,616,807	
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		Surveillance-related spending is calculated based on rates approved in the respective Federal Fiscal Year. The below values are reflective of spending by Federal Fiscal Year (rather than by State Fiscal Year).
	FY2022	\$7,821,854	Reflects spending reported through 6/30/22.
	FY2021	\$14,794,014	
	FY2020	\$11,233,528	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		The below values are reflective of State and Federally funded positions by Federal Fiscal Year (rather than by State Fiscal Year). Federal Fiscal Year = 10/1 to 9/30 each year, e.g. FY2018 = 10/1/2017 through 9/30/2018, etc.
	FY2022	115	Data includes NY State staff budgeted at the onset of the Federal Fiscal Year. Additionally it does not include contract employees or management positions that oversee survey operations.
	FY2021	104.8	Data includes NY State staff budgeted at the onset of the Federal Fiscal Year. Additionally it does not include contract employees or management positions that oversee survey operations.
	FY2020	119	Data includes NY State staff budgeted at the onset of the Federal Fiscal Year. Additionally it does not include contract employees or management positions that oversee survey operations.
	FY2019	113.75	Data includes NY State staff budgeted at the onset of the Federal Fiscal Year. Additionally it does not include contract employees or management positions that oversee survey operations.
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	68	In April 2022, NY State made an investment to the Nursing Homes Surveillance Program to increase staff by a total of 74 positions for surveillance activities. Of those 74, 68 are surveyor positions.
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	60	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		Values are based on state fiscal year running through 4/1 to 3/31 each year e.g. FY2018 = 4/1/2017 through 3/31/2018, etc.
	FY2022	21	Hiring data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	FY2021	19	Hiring data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	FY2020	12	Hiring data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	FY2019	40	Hiring data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	FY2018	6	Hiring data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		Values are based on state fiscal year running through 4/1 to 3/31 each year e.g. FY2018 = 4/1/2017 through 3/31/2018, etc.
	FY2022	26	Separation data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
FY2021	14	Separation data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.	

	FY2020	19	Separation data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	FY2019	16	Separation data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
	FY2018	12	Separation data only includes NY State staff positions and does not include contract employees. Additionally data does not include management positions that oversee survey operations.
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6.58	Data only includes NY State staff positions and does not include contract employees. Additionally, data does not include management positions that oversee survey operations.
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	24.76	Data only includes NY State staff positions and does not include contract employees. Additionally, data does not include management positions that oversee survey operations.
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	48.6	Data only includes NY State staff positions and does not include contract employees. Additionally, data does not include management positions that oversee survey operations.
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$64,589-\$95,392	Registered Nurse titles receive a geographic pay differential of \$35,000 for mid-Hudson and downstate areas and \$20,000 in all other locations, this geographic pay differential was made effective on 6/9/2022. Geographic differential would be in addition to regular salary and is not included in the salary range provided.
	Not registered nurses?	\$49,202-\$100,342	Includes State staff grades 14-23 and excludes contractor and management positions.
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		Surveillance-related spending is calculated based on rates approved in the respective Federal Fiscal Year. The below values are reflective of spending by Federal Fiscal Year (rather than by State Fiscal Year). Federal Fiscal Year = 10/1 to 9/30 each year, e.g. FY2018 = 10/1/2017 through 9/30/2018, etc.
	FY2022	\$3,213,860	Reflects spending reported through 6/30/22.
	FY2021	\$4,762,870	Includes spending for consultant surveillance staff and temporary services staff.
	FY2020	\$4,653,228	Includes spending for consultant surveillance staff and temporary services staff.
	FY2019	\$3,846,161	Includes spending for consultant surveillance staff and temporary services staff.
	FY2018	\$4,811,849	Includes spending for consultant surveillance staff and temporary services staff.
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	73	through 9/16/2022
	CY2021	126	
	CY2020	115	
	CY2019	149	
	CY2018	120	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		Data source: Centers for Medicare & Medicaid Services State Performance Standards System
	CY2022	92%	
	CY2021	98%	
	CY2020	88%	Due to staff deployments, staff COVID-19 outbreaks, and requirements to perform Focus Infection Control Surveys, there was an increase in late 2-day Immediate Jeopardies.
	CY2019	100%	
CY2018	100%	Medicare & Medicaid Services review, State Performance Standards System score for this metric was changed to 100%	

North Carolina



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
MARK PAYNE • Director, Division of Health Service Regulation

October 28, 2022

Via email @ [REDACTED] and U.S. Mail

The Honorable Robert P. Casey, Jr.
United States Senate
Special Committee on Aging
Washington, DC 20510-6400

RE: September 12, 2022 Request for Information from U.S. Senate Special Committee on Aging

Dear Senator Casey:

Thank you for the U.S. Senate Special Committee on Aging's (Aging Committee) interest in the critical staffing issues facing state survey agencies. North Carolina appreciates the opportunity to share information and data with the Aging Committee as it studies this very important issue.

For a number of years, NC's Nursing Home Licensure Section has struggled to meet the Centers for Medicare and Medicaid's (CMS) performance standards per the terms of NC Department of Health and Human Services' (DHHS) 1864 Agreement. This is due, in part, to being understaffed. Currently there are 96 surveyors responsible for surveying 439 licensed nursing homes in NC (typically requiring a team of 4-5 about one week to complete). Additionally, this is the same group of surveyors responsible for investigating complaints, writing Statements of Deficiencies, reviewing plans of correction and conducting numerous follow up visits. Recruitment challenges due to inadequate compensation, required travel, high staff turnover, significant compensatory time and an overall shortage of qualified applicants for posted positions present a serious threat to NC's ability to fulfill its important regulatory responsibilities to protect the residents in NC's nursing homes.

The number of complaints received by NC about nursing home care has increased by almost 14% in the past three (3) years (3065 in FY18 compared to 3463 in FY21). Also, the number and severity of nursing home violations have increased significantly, e.g., harm level or higher citations have increased 127% in the past year (88 in CY20 compared to 200 in CY21). For many of these surveys, additional time is required to perform the survey, document the results, review plans of correction and conduct required follow up visits.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
OFFICE OF THE DIRECTOR**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

AGING-00389

Following please find North Carolina's response to questions one (1) through six (6) which were posed in your correspondence dated September 12, 2022. Attached please find an EXCEL spread sheet with the data responsive to the requests posed in question seven (7) in that same correspondence.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Response:

Scope and Activities of North Carolina's Nursing Home Survey and Certification Program

The NC Nursing Home Licensure and Certification Section is responsible for the following regulatory actions for nursing homes:

- Licenses nursing homes and combination homes (facilities with a combination of nursing home beds and adult care home beds) to operate in the state of North Carolina
- Regulates the adult care home beds in combination nursing homes
- Regulates NC nursing homes for compliance with laws and regulations
- Performs all functions related to nursing homes identified in the federal 1864 Agreement between the State Survey Agency and the federal government. This includes initial certification surveys, routine surveys, complaint investigations, revisit surveys, revisit surveys for CMS, focused infection control surveys, and extended surveys. In the past CMS has also asked us to perform MDS surveys
- Produces statements of deficiencies (2567s)
- Reviews and approves plans of correction
- Ensures statement of deficiencies are posted on the Division website
- Notifies CMS of enforcement cases
- Receives and processes change of ownership applications, bed change requests, nursing home name changes, and administrator and director of nursing changes
- Maintains records/files
- Monitors special focus facilities
- Works closely with CMS on facilities with surveys that identify high number of serious deficiencies or that routinely have bad survey outcomes
- Works with State Medicaid Agency when CMS terminates the Medicare Provider Agreement of a nursing home
- Ensures and provides staff training
- Provides trainings and presentations for providers and stakeholders as needed including on the RAI manual
- Performs quality assurance activities
- Offers IDR to facilities and coordinates IIDR for facilities

- Responsible for NC's participation in the civil money penalty reinvestment program including working with potential grantees regarding the application process and, upon receipt of CMS approval of a grant, initiates through the state grants and procurement process a contract for the recipient which is then monitored including reviewing and processing invoices for payment
- Responding to federal OIG audits and NC Office of State Auditor audits regarding the work of the Nursing Home Licensure and Certification Program

In addition to the work performed by the Nursing Home Licensure and Certification Section, NC has a Life Safety Unit of surveyors located within another section of the Division. The Life Safety surveyors perform federal life safety inspections of the physical plant of a nursing home. While resources are lacking for the Life Safety team to perform the important work it is responsible for conducting, the number of complaints related to Life Safety matters are significantly less numerous than complaints related to nursing home care and operations.

Issues, Challenges or Dynamics Unique to North Carolina

- High number of surveyor vacancies
- Seasoned surveyors and supervisors have retired
- Recent (past two (2) years) turnover in some key management positions – five (5) seasoned management positions
- Of eight (8) full time management staff, four (4) have been in position less than two (2) years
- Supervisors without much experience
- Length of time it takes to get a new hire trained, SMQT, and able to survey independently
- High volume of “newer” surveyors requires more time for them to perform numerous tasks including additional office time to write deficiencies and complaint findings
- Salaries are not high enough and staff have left to work for health care facilities or contractors or to work for contractors as secondary employment
- NC is a large state geographically – routine overnight travel requirements even though staff are home-based
- Difficult to recruit in some areas of the State
- When hiring nurses, we can only hire RN's based on job specifications
- NC has an extremely high volume (as compared to other states of a similar size) of nursing home complaints that result in more complaint surveys and lengthier recertification surveys (some recertification surveys, depending on the number of complaints being surveyed contemporaneously with the recertification take more than four (4) days) that results in additional office time to write reports when deficiencies are identified and to review corrective plans and conduct required follow-up visits
- Currently NC is experiencing numerous bad survey outcomes (surveys that identify numerous serious deficiencies) which requires more office time for surveyors and requires more onsite follow-ups

- Complainants who do not give enough information to easily triage and leave no number for anyone to call them back
- Facilities are not proficient in knowing how to remove immediate jeopardy and in articulating their respective IJ removal plan on paper into a credible allegation of immediate jeopardy removal

Impact of Availability and Experience of Surveyors on Agency's Ability to Perform and Strategies to Address Staffing Shortfalls

- The average number of years our current surveyors have been employed is 5.5 years
- Before COVID, NC was timely in investigating IJ complaints, non IJ High complaints and conducting annual surveys although this timeliness was a struggle given the workload and the resources to complete the work
- Over time, the demands on staff to work longer hours to meet deadlines has created burnout and morale issues for staff – surveyors and leadership
- In order to meet federal CMS performance standards, NC has focused on the COVID-19 created backlog of federal work (i.e., routine surveys and less serious compliant investigations were suspended by CMS in order that state survey agencies could conduct focused infection prevention and control surveys each time there was an outbreak in a facility) which has impacted work regarding NC nursing homes that are not federally certified
- The enormous workload and limited resources together with the need to constantly review priorities (for instance newly received complaints that are triaged at a two or 10 required investigation level impact already scheduled work that isn't triaged at as high a level) results in a continual juggle and shifting of schedules in order to assure the highest priority work is completed first. This results in changing surveyor schedules on short notice and constantly changing travel plans.
- Most of the time staff are finalizing schedules at the last minute due to priorities and resources changing
- NC uses a small pool of "floaters" to fill in the staffing gaps wherever needed
- NC utilizes surveyors in territories outside of their usual territory
- NC utilizes positions other than survey staff to complete surveys. For instance, managers, the Resident Assessment Coordinator and trainers conduct some of our survey work. Unfortunately, when these individuals are pulled away from their routine duties to perform urgent survey work, their routine duties cannot be performed in a timely manner which impacts the quality and success of NC's program.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Response: This agency has experienced unprecedented turnover in the past five years as well as an increased vacancy rate which has grown during the last year. Currently there are 19 vacant positions out of 96 surveyor positions resulting in a 20% vacancy rate. Not calculated into the vacancy rate are positions that while filled, are filled with employees unavailable to work pursuant to FMLA or Worker's Compensation. These unavailable workers add to the workload of the available employees. Following is further responsive information:

Turnover

Turnover Rates

- FY2018 – 21.70%
- FY2019 – 22.43%
- FY2020 – 11.22%
- FY2021 – 13.33%
- FY2022 – 17.14%

Turnover Reasons

- Promotions, retirements and competing jobs (secondary employment)
- Family issues that prevent surveyor's ability to travel overnight or have unpredictable day lengths
- CMS former COVID-19 vaccination requirement
- Inadequate compensation/better opportunity
- Less stressful job – scrutiny from CMS and media and legislative scrutiny regarding work

Effects of Turnover

- Remaining staff are often exhausted as they work harder and longer hours to cover for vacant positions and are driving farther to cover work in other territories. Staff are not paid overtime and accrue excessive compensatory time which they are frequently unable to utilize before, pursuant to state policy, the earned compensatory time expires
- Staff report experiencing increased stress due to increased workload and responsibilities as they take on additional work to cover for vacant positions or to compensate for the less productive work time of newer staff
- Newer staff with less survey experience are not as productive/efficient as more experienced staff and are not SMQT certified
- Newer staff with less survey experience make more mistakes as they survey leading to missed identification of deficiencies, incorrectly identified deficiencies, etc. that also requires more quality assurance activity
- COVID-19 pandemic affected turnover rates due to increased stress on surveyors and managers, more complaints (including non-IJ complaints pending investigation based on shift in focus to conducting on-site infection prevention and control surveys in connection with each COVID-19 outbreak), delayed annual surveys and revisits, longer surveys and

investigations, more deficiencies and more severe deficiencies, increased time to write deficiencies and complaint findings (2567)

- Nursing homes that are licensed only (not CMS certified) did not get a full inspection during the COVID-19 pandemic

Strategies to Reduce Turnover

- Upon receiving resignation notice, management works to “salvage” resignation
- Exit interviews to identify opportunities to prevent further resignations
- Clear explanation of job duties and compensation during interview process so there are no surprises regarding difficulty of job and travel/time away from home to conduct surveys including need for work on weekends and evenings
- Supporting employees on difficult/complex surveys
- Strengthen management group and improved communication with surveyors
- Home based surveyors and placed in regional “teams” to reduce travel and number of overnights away from home
- Payout for accrued compensatory time in 2021 and 2022
- Requested supplemental funds from CMS for retention bonuses

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Response: North Carolina has a very competitive market for health care workers, especially nurses. Following please find NC’s responses to this question:

Competition for Nurses and Actions to Recruit and Retain Nurse Surveyors

- The NC Legislature’s Budget specifies the number of FTEs that may be hired. The Governor’s Budget Proposal included additional positions for our Nursing Home Section but these positions were not included in the Budget enacted by the General Assembly.
- Applicant pools for Nurse Consultants have been noticeably smaller since the start of the COVID-19 pandemic and the quality of the applicant pools is not as strong.
- We continued to increase our recruitment maximum over the last few years (\$64,000 to \$66,000 to \$69,000) for entry level nurses and have been hiring new employees in at salaries higher than current employees.
- Increased recruitment cap for nurses with significant experience to \$69,000, then again to \$74,603. However, it is difficult to further increase the recruitment cap given the current low salaries of nurses who are already employed. We are required to consider an applicant’s experience and education and compare it to existing employees’ salaries with

comparable education and experience to assure new employee's compensation is equitable relative to existing employees' compensation.

- 3.5% legislative salary increase effective July 1, 2022
- Detailed explanation of benefits available as a state employee in NC that is in addition to salary. (*See, NC OSHR: Total Compensation Calculator and NC OSHR: Benefits*)
- NC Nursing Home Licensure and Certification Section's employees do not receive overtime pay. However, most employed by this section accrue significant compensatory time as they struggle to complete the enormous workload. We were authorized to pay out compensatory balances in CY 21 & 22 up to \$25,000
- Although NC has a sign-on and retention bonus policy that allows state agencies to offer sign-on and retention bonuses for a particular classification, currently funding is not available to offer sign-on bonuses in amounts that can compete with the private sector.
- NC recently requested from CMS \$504,000 to pay signing bonuses for vacancies and retention bonuses for current FTEs.

Current Starting Salary Ranges for Nursing Home Surveyors

- Facility Compliance Consultant (FCC) I (e.g., social workers, dieticians) – \$60,000 - \$64,000 (midpoint of State Compensation Salary Plan for this classification = \$69,241)
- FCC II – \$68,000 - \$71,000 (midpoint of State Compensation Salary Plan for this classification = \$72,703)
- Nurse Consultant (NC) I - \$66,000 - \$69,000 (midpoint of State Compensation Salary Plan for this classification = \$74,603)
- NC II - \$71,000 - \$76,000 (midpoint of State Compensation Salary Plan for this classification = \$80,198)

Comparison to other Registered Nurse Positions in NC based on Internet Research

From Indeed.com – Salary Search for RNs in North Carolina:

- \$41.16 per hour average
- \$43.48 per hour average for 6-9 years exp and \$48.62 per hour average for 10+ years exp
- Regional: Raleigh - \$42.62; Durham - \$41.33; Chapel Hill - \$38.88; Charlotte - \$43.04

Bonuses for Qualifying RN Positions (information found on health care company web sites):

- UNC – up to \$20,000, 3-year commitment incentive
- Duke – up to \$15,000 sign on bonus
- Wake Med - \$5,000 for 1-year commitment; \$10,000 for 2-year commitment; \$15,000 for 3-year commitment
- Novant Health – up to \$20,000 sign on bonus

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for

the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Response: To date, North Carolina has not utilized contract agencies to assist with our regulatory oversight work. However, NC does utilize temporary employees to assist with nursing home surveys. Since these temporary workers are actual employees of the state survey agency, NC has direct oversight and control regarding their work and deployment. Most temporary employees are on assignment with targeted hours of 29 hours per week. (A number of our temporary employees are retired NC state employees and have legal limits on the compensation they may receive from the State given their participation in the State retirement plan and this control the number of hours they are available to work. Additionally, unless the temporary employee is a State retiree, State policy requires temporary employees to take a mandatory 30-day separation after 11 months.) Finding temporary employees who meet CMS' Surveyor Minimum Qualifications Test (SMQT) certification limits the pool of potential temporary employees eligible to perform this work.

Following are the temporary employees hired to assist with nursing home surveys:

- 2018 – 9
- 2019 – 12
- 2020 – 7
- 2021 – 8
- 2022 - 4

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Response: North Carolina appreciates the collaborative partnership it enjoys with CMS regarding the important regulatory oversight responsibility of nursing homes. We understand the importance of the responsibility both CMS and NC have in protecting the safety of residents in North Carolina's nursing homes as well as the responsibility for fair and consistent oversight of North Carolina's nursing home providers. Given the finite resources available to perform this important and essential work, North Carolina has discussed what current duties could be eliminated as responsibilities of the state survey agency without unduly impacting resident safety. Following are some of North Carolina's suggestions:

- Reduce the number of routine items surveyors must review during a routine survey. The deleted items could be added back in if there were certain deficiencies identified. Alternatively, rather than being a routine item to survey, some items should be "randomly" selected for a survey. Nursing homes would still have to anticipate being surveyed on the item. The current survey process takes a team of 4-5 surveyors four (4)

long days on-site to complete when all things go well. When surveyors find many deficiencies and/or immediate jeopardy, surveys take even longer to complete.

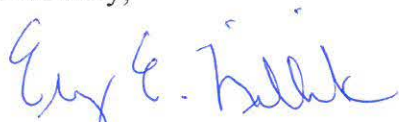
- Consider an abbreviated recertification survey process for nursing homes that have performed at an extraordinary level for the past two full routine surveys and which have had no serious deficiencies identified during either routine surveys or complaint investigations during the previous two years. After an abbreviated survey, the next recertification survey would be a full survey again.
- Discontinue the automatic requirement for extended surveys when there is past non-compliance
- CMS refrains from adding new/additional survey tasks or administrative tasks without either removing a current and equally time-consuming task from the state survey agency's workload or providing appropriate additional resources for the state survey agency to perform the newly assigned task
- CMS could conduct its own on-site follow up after it conducts the initial survey
- NC has verbally shared staffing problems and survey backlogs on the regional CMS office in meetings that started during the COVID-19 pandemic. Staffing issues have been a subject of discussions between CMS and states for a number of years.
- NC submitted supplemental requests for:
 - FY2020 – Supplemental Request was \$1,088,484
 - FY2019 – Supplemental Request was \$771,629
 - FY2018 – Supplemental Request was \$977,864
- NC did not submit supplemental requests in FY2022 and FY2021, however CARES ACT funding was approved for supplemental use in FY2022 and FY2021.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

Response: The Nursing Home Licensure and Certification Section is part of the North Carolina Department of Health and Human Services, Division of Health Service Regulation (DHSR). DHSR received approval from CMS to utilize the CARES Act funding as a supplement to cover supplemental needs for FY2022 and FY2021. (These supplemental needs are for expenses for federal survey work for which federal funding through the Medicare Grant is grossly insufficient to meet NC's current expenditures to perform this important work on behalf of CMS.) To date, all of the CARES Act funding allocated to DHSR has been utilized.

Thank you again for the opportunity to share North Carolina's experiences and data regarding this urgent matter. Please contact me with any questions.

Sincerely,



Emery E. Milliken
Deputy Director

Enclosure

cc: Mark Benton
Mark Payne
Becky Wertz

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	424	
	What is the number of Medicare and or Medicaid certified nursing home beds?	44206	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,238,677	
	FY2021	\$1,111,514	
	FY2020	\$1,114,489	
	FY2019	\$990,782	
	FY2018	\$1,081,722	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$8,688,960	
	FY2021	\$7,813,471	
	FY2020	\$7,797,550	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	96	1 more position was reallocated from admin to surveyor eff. 9/19/22 (not posted yet)
	FY2021	96	
	FY2020	96	
	FY2019	96	4 positions reallocated from admin to surveyor
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	19	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	16	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	16	
	FY2021	24	
	FY2020	16	
	FY2019	29	
	FY2018	28	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	18	
	FY2021	15	
	FY2020	15	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.5	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	19%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	52%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$63,368 - \$81,269	
	Not registered nurses?	\$54,495 - \$72,894	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$57,366	
	FY2021	\$59,700	
	FY2020	\$73,300	
	FY2019	\$75,200	
	FY2018	\$52,100	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	78	

7 (i)

CY2021	134	
CY2020	193	
CY2019	190	
CY2018	234	
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	100%	
CY2021	99%	177624; 176831
CY2020	100%	
CY2019	100%	
CY2018	100%	

North Dakota

November 4, 2022

Chairman Bob Casey, Jr.
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510-6400

Via email [REDACTED]

Dear Chairman Casey,

I am responding to your information request regarding survey agency staffing and performance. My response is on behalf of the North Dakota Department of Health and Human Services state survey agency.

1. The North Dakota Department of Health and Human Services state survey agency is comprised of nurses, dietitians, social workers, speech-language pathologists, clinical laboratory scientists, life safety code experts, and support staff who serve the citizens of North Dakota and other individuals receiving care in any of the nearly 1400 licensed and/or certified healthcare facilities in our state. Included in this number are 77 nursing homes. Our staff conduct federal certification and state licensure surveys to evaluate the programs, services, staff, buildings, and equipment of inpatient care facilities and outpatient programs to ensure they meet applicable standards and provide services consistent with generally accepted practice. We promote the health, safety, quality of life, and independence of residents and patients through education and monitoring the care and services of providers and suppliers as required by state and federal regulations. This process also includes receiving, responding to, and investigating complaints from patients/residents, families, and others regarding healthcare facilities. We also maintain the nurse aide registry. This includes the registration of approximately 18,000 active nurse aides, certified nurse aides, medication assistants, and home health aides.

Our staff is our single most valuable resource. The availability and experience of surveyors has a direct impact on our ability to carry out our responsibilities of completing timely surveys. A strategy we have used to address staffing shortfalls includes employing temporary survey staff who have previously been employed with us. Specifically, this staff has conducted surveys of acute and continuing care providers which have freed up other staff members' time to focus on nursing home

surveys. We also have had staff survey multiple weeks in a row and authorized limited overtime to accomplish the workload. In the end, it is the impeccable work ethic of our North Dakota survey staff that is allowing us to be able to accomplish our workload.

2. North Dakota is experiencing the same issues as the majority of the other states. We have had turnover, staff vacancies, and have had a significant number of staff who are new and need to be trained into the nursing home survey process. This places extra workload on our current staff and results in less survey activity being completed as well. It is our belief that it takes a minimum of one year for a health surveyor to be able to survey independently and two years to be completely comfortable in this role. In the five years of data requested, North Dakota has hired 20 surveyors and 14 surveyors have left.

We do feel fortunate that our surveyors have approximately 8.5 years of experience on average and that 56% have five years of experience or more. Most often the resignations are related to new opportunities that do not require frequent travel and offer more pay. As the data in the attached spreadsheet shows, the COVID -19 pandemic has affected turnover rates. In FY 2021, we saw a very large increase in our staff turnover. Strategies used to reduce turnover include a focus on work-life balance to prevent staff burnout, allowing all staff to work from home, increased focus on quality training, and improved communication. Through this pandemic, the amount of change, expectations, and stress placed on survey staff has been significant.

3. North Dakota hires health surveyors with healthcare degrees and education and this is not limited to registered nurses. We are very fortunate that the majority of our nursing home surveyors are registered nurses, but we find great value in an interdisciplinary survey team. For this reason, our agency currently also employs dietitians, social workers, clinical laboratory scientists, and speech-language pathologists. In the past, we have also employed a pharmacist, physical therapist, and occupational therapist. We have the same starting salary and salary ranges for surveyors regardless of their degrees.

Our surveyor salaries are far below where they should be. Our surveyors start at \$52,920 annually whereas data from 2021 shows that entry-level RNs are paid \$59,810 and the state average is \$71,200. We seek to attract and retain our staff by offering a strong benefits package through the State of North Dakota and a flexible work environment, allowing our staff to work four 10-hour days (Monday – Thursday) on most weeks. These are two of our biggest attracting factors. The ability to do this job also attracts staff. We make a difference each and every day in the health and

November 4, 2022

safety of the residents in our nursing homes and some staff indicate being a surveyor is something they have always wanted to do.

4. North Dakota has utilized very few contractors through the years. No contractors have been hired by North Dakota since 2018. In the past, we have utilized contractors to conduct Independent Dispute Resolutions (IDRs) and limited nursing home surveys. Michigan Peer Review Organization (MPRO) assisted with IDRs and Providigm completed nursing home surveys.

5. It would be helpful if the Centers for Medicare and Medicaid Services (CMS) would increase the amount of funding that is provided to states, which would allow us to seek state legislative spending authority to increase surveyor salaries. This would make it easier to attract and retain survey staff.

6. North Dakota did benefit from CARES Act funding. We are using this to fund CMS-mandated focused infection control surveys and to develop an online system to gather information, collect data, and identify health facility needs which we identified as a need during our COVID response. The sunseting of this funding will require us to find other funding sources for these functions.

Thank you for the opportunity to respond to this data request. We hope it assists with improving our ability to secure additional resources to continue to do our job of ensuring the quality of care and quality of life for the residents in our nursing homes.

Sincerely,



Bridget Weidner, Director
Health Facilities Unit

CC: Dirk Wilke, Executive Director, Public Health
Tim Wiedrich, Director, Health Response and Licensure Section

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November 4, 2022

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Bridget Weidner, Director
Health Facilities Unit

CC: Dirk Wilke, Executive Director, Public Health
Tim Wiedrich, Director, Health Response and Licensure Section

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	77	
	What is the number of Medicare and or Medicaid certified nursing home beds?	5215	
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		Additional COVID funding
	FY2022	\$599,935	\$8,182
	FY2021	\$654,015	\$38,300
	FY2020	\$651,370	\$11,162
	FY2019	\$622,034	
	FY2018	\$656,444	
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		Additional COVID funding
	FY2022	\$2,427,037	\$39,241
	FY2021	\$2,517,250	\$145,926
	FY2020	\$2,676,015	\$47,788
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		Including 2 Life Safety Code surveyors
	FY2022	25	
	FY2021	25	
	FY2020	25	
	FY2019	25	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	0	No current open positions. One new staff starting in December
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	0	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	6	
	FY2021	5	
	FY2020	3	
	FY2019	2	
	FY2018	4	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	3	
	FY2021	7	
	FY2020	1	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	8.5	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	26%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	56%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$4,410 - \$6,468/month	We do not have different pay grades for RNs versus non RNs. They
	Not registered nurses?	\$4,410 - \$6,468/month	are all Health Facility Surveyors and Life Safety Code Surveyors
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$116,800	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	2	

7 (i)

CY2021	7
CY2020	7
CY2019	1
CY2018	1
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	100%
CY2021	100%
CY2020	100%
CY2019	100%
CY2018	100%

Additional Notes

Please use the space below to provide any additional notes that would be helpful for the Committee to understand the data you are submitting

The North Dakota State Survey Agency is a highly integrated unit of health facility surveyors and life safety code surveyors. We are not separated into long-term care and acute and continuing care providers. We have 23 health facility surveyors and 2 life safety code surveyors available to complete survey and certification work across all programs. This includes nursing homes, hospitals and critical access hospitals, home health, hospice, dialysis, intermediate care facilities, rural health clinics, etc. After completion of 1-2 years and the SMQT, health surveyors are cross-trained into other programs. All data that has been provided is overall survey and certification data, including funding for all programs and surveyor data for all programs.

Ohio



Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

March 24, 2023

The Honorable Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Casey,

On behalf of the Ohio Department of Health (ODH) and our Bureau of Survey and Certification, I am responding to your inquiry regarding the scope of our nursing home survey and certification program and issues, challenges or dynamics unique to Ohio.

In response to Question 1, Ohio has 6,045 certified long-term care and acute and continuing care providers, excluding CLIA laboratories. Of those, 950 are certified nursing homes. One of the primary impacts from the COVID-19 pandemic has been the dramatic increase in our nursing home complaints. In 2018, prior to COVID-19, Ohio received 11,692 complaints for all provider types, of which 4,853 were in nursing homes. In 2021, we received 16,125 complaints for all provider types; 7,528 of which were investigated in nursing homes. In 2022, we received 17,056 alleged complaints for all provider types, of which 7,903 were investigated in nursing homes. Completing annual recertification and complaint surveys in a timely manner with 130 surveyors was a challenge prior to the COVID-19 pandemic, and this situation has only been exacerbated by the pandemic.

One strategy utilized to ensure work is completed within the required timeframes is to conduct surveys over the weekend. In calendar year 2021, we had 1,045 surveys completed on overtime status, and Ohio had 1,105 surveys completed on overtime status in 2022. We also use minimum staffing levels to limit the number of surveyors who can be off on any given day to ensure sufficient staffing to conduct timely surveys.

In response to Question 2, it is a challenge for ODH to backfill the positions of surveyors who leave the agency. The reasons surveyors give for leaving their positions include retirement, transfer to another state agency, leaving for better job opportunities or compensation, family circumstances including relocation, and dissatisfaction with the workload and/or constant traveling around the state. When an independent surveyor leaves, we backfill with an entry surveyor. Per CMS training requirements, it takes between nine months and one year to become an independent surveyor, resulting in additional work placed on the remaining independent surveyors. The COVID-19 pandemic exacerbated staffing issues for ODH and for all Ohio healthcare providers due to a variety of reasons, including worker burnout, unwillingness to get a COVID-19 vaccine, or to wear personal protective equipment during surveys.

In response to Question 3, Ohio does not make a distinction in pay for a nurse surveyor versus a non-nurse surveyor. Under Ohio law, ODH can only hire registered nurses, licensed social workers, registered sanitarians, and registered dieticians to complete survey work. The starting salary for an entry-level surveyor is \$28.08 per hour, and at the end of the probationary period, pay is increased to \$30.93 per hour. The hourly rate for surveyors who have been employed more than a year ranges from \$30.93 to \$43.26. Salaries continue to be a challenge in attracting surveyor applicants, especially given private sector salaries/compensation, including substantial sign-on and retention bonuses.

In response to Question 4, Ohio has not initiated a contract with an entity to perform survey and certification survey work. However, we do utilize a contractor to complete level 2 informal dispute resolutions (IDRs) and independent informal dispute resolutions (IIDR). The expenditures for this contract are reflected in the attached excel sheet.

In response to Question 5, ODH appreciates that CMS understands the staffing challenges that state surveyor programs face. Still, recent CMS actions have added to the challenge. CMS recently released changes to Chapter 5-Complaint Procedures of the State Operations Manual (SOM). The implementation date of these changes is State-specific in consultation with the State's CMS location. Regardless of when these changes are implemented, the impact to our workload will be substantial. All complaints and facility-reported incidents (FRIs) must now be entered into the CMS ASPEN Complaint Tracking System (ACTS), even though most states have their own systems to capture this information. There is no direct entry into ACTS for the FRIs, so duplicative manual entry will be required. Ohio currently only enters in the ACTS system the complaints that meet the requirement for investigation. For example, Ohio would not enter a complaint that did not contain allegations related to the code of federal regulations, and Ohio would not enter a complaint that is outside of our jurisdiction. We would document in our state system that the complaint was referred and where it was referred to; however, it would not be entered into ACTS. Based upon the updated CMS guidance, all of these will now need to be entered. For example, out of the 16,125 complaints received in 2021, Ohio entered 9,860 into our state system and into ACTS while 6,265 were only captured in our state system and were reviewed during our next on-site visit to those facilities. In other words, based on 2021 data, this CMS change will require a 63% increase in the complaints that will need to be manually entered into ACTS by our workforce, which is already stretched to complete its work.

Regarding the requirement to enter all FRIs into ACTS, FRIs currently are entered into our state system, reviewed, and assigned a priority. The assigned priority determines if an FRI is entered into ACTS. The others remain in the state system and are reviewed when a surveyor is next on site at the facility. In 2020, Ohio received 11,587 FRIs, entered 122 for a complaint survey, and marked 3,691 for a next on-site visit. In 2021, Ohio received 12,316 FRIs and entered 205 for a complaint survey, with 5,201 marked for a next on-site visit. Based on these two years' data, Ohio will need to manually enter between 6,000% and 9,000% more FRIs into ACTS, which is an additional burden on our workforce. It would be helpful if CMS developed a system that could be used by nursing homes and other providers to enter their own facility-reported incidents directly to CMS, with states responsible for the triage of those incidents.

CMS has also changed the timeframes associated with complaints and FRIs with little guidance and clarification for states. CMS has indicated that state survey programs have 15 days from initial intake to investigate a high-level complaint. In reality, it often takes several days after initial intake to collect all relevant information necessary to determine whether a complaint meets high-level criteria. This leaves little remaining time in the 15-day window to investigate the complaint.

It would be helpful if CMS provided states with guidance and the opportunity to ask questions before announcing new policies and procedures.

Additionally, while training allows survey staff to stay current and up to date on new initiatives and changes to the survey process, the addition of unnecessary training requirements for survey staff is not helpful when trying to plan how we will complete the increasing workload. Refresher training is the same training a surveyor took when they became a surveyor. These surveyors have years of experience and should be provide a more advanced refresher training.


It would be beneficial for Ohio if CMS released, prior to the start of the federal fiscal year, the mission and priority document outlining States' required tier work, the performance metrics states will be measured against, and the required trainings (including which quarter they can be expected, and the amount of time needed to complete the trainings). It is difficult to make the necessary adjustments mid-year with the staff shortages we are experiencing. In FY 2022, the mission and priority document and the state performance standards guidance were received three months and six months, respectively, into the year.

In response to Question 6, CARES Act funding was utilized to fund focus infection control surveys that states were required to complete because of COVID-19, and for the purchase of personal protective equipment for survey staff. Ohio had to utilize other funds to account for increases in compensation due to the COVID-19 pandemic. ODH has been flat-funded by CMS for several years with no adjustments for the increase in additional providers to survey, the increase in workload, and previous CMS administrative tasks given to states.

The remaining information requested in Question 7 is included in the attached Excel spreadsheet.

The Ohio Department of Health is proud of, and committed to, our work to ensure that substantial compliance with federal regulations is maintained for the health and safety of all residents and patients who receive care and services from long-term care and acute and continuing care providers in Ohio. We appreciate your interest in the challenges we face and the opportunities for additional support from our federal partners.

Sincerely,



Bruce Vanderhoff, MD, MBA
Director, Ohio Department of Health

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	950	
	What is the number of Medicare and or Medicaid certified nursing home beds?	84,624	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$6,795,896	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2021	\$6,339,155	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2020	\$6,112,848	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2019	\$5,784,965	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2018	\$5,729,263	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$20,928,826	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2021	\$20,192,256	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2020	\$19,577,494	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2019	\$18,532,592	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
	FY2018	\$18,508,348	The amount listed represents Ohio's percentage of nursing home survey work per year. It is not the total amount of survey and certification work Ohio performs.
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	118.37	The FTE's listed represents Ohio's portion of nursing home survey work. It is not the total FTE count for survey and certification work Ohio performs.
	FY2021	119.02	The FTE's listed represents Ohio's portion of nursing home survey work. It is not the total FTE count for survey and certification work Ohio performs.
	FY2020	117.75	The FTE's listed represents Ohio's portion of nursing home survey work. It is not the total FTE count for survey and certification work Ohio performs.
	FY2019	131.61	The FTE's listed represents Ohio's portion of nursing home survey work. It is not the total FTE count for survey and certification work Ohio performs.
	FY2018	124.50	The FTE's listed represents Ohio's portion of nursing home survey work. It is not the total FTE count for survey and certification work Ohio performs.
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	30	we could go above this number based upon other vacancies, However, current staffing needs to meet workload is 280
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	N/A	Ohio does not identify a specific number of positions that are RN only
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	17	
	FY2021	46	
	FY2020	15	
	FY2019	28	
	FY2018	15	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	30	
	FY2021	32	
	FY2020	21	
FY2019	26		
FY2018	24		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	23.84%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	63.84%	
	What is the current salary range for nursing home surveyors at your state agency who are:		

7 (g)	Registered nurses?	28.08-43.26	this doesn't include longevity or incremental % increases by year for COL
	Not registered nurses?	28.03-43.26	this doesn't include longevity or incremental % increases by year for COL
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$20,919	only contract for IDR. The amount listed for FY22 represents three quarters of the federal year. Not all invoices for the 4th quarter have not yet been received.
	FY2021	\$32,981	only contract for IDR
	FY2020	\$8,839	only contract for IDR
	FY2019	\$36,601	only contract for IDR
	FY2018	\$34,413	only contract for IDR
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	540	Total 2-day complaints investigated
	CY2021	693	Total 2-day complaints investigated
	CY2020	718	Total 2-day complaints investigated
	CY2019	263	Total 2-day complaints investigated
	CY2018	409	Total 2-day complaints investigated
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	99.8%	missed 1
	CY2021	100%	
	CY2020	99.9%	missed 1
	CY2019	100.0%	
	CY2018	99.8%	missed 1

Oklahoma

February 16, 2023

United States Senate
Special Committee on Aging
Washington, DC. 20510-6400

Chairman, Senator Bob Casey
U.S Senate Special Committee on Aging

RE: Oklahoma – U.S. Senate Aging Committee Chair Bob Casey to State Survey Agency (9/12/2022)

Dear Senator Casey,

The Oklahoma State survey agency is providing written response in reference to the Aging Committee's request.

1. Scope/Activities/Challenges:

The Oklahoma State Department of Health (OSDH) has the role and responsibility to provide regulatory oversight of nursing homes through initial survey, standard survey, and complaint investigations for determination of compliance. We are the states subject matter expert regarding regulatory compliance with requirements. The Oklahoma State survey agency has also had the responsibility to ensure compliance of changes in requirements that have been issued via CMS QSO Memos. OSDH is the state licensing authority. We also provide education and interpretive guidance to regulations.

2. Agency Turnover Survey Agency Staff:

The Oklahoma State Department of Health has experienced turnover of state survey staff, and an increased rate of complaints. Of the attrition experienced by the State survey agency, between 2019-2022, more than 75% of surveyors retired. Approximately 15% of Oklahoma surveyors left for a career change. Approximately 10% left due to travel requirements. Additional reasons cited for departure have included telework opportunities, unpredictable survey schedules (off hours requirements), and higher rates of pay.

Turnover rates have caused challenges meeting survey frequency requirements. An increased frequency of complaints being triaged at immediate jeopardy level have resulted in redirected priorities. Thereby, affecting the ability to perform routine surveys as scheduled.

The departure of qualified surveyors affected the survey agency's availability of experienced surveyor staff, resulting in lengthier times for survey completion.

3. Challenges Hire and Retain Nurses as Surveyors:

The Oklahoma State Department of Health has addressed challenges related to the nursing shortage by evaluating and raising surveyor salaries, by 10%. OSDH has continued to advertise through traditional avenues. The state survey agency continues to compete with the private sector's ability to offer sign on bonuses, flexible working schedules, and higher rates of pay to professionals who would be prime candidates for surveyor positions.

4. Hiring Contractors to Fill Vacancies and Address Survey Backlogs:

The OSDH State survey agency contracted with two qualified surveyors during the last quarter of FFY2022, for ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) to assist with meeting workload requirements. The Oklahoma state survey agency provides a schedule and timeline to contract surveyors and requires notification upon entrance to complete the survey. The contractors notify the LTC leadership of all findings prior to exit. Any Immediate Jeopardies are reviewed and approved by LTC leadership prior to being called. The Oklahoma State agency is also notified of exit and a debrief of the survey occurs. All surveys are submitted to the Oklahoma State survey agency for review, prior to findings being sent to providers. Contract surveyors follow the same training and guidance as current state surveyors. Information related to updates and training are also provided to contractors by the LTC training team.

5. CMS Assistants/Guidance with Correspondence:

The Oklahoma State Survey agency has identified that a flat budget continues. This impedes the ability to adjust salaries to fully competitive rates. Increased flexibilities and communication regarding workload expectations would also assist in meeting CMS expectations.

6. 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act:

The OSDH used 2020 CARES Act funding to assist facilities by providing access to Personal Protective Equipment (PPE), COVID-19 testing supplies, Respirator fit testing, adaptive devices for safe visitation at the onset of the PHE, facility and Infection Preventionist training related to donning and doffing PPE, and Infection Prevention and Control training.

7. Requested Data Attached Excel Sheet:

Attachments contain the requested surveyor contracts.

Sincerely,

Janene Stewart, MBA

Janene Stewart | Director
Long Term Care
Oklahoma State Department of Health

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	402	
	What is the number of Medicare and or Medicaid certified nursing home beds?	31,547	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,134,741	
	FY2021	\$1,136,133	
	FY2020	\$1,897,384	
	FY2019	\$2,419,355	
	FY2018	\$2,629,209	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$4,617,980	
	FY2021	\$4,468,465	
	FY2018	\$4,885,093	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	60	
	FY2021	80	
	FY2020	80	
	FY2018		
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	27	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	27	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	9	
	FY2021	8	
	FY2020	3	
	FY2019	0	
	FY2018	5	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	8	We do not hire part - time employees
	FY2021	14	We do not hire part - time employees
	FY2018	5	We do not hire part - time employees
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	15	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	40.4%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	59.5%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$70,000	
	Not registered nurses?	\$60,000	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$150,000	
	FY2021	\$0	
	FY2020	\$0	
	FY2018	\$0	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	134	

7 (i)

CY2021	45
CY2020	29
CY2019	
CY2018	
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	95%
CY2021	89%
CY2020	25%
CY2019	
CY2018	

Oregon



Oregon

Kate Brown, Governor

Department of Human Services

Safety, Oversight and Quality

PO Box 14530, Salem, OR 97309

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Phone: (503) 373-2227

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December 6, 2022 (*Revised*
03/27/23)

Robert P. Casey, Jr. Chairman
United States Senate
Special Committee on Aging
PO Box 6400
Washington, DC 20510-6400



Dear Senator Casey,

The Oregon Department of Human Services has received your letter dated September 12, 2022, requesting information regarding the survey and certification and the impact of staffing shortages in Oregon.

We want to thank you for your interest in this topic. Staffing has become very challenging for our agency as well as providers in Oregon over the past several years.

Answer to your questions are below from the perspective of the State Survey Agency in Oregon, responsible for conducting survey and certification activities, complaint investigations, as well as licensing activities in nursing facilities.

Question 1:

Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Answer:

The Oregon Department of Human Services (ODHS) is responsible for licensing and survey/certification activities specific to nursing facilities (or long-term care, LTC). The primary scope of our work is to conduct annual recertification and licensing surveys, initial certification and state licensing surveys, and complaint investigation. Surveyor recruitment and retention has been a challenge for ODHS for many years. We currently have 12 survey vacancies out of a total of

52 budgeted surveyor positions. Though we have been more successful hiring non-nurses, we have always struggled hiring registered nurses. The primary reason being the wage scale. Oregon is a union state and the wage scale for RN surveyors is the same as non-RN surveyors. We are also competing with the private sector, such as nursing facilities, hospitals, staffing agencies, and more, who generally have a higher wage scale than we do.

In 2018, ODHS transitioned from having Adult Protective Services in local offices conducting abuse/neglect complaint investigations to our office conducting all complaint investigations. This had a significant impact on workload. Due to the challenges hiring qualified staff, we have not been able to hire all of the required additional positions to date.

One of the more recent challenges faced by Oregon has been the COVID-19 pandemic. Due to CMS pausing survey activities and the shift in focus to conducting infection control surveys, our backlog of complaints and recertification surveys increased. We have also experienced a statewide staffing shortage of RNs and other disciplines, which has led to increased wages and has impacted our ability to hire surveyors.

Question 2:

Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Answer:

Quantity of Surveys - Surveyor turnover has had a negative impact on timeliness of surveys and complaint investigations. All of our surveyors receive approximately 6 to 9 months of training prior to taking the SMQT test and being independent in performing survey activities. It also takes several months to recruit surveyors. Therefore, every time a surveyor leaves states service, it may take a year or longer to replace the surveyor. the COVID pandemic also had an initial impact on our ability to hire/train surveyors due to the pause in conducting survey activities. During that period of time pausing activities also delayed our ability to train new surveyors due Oregon requiring surveyors to perform onsite recertification or complaint activities as part of their training curriculum prior to becoming independent in surveys.

Quality of Surveys - We don't believe it has had a negative impact on the quality of LTC surveys or complaints investigation in Oregon due to our extensive training program. We don't have surveyors working independently until they are fully trained and SMQT certified. Additionally, we have many experienced surveyors with over 5 years of experience conducting recertification and complaint surveys, which leads to higher quality.

Reason for staff departures – We have not tracked departures on an individual surveyor basis, however most surveyors left due to retirements, promotions within the unit (i.e. moving up to a policy or trainer position), or went to work for the private sector where they could get higher wages. One other reason specific to the COVID pandemic was that we had a couple surveyors depart out of concern for their own health and safety or safety of their families because they did not want to risk being exposed to COVID during onsite activities.

Question 3a:

Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives?

Answer:

Oregon continues to struggle hiring and retaining RN surveyors due to the competition among the private sector and other state RN roles. Additionally, there has been an increase in staffing agency utilization in Oregon, which has driven up wages. The State of Oregon offers many benefits to surveyors, and they are union represented which has resulted in annual cost of living raises. However, these salary increases have not kept up with the private sector. Surveyors in Oregon have no-cost or very low-cost health insurance premiums, a two-prong retirement program, annual step raises (until reaching the highest step) and all-time off requests have typically been honored if the surveyor has the leave available in order to promote work/life balance. Surveyors are allowed to set and modify their own workday hours within reason. Surveyors have straight time matching and are not limited on how many hours they can accrue, which it can be used for time off or cashed out once per year.

Question 3b:

In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market.

Answer:

The State of Oregon does not differentiate the Client Care Surveyor position based on the type of discipline therefore RN Surveyors do not have a higher rate of pay vs a non-RN surveyor. The starting salaries are based on a pay equity process; salaries range from approximately \$58,956 to \$90,408 per year. RN Surveyors who have entered the position within the previous five years have entered at approximately \$76,749 and are usually at the highest salary step within four to five years.

The Surveyor rate of pay is less competitive than other public health RNs employed within the state and the private sector. Other State RN positions salary step ranges are \$75,792 through \$115,056. The average RN in Oregon is making \$103,002.00 or more.

Question 3c:

To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Answer:

We know private sector providers and other private sector employers have been offering signing bonuses for many years and it has had an impact on our ability to hire and retain nurse surveyors. However, we don't have a way to quantify whether hiring bonuses or the general higher salaries has been the primary driver on our recruitment/retention. Oregon temporarily offered signing bonuses for positions that were difficult to recruit (such as nurses), however it was only for a short period of time and the bonuses weren't as high as private sector signing bonuses. Therefore, we didn't see a significant impact on our ability to recruit nurses during that timeframe.

Question 4:

Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Answer:

N/A – We are not currently using contractors in Oregon to perform survey and certification work however this is currently being evaluated.

Question 5:

What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Answer:

The following is a list of actions we believe CMS could take to help our agency conduct surveys timelier given the current staffing shortage:

- Reduce the number of performance measures to account for the time it will take to rebuild our workforce.
- Adjust the recommended team sizes
- Given the nationwide nursing shortage, consider allowing LPNs/CODAs/PTAs to take place of RNs on survey teams.
- Increase the number of professional specialties permitted to observe wounds of private body parts.
- Consider adjusting the number of FMS when a workforce is newer to the surveyor position. Provide more supportive/technical assistance surveys.
- Consider incorporating offsite work during surveys, when possible, thus eliminating travel time.
- Increase parameters for when a public complaint or FRI can be closed out without investigation due to time elapsed, similar allegations, recertification survey completion, etc.

Question 6:

The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

Answer:

ODHS has used CARES Act funding to assist in the additional cost associated with federally required infection control surveys. If this funding to were sunset

and we are not able to get approval for increased funding from CMS, we will have to absorb this work into our existing budget. Unless CMS has additional money at the end of the federal fiscal year to redistribute to states that overspend, funding would have to come from our State general fund, which requires legislative approval (if we run out of general fund dollars). There is no guarantee we will get approval.

Question 7:

- a) Please provide the requested data in the attached Excel sheet: Please see the attached excel document
- b) The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.
- c) The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.
- d) The number of nursing home surveyor positions (full time equivalents) in your agency's budget for the previous five fiscal years.
- e) The number of nursing home surveyor positions that are currently vacant (not filled by full-time employees compensated directly by the state) for all staff and for nurses, specifically.
- f) For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?
- g) How many years of experience (i.e., years working at your agency), on average, do your current surveyors have? What percentage of your surveyors have two years or less experience; what percentage have five years or more?
- h) What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.
- i) The total dollar amount your agency has spent on contractors for survey, IDR or other nursing home-related oversight activities for the previous five fiscal years.
- j) The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.

Answer:

See attached Excel document

Please contact me if you have any additional questions or if you need clarification regarding any of the answers provided.

Header Page 2 – Line 1

Line 2

Line 3

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Allm", is written over a light gray rectangular background.

Dave Allm

Interim Nursing Facility Program Manager

Nursing Facility Program

[Redacted]

Cell:

[Redacted]

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	129	
	What is the number of Medicare and or Medicaid certified nursing home beds?	129	116 Dually Certified, 9 Medicaid Only, 4 Medicare Only
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$ 2,340,518.46	
	FY2021	\$ 1,760,579.22	
	FY2020	\$ 1,309,293.55	
	FY2019	\$ 1,043,879.44	
	FY2018	\$ 1,529,599.24	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$ 7,159,361.00	
	FY2021	\$ 6,901,830.82	
	FY2020	\$ 7,005,165.18	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	52	
	FY2021	52	
	FY2020	52	The increase of 9 surveyor positions was due to the State Survey Agency assuming responsibility for conducting all complaint investigations (previously investigated by Adult Protective Services).
	FY2019	41	
	FY2018	41	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	12	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	N/A	We don't have dedicated RN surveyor positions in Oregon LTC. All of our positions are surveyor positions however we try to hire as many RNs as possible.
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	4	
	FY2021	2	
	FY2020	4	
	FY2019	9	
	FY2018	6	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	4	
	FY2021	0	
	FY2020	1	
FY2019	2		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6.55	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	22.50%	

	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	55.50%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$4913.00 - \$7534.00	We do not have a different pay scale for RN surveyors.
	Not registered nurses?	\$4913.00 - \$7534.00	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	N/A	
	FY2021	N/A	
	FY2020	N/A	
	FY2019	N/A	
	FY2018	N/A	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	25	
	CY2021	24	
	CY2020	27	
	CY2019	49	
	CY2018	11	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	
	CY2021	96%	
	CY2020	89%	
	CY2019	100%	
CY2018	100%		

Pennsylvania



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

October 28, 2022

Robert P. Casey, Jr.
U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Casey,

The purpose of this letter is to respond to the September 12, 2022, U.S. Senate Special Committee on Aging information request. We hope our responses assist you in your evaluation of the challenges facing State survey agencies.

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.**

The Division of Regulatory Oversight and Nursing Care Facilities is responsible for regulatory oversight of 681 nursing homes. Regulatory oversight includes, completing licensure, and MC/MA certification surveys as well as investigating all complaints received and facility reported incidents. Hiring new staff can take a while, our Human Resources process for hiring is set up to ensure adequate time to post the positions (at least 2 weeks for our surveyor and supervisor positions), to screening the applications and then interviewing starts. Once applicants are selected and hired, it takes a year to train them well and for them to become federally certified surveyors.

With the CMS directions to delay certain surveys early in the pandemic, it brought challenges to complete these surveys later with the same amount of survey staff. Essentially, we had to double our efforts to complete onsite surveys with the same number of staff. We do employ annuitants, which are retired former employees, that can work up to 95 days in a year. During the pandemic, the State permitted annuitants to exceed the 95 days per year for 2021. This was not approved for 2022, so they were back to only being able to work 95 days in 2022.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.**

As outlined in the Excel document, the number of staff that left in the years described, exceeded the number hired for some of the years requested. Staff have left due to retirements, better pay at competing jobs as well as burnout. The pandemic has affected our ability to complete surveys in that the delay in performing surveys has left us with catch up to do with less staff than we started with. We continually attempt to hire, but the candidate pool seems to be lessening.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?**

Salary has historically been an issue for RNs in PA and our state compensation rates can't compete with private sector pay for work in 24/7 facilities. This was an issue prior to the pandemic, however, the pandemic just made it worse. We have fixed salaries based on Union contracts which don't include sign on bonuses.

Indeed indicates that the average base salary of RNs in PA is \$42.66. We are aware of RNs being offered salaries to work in 24/7 facilities of close to \$90,000 plus sign on bonuses upwards of \$20,000. Our standard entry level pay for an RN is \$31.63 per hour for a 37.5 hour workweek which equates to an annual salary of \$61,868.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?**

We do not use contractors to complete surveys and the union would need to approve the use of a contractor. We complete our IDRs internally and the IIDR's are also done by a person employed by the Commonwealth that does not work in this Division (so they remain independent). We have contractors that we use for temporary managers, however that is a state sanction issued by our licensing authority and the funds from our state civil money penalties are used to pay those contractors. These state civil money penalty funds are only able to be used for certain purposes, as outlined in our Healthcare Facility Act.

- 5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.**

Surveys Completed	
Year	# of Surveys
2019	4,836
2020	5,174

2021	4,797
Jan – June 30, 2022	2,465

Complaints Received		
Year	# of Complaints Received	Complaints having Deficiencies at Harm or Above
2019	3,932	75
2020	5,077	54
2021	4,185	92
Jan – June 30, 2022	2,305	42

Surveys with Deficiency Scope and Severity of D or Above				
Survey Type	2019	2020	2021	Jan – June 30, 2022
Standard Surveys	674	250	563	320
Complaint Surveys	1,043	680	886	541
Substandard Quality of Care	19	10	26	26
Immediate Jeopardy Tags	30	19	38	27

As you can see from the data listed above, during the pandemic facilities struggled with compliance. So, as the state catches up, we are finding that facilities seem to have more deficiencies and at higher levels. This takes longer to complete the surveys as well as write the deficiencies, follow up with POCs and ensure appropriate sanctions are recommended. Additionally, complaints increased during the pandemic and have not decreased to pre-pandemic levels requiring more survey staff time. Complaints seem to direct us to areas of deficient practice and result in deficiencies.

A large part of our survey time/resources are related to complaints. If facilities were able to address their complaints internally, that may decrease the number of complaints that come to the Department. While we don't want to downplay the importance of complaints, facilities should really be addressing issues internally first, then if deficient practice existed it would be identified on the recertification survey, hopefully as past non-compliance. An idea may be for CMS to develop pointers for facilities to address internal complaints. We have attempted to communicate to facilities ideas that may assist with this. Additionally, it may be helpful to hold public forums to assist the public in understanding the limits of our oversight. This may cut back on complaints that we are not able to address through regulatory oversight.

Additionally, we have found when completing recertification surveys that facilities need assistance with getting back into focusing on regulatory compliance in general, rather than focusing on infection prevention to control outbreaks, but looking at the entire picture, the overall good of the residents. Perhaps CMS could accentuate the QIP programs to provide some general reeducation and assistance, to include but not solely focus on certain areas.

Perhaps CMS could delay implementing changes to Appendix PP as well as Chapter 5 of the SOM until after states get caught up and back on track, as well as delay changes to system (iQIES).

Additionally, it would seem that CMS and State Agencies could work together through the "catch up"

phase and CMS could refrain from penalizing State Agencies for not being able to catch up after the original direction was provided by CMS to halt some surveys. We realize that there needs to be assurances that states continue to move forward to complete the oversight necessary (probably now more than ever, noting the increase in deficient practice during that lull), however constant pressure to complete the surveys is causing some anxiety which keeps production lower.

A few other items that have added burden to our workload:

CMS has redirected certification functions for Changes of Ownership, Administrative Changes, and Initial Enrollment once performed by the CMS Regional Offices onto the State Agencies [CMS Admin Info: 22-02-ALL]. Without only minor additions to the State Agency complement, this has resulted in an increased burden for the State Agency staff.

The high fines imposed by CMS leads to a high number of requests by providers to pursue the Informal Dispute Resolution process in an attempt to pre-empt the fine. This time-consuming process is the responsibility of the State Survey Agency, and adds significantly to our workload.

CMS staff frequently request the State Agency re-issue letters to providers because they thought the language was not clear, yet despite repeated requests, CMS does not provide templates or examples for the State Agency to use that would meet their expectations.

During the pandemic we received guidance from CMS that we were not permitted to investigate some allegations offsite. This was a change from pre-pandemic, it would be helpful if we were permitted to investigate some allegations offsite, such as billing, simple staffing complaints with no mention of resident care issues— there are not enough staff or “fudging” the staffing sheets – that can be looked at by comparing payroll to staffing sheets; the NHA, DON, Dietary or other administrative staff are not properly licensed; missing personal items (no theft allegation just missing) or allegations that were recently investigated on onsite survey.

Additionally, we receive FOYA requests from CMS to provide information that is available to them through their electronic system. We are mandated to enter the survey information into their system, it is all available to them, however, they continue to request that we provide the information to them via email.

We have not provided any transmittals to CMS, OIG or other Federal agencies. Up until the pandemic, we were able to meet the performance standards. When the pandemic hit, and certain surveys were put on hold this put us in a position where we were not able to catch up easily. With that delay and challenges presented by the pandemic related to recruiting and retaining staff, we continually chase our tails and utilize overtime to try to catch up.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

PA utilizes the CARES Act funding by following CMS Admin Memo 20-07-All Revised 6/19/2020 (attached). We do not believe we will experience any major issues when this funding is no longer available. For example, the allocated amount in federal fiscal year (FFY) 2023 is \$623,964. While this is not a significant amount, these funds will need to be absorbed by Title XVIII, Title XIX, and state funding sources in the subsequent years

- 7. Please provide the requested data in the attached Excel sheet:**
- a. The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.**
 - b. The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.**
 - c. The number of nursing home surveyor positions (full time equivalents) in your agency's budget for the previous five fiscal years.**
 - d. The number of nursing home surveyor positions that are currently vacant (not filled by full-time employees compensated directly by the state) for all staff and for nurses, specifically.**
 - e. For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?**
 - f. How many years of experience (i.e., years working at your agency), on average, do your current surveyors have? What percentage of your surveyors have two years or less experience; what percentage have five years or more?**
 - g. What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.**
 - h. The total dollar amount your agency has spent on contractors for survey, IDR or other nursing home-related oversight activities for the previous five fiscal years.**
 - i. The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.**

Please see attached Excel spreadsheet.

Thank you for the opportunity to share our experiences with the survey process. If you have any questions, please feel free to contact me.

Sincerely,



Susan Coble
Deputy Secretary for Quality Assurance



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Admin Info: 20-07-ALL
REVISED 6/19/2020

DATE: April 30, 2020
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Fiscal Year 2020 CARES Act Information

Memorandum Summary

- **CARES Act Funding:** Congress appropriated no less than \$100 million in supplemental funds to be available for necessary costs associated with COVID-19-related survey and certification activities. This memorandum provides guidance to State Survey Agencies and Centers for Medicare & Medicaid Services (CMS) personnel on requesting, executing and reporting the supplemental funding.
- **Medicare Budget, Execution and Reporting:** Per DHHS guidance, COVID-19 funding and expenditures must be tracked, executed and reported separately. CMS intends to implement these functions in a manner similar to the existing MDS and Home Health Agency (HHA) reporting process. Cost sharing will continue according to existing State practice.
- **Medicaid Budget, Execution and Reporting:** COVID-19-related expenditures will be tracked and reported separately; however, funding will continue to be provided via traditional means in accordance with Medicaid rules. Cost sharing will continue according to existing State practice.

A. Overview – CARES Act Survey & Certification Requirements

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116-136) was signed into law by President Trump on March 27, 2020. The legislation provided supplemental Medicare funding of at least \$100,000,000 to fund Survey and Certification activities related to COVID-19 response, prioritizing nursing homes in locations with coronavirus community spread. Of this amount, we expect to provide State Survey Agencies (SAs) approximately \$81 million for such certification costs and services performed under section 1864 of the Social Security Act. This funding is available through September 30, 2023.

CMS will follow an annual budget and award process lasting each year through FY 2023 for supplemental funding. SA funding awards will be reconciled at the end of each year to ensure effective use of funds through its entire period of availability and will allow for fully justified, reasonable supplements, if needed.

For Medicare expenditures, CMS Headquarters (HQ) is implementing a reporting process similar to the existing MDS and HHA reporting processes to allow for appropriate tracking of CARES Act funds. The process to receive these funds is detailed in section B below. Cost sharing will continue according to existing State practice.

Page 2 – State Survey Agency Directors

For Medicaid expenditures, COVID-19 expenditures will be tracked and reported separately; however, funding will continue to be provided via traditional means in accordance with Title XIX of the Social Security Act. Cost sharing will continue according to existing State practice.

On March 4, 2020, CMS called for States to focus surveys on infection control and on March 23, 2020 provided a streamlined tool to facilitate these efforts. There is currently wide variation in the number of Focused Infection Control surveys of nursing homes performed by States, between 11%-100% (with a national average of approximately 54.1%). Based on the COVID-19 nursing home data being reported to the CDC, CMS believes further direction is needed to prioritize completion of focused infection control surveys in nursing homes.

Therefore, States that have not completed 100% of their focused infection control nursing home surveys by July 31, 2020 will be required to submit a corrective action plan to their CMS location outlining the strategy for completion of these surveys within 30 days. If, after the 30-day period, States have still not achieved surveys in 100% of their nursing homes, their CARES Act FY2021 allocation may be reduced by up to 10%. Subsequent 30-day extensions could result in an additional reduction up to 5%. These funds would then be redistributed to those States that completed 100% of their focused infection control surveys by July 31. For additional information, please reference [QSO-20-31-All](#) released on 6/1/20.

Access to FY 2020 CARES Act allocations will be based on the following:

- All States may request FY 2020 CARES Act supplemental funding, up to their FY 2020 proportional allocation cap.
- States that have completed 100% of their nursing home focused infection control surveys will be able to request their entire FY 2020-FY2023 CARES ACT funding allocation (at their discretion) and can also apply for redistributed funding from States that failed to meet performance goals.

B. Steps/Actions to obtain CARES Act funds for COVID-19 Survey Activities (AllStates)

1. Request COVID-19-only budget requirements from SAs.

SAs who will need funding above their regular S&C funding for COVID-19 related activities must submit a documented budget request to their CMS Location budget contacts by July 10th, detailing the basis behind the request, including but not limited to the following information:

- The number of COVID-19 related surveys and onsite activities;
- Cost per survey;
- Personnel costs;
- Equipment costs;
- Fringe benefits and indirect costs;
- Other COVID-19 related costs.

These requests should be based upon a reasonable level of COVID-19 related work expected to be performed in each fiscal year, over and above standard S&C workload, beginning with the last two quarters of FY 2020. Additionally, the detail needs to clearly show the Medicare portion that is requested above what is not already funded out of the current S&C annual allocation.

To ensure that adequate CARES Act supplemental funding is available for all States, CMS will utilize an allocation method based on the proportion of nursing homes in each State as compared to the national total. These guidelines are flexible with respect to both fiscal year and amount, so if it is determined that a different level of funding is needed within different years, then amounts

can be adjusted, as long as it does not exceed the total proportional allocation.

2. *CMS Location budget review (Within approximately 1 week).*

Once these requests have been received by the CMS Location offices, CMS will perform an initial expedited review. We expect all CMS reviews to be completed within approximately one week, including CMS HQ approval (on or about July 17th). In the event of outlier requests or other difficulties, CMS HQ will work with individual CMS Locations on a case-by-case basis. Once the review by the CMS Location staff is complete, final recommendation and discussions will be held with HQ.

3. *CMS HQ budget approval and award notification (Locations and SAs).*

After completion of the discussions with the CMS Location offices, COVID-19 budget awards will be processed via the SA Payment Management System (PMS) subaccount XXCARESAct (“XX” represents fiscal year abbreviation) and a corresponding Title 18 CMS 640t budget document will be distributed. The Medicaid portion of COVID-19 costs will be awarded as per the standard Medicaid award process and Medicaid funds will be deposited in the regular Medicaid Subaccount.

4. *SAs input approved budget CMS-435 form into S&C/CLIA budget system.*

States should submit a mini CMS 435 – COVID-19 budget request into the S&C/CLIA budget system upon funding approval and 640t distribution. This submission needs to contain both the Medicare and Medicaid budgeted amounts for COVID-19 activities. The COVID-specific budget request form is needed to input the CMS 435 –COVID-19 Cumulative form at the end of the FY as part of the annual reconciliation process.

5. *SA quarterly expenditure reporting, execution and CMS Location monitoring.*

A quarterly mini CMS-435 COVID-19 report will need to be submitted, using the normal state cost allocation methodologies, along with the other standard CMS-435 quarterly submissions. Please note that the Medicare portion of the COVID-19 costs should be included on the main CMS-435 form similar to the process for MDS and HHA reporting. The CARES Act funding will be utilized to supplement all COVID-19-related survey and certification costs incurred above the annual S&C program management appropriated funds.

CMS Locations will monitor, track and approve the SA submission of the mini CMS-435 COVID-19 report, as part of the other CMS-435 quarterly reports analysis.

6. *Supplemental COVID-19 funding and expenditures reconciled at end of fiscal year.*

While these CARES Act funds are available through the end of FY2023, the CARES Act funding amounts are awarded on an annual basis and thus must be closed out annually similar to the regular program management S&C funds. CARES Act funds will first be reconciled based on the amount of additional funding required above the annual appropriated S&C funding. If a SA exceeds their CARES Act funding after also expending all of the annual appropriated S&C funding, then additional CARES Act supplements may be available to cover the shortfall. However, if a SA has funds that were unexpended in the annual appropriated CARES Act funding amount, then the difference will be de-obligated and returned to the CARES Act COVID-19 account for redistribution in future years up to the end of FY2023. Regardless of the annual expenditure of CARES Act funding, SA’s are guaranteed funding up to their overall approved allocation through FY 2023, unless the SA indicates that the full allocation is not needed.

The Medicaid portion of the annual reconciliation of any COVID-19 work will be reconciled as part of the traditional Medicaid award process.

C. Final Notes

The CARES Act provided funding for Survey & Certification activities to supplement the SA's costs associated with increased survey workload due to the COVID-19 pandemic. The funds are to be used for COVID-19 survey and other related work, over and above the annual appropriated S&C funding, due to the need for increased oversight to ensure nursing homes and other providers/suppliers are able to meet their community health care needs during the pandemic. Examples of such work includes:

- Prioritization of immediate jeopardy and focused infection control surveys.
- Completion of the backlog of pending recertification surveys created during this public health emergency.
- Complaint surveys related to infection control violations and associated sanctions, which are expected to increase considerably as a result of the Coronavirus outbreak.
- Increased volume of revisit surveys to provide greater oversight outside of complaint activity.
- Augmenting SA staffing for oversight of infection control and prevention processes, prioritizing nursing home facilities in localities with community transmission of COVID-19.
- Performing reopening surveys, as part of the phased reopening process, of facilities with previous COVID-19 outbreaks to ensure they have the Infection Control systems in place to be more resilient if there is another phase.
- Completing the focused infection control survey process initiated in March 2020 for all nursing homes in their State by July 2020 ([QSO-20-20-ALL](#)).
- Initiating data-driven surveys of specific nursing homes based on their weekly CDC-reported trends of COVID-19 residents and staff.
- Annually targeting a broad sample of 20 percent of nursing homes for a Focused Infection Control survey based on State and Federal data that identifies facility and community risks.
- Initiating State-specific interventions (such as Strike Teams, enhanced surveillance, or monitoring of nursing homes).
Implementing new priorities informed by recommendations from the Coronavirus Commission for Safety and Quality in Nursing Homes.

Please remember that all CARES Act funds need to be reported separately on the mini CMS 435 - COVID-19 form utilizing the standard cost allocation methodologies. However, these Medicare Act funding amounts should be included on the main CMS 435. If a State has any significant issues with its allocation, or has questions about the cost accounting, please communicate those promptly to your CMS Location Office.

Contact: For general questions, please contact Bary Slovikosky at [REDACTED]

Effective Date: Immediately. This information should be communicated to all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

David R. Wright

CARES ACT Funding Allocations
 May 9, 2020

State	Nursing Homes		FY 2020 Allocation	FY 2021 Allocation	FY 2022 Allocation	FY 2023 Allocation	Total	
	Count	Percentage					Allocation	Percentage
Alabama	228	1.48%	\$251,118	\$413,605	\$384,210	\$147,716	\$1,196,649	1.48%
Alaska	19	0.12%	\$20,926	\$34,467	\$32,017	\$12,310	\$99,721	0.12%
Arizona	146	0.95%	\$160,803	\$264,853	\$246,029	\$94,590	\$766,275	0.95%
Arkansas	226	1.46%	\$248,915	\$409,977	\$380,840	\$146,420	\$1,186,152	1.46%
California	1,193	7.73%	\$1,313,962	\$2,164,172	\$2,010,362	\$772,919	\$6,261,414	7.73%
Colorado	227	1.47%	\$250,016	\$411,791	\$382,525	\$147,068	\$1,191,401	1.47%
Connecticut	215	1.39%	\$236,799	\$390,023	\$362,303	\$139,294	\$1,128,419	1.39%
Delaware	46	0.30%	\$50,664	\$83,447	\$77,516	\$29,802	\$241,429	0.30%
District of Columbia	18	0.12%	\$19,825	\$32,653	\$30,332	\$11,662	\$94,472	0.12%
Florida	701	4.54%	\$772,076	\$1,271,655	\$1,181,277	\$454,163	\$3,679,171	4.54%
Georgia	358	2.32%	\$394,299	\$649,433	\$603,277	\$231,940	\$1,878,949	2.32%
Hawaii	44	0.29%	\$48,461	\$79,819	\$74,146	\$28,507	\$230,932	0.29%
Idaho	82	0.53%	\$90,314	\$148,753	\$138,181	\$53,126	\$430,374	0.53%
Illinois	722	4.68%	\$795,206	\$1,309,751	\$1,216,665	\$467,768	\$3,789,389	4.68%
Indiana	534	3.46%	\$588,144	\$968,707	\$899,860	\$345,967	\$2,802,678	3.46%
Iowa	434	2.81%	\$478,005	\$787,302	\$731,347	\$281,179	\$2,277,832	2.81%
Kansas	331	2.14%	\$364,561	\$600,454	\$557,778	\$214,448	\$1,737,241	2.14%
Kentucky	285	1.85%	\$313,897	\$517,007	\$480,262	\$184,645	\$1,495,811	1.85%
Louisiana	278	1.80%	\$306,187	\$504,308	\$468,466	\$180,110	\$1,459,072	1.80%
Maine	93	0.60%	\$102,430	\$168,707	\$156,717	\$60,253	\$488,107	0.60%
Maryland	226	1.46%	\$248,915	\$409,977	\$380,840	\$146,420	\$1,186,152	1.46%
Massachusetts	376	2.44%	\$414,124	\$682,086	\$633,609	\$243,602	\$1,973,421	2.44%
Michigan	442	2.86%	\$486,816	\$801,814	\$744,828	\$286,362	\$2,319,820	2.86%
Minnesota	368	2.38%	\$405,313	\$667,574	\$620,128	\$238,419	\$1,931,434	2.38%
Mississippi	204	1.32%	\$224,684	\$370,068	\$343,767	\$132,167	\$1,070,686	1.32%
Missouri	522	3.38%	\$574,927	\$946,939	\$879,638	\$338,192	\$2,739,697	3.38%
Montana	71	0.46%	\$78,199	\$128,798	\$119,644	\$45,999	\$372,641	0.46%
Nebraska	201	1.30%	\$221,380	\$364,626	\$338,711	\$130,224	\$1,054,941	1.30%
Nevada	66	0.43%	\$72,692	\$119,728	\$111,219	\$42,760	\$346,398	0.43%
New Hampshire	74	0.48%	\$81,503	\$134,240	\$124,700	\$47,943	\$388,386	0.48%
New Jersey	363	2.35%	\$399,806	\$658,503	\$611,703	\$235,180	\$1,905,191	2.35%
New Mexico	71	0.46%	\$78,199	\$128,798	\$119,644	\$45,999	\$372,641	0.46%
New York	619	4.01%	\$681,762	\$1,122,902	\$1,043,096	\$401,037	\$3,248,798	4.01%
North Carolina	428	2.77%	\$471,396	\$776,417	\$721,236	\$277,292	\$2,246,341	2.77%
North Dakota	80	0.52%	\$88,111	\$145,125	\$134,810	\$51,830	\$419,877	0.52%
Ohio	957	6.20%	\$1,054,033	\$1,736,054	\$1,612,671	\$620,019	\$5,022,777	6.20%
Oklahoma	298	1.93%	\$328,215	\$540,590	\$502,169	\$193,068	\$1,564,041	1.93%
Oregon	130	0.84%	\$143,181	\$235,828	\$219,067	\$84,224	\$682,300	0.84%
Pennsylvania	695	4.50%	\$765,468	\$1,260,771	\$1,171,166	\$450,275	\$3,647,681	4.50%
Puerto Rico	6	0.04%	\$6,608	\$10,884	\$10,111	\$3,887	\$31,491	0.04%
Rhode Island	80	0.52%	\$88,111	\$145,125	\$134,810	\$51,830	\$419,877	0.52%
South Carolina	191	1.24%	\$210,366	\$346,485	\$321,860	\$123,745	\$1,002,456	1.24%
South Dakota	105	0.68%	\$115,646	\$190,476	\$176,939	\$68,027	\$551,088	0.68%
Tennessee	316	2.05%	\$348,040	\$573,243	\$532,501	\$204,730	\$1,658,514	2.05%
Texas	1,219	7.90%	\$1,342,598	\$2,211,338	\$2,054,175	\$789,764	\$6,397,874	7.90%
Utah	99	0.64%	\$109,038	\$179,592	\$166,828	\$64,140	\$519,598	0.64%
Vermont	36	0.23%	\$39,650	\$65,306	\$60,665	\$23,324	\$188,945	0.23%
Virginia	287	1.86%	\$316,100	\$520,635	\$483,633	\$185,941	\$1,506,308	1.86%
Washington	206	1.33%	\$226,887	\$373,696	\$347,137	\$133,463	\$1,081,183	1.33%
West Virginia	123	0.80%	\$135,471	\$223,129	\$207,271	\$79,689	\$645,561	0.80%
Wisconsin	359	2.33%	\$395,400	\$651,247	\$604,962	\$232,588	\$1,884,198	2.33%
Wyoming	37	0.24%	\$40,752	\$67,120	\$62,350	\$23,971	\$194,193	0.24%
Total	15,435	100.00%	\$17,000,000	\$28,000,000	\$26,010,000	\$10,000,000	\$81,010,000	100.00%

Fiscal Year Allocation	\$
FY 2020	\$17,000,000
FY 2021	\$28,000,000
FY 2022	\$26,010,000
FY 2023	\$10,000,000

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	678	
	What is the number of Medicare and or Medicaid certified nursing home beds?	86,624	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$3,554,154	Includes commitments and actual expenditures as of 09/22/22
	FY2021	\$8,423,200	Includes commitments and actual expenditures
	FY2020	\$8,104,847	Includes commitments and actual expenditures
	FY2019	\$7,052,085	Actual expenditures
	FY2018	\$8,531,974	Actual expenditures
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$1,821,633	Actual expenditures as of 09/22/22
	FY2021	\$12,146,340	Actual expenditures
	FY2020	\$11,927,356	Actual expenditures
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	120	
	FY2021	114	
	FY2020	116	
	FY2019	121	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	15	As of 09/19/22
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	7	Vacant Health Care Surveyor Nurse positions as of 09/19/22
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	18	14 new hires, 1 rehigher and 3 annuitants
	FY2021	15	8 new hires, 1 promotion, 1 reassignment, 3 rehires, 1 annuitant
	FY2020	8	1 promotion, 1 reassignment, 3 rehires
	FY2019	26	1 demotion, 11 new hires, 6 reassignments, 2 rehires, 6 annuitants
	FY2018	15	2 demotions, 6 new hires, 1 promotion, 4 reassignments, 2 annuitants
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	24	
	FY2021	20	
	FY2020	13	
FY2019	24		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	9.35	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	33.76%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	57.96%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$61,868 - \$93,966	
	Not registered nurses?	\$61,868 - \$93,966	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$5,500	Temporary Management Services expenditures as of 09/22/22
	FY2021	\$1,674,321	Temporary Management Services expenditures
	FY2020	\$1,502,946	Temporary Management Services expenditures
	FY2019	\$133,356	Temporary Management Services expenditures
	FY2018	\$401,157	Temporary Management Services expenditures
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	94	Numbers are from 1/1/2022 to 9/16/2022

7 (i)

CY2021	113	
CY2020	114	
CY2019	60	
CY2018	132	
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	99%	Numbers are from 1/1/2022 to 9/16/2022
CY2021	97%	
CY2020	68%	
CY2019	98%	
CY2018	99%	

Puerto Rico



GOBIERNO DE PUERTO RICO

Departamento de Salud
Secretaría Auxiliar para Reglamentación y
Acreditación de Facilidades de Salud (SARAFS)

November 28, 2022

Bob Casey, Jr
Chairman
U.S. Senate
Special Committee on Aging
Washington, DC 20510-6400


Edwin E. León-Pérez
Assistant Secretary

Dear Mr. Chairman,

The Puerto Rico Department of Health (PRDH), through its Auxiliary Secretary for the Regulation and Accreditation of Health Facilities (SARAFS, for its Spanish acronym), is responsible for the execution of the terms and conditions stipulated in the 1864 Agreement by and between the PRDH and the Department of Health and Human Services and carry out specific surveys and certification related provisions of the Social Security ACT. This responsibility falls, specifically, upon the SARAFS' Medicare Division (hereinafter the State Agency or SA), which is overseen by a team of dedicated and talented surveyors.

As part of the 1864 Agreement, we recognize the SA's responsibility to survey Skilled Nursing Facilities (SNF) in order to perform the necessary oversight and validate the facilities' compliance with all federal requirements. The SA is 100% federally funded and is responsible for the execution of federal surveys, certification of eleven types of facilities certified under the Medicare program and proper prosecution of complaints from all these providers/ suppliers.

However, like many of its sister agencies, the SA has suffered several setbacks during the past years, specifically because of understaffing, migration of personnel, and resignation of the Life Safety Code surveyor. Particularly, the SA has staffing shortage that impacts the ability to conduct timely re-certifications and prosecution of complaints. The need to recruit qualified-bilingual surveyors, especially nurses, is our biggest challenge since surveys are conducted in Spanish then translated to English which makes it more difficult to recruit new personnel.

Furthermore, the SA's budget has not increased since the year 2014. We have requested the Centers for Medicare and Medicaid Services (CMS) to authorize the recruitment of more personnel (approx. 10-12), but only 6 positions were approved albeit sufficient workload was filed in support of the request and that the recruiting process is extremely slow which -in turn- has caused the SA

to recruit surveyors under contract in order to get them on board faster but with a \$3,000.00 salary without any other compensation.

We continue to work with the abovementioned challenges. And, although we could use some help, all SNFs are surveyed every year as required by CMS.

Hope this respond to your questions related to the Puerto Rico State Agency and its staffing v. workload. If you have any further question fill free to contact Carmen Rivera Rosado, State Agency Medicare Coordinator at [REDACTED] or at [REDACTED].


CMR

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	6	The six Skilled Nursing Facilities are short term rehabilitation facilities.
	What is the number of Medicare and or Medicaid certified nursing home beds?	192	Short stay, residents do not live at the facility.
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?	\$0	
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$95,758	The PR State Agency is 100% Federal Funded and receives general budget to survey all facility types.(17)
	FY2021	\$123,399	
	FY2020	\$82,993	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	2	
	FY2021	2	
	FY2020	2	
	FY2019	2	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	4	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	4	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	2	Due to salaries and needs of bilingual qualify surveyors it is difficult to hire.
	FY2021	0	
	FY2020	0	
	FY2019	0	
	FY2018	0	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
FY2022	1		

	FY2021	0	
	FY2020	0	
	FY2019	0	
	FY2018	2	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	20	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	0	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	0	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$2,971	
	Not registered nurses?	\$2,971	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$35,964	
	FY2021	\$40,968	
	FY2020	\$18,976	
	FY2019	\$18,976	
	FY2018	\$18,976	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	0	Puerto Rico beneficiaries do not like to file complaints.
	CY2021	0	We see it as a cultural thing.
	CY2020	0	
	CY2019	0	
	CY2018	0	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	0%	
	CY2021	0%	
	CY2020	0%	
	CY2019	0%	
	CY2018	0%	

Additional Notes

Please use the space below to provide any additional notes that would be helpful for the Committee to understand the data you are submitting

*The Puerto Rico State Agency has six Skilled Nursing Facilities (SNFs) that are **short term Rehabilitation facilities** of which resident do not live. The information provided on the excel sheet is based on surveys conducted to the SNFs on those FYs.*

From the Budget allocated each FY on reference, we have calculated the percentage of surveys, days and staff and reported the amount from the general budget allocated for those activities.

The PuertoRico State Agency has been under staffing, actually it has on board 4 surveyors and are the one that survey ALL types of facilities certified by Medicare, new and complaints each fiscal year.

Rhode Island



Department of Health
Three Capitol Hill
Providence, RI 02908-5097
TTY: 711
www.health.ri.gov

Rhode Island Department of Health Center for Health Facilities Regulation

Responses to the U.S. Senate Special Committee on Aging September 12, 2022 Request for Information

- Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.***

The mission of the Center for Health Facilities Regulation (CHFR) at the Rhode Island Department of Health (RIDOH) is to monitor and ensure that all health care facilities provide quality care and services in a clean and safe environment. This includes ensuring that the 75 federally certified nursing facilities and five state-licensed nursing homes meet the applicable health, safety, and quality standards and regulations outlined in state and federal law.

The Center:

- Certifies facilities that provide services for the federal Medicare and Medicaid programs;
- Manages and coordinates the licensing of healthcare facilities, including nursing homes;
- Operates a public-centered, responsive, and uniform enforcement program in accordance with State licensing standards for healthcare facilities;
- Investigates community complaints and facility-reported incidents and, if substantiated, initiates compliance action

The COVID-19 pandemic necessitated a suspension of routine surveys and a shift to focused infection control surveys as part of the CMS response to the pandemic. Routine surveys were subsequently resumed in 2020; and as of this writing the RI is up to date on nursing home recertification surveys.

The CHFR surveyors are professionals with subject matter expertise in: nursing, nutrition/dietetics, clinical social work, environmental health, and generalists who may come from a variety of professional backgrounds. Survey staff are cross-trained to inspect, monitor, and evaluate regulatory compliance in

in health care facilities. Staff who have expertise in specific disciplines are utilized to perform specialized tasks or support investigations being conducted by other team members. In addition to their other duties, program managers (all trained as surveyors) also perform surveys and complaint investigations when needed.

State agencies in Rhode Island, including RIDOH, have a long-standing full-time equivalent (FTE) cap in place for more than a decade and experience State budgetary restrictions on hiring. These restrictions can also impact the ability to recruit and hire, thereby increasing the demands placed on existing surveyors and program managers.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.***

Like most State Survey Agencies (SSA), turnover has impacted Rhode Island. Some surveyors have retired, other surveyor staff, including nurses and non-nurses, have left for higher-paying positions in the private sector and within RIDOH. While we do not specifically track staff who leave due to burn-out, anecdotally, we are aware this is a contributing factor. Registered nurses are recruited in other programs at RIDOH, and positions outside of CHFR have higher salaries. Replacing CHFR staff has been difficult, and some candidates declined job offers from CHFR because of the lower salary. Many tasks associated with survey work are time-sensitive, and there is a high-volume of work.

CHFR is challenged to recruit and retain competent, well-trained, and educated surveyors who must initially complete a moderately complex and lengthy training cycle before they can begin inspecting facilities independently. When surveyors vacate their positions, this cycle must start all over again, resulting in loss of productivity and institutional knowledge. Recent strategies to combat turnover have included offering surveyors the option to pilot test a four-day work week as longer days provide the opportunity to spend more time in the nursing home on different shifts. Surveyors can also work remotely on some days they would normally be in the office. Additionally, CHFR is working to create a career ladder and improve compensation.

- 3. Several State Survey Agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the***

extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

In response to the national shortage of nurses, CHFR is working to develop a career ladder to include more competitive salaries as one way to stem the turnover rate. CHFR has proposed a standardized system of surveyor job classifications that allow for increased upward mobility and, we hope, will improve employee retention and will decrease the loss of highly trained staff. The goal is to have a career ladder in CHFR that encourages and promotes personal development, salary increases as one acquires more professional knowledge and responsibilities, and parity with nursing positions in other areas of RIDOH. Increased federal funding is needed to accomplish federal work and provide wages that are competitive.

The first step of the salary range for a CHFR Nursing Care Evaluator (entry-level nurse surveyor) is \$66,125.¹ According to the 2021 US Bureau of Labor Statistics (BLS), Rhode Island registered nurses earn an average salary of \$85,270,² and Connecticut registered nurses earn an average salary of \$88,530. Registered nurses in Massachusetts earn an average salary of \$96,630, 13% percent more than their Rhode Island counterparts for comparable positions just across state borders.³

It is important to note that the 2021 BLS salary data may not accurately reflect the full impact of the COVID-19 pandemic on nursing personnel and may be lower than reality. In the last 36 months, many healthcare facilities experienced personnel attrition, resignations, and overall reduced supply, and in many cases, led to increased wages for the remaining highly-skilled personnel. Additionally, the pandemic created a sudden spike in demand for travel nurses who often earn significantly higher salaries and get sign-on bonuses.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

RIDOH has not hired contractors to fill surveyor vacancies, address survey backlogs, or participate in informal dispute resolution (IDR). Contractors are not used to perform federal nursing home work as it is difficult to recruit, train, and retain contractors due to competition with other permanent positions that pay more and offer benefits. However, from August 2020 through December 2020, RIDOH utilized

¹ Note: Salaries cited do not include "step", incentive, or longevity increases.

² See: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics for Rhode Island, May 2021. Available here: [Rhode Island - May 2021 OEWS State Occupational Employment and Wage Estimates \(bls.gov\)](https://www.bls.gov/news.release/ohosrh0521.pdf) Note that the national average annual wage for registered nurses is \$82,750 (May 2021).

³ See also: [Massachusetts - May 2021 OEWS State Occupational Employment and Wage Estimates \(bls.gov\)](https://www.bls.gov/news.release/ohosma0521.pdf)

contractors to conduct additional State targeted infection control surveys. The individuals underwent an abbreviated, focused training process. This hybrid training was shorter than the usual training because these contracted inspectors were only focusing on infection-control issues and not the full range of regulatory requirements.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

To better help RIDOH conduct timely surveys in the context of surveyor staffing shortages, CMS could continue to work on the following:

- Provide federal funding at a level that fully funds the performance of this critical federal work.
- Modify and simplify survey pathways;
- Expansion of the IQIES data system, which better supports remote working when staff would normally be in the office.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?

CARES Act funding expanded the capacity of the agency to provide oversight to nursing homes. In part, the funding allowed the SSA to support an additional full time equivalent. Sunsetting the CARES act funding will jeopardize the ability to maintain a higher level of staffing.

Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
What is the number of Medicare and or Medicaid certified nursing homes in your state?	75	
What is the number of Medicare and or Medicaid certified nursing home beds?	8351	
What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
FY2022	\$1,559,888	
FY2021	\$1,024,019	
FY2020	\$1,094,114	
FY2019	\$1,003,927	
FY2018	\$926,521	
What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
FY2022		Pending close out of fiscal year
FY2021	\$3,366,132	
FY2020	\$3,479,632	
FY2019	\$3,091,511	
FY2018	\$2,888,239	
How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
FY2022	30	Includes all surveyors (all rows)
FY2021	29	
FY2020	25	
FY2019	20	
FY2018	20	
How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	2	
How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	1	
How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
FY2022	7	
FY2021	4	
FY2020	4	
FY2019	12	
FY2018	3	
How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
FY2022	5	Includes all surveyors who have left. Staff that survey other provider types are cross trained to also perform nursing home surveys, as needed.

FY2021	5	
FY2020	1	
FY2019	6	
FY2018	3	
What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6	Includes Surveyors and nursing home program managers who, at times participate in surveys as able.
What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	48%	Includes Surveyors and nursing home program managers who also, at times, participate in surveys as able.
What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	25%	Includes Surveyors and nursing home program managers who also, at times, participate in surveys as able.
What is the current salary range for nursing home surveyors at your state agency who are:		
Registered nurses?	\$ 66,125 - \$ 88,742	
Not registered nurses?	\$ 55,712 - \$ 64,243	
What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the		
FY2022	\$0	Contractors not utilized for Federal nursing home oversight
FY2021	\$0	
FY2020	\$0	
FY2019	\$0	
FY2018	\$0	
How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
CY2022	18	
CY2021	18	
CY2020	26	
CY2019	4	
CY2018	9	
federally required timeframe in each the following calendar years?		
CY2022	100%	
CY2021	100%	
CY2020	100%	
CY2019	100%	
CY2018	100%	

South Carolina



VIA E-MAIL TO: [REDACTED]

Senator Robert P. Casey, Jr.
Chairman, U.S. Senate Special Committee on Aging
SD-G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Casey,

Thank you for your letter of September 12, 2022. We appreciate the important work of the Senate Special Committee on Aging. We welcome this opportunity to supply information and data relevant to your inquiry into the scope and severity of staffing shortages affecting state survey agencies' ability to carry out their work.

- 1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.**

Pursuant to the Section 1864 Agreement with CMS, our agency performs surveys of nursing homes that participate in the federal Medicare and Medicaid programs to enforce federal standards on behalf of the Centers for Medicare and Medicaid Services (CMS), in accordance with survey and certification procedures provided in federal regulations. Agency activities include initial certification surveys, annual re-certification surveys, and complaint surveys. Other additional activities include conducting informal dispute resolutions, re-visits to facilities, and investigations related to the Nurse Aide Registry.

The State of South Carolina currently has 188 Medicare Certified Skilled Nursing Facilities. In order to complete the 188 annual re-certification surveys of nursing homes in our state in a timely manner consistent with federal standards, we need four teams of surveyors. Each team consists of four to five surveyors and must include at least one registered nurse. Currently, we only have one registered nurse on survey staff, and therefore we only have one survey team. We have eleven surveyors on staff presently, six of whom are Surveyor Minimum Qualification Test (SMQT) certified and five of whom are un-certified. The un-certified surveyors are trainees and must be accompanied by an SMQT-certified surveyor. These staffing shortfalls affect our ability to complete annual surveys and complaint investigations within required timeframes.

To address staffing shortfalls, we have used contractors to perform surveys, at significant expense. To the extent we are able, we have increased salaries for nurses and non-nurse surveyors. We have had to find other funding sources for the salary increases, since our federal budget is not sufficient

to fund all survey positions at competitive salaries. Despite these efforts, we continue to struggle to attract qualified candidates for these positions. Even when we hire new surveyors, new hires have not been able to conduct surveys independently until they receive SMQT certification, which takes six to nine months. In recent years, we have lost four surveyors after they completed SMQT certification requirements to contract agencies that offer higher salaries. We recently lost one of our experienced surveyors to a contract agency that was able to offer a higher salary.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.**

We have experienced turnover among survey agency staff who have left to take higher-paying competing jobs. Within the past few years, we lost four staff who were hired as trainees and left to take higher-paying positions at contract agencies after obtaining SMQT certification. Another new hire cited the amount of required travel as the reason for departure. We recently lost an experienced surveyor who took a competing job for higher pay. Two experienced surveyors have retired. Overall, fifteen surveyors have left survey positions since 2021. The staff turnover has affected our ability to conduct certification surveys and complaint investigations within required timeframes.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?**

Our agency has had difficulty hiring and retaining nurses as surveyors. We have raised salaries for nurses as surveyors, but we are still having difficulty filling nurse surveyor positions. We have not yet employed other incentives but are considering options.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?**

We have used contractors to conduct initial and re-certification surveys and complaint surveys. We have contracted with three agencies within the past five years. Copies of the contracts are attached. We've used the contractors in order to complete surveys in the required timeframes. The benefit of using contractors is to help us complete the surveys we are required to conduct within a reasonable timeframe. Challenges of using contractors have been the cost of using them and having to wait for their availability. We have utilized Form CMS-670, the Survey Team Composition and Workload Report, to oversee the work performed by contractors.

- 5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.**

We do not have any specific suggestions to offer in response to this question. We are providing copies of correspondence to CMS and DHHS related to our budget requests for the previous five calendar years, in which we have addressed concerns about survey agency staffing shortfalls.

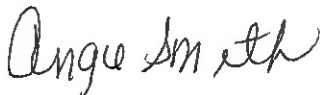
- 6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?**

We are using CARES Act funding to pay our contractors. No longer getting the CARES Act funding will affect our ability to complete our surveys in required timeframes.

Please see the attached Excel sheet for the data requested in Question No. 7.

Thank you again for this opportunity to respond to your request. Should you have any additional questions, please do not hesitate to contact me at [REDACTED] or [REDACTED].

Sincerely,



Angie Smith
Director, Bureau of Community Care
Healthcare Quality

Enclosures (as stated)



July 21, 2017

Mr. David Wright, Director, Survey & Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2017 BUDGET REQUEST NARRATIVE

Dear Mr. Wright,

The South Carolina State Agency (SC/SA) appreciates the opportunity to submit this FY2017 Budget Request Narrative. All related FFY2017 CMS Budget Forms have been entered and certified in the S&C online budget system. Enclosed is our Budget request for Survey & Certification for FFY2017, October 1, 2016 through September 30, 2017. The budget request is based on the Final CMS Mission and Priority Document issued via Admin Info: 16-29-ALL dated September 30, 2016, and the final Fiscal Year 2017 State Medicare Allocations for Survey & Certification outlined in Admin Info: 17-17-ALL dated June 16, 2017. The South Carolina State Agency was allocated total federal funds in the amount of \$2,688,816, however after thorough examination of our Survey and Certification program, we requesting and additional \$1,099,217 for a total FY2017 budget request of **\$3,788,033**.

Historically, the South Carolina State Agency has been unable to meet Nursing Home complaint workload for 10-day complaints, and more recently, with the adaptation to the QIS survey process in FY2013, had been unable to meet Nursing Home Survey Frequency Performance Standards for statewide average survey interval and maximum survey frequency requirements set by CMS. Due to the inability to meet CMS SAPR standards for LTC survey intervals and complaint investigations, the South Carolina State Agency had been designated a "benchmark state" by CMS in March 2016. Because we are a benchmark state, CMS recommended that we utilize the services of their HMS Consultant to assist us in identifying program shortcomings and areas that we can build a program structure to better support current CMS workload and future workload.

Working in concert with the CMS HMS Consultant beginning in June 2016, and after thorough review of CMS survey data and 670 reports, we have identified shortcomings in various program areas including Program Management, Survey & Enforcement,

[S.C. Department of Health and Environmental Control](http://www.scdhec.gov)

Training & Development, Information Technology (IT) and Quality Assurance/Program Improvement.

In order to meet benchmarks set by CMS to reduce our average survey interval for Nursing Homes, the state of South Carolina pursued contracts for nursing home survey with several survey companies, including Healthcare Management Solutions, LLC, Ascellon Corp. and Providigm, LLC. During FY2017, the SC/SA has expended \$779,736.20 for contracted Nursing Home Surveys from both Title 18 & 19 funds. Additionally, the Non-LTC Division suffered severe staffing losses of seasoned surveyors in FY2016 and early FY2017 which forced us to expend \$94,218.95 for contracted ESRD surveys and \$53,763.60 for contracted Hospice surveys, which includes \$68,257.15 from state monies (Note: South Carolina is structured differently from other states in that the Bureau of Certification performs only CMS Survey and Certification work and does not perform any state licensing or other functions, and therefore; is not funded by state monies). To further assist us in attaining CMS benchmark and stabilizing workload, CMS also alleviated the SC/SA of five (5) MDS surveys for FY2017, which is greatly appreciated.

The SC/SA has implemented many proactive strategies in our efforts to begin to meet CMS Performance Standards which include a “cross-training” program which began in March 2015 to train and make available staff from the Non-LTC area to assist in LTC surveys. The SC/SA has posted all funded positions has focused on recruitment and retention efforts and has filled all LTC surveyor positions; and we have reduced the average time for surveyors in-training by developing a more concentrated “20-Week Surveyor Training & Orientation Program” with a 100% successful SMQT pass rate implemented in July 2016; which in turn, has increased the amount of available trained SMQT qualified staff in our Nursing Home Division by 100% since that time.

TIER WORKLOAD:

The South Carolina State Agency expects to complete all Tier Nursing Home workload with the exception of Tier 2 Complaints of Nursing Homes triaged at *Non-immediate jeopardy within ten working days for nursing homes*. Non-LTC survey frequencies are at risk of not being met.

We are currently meeting CMS SAPR requirements for Nursing Home survey frequency with an 11.5 month average survey interval and zero (0) nursing home surveys exceeding 15.9 months. The Division of Nursing Homes is fully staffed at this time with 100% of our LTC Surveyor positions filled. While we maintain a contract for nursing home surveys, we have not had to utilize contractors for recertification surveys of Nursing Homes since April 30, 2017. All vacant positions in the Non-LTC Division are posted and there are 2 RN positions that remain unfilled for that Division. We will continue to utilize contractors for ESRD and Hospice workload in an attempt to meet CMS State Agency Performance Standards in that area.

In order for the SC/SA to maintain current existing workload and future workload and in an effort to begin meet all CMS SAPR standards, and further improve our Survey & Certification program, I am requesting \$1,099,217 in additional funds to be utilized for staffing 15.50FTE's for the Bureau for the remainder of FY2017. This would be carried forward and maintained in funding allocations for FY2018. An outline of staff positions, equipment & training is included in the narrative and table below. A budgetary breakdown for each is included this narrative.

FY2017 NEW POSITIONS REQUESTED					
POSITION CLASSIFICATION	TOTAL # REQUESTED	PROGRAM AREA	PROGRAM AREA	PROGRAM AREA	PROGRAM AREA
Program Coordinator II	4	1 LTC Manager	1 Training Coordinator	1 ASPEN Coordinator	1 Quality Coordinator
Program Coordinator I	4	1 Enforcement Coordinator	1 LTC Surveyor (Generalist)	2 Quality Data Analysts	
Nurse Administrative Manager I	4	1 LTC RN Nurse Surveyor	3 LTC RN Complaint Surveyors		
Social Worker III	1	LTC Surveyor			
Nutritionist IV	1	LTC Surveyor			
Pharmacist I	1	LTC Surveyor			
Fiscal Analyst II	0.5	Finance			
TOTAL POSITIONS REQUESTED	15.5				

The table below gives a broad overview of the SC DHEC Bureau of Certification currently staffed in FY2016 versus the FY2017 with the new positions that will be added.

FY2016 SC/SA Staffing		FY2017 SC/SA Requested Staffing	
Bureau Chief	1	Bureau Chief	1
Personnel Coordinator	1	Personnel Coordinator	1
Directors	2	Directors	2
Managers	6	Managers	7
LTC Surveyors	23	LTC Surveyors	28
Non-LTC Surveyors	12	Non-LTC Surveyors	12
LSC Surveyors	2	LSC Surveyors	2
Complaint Surveyors	2.5	Complaint Surveyors	5.5
CLIA Surveyor	1	CLIA Surveyor	1
Admins	6	Admins	6
ASPEN Coordinator	1	ASPEN Coordinator	2
Training Coordinator	1	Training Coordinator	2
Complaints Triage Nurses	2	Complaints Triage Nurses	2
TOTAL	60.5	Quality Coordinator	1
		Data Analysts	2
		Enforcement Coordinator	1
		Fiscal Analyst II	0.5
		TOTAL	76

FY2016 SC/SA Staffing		FY2017 SC/SA Requested Staffing	
Bureau Chief	1	Bureau Chief	1
Personnel Coordinator	1	Personnel Coordinator	1
Directors	2	Directors	2
Managers	6	Managers	7
LTC Surveyors	23	LTC Surveyors	28
Non-LTC Surveyors	12	Non-LTC Surveyors	12
LSC Surveyors	2	LSC Surveyors	2
Complaint Surveyors	2.5	Complaint Surveyors	5.5
CLIA Surveyor	1	CLIA Surveyor	1
Admins	6	Admins	6
ASPEN Coordinator	1	ASPEN Coordinator	2
Training Coordinator	1	Training Coordinator	2
Complaints Triage Nurses	2	Complaints Triage Nurses	2
TOTAL	60.5	Quality Coordinator	1
		Data Analysts	2
		Enforcement Coordinator	1
		Fiscal Analyst II	0.5
		TOTAL	76

The newly requested positions are described below:

Four (4) Program Coordinator II- these positions include one (1) LTC Section Manager to manage newly funded survey staff and overall management of the nursing home survey activities, one (1) additional Training Coordinator, one (1) additional ASPEN Coordinator and one (1) Quality Coordinator. The SC State Agency currently has only one Training Coordinator and one ASPEN Coordinator for over 60 Bureau staff. We are requesting additional coordinators to assist in an enhanced, on-going training & development program; assist in IT set-up, and response to computer surveyor issues both onsite and in the field. The state of South Carolina had never developed a formal Quality Improvement program for survey and certification activities. We look forward to developing and building a new Quality Assurance program within the Bureau of Certification that can be devoted to surveillance data analysis, identification of program and process outliers and trends, and development and improvement of formal program processes and performance management.

Four (4) Program Coordinator I – two (2) Program Coordinator I positions would serve as Data Analysts in support under the direction of the Quality Coordinator in the newly developed Quality Assurance program. One (1) of the Program Coordinator I positions will serve as a “generalist” surveyor in the Division of Nursing Homes. South Carolina has never had anyone specifically dedicated to enforcement activities; therefore we are requesting a Program Coordinator I to serve as the Enforcement Coordinator for the Bureau responsible for LTC and HHA Enforcement actions.

Four (4) Nurse Administrator/Manager I (Nurse Surveyor) positions in the Division of Nursing Homes are being requested. One (1) RN position, along with one (1) Social Worker III, (1) Nutritionist IV, one (1) Pharmacist and the “generalist” surveyor positions noted above would comprise one (1) additional well-rounded survey team that assist the SC/SA in addressing anticipated increased initial Medicare Certification surveys, recertification surveys, revisits and complaint workload in the Division of Nursing Homes. We currently have 188 Skilled Nursing Facilities and are averaging two (2) Initial surveys of new facilities per year. The current 2017-2018 State Health Plan for South Carolina makes available 15,986 beds for Long Term Care. Since calendar year 2016, SC Certificate of Need (CON) program has granted CON’s to construct seven (7) new Nursing Homes and has been granted a bed addition to one (1) facility. The remaining three (3) RN positions would be RN surveyors positions dedicated to Complaint investigations and revisits for complaints.

As stated previously, SC has never met CMS SAPR Standard Q7, specifically Threshold #3. Throughout FFY2017 the SC/SA had 1.5 FTE’s assigned specifically to complaints. Our .50 FTE recently returned to being a full time surveyor effective July 2, 2017. We have one hourly SMQT surveyor that assisted us since November 28, 2016 in both triage and complaint investigation up to 22.5 hours per week. Below are our current complaint statistics and projected need in order to begin to strive to meet this CMS Performance Standard. Additionally, we are developing improved triage processes that will incorporate more collaborative triage efforts with the SC DHEC Bureau of Health Facilities Licensing which we anticipate may increase the total number of federal complaints requiring investigation in FY2018. The table below illustrates our current complaints statistics:

SC/SA COMPLAINT HOURS (includes revisits)			
SC: 1 FTE = 1950 hours per year	Total Hours	Current # FTE's for Complaints	# FTE's Needed for Complaints
FY2016	6291.5	1.5	4
FY2017	3706.5	2	5
NOTE: SC has approximately 87 outstanding complaints that are triaged and require investigation for FY2017. At an average of 24 hrs avg per complaint survey, this will result in additional 2,064 man- hours needed to investigate all of FY2017. The expected total of 5770.5 man-hours will be needed just to complete currently triaged complaints. We anticipate exceeding 6000 hours by the end of the current federal fiscal year as additional complaints arrive and are triaged daily. We are currently not meeting CMS SAPR Standards for Q7, Threshold 3; Non-immediate Jeopardy within 10-Working Days for Nursing Homes.			

The SC/SA is also requesting one part-time Financial Analyst II (.50 FTE) position to assist with the financial management and budget analysis and preparation.

For the Survey & Certification program administered through the South Carolina Department of Health Environmental Control’s (DHEC) Bureau of Certification, **\$3,788,033** Federal Funds are needed. The requested budget line items and resources of Medicare funds including total budget expenditures for current and additional positions, including but not limited to direct/indirect costs, rental of office

space/equipment, fixed charges, supplies, travel including hotel and mileage for surveys, supplies are as follows:

1. **Personnel** - To support 76 FTEs, \$1,673,311 is needed. This includes the positions of surveyors, administrative and support staff.

2. **Fringe Benefits and Insurance** - For contribution towards employee benefits including state retirement, social security, unemployment and workers' compensation, as well as dental and health insurance, \$694,424 is projected as needed.

3. **Indirect Costs** - Based on indirect cost of 15.83% of personnel costs, the Department needs \$264,885 for the administration of the program.

4. **Travel** - Cost as allowed by the Department for travel expenses incurred for the purpose of Certification surveys and programmatic activities is \$266,200. This includes the current reimbursement rate of \$.535 cents per mile if state cars are not available (\$ 49.5 cents per mile if a state car is available but a personal car is used). When traveling overnight, employees are reimbursed for meals up to \$25 per day in state and \$32 per day out of state. Hotels are reimbursed at the GSA rate. This includes all travel related to certification surveys and professional meetings.

5. **Supplies** - \$7,600 is projected for supplies including office materials under \$1,000, which are utilized, and generally subject to changes that will consume them or render them unfit for continuous and permanent use (i.e. paper, pencils, tape, postage, computer software, subscriptions and file cabinets).

6. **Communications/Misc. Equipment Rental and Maintenance (Contractual Services)** - \$48,120 is needed for communications. This line item includes expenses incurred for telephone service, office equipment repair, data processing services, copying equipment services, and telecommunication services/fax.

7. **Equipment** - The purchase of equipment is \$23,245 which is for accountable assets of durable office items generally costing more than \$1,000 and includes office furniture replacement, computer systems upgrading, and photocopier.

8. **Office Rent** - \$51,880 is needed for occupancy of space by personnel and equipment of the Survey and Certification program. This line item is for lease payment/occupancy of our building.

9. **Training** - To provide training resources, \$18,000 is needed. This includes costs for travel and registration, seminars related to staff receiving training. This also included an exceptional opportunity to provide CLEAR Training to the survey staff and managers in the Bureau of Certification. SC DHEC is a member of the Council on Licensure, Enforcement & Regulation (CLEAR) and has a certified CLEAR instructor on-staff in the Bureau of EMS in South Carolina. A CLEAR National Certified Investigator & Inspector Training class was held at the SC/SA offices in South Carolina on December 4-6, 2016. The Bureau of Certification was able to secure 30 seats in that class for surveyors and managers for this in-state training opportunity.

10. Legal (Miscellaneous) - To provide resources related to costs for nurse aide hearings, resources of \$500 are needed.

11. Consultants – A total of \$739,868 will be needed to contract for Recertification, Revisit, & Complaint surveys of Long Term Care facilities in order to sustain CMS required workload and meet CMS benchmarks and State Agency Performance Standards.

The requested program resources **for the contract period of October 1, 2016 through September 30, 2017**, are from allocations as follows:

TOTAL FUNDING AMOUNTS	
Long Term Care	2,417,691
Nurse Aide Registry	500
Non-LTC (HIB)	1,251,888
MDS	14,534
OASIS	15,005
Home Health	88,415
TOTAL	3,788,033

Again, we greatly appreciate this opportunity to prepare this annual budget request. If we are granted the funds as requested, the SC/SA intends to include these costs in our FY2018 budget needs. The SC/SA continues to work with the CMS HMS Consultant to identify program shortcomings and will include any future needs in the FY2018 budget request as well. CMS approval of this budget request will enable the state of South Carolina to make vital program improvements and prepare the Bureau of Certification to better manage recertification and complaint workload, to absorb future facility increases, and add enhanced overall quality improvement to our program.

If there are any questions regarding this request, please feel free to contact me directly at [REDACTED].

Sincerely,



MaryJo Roué, Bureau Chief
Bureau of Certification/Health Regulation

Cc: Shelly B. Kelly, J.D., SC DHEC Director of Health Regulation
Ronica Tolliver, SC DHHS
Jacqueline Whitlock, CMS RO-Atlanta, GA

Bary Slovikosky, CMS CO – Baltimore, MD



August 31, 2017

Sandra Pace, Associate Regional Administrator
Centers for Medicare & Medicaid Services
Division of Survey & Certification
Atlanta Federal Center, 4th Floor
61 Forsyth Street, Suite 4T20
Atlanta, GA 30303-8909

RE: FY2017 BUDGET REQUEST FOR ONE-TIME FUNDING

Dear Ms. Pace:

The state of South Carolina was allocated \$2,688,816 for FY2017 for Medicare Survey & Certification operations via Admin Info: 16-29-ALL; however, the state of South Carolina submitted a FY2017 budget request of \$3,788,033. We have not received a determination on the FY2017 budget request to date; therefore, I am submitting this one-time funding request in the amount of **\$127,350.67** based on the allocation outlined in Admin Info 16.29-ALL, in the event that our budget request of \$3,788,033 is not approved.

The South Carolina State Agency (SC/SA) would like to make a request of one-time funds for FY2017 in the amount of \$120,447.20, for the purchase of forty (40) Microsoft Surface Pro 4 Tablet computers for both LTC and Non-LTC surveyors and warrantees for each. In FY2016, the SC/SA had purchased nine (9) Microsoft Surface Pro 4 tablets to test in the field as a QIS state. We have evaluated the use these tablets over the past 1.5 years and had a very positive experience using these tablets in the QIS process and would like to replace all older model computers purchased in FY2014 & 2015 with the Microsoft Survey Pro 4 tablet.

I am requesting these tablets to better facilitate implementation of the New LTC survey process and software; and with a goal of better utilizing the STAR system for ESRD surveys in the future. I believe this will better prepare the state of South Carolina for future electronic/software based survey processes in the future.

We are also requesting \$3,536.00 for four (4) desktop computers. Three of the desktop computers will be utilized for surveyor training in the main office. One desktop is located in our main training room and is used for group viewing of webinars and other in-house training and the other two are located at surveyor workstations and allow new

S.C. Department of Health and Environmental Control

hires to begin immediate training while waiting to be issued their tablet computer. The fourth desktop serves as an upgrade for the Bureau Receptionist, replacing the last desktop purchased in 2014.

In addition, we are requesting \$2,040 for "Sit-Stand" desks for our staff within the office so that ergonomic, productivity and general health climate can be improved. Studies find a strong correlation between long periods of sitting and elevated risk of injury. Experts call this "sitting disease". We, as the Dept. of Health & Environmental Control in South Carolina, would like to take a pro-active effort in employee health improvement. Various studies and scientific research published on JustStand.org support the use of sit-stand desks.

I am also requesting \$1,327.47 for filing cabinets since the South Carolina has not yet moved to electronic document storage.

Please feel free to contact me directly with any questions regarding the information contained in this letter. Thank you in advance for your consideration of this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "MaryJo Roué".

MaryJo Roué. Bureau Chief
Bureau of Certification/Health Regulation

CC: File
Ronica Tolliver, SC DHHS
Jacqueline Whitlock, CMS RO-Atlanta, GA
Bary Slovikosky, CMS CO – Baltimore, MD



January 2, 2018

Linda D. Smith, MBA, MSN, RN; Associate Regional Administrator
Consortium for Quality Improvement and Survey & Certification Operations
Division of Survey & Certification
Centers for Medicare & Medicaid Services
Atlanta Federal Center, 4th Floor
61 Forsyth Street, Suite 4T20
Atlanta, GA 30303-8909

RE: FY2017 BUDGET REQUEST FOR SUPPLEMENTAL BUDGET FUNDING

Dear Ms. Smith:

The state of South Carolina was allocated base funding in the amount of \$2,659,416 and supplemental Validation funding and One-Time Funding for a total allocation of \$2,768,316 for FY2017 for Medicare Survey & Certification operations via Admin Info: 16-29-ALL, however, review of final budget calculations have determined that the state of South Carolina has over-expended our federal budget by \$250,107.

The South Carolina State Agency (SC/SA) would like to make a request for supplemental funds for FY2017 in the amount of \$250,107 for costs incurred by the state of South Carolina to contract Long Term Care Surveys to meet CMS benchmarks for survey interval and for Non-LTC Care surveys due to a sudden loss of staffing in the non-LTC area. The LTC benchmarks have been met and all surveyor positions in the Long Term Care area have been filled. There is currently one (1) Non-LTC surveyor position for which we are actively recruiting.

As you know, the Bureau of Certification in the SC Department of Health & Environmental Control (SCDHEC) does not complete any state work and only performs federal Survey and Certification tasks as directed by the CMS Mission & Priority Document (MPD). If we do not receive this supplemental funding, the state of South Carolina will be forced to utilize state monies to fund priorities set by the federal government.

Please feel free to contact me directly with any questions regarding the information contained in this letter. Thank you in advance for your consideration of this request.

Sincerely,



MaryJo Roué, Bureau Chief
Bureau of Certification/Health Regulation

CC: File

Ronica Tolliver, SC DHHS

Jacqueline Whitlock, CMS RO-Atlanta, GA

Bary Slovikosky, CMS CO – Baltimore, MD



April 24, 2018

Mr. David Wright, Director, Survey and Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2018 BUDGET REQUEST NARRATIVE

Dear Mr. Wright,

The South Carolina State Agency (SC/SA) appreciates the opportunity to submit this FY2018 Budget Request Narrative for the Medicaid matched funds. Enclosed is our Budget request for Survey & Certification for FFY2018, October 1, 2017 through September 30, 2018. The budget request is based on the Final CMS Mission and Priority Document issued via Admin Info: 18.01-ALL dated October 17, 2017. The South Carolina State Agency was allocated total federal funds in the amount of \$2,672,713, however after thorough examination of our Survey and Certification program, we are requesting an additional \$1,007,379 for a total FY2018 budget request of \$3,680,092. The State of South Carolina will be submitting a One-Time Funding Request for FY2018 in the amount of \$42,720.17.

TIER WORKLOAD:

The South Carolina State Agency expects to complete all Tier Nursing Home workload with the exception of Tier 2 Complaints of Nursing Homes triaged at *Non-immediate jeopardy within ten (10) working days for nursing homes*. During FY2017, a total of 270 on-site complaint investigations were conducted by the SCSA. The total number of man-hours expended by the SCSA for complaint investigations during FY2017 was 9,729.75. Man-hours for complaint investigations included revisits and complaints that were investigated during recertification surveys. In the state of SC, one (1) FTE is equivalent for 1,950 work hours per year. To meet the complaint workload for FY2017, the SCSA would have needed a minimum of five (5) FTE's to complete complaint workload, whereas the SCSA has two (2) FTE's dedicated to complaints. We anticipate the number of complaint investigations during FY2018 to increase, as our midyear number of total

complaints investigated has surpassed the number investigated in Quarter 1 & Quarter 2 of FY2017.

We are currently meeting CMS SAPR requirements for Nursing Home survey frequency with an 10.8 month average survey interval and zero (0) nursing home surveys exceeding 15.9 months. The Division of Nursing Homes has one funded vacancy at this time and a total of four (4) unfunded positions in the LTC Division of Nursing Homes. The SC/SA has included these four positions in our budget request for the funding in our FY 2018 Budget Request.

While we maintain a contract for nursing home surveys, we have not had to utilize contractors for recertification surveys of Nursing Homes since April 30, 2017.

For the Survey & Certification program administered through the South Carolina Department of Health Environmental Control's (DHEC) Bureau of Certification, **\$3,680,092** Federal funds are needed. The requested budget line items and resources of Medicare funds including total budget expenditures for current and additional positions, including but not limited to direct/indirect costs, rental of office space/equipment, fixed charges, supplies, travel including hotel and mileage for surveys, supplies are as follows:

1. Personnel - To support 79 FTEs, \$1,926,396 is needed. This includes the positions of surveyors, administrative and support staff.

As you know, the Bureau of Certification in the SC Department of Health & Environmental Control (SCDHEC) does not complete any state work and only performs federal Survey and Certification tasks as directed by the CMS Mission & Priority Document (MPD), therefore, state funding is not normally used to fund any staffing or operations.

Historically, the South Carolina State Agency has been unable to meet Nursing Home complaint workload for 10-day complaints. Due to the inability to meet CMS SAPR standards for LTC survey intervals and complaint investigations, the South Carolina State Agency had been designated a "benchmark state" by CMS in March 2016. Because we were a benchmark state, CMS recommended that we utilize the services of their HMS Consultant to assist us in identifying program shortcomings and areas that we can build a program structure to better support current CMS workload and future workload. Working in concert with the CMS HMS consultant beginning in June 2016, we have identified shortcomings in various program areas including Program Management, Survey & Enforcement, Information Technology (IT) and Quality Assurance/Program Improvement. In order for the SC/SA to maintain current existing workload and future workload and in an effort to begin meet all CMS SAPR standards, and further improve our Survey & Certification program, I am requesting \$1,289,864 in additional funds from Title 18 to be utilized for staffing 14.50 FTE's for the Bureau for FY2018. This would be carried forward and maintained in funding allocations for FY2019. An outline of staff positions, equipment & training is included in the narrative and table below. A budgetary breakdown for each is included this narrative.

The table below provides an outline of the new positions that will be added in FY2018.

FY2018 NEW POSITIONS REQUESTED				
POSITION CLASSIFICATION	TOTAL # REQUESTED	PROGRAM AREA	PROGRAM AREA	PROGRAM AREA
Program Coordinator II	3	1 LTC Manager	1 ASPEN Coordinator	1 Quality Coordinator
Program Coordinator I	4	1 Enforcement Coordinator	1 LTC Surveyor (Generalist)	2 Quality Data Analysts
Nurse Administrative Manager I	4	1 LTC RN Nurse Surveyor	3 LTC RN Complaint Surveyors	
Social Worker III	1	LTC Surveyor		
Nutritionist IV	1	LTC Surveyor		
Pharmacist I	1	LTC Surveyor		
Fiscal Analyst II	0.5	Finance		
TOTAL POSITIONS REQUESTED	14.5			

The newly requested positions are described below:

Three (3) Program Coordinator II- these positions include one (1) LTC Section Manager to manage newly funded survey staff and overall management of the nursing home survey activities, one (1) additional ASPEN Coordinator to assist with IT support, set-up and respond to surveyor issues both onsite and in the field, and one (1) Quality Coordinator that will oversee a formal Quality Improvement Program. The SC State Agency currently has only one (1) ASPEN Coordinator for over 60 Bureau staff.

In addition, each LTC Manager supervises approximately twelve (12) survey staff in addition to other duties such as scheduling, Quality Control (QC) of CMS 2567, approval of POCs, implementing state and CMS initiatives, etc. We would like to offer more equitable management of staff which our state agency recommends at a 1:7 ratio.

The state of South Carolina had never developed a formal Quality Improvement Program (QIP) for survey and certification activities. We look forward to developing and building a new Quality Assurance program within the Bureau of Certification that can be devoted to surveillance data analysis, identification of program and process outliers and trends, and development and improvement of formal program processes and performance management. In alignment with CMS priorities, we wish to manage through more data driven decisions and identify trends occurring in our state via the development of a formal Quality Improvement Program.

Four (4) Program Coordinator I – two (2) Program Coordinator I positions would serve as Data Analysts in support under the direction of the Quality Coordinator in the newly developed Quality Improvement Program. One (1) of the Program Coordinator I positions will serve as a “generalist” surveyor in the Division of Nursing Homes. South Carolina has never had anyone specifically dedicated to enforcement activities; therefore we are requesting a Program Coordinator I to serve as the Enforcement Coordinator for the Bureau responsible for LTC and HHA Enforcement actions.

Four (4) Nurse Administrator/Manager I (Nurse Surveyor) positions in the Division of Nursing Homes are needed. Three of the Nurse Administrator/Manager (RN Surveyors) would be dedicated to complaint investigations and one (1) RN position along with one (1) Social Worker III, (1) Nutritionist IV, one (1) Pharmacist and the “generalist” surveyor

positions noted above would comprise one (1) additional well-rounded survey team that assist the SC/SA in addressing anticipated increased initial Medicare Certification surveys, recertification surveys, revisits and complaint workload in the Division of Nursing Homes. We currently have 188 Skilled Nursing Facilities and are averaging two (2) Initial surveys of new facilities per year. The current 2017-2018 State Health Plan for South Carolina makes available 15,986 beds for Long Term Care. Since calendar year 2016, SC Certificate of Need (CON) program has granted CON's to construct seven (7) new Nursing Homes and has been granted a bed addition to one (1) facility. The remaining three (3) RN positions would be RN surveyors positions dedicated to Complaint investigations and revisits for complaints.

As stated previously, SC has never met CMS SAPR Standard Q7, specifically Threshold #3. Throughout FFY2018 the SC/SA had 2.0 FTE's assigned specifically to complaints. We currently have one hourly SMQT surveyor that assisted us since November 28, 2016 in both triage and complaint investigation up to 22.5 hours per week. We have consistently demonstrated the need for additional complaint surveyor using the table below. An analysis of our complaint allegations indicate that most allegations involve nursing services/care and therefore, the staff required to investigate the complaints should be Registered Nurses. For this reason, we are seeking three RN surveyor positions to be dedicated to complaint investigations as noted above.

The table below represents complaint statistics that last two federal fiscal years and projected need in order to begin to strive to meet this CMS Performance Standard.

SC/SA COMPLAINT HOURS (includes revisits)			
SC: 1 FTE = 1950 hours per year	Total Hours	Current # FTE's for Complaints	# FTE's Needed for Complaints
FY2016	6291.5	1.5	4
FY2017	9729.75	2.5	5
NOTE: SC has approximately 45 outstanding complaints that are triaged and require investigation for FY2018. At an average of 36 hrs avg per complaint survey, this will result in additional 1,620 man- hours needed to investigate all of FY2018. The expected total of 1,620 man-hours will be needed just to complete currently triaged complaints. We anticipate exceeding 12,600 hours by the end of the current federal fiscal year as additional complaints arrive and are triaged daily. We are currently not meeting CMS SAPR Standards for Q7, Threshold 3; Non-immediate Jeopardy within 10-Working Days for Nursing			

Lastly, the SCSA is also requesting one part-time Financial Analyst II (.50 FTE) position to assist with the financial management and budget analysis and preparation.

We respectfully request consideration of this FY2018 supplemental funding request. Please feel free to contact me directly with any questions regarding the information contained in this letter. Thank you in advance for your consideration of this request.

2. Fringe Benefits and Insurance - For contribution towards employee benefits including state retirement, social security, unemployment and workers' compensation, as well as dental and health insurance, \$789,822 is projected as needed.

3. Indirect Costs - Based on indirect cost of 22.23% of personnel costs, the Department needs \$428,239 for the administration of the program.

4. Travel - Cost as allowed by the Department for travel expenses incurred for the purpose of Certification surveys and programmatic activities is \$323,425. This includes the current reimbursement rate of \$.545 cents per mile if state cars are not available (\$.505 cents per mile if a state car is available but a personal car is used). When traveling overnight, employees are reimbursed for meals up to \$25 per day in state and \$32 per day out of state. Hotels are reimbursed at the GSA rate. This includes all travel related to certification surveys and professional meetings.

5. Supplies - \$4,450 is projected for supplies including office materials under \$1,000, which are utilized, and generally subject to changes that will consume them or render them unfit for continuous and permanent use (i.e. paper, pencils, tape, computer software, subscriptions, and file cabinets).

6. Communications/Misc. Equipment Rental and Maintenance (Contractual Services) - \$31,000 is needed for communications. This line item includes expenses incurred for cellular telephone service, office equipment repair, data processing services, and copying equipment services.

7. Training - To provide training resources, \$12,516 is needed. This includes costs for travel and registration, seminars related to staff receiving training.

8. Legal (Miscellaneous) - To provide resources related to costs for nurse aide hearings, resources of \$500 are needed.

9. Public Health Assessment A Public Health Assessment is assessed to the Survey and Certification program at a rate of 8.50% of salaries. A total of \$163,744 is needed this fiscal year. Public Health assessment is defined by the State Agency as Public Health Support which pays for each Public Health programs' direct operating expenditures, e.g. telecommunications, office rent/lease, copier rental, postage, etc. None of the expenditures included in the calculation for Public Health Support are from the Indirect Cost pool. The calculation and application of the Public Health assessment rate is reviewed for proper implementation on an annual basis by various internal and external audit teams throughout the year.

Again, we greatly appreciate this opportunity to prepare this annual budget request. If there are any questions regarding this request, please feel free to contact me directly at [REDACTED].

Sincerely,

MaryJo Roué, Bureau Chief
Bureau of Certification/Health Regulation

Cc: Shelly B. Kelly, J.D., SC DHEC Director of Health Regulation
Ronica Tolliver, SC DHHS
Jacqueline Whitlock, CMS RO-Atlanta, GA
Bary Slovikosky, CMS CO – Baltimore, MD



September 23, 2019

Mr. David Wright, Director, Survey and Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2019 BUDGET REQUEST NARRATIVE

Dear Mr. Wright,

The South Carolina State Agency (SC/SA) appreciates the opportunity to submit this FY2019 Budget Request Narrative. Enclosed is our Budget request for Survey & Certification for FFY2019, October 1, 2018 through September 30, 2019. The budget request is based on the budget allocation of \$2,738,694 as outlined in the final CMS Mission and Priority Document (MPD) issued via Admin Info: 19-01-ALL dated October 4, 2018, however, this amount is insufficient to ensure that all CMS workload outlined in the CMS MPD can be accomplished. The SC SA did not submit a one-time funding request for FY2019 as CMS did not offer the opportunity for One-Time funds in FY2019.

Between FY2011 and FY2012, CMS adjusted budget allocation for South Carolina and the SC SA Budget was cut by approximately \$492,442 from the FY2011 allocation of \$2,982,022 to the FY2012 allocation of \$2,514,087. The SC/SA has never recovered from that cut and was allocated \$2,672,713 during FY2018 despite having submitted a budget request to CMS in the amount of \$3,680,092. For the past three fiscal years, the SC SA has requested a budget increase. The SC SA will continue to request increases with the hopes that at one point, CMS will be able to adjust our budget. We understand that CMS's Survey and Certification budget is contingent on congressional decisions, however, the SC/SA has been and will continue to communicate our budgetary needs to CMS for budget increases via this annual budget narrative.

There are currently five (5) unfunded surveyor positions in the Bureau of Certification including three (3) Nurse Administrative Manager (Nurse Surveyor) positions and two Program Coordinator I (Generalist surveyor) positions that the SC/SA is unable to post or recruit due to lack of funding. Three (3) of the unfunded positions are in the Division of Nursing Homes (2 RN, 1 RD) and two positions in the Division of Health Provider (1 RN

and 1 RD). A total of \$390,538 would be needed to fund these surveyor positions that are currently unfunded in the Bureau.

In addition, in order to meet and sustain the CMS Survey and Complaint workload and for the SC/SA to truly build a structured system to meet CMS SPSS Standards for Frequency, Quality and Enforcement, the SC/SA would need an additional fifteen (15) FTE staff that would require CMS funding in the amount of \$1,199,553. To fill unfunded positions and to add the new positions to the Bureau the SC/SA in order to meet CMS workload expectations, a total \$4,328,785 would be needed.

TIER WORKLOAD:

The South Carolina State Agency expects to complete 100% all Tier workload conducted by the Division of Health Provider (Non-Long Term Care). This includes all Validation, recertification, initial, complaint (including EMTALA) and revisit surveys for Non-LTC facilities

In the Division of Nursing Homes (Long Term Care) the SC/SA will have surveyed 100% of required SNF's in FY2019 and the 12.9-month interval is expected to be met, however, the Nursing Home complaints workload for 10-day complaints will not be met. While we realize that certain SPSS Standards are waived for FY2019, the SC/SA still adheres to and strives to meet SPSS as had previously been issued.

The current Nursing Home survey average interval is 13.2-month average survey interval and zero (0) nursing home surveys exceeding 15.9 months. We anticipate meeting the 12.9-month average for FY2019 once all surveys completed between 10/01/2018 and 09/30/19 are completed and uploaded, however due to planned retirements, staff turnover and having to accommodate leave time for surveyors with many years of state service, the SA was forced to postpone some surveys and re-work the September 2019 schedule which may render the 12.9-month interval impossible for FY2019.

OBSTACLES TO THE SC/SA's SUCCESS:

Management Changes and Recruitment & Retention:

The SC/SA has experienced recruitment and retention issues due to retirements, internal promotions and staff turnover. The Division of Nursing Homes was affected by the retirement of an LTC Manager (RN) and our Complaints RN, the promotion of another LTC Section Manager into the Division Director position, and the death of our Triage Nurse, all occurring between December 1, 2018 and January 2, 2019. Both the Division of Nursing Homes and the Division of Health Provider have new Division Directors effective January 2, 2019. Two new LTC Section Managers were hired on July 17, 2019 and September 17, 2019, to fill the vacant LTC Management positions. This completes the new LTC Management team in the Division of Nursing Homes.

There are currently seven (7) funded vacancies at this time (6 RN and 1 RD) and a total of three (3) unfunded positions (2 RN and 1 RD) in the LTC Division of Nursing Homes.

In addition, the SC/SA struggles to recruit and retain Registered Nurses since under current budget restraints, the maximum salary is \$55,000. This salary is not competitive in the South Carolina market for nurses. According to www.glassdoor.com, the average base pay for a Registered Nurse in South Carolina is \$65,468/yr.

The SC/SA continues to maintain and utilize two contractors for LTC Surveys. Their contract expires on September 30, 2019. A new contract for LTC survey service will go out for bid by September 17, 2019. We hope to have the contracts signed by September 19, 2019 for the FY2020 contract year of October 1, 2019 through September 30, 2020. The SC/SA is also contracting for certain surveyor precepting services since our in-field trainer (RN) recently retired effective August 2, 2019. State funds are being reserved to secure these contracts for federally required work.

The Division Director for the Division of Health Provider (Non-LTC) was also an internal promotion which resulted in the vacancy of the CLIA Manager. A new CLIA Manager and surveyor have been hired since that time.

Resistance to Change:

Some of the struggles the Bureau has faced is a great resistance from surveyors within the Division of Nursing Homes to embrace the new electronic LTCSP and accountability for work product. We are working with our Human Resources to address these issues for surveyors identified with performance issues. The inability or resistance of surveyors to complete electronic documentation has caused many vacancies and leaves the program vulnerable to data inaccuracies and the inability to effectively upload complaints, complete timely revisits, etc. LTC Section Managers have had to assist in surveying in the field in order to meet workload during this fiscal year. We expect additional retirements and surveyor turnover as more accountability to embrace new technologies and efficient methods of completing work is put into place.

Increased Complaint Workload

The SC SA does not expect to meet complaint workload for Tier 2 Complaints of Nursing Homes triaged at Non-Immediate jeopardy within ten (10) working days for nursing homes. The SC/SA has only one (1) Triage Nurse FTE hired on March 17, 2019, and that person cannot currently address the volume of complaints and facility reported incidents. This is a program vulnerability. The SA has hired an hourly .05 FTE Triage RN to assist in meeting the volume of complaints/FRI's to be triaged. A minimum of at least two (2) FTE RN Triage Nurses are needed to consistently address current and future complaint workload.

The total number of man-hours expended by the SCSA for complaint investigations during FY2018 was 8,058.25. Man-hours for complaint investigations included revisits and

complaints that were investigated during recertification surveys. In the state of SC, one (1) FTE is equivalent for 1,950 work hours per year. To meet the complaint workload for FY2018, the SCSA would have needed a minimum of five (5) FTE's to complete complaint workload, whereas the SCSA had two (2) FTE's dedicated to complaints during FY2018 and has roughly 1 FTE dedicated to complaints during FY2019. During quarters 1 through 3 of FY2019, the SC/SA completed a total of 601 on-site complaint investigations. The SC/SA expects to have completed well over 700 complaints by the end of the federal fiscal year and anticipate that our complaint workload will increase when CMS revises its current Complaints Triage guidance in the upcoming "*Chapter 5: Complaint Procedures*" revision of the *State Operations Manual (SOM)*.

Unfunded Federal & State Budget Expenditures

As CMS is aware, the SC Bureau of Certification conducts only CMS related work and receives no state monies other than what is federally required for State Title 19 matching funds. The Bureau of Certification does not conduct any state licensure activity. For this reason, we are limited to our CMS allocation and the federal state matching funds.

While the SC SA has continued to operate under what could be called a "stagnant" federal budget, the SC SA's budget has been negatively affected by several state and federal law changes/adjustments including:

- FSLA law where our surveyors went from exempt to non-exempt, except for Registered Nurses.
- Federal Indirect cost rate have increased over the years from 15.83% to 21.49%.
- SC Retirement System Funding & Administration Act which requires employer rates to increase 1% each year until 2022.
- Legislative mandated payroll increases for State employees in any given year.

Some additional impacts that will be affecting our FY2019 budget and FY2020 budgets going forward are:

- Effective February 1, 2019 there was a federal mileage increase of 3.5 cents per mile which will further impact travel mileage reimbursement (from \$.505 to \$.54 cents per mile).
- The SC SA legislature has approved an unfunded 2% salary increase for all state employees effective July 1, 2019.
- Effective July 1, 2019, meal per-diem rates increased from \$25 per day to \$35 per day for in-state travel and from \$32 to \$50 per day for out-of-state travel.

Over the past five years, such impacts to the SC SA Survey & Certification budget have resulted in the cumulative loss of five (5) unfunded positions (3 RN positions, 2 generalist surveyors). Again, the SC SA will continue to fully communicate our needs in the FY2019

& FY2020 Budget Request Narrative to request additional funding for Survey & Certification activities and the SC SA will continue to strive to meet CMS SPSS Standards.

For the Survey & Certification program administered through the South Carolina Department of Health Environmental Control’s (DHEC) Bureau of Certification, \$390,538 federal funds are needed to fund these vital but unfunded positions.

Lack of Systemic Structure

The SC SA has never had a solid “systemic” structure that would allow the SA to meet all CMS Survey & Certification workload. The program has several vulnerabilities including knowledge silos where one person is the lead role with no additional staff available to serve as a back-up including the Complaints Triage area, training and Information Technology (IT). Under our current restrictive budget, the SC/SA can fund only one (1) Triage Nurse, one (1) Training Coordinator and one (1) ASPEN Coordinator. When these positions are vacated a knowledge, vacuum ensues and leaves the entire program vulnerable as there is limited back-up, which is usually absorbed by Management or other staff.

Additionally, the SCSA does not have a formalized Quality Assurance program with dedicated data analysts to identify trend, outliers, and to identify quality improvement initiatives. This does not represent an adequate business model for ensured, ongoing compliance in meeting CMS SPSS standards. For these reasons, the SC/SA is requesting additional positions to build a viable systemic structure to ensure that we meet all CMS workload expectations well into the future. The funding that is required for these additional positions is \$1,199,553. The table below conveys the number and position types needed.

FY2019 NEW POSITIONS REQUESTED					
POSITION CLASSIFICATION	TOTAL # REQUESTED	PROGRAM AREA	PROGRAM AREA	PROGRAM AREA	PROGRAM AREA
Program Coordinator II	4	1 LTC Manager	1 Training Coordinator	1 ASPEN Coordinator	1 Quality Improvement Program Coordinator
Program Coordinator I	3	1 LTC Surveyor (Generalist)	2 Quality Imp Program Data Analysts		
Nurse Administrative Manager I	5	2 LTC RN Nurse Surveyor	3 LTC RN Complaint Surveyors		
Social Worker III	1	LTC Surveyor			
Nutritionist IV	1	LTC Surveyor			
Administrative Coordinator I	1	1 Enforcement Coordinator			
TOTAL POSITIONS REQUESTED	15				

Four (4) Program Coordinator II- these positions include one (1) LTC Section Manager to manage newly funded survey staff and overall management of the nursing home survey activities, one (1) Training Coordinator to enhance training opportunities for the increase number of staff and to serve as a “back-up” to the current one FTE Training coordinator; one (1) additional ASPEN Coordinator to assist with IT support, set-up and respond to surveyor issues both onsite and in the field, and serve as a “back-up” to the current ASPEN Coordinator and the QA data analysts; and one (1) Quality Coordinator that will oversee a formal Quality Improvement Program. The SC State Agency currently has only one (1) FTE ASPEN Coordinator and one (1) FTE Training Coordinator for approximately 54 Bureau staff.

In addition, each LTC Manager supervises approximately twelve (12) survey staff in addition to other duties such as scheduling, Quality Control (QC) of CMS 2567, approval of POCs, implementing state and CMS initiatives, etc. We would like to offer more equitable management of staff which our state agency recommends at a 1:7 ratio.

The state of South Carolina had never developed a formal Quality Improvement Program (QIP) for survey and certification activities. We look forward to developing and building a new Quality Assurance program within the Bureau of Certification that can be devoted to surveillance data analysis, identification of program and process outliers and trends, and development and improvement of formal program processes and performance management. In alignment with CMS priorities, we wish to manage through more data driven decisions and identify trends occurring in our state via the development of a formal Quality Improvement Program.

Three (3) Program Coordinator I – two (2) Program Coordinator I positions would serve as Data Analysts in support under the direction of the Quality Coordinator in the newly developed Quality Assurance and Improvement Program. One (1) of the Program Coordinator I positions will serve as a “generalist” surveyor in the Division of Nursing Homes.

Due to the increase in the number of complaints investigated, the South Carolina would like to add one (1) additional FTE dedicated to enforcement activities; therefore, we are requesting an Administrative Coordinator I to serve as a second Enforcement Coordinator for the Bureau responsible for LTC and HHA Enforcement actions. This coordinator would process enforcement cases to the RO and serve as a “back-up” to the current Enforcement Coordinator.

Five (5) Nurse Administrator/Manager I (Nurse Surveyor) positions in the Division of Nursing Homes are needed. Three (3) of the Nurse Administrator/Manager (RN Surveyors) would be dedicated to complaint investigations. One (1) RN position would assist in the Triage of complaints. The other RN positions would be a LTC RN surveyor position along with one (1) Social Worker III, (1) Nutritionist IV, The “generalist” surveyor positions noted above would comprise one (1) additional well-rounded survey team that assist the SC/SA in addressing anticipated increased initial Medicare Certification surveys, recertification surveys, revisits and complaint workload in the Division of Nursing Homes. We currently have 189 Skilled Nursing Facilities and are averaging two (2) Initial surveys of new facilities per year. The current 2020 State Health Plan for South Carolina

makes available 17,222 beds for Long Term Care. Since calendar year 2016, SC Certificate of Need (CON) program has granted CON's to construct seven (7) new Nursing Homes.

As stated previously, SC has never met CMS SAPR Standard Q7, specifically Threshold #3. During Quarter 1 of FY2019, the SCSA 2.0 FTE's assigned specifically to complaints (1 RN and 1 RD), The complaints RN retired effective January 2, 2019 and the Registered Dietician is serving as an Interim LTC Manager for the Nursing Home Division since June 16, 2019. Therefore, the SC/SA has only been able to investigate few individual complaints and investigates most during recertification surveys and revisit surveys. We have consistently demonstrated the need for additional complaint surveyors using the table below. An analysis of our complaint allegations indicate that most allegations involve nursing services/care and therefore, the staff required to investigate the complaints should be Registered Nurses. For this reason, we are seeking three (3) RN surveyor positions to be dedicated to complaint investigations as noted above.

The table below represents SC/SA complaint statistics for the last three federal fiscal years and the projected need in order to begin to realistically meet all CMS workload expectations for Nursing Home Complaints.

SC/SA COMPLAINT HOURS (includes revists)			
SC: 1 FTE = 1950 hours per year	Total Hours	Current # FTE's for Complaints	# FTE's Needed for Complaints
FY2016	6291.5	1.5	4
FY2017	9729.75	2.5	5
FY2018	8,058.25	1	5

NOTE: The SC/SA has started FY2019 with 2 complaints FTE's. (1 RN & 1 Registered Dietician) . The RN worked during Qtr 1 and retired on January 2, 2019. The RD worked complaints until mid QTR3 in FY2019 has been serving as an interim LTC Manager effective 06/16/19 until the LTC Manager positions could be filled. It is anticipated that the RD will continue to serve as an interim until 12/31/19 after the two new managers are SMQT qualified.

As stated previously, our budget documents and the budget figures below outline the submission for FY2019 based on the allocation outline in the FY2019 MDP in the amount of \$2,738,694.

The requested budget line items and resources of Medicare funds including total budget expenditures for current positions, including but not limited to direct and indirect costs, rental of office space/equipment, fixed charges, supplies, travel including hotel and mileage for surveys, supplies are as follows:

1. Personnel - To support 50.10 FTEs, \$1,321,678 is needed. This includes the positions of surveyors, administrative and support staff.

2. Fringe Benefits and Insurance - For contribution towards employee benefits including state retirement, social security, unemployment and workers' compensation, as well as dental and health insurance, \$555,105 is projected as needed.

3. **Indirect Costs** - Based on indirect cost of 21.49% of personnel costs, the Department needs \$284,029 for the administration of the program.

4. **Travel** - Cost as allowed by the Department for travel expenses incurred for the purpose of Certification surveys and programmatic activities is \$277,581. This includes the current reimbursement rate of \$.545 cents per mile if state cars are not available (\$.505 cents per mile if a state car is available but a personal car is used). When traveling overnight, employees are reimbursed for meals up to \$35 per day in state and \$50 per day out of state. Hotels are reimbursed at the GSA rate. This includes all travel related to certification surveys and professional meetings.

5. **Supplies** - \$21,792 is projected for supplies including office materials under \$1,000, which are utilized, and generally subject to changes that will consume them or render them unfit for continuous and permanent use (i.e. paper, pencils, tape, computer software, subscriptions, and file cabinets).

6. **Communications/Misc. Equipment Rental and Maintenance (Contractual Services)** - \$26,409 is needed for communications. This line item includes expenses incurred for cellular telephone service, office equipment repair, data processing services, and copying equipment services.

7. **Training** - To provide training resources, \$11,000 is needed. This includes costs for travel and registration, seminars related to staff receiving training.

8. **Office Space (Fixed Charges)** – To provide resources related to payments of dues and membership fees, \$750.00 is needed.

9. **Legal (Miscellaneous)** - To provide resources related to costs for nurse aide hearings, resources of \$2,000 are needed.

10. **Equipment** – To replace needed equipment a total of \$8008.00 will be needed for 3 laptop computers, 5 desktop computers and audio-visual equipment for training purposes.

11. **Contracted Surveys** – the SC/SA maintains a contract with two contractors for LTC surveys. The total cost of \$118,000 is needed to assist with meeting current LTC workload.

12. **Public Health Assessment** A Public Health Assessment is assessed to the Survey and Certification program at a rate of 8.50% of salaries. A total of \$112,342 is needed this fiscal year. Public Health assessment is defined by the State Agency as Public Health Support which pays for each Public Health programs' direct operating expenditures, e.g. telecommunications, office rent/lease, copier rental, postage, etc. None of the expenditures included in the calculation for Public Health Support are from the Indirect Cost pool. The calculation and application of the Public Health assessment rate is reviewed for proper implementation on an annual basis by various internal and external audit teams throughout the year.

Again, we greatly appreciate this opportunity to prepare this annual budget request. If there are any questions regarding this request, please feel free to contact me directly at

██████████.

Sincerely,



MaryJo Roué, Bureau Chief
Bureau of Certification/Health Regulation

Cc: Gwendolyn C. Thompson, Interim SC DHEC Director of Health Regulation
Ronica Tolliver, SC DHHS
Jacqueline Whitlock, CMS RO-Atlanta, GA
Bary Slovikosky, CMS CO – Baltimore, MD



June 1, 2020

Mr. David Wright, Director, Survey and Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services 7
500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2020 BUDGET REQUEST NARRATIVE

Dear Mr. Wright,

The South Carolina State Agency (SC/SA) appreciates the opportunity to submit this FY2020 Budget Request Narrative. Enclosed is our Budget request for Survey & Certification for FFY20, October 1, 2019, through September 30, 2020. The budget request is based on the budget allocation of \$2,726,194 as outlined in the final CMS Mission and Priority Document (MPD) issued via Admin Info: 20-03-ALL dated December 11, 2019; however, this amount is insufficient to ensure that all CMS workload outlined in the CMS MPD can be accomplished. The SC SA intends to apply for supplemental funding as needed and any one-time funds should they become available from CMS during federal fiscal year 2020.

The SC/SA has never recovered from previous budget cuts and was allocated \$2,738,694 during FY2019 despite having submitted a budget request to CMS in the amount of \$4,328,785. For the past four federal fiscal years, the SC SA has requested a budget increase. The SC SA will continue to request increases with the hopes that at one point, CMS will be able to adjust our budget. We understand that CMS's Survey and Certification budget is contingent on congressional decisions, however, the SC/SA has been and will continue to communicate our budgetary needs to CMS for budget increases via this annual budget narrative.

There are currently sixteen (16) unfunded surveyor positions and two (2) unfunded LTC Section Manager positions in the Bureau of Facilities Oversight (formerly Bureau of Certification) for a total of eighteen (18) unfunded positions in the Nursing Home Oversight Division.

This includes six (6) Nurse Administrative Manager I (Nurse Surveyor) positions, ten (10) Program Coordinator I (Generalist Surveyors) positions and two Program Coordinator II (LTC Section Managers) positions that the SC/SA is unable to post or recruit due to lack of funding. A total of **\$1,682,326** is needed from CMS in order to fund these positions that are currently unfunded in the Bureau; therefore, the state of South Carolina is requesting a total federal budget amount of **\$4,408,520**.

In addition to performing routine recertification surveys, these additional staffing positions are needed for the SC/SA to meet and sustain the CMS Survey and Complaint workload under the newly combined structure for state licensing and certification. This will allow the SC/SA to meet CMS SPSS Standards for Frequency, Quality and Coordination of Non-Compliance.

TIER WORKLOAD:

The Bureau of Facilities Oversight continues to struggle with surveyor's inability to embrace the LTCSP and accountability for work product. Human Resources has been helpful in addressing these issues however, continued staff turnover is likely to continue as accountability is expected. Staff retention has also been an obstacle in completion of timely Surveys/complaint investigations. The Bureau of Certification and State Licensing has combined to form Healthcare Quality. The goal of this joining together is to streamline services conducted in/for facilities This, however, poses another challenge in that staff will need to be trained and SMQT certified. This will cause a delay in the completion of surveys and or complaint investigations.

Throughout the first half of FY2020, the South Carolina State Agency had been meeting workload goals and had maintained an average survey interval of 12.9 months and had anticipated meeting 100% of workload until the COVID-19 pandemic halted recertification survey activity The SC/SA hopes to meet all CMS expectation for workload as survey suspension are lifted, however, it is unclear at this time if 100% of workload can be completed.

OBSTACLES TO THE SC/SA's SUCCESS:

Management Changes and Recruitment & Retention:

The SC/SA has experienced recruitment and retention issues due to retirements, internal promotions, staff turnover and the recent combining our State Licensure program with the federal Certification program. The Division Director position for the Nursing Home Oversight Division is currently posted for recruitment.

Two new LTC Section Managers were hired on July 17, 2019 and September 17, 2019, to fill the vacant LTC Management positions, two LTC Section Manager positions remain unfunded and the SC/SA is unable to post these at this time.

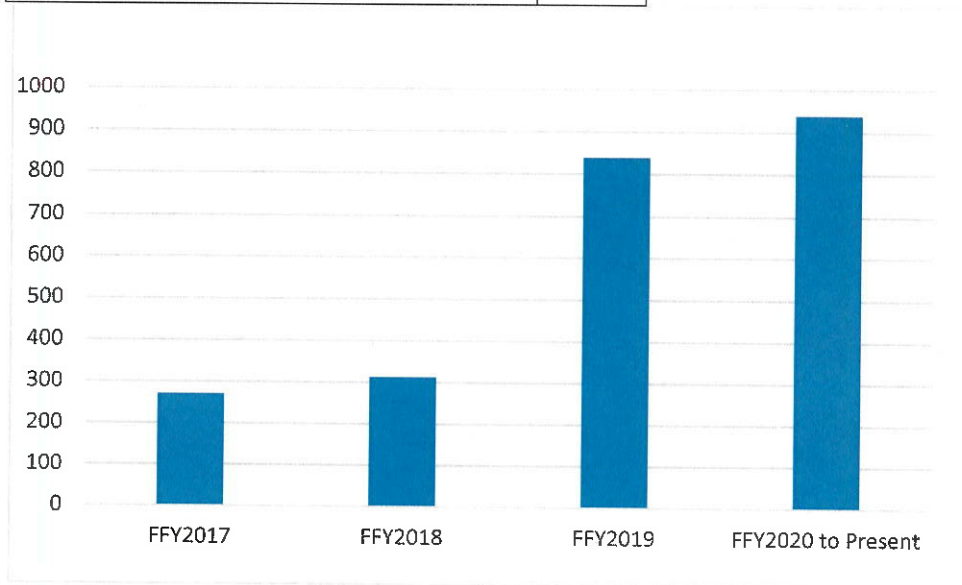
In addition, the SC/SA struggles to recruit and retain Registered Nurses since under current budget restraints, the maximum salary is \$55,000. This salary is not competitive in the South Carolina market for nurses. According to www.nursesalaryguide.net, the average base pay for a Registered Nurse in South Carolina is \$63,630/yr. The SC/SA continues to maintain and utilize two contractors for LTC Recertification Surveys effective through September 30, 2021. In addition, the SC/SA has obtained an emergency contract with HMS for the completion of complaints survey which expires on November 15, 2020, as well as, an emergency contract for Immediate Jeopardy and Infection Control and LSC surveys due to the COVID-19 pandemic.

Under its existing contract, the SC/SA is contracted for a limited amount of surveyor precepting services, however, the SC/SA is currently soliciting a contract for overall consultation services to assist in the combining of the state licensure and federal certification programs that includes management services, budgets consultation, internal and field surveyor training and precepting of staff.

Increased Complaint Workload:

The SC/SA has experienced an increase in the number of overall Facility Reported Incident (FRI)/complaints since 2017. The total number of incidents/complaints that have been investigated onsite for FY2017, FY2018, FY2019 and FY2020. The table/chart below demonstrates the overall increase in the number of onsite complaint investigations conducted by the state of South Carolina.

Total Onsite Complaint Investigations by FY	
FFY2017	271
FFY2018	313
FFY2019	839
FFY2020 to Present	938



The onset of the COVID-19 pandemic has also contributed to the inability of the SC/SA to conduct 10-day complaints due to the CMS suspension of surveys. There are currently 462 10-day complaints that need to be investigated for FY2020.

In addition to these challenges, the SC/SA has only one (1) triage nurse FTE hired on March 17, 2019, and that person cannot currently address the volume of complaints and facility reported incidents. This is a program vulnerability. The SA has hired an hourly .05 FTE triage RN to assist in meeting the volume of complaints/FRI's to be triaged. The SC/SA intends to post a second triage nurse position to address the triage volume. In addition, an additional administrative position will be added to assist with intake, data entry and phone calls for triage preparation to address both state and federal complaint volume.

Unfunded Federal & State Budget Expenditures:

As CMS is aware, up until March 2020, the SA/SA conducted only CMS related work and received no state monies other than what is federally required for State Title 19 matching funds. The fiscal year 2020 budget has been negatively affected by several state and federal law changes/adjustments including:

- FLSA law where our surveyors went from exempt to non-exempt, except for registered nurses and master's level social workers.
- Federal indirect cost rate has increased over the years from 15.83% to 21.49%.
- SC Retirement System Funding & Administration Act which requires employer rates to increase 1% each year until 2022.
- Legislative mandated payroll increases for State employees in any given year.
-

Some additional impacts that will be affecting our FY2020 budgets going forward are:

- There was a federal mileage increase from that of previous years of 3.0 cents per mile which will further impact travel mileage reimbursement (from \$.505 to \$.535 cents per mile).
- Effective July 1, 2019, meal per-diem rates increased from \$25 per day to \$35 per day for in-state travel and from \$32 to \$50 per day for out-of-state travel.

SOLUTIONS GOING FORWARD:

The SC SA has never had a solid “systemic” structure that would allow the SC/SA to meet all CMS Survey & Certification workload. Additionally, the SC/SA did not have a formalized Quality Assurance program with dedicated data analysts to identify trend, outliers, and to identify quality improvement initiatives. The South Carolina Department of Health and Environment Control (SCDHEC) has taken a significant initiative to remedy these issues by embarking on the merger of the former Bureau of Health Facilities Licensing, which conducts the state licensure inspections, with the former Bureau of Certification. Historically, these two Bureaus had operated as separate entities in South Carolina; however, in an effort to reduce duplication of services and streamline processes, effective March 16, 2020, these two entities are now merged into what is now known as the Bureau of Facilities Oversight and is housed within the Healthcare Quality Deputy area that was formerly known as Health Regulation.

The merger of these two Bureaus is a monumental undertaking and is an ongoing process. As stated previously, SCDHEC is currently soliciting a contract for overall consultation services to assist the state of South Carolina with the combining of the state licensure and federal certification programs that includes management services, budgets consultation, internal and field surveyor training and precepting of staff. All staff will become SMQT certified and cross trained to complete all CMS Basic Training for all facility types in order to meet CMS and state workload demands.

The Healthcare Quality Deputy area now consists of the following areas:

- The Bureau of Facilities Oversight, which consists of the following Divisions: Fire and Life Safety Division, Hospital Division, Outpatient Division, Complaint Management Division and the Community Care Oversight Division. This Bureau conduct all CMS surveys, state licensure inspections, federal/state complaints for all state licensed and Medicare certified healthcare facilities.
- Office of Training and Compliance, which conducts internal/external training and field training for surveyors as well as conducting state and federal enforcement actions.

- The Director of the Office of Training and Compliance oversees two managers, the training manager and the compliance manager. The training manager supervises four training staff and the compliance manager oversees five state/federal enforcement staff.
- The Office of Policy and Communication, which is responsible for Quality Management, and all internal/external communication of state/federal policy and regulations to internal and external partners along with the formulation of state regulations.
- The Bureau of Planning and Construction, which houses the Certificate of Need (CON) program, reviews and consults on all healthcare facility construction, and processes all state and federal applications, provider business transactions such as changes of ownership (CHOW), branch addition, voluntary terminations, address changes, bed changes, station increases, etc., for the provider community.
- The Bureau of Healthcare Professionals, which is responsible for the certification of EMS responders, nurse midwives, hearing aid professionals, and athletic trainers.
- The Bureau of Radiological Health, which inspects all radiological equipment located in healthcare facilities in the state and investigates related complaints.
- Bureau of Drug Control, which oversees the prescription drug program and conducts law enforcement activities related to drug control within the state.
- Administrative Services, which conducts all management scheduling, travel reimbursements, processes all civil monetary penalty funds applications and conducts all personnel postings, interviews and hiring.

Although staffing for both state licensure and federal certification will now, be shared, the SC/SA continues to be underfunded and understaffed and thereby limited in its ability to meet state and CMS federal workload. Additional federal funding for the following positions is essential and necessary for our success:

The SC/SA is requesting federal funding for additional positions to build a viable systemic structure to ensure that we meet all CMS workload expectations well into the future. The funding that is required for these additional eighteen positions is \$1,682,326. The table below conveys the number and position types needed.

FY2020 NEW POSITIONS REQUESTED		
POSITION CLASSIFICATION	TOTAL # REQUESTED	PROGRAM AREA
Program Coordinator II	2	2 LTC Managers
Program Coordinator I	10	10 LTC Surveyor (Generalist)
Nurse Administrative Manager I	6	6 LTC RN Nurse Surveyor
TOTAL POSITIONS REQUESTED	18	

Two (2) Program Coordinator II- these positions will serve as two additional LTC Section Manager to manage newly funded survey staff and overall management of the nursing home survey activities.

Ten (10) Program Coordinator I (generalist surveyor) positions which will serve as “generalist” surveyors to complete various CMS survey types to meet all CMS Tier workload.

Six (6) Nurse Administrator/Manager I (Nurse Surveyor) positions to function as nurse surveyors for various facility types to assist the SC/SA in addressing anticipated increased initial Medicare Certification surveys, recertification surveys, revisits and complaint workload.

The state of South Carolina currently has 191 Medicare Certified Skilled Nursing Facilities (SNF) and are averaging a minimum of two (2) Initial surveys of new facilities per year. The current 2020 State Health Plan for South Carolina. makes available 17,222 beds for long term care. Since calendar year 2016, SC Certificate of Need (CON) program has granted CON's to construct seven (7) new nursing homes. Initial surveys continue to increase in the non-LTC facility types such as ESRD as well, further straining resources. With continued emphasis on access to care due to the COVID-19 pandemic, initial surveys are expected to continue to increase.

As stated previously, our budget documents and the budget figures below outline the submission for FY2020 based on the allocation outlined in the FY2020 MDP in the amount of \$2,726,194.

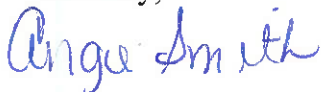
The requested budget line items and resources of Medicare funds including total budget expenditures for current positions, including but not limited to direct and indirect costs, rental of office space/equipment, fixed charges, supplies, travel including hotel and mileage for surveys, supplies are as follows:

1. Personnel - To support 47.38 FTEs, \$1,062,135 is needed. This includes the positions of surveyors, administrative and support staff.
2. Fringe Benefits and Insurance - For contribution towards employee benefits including state retirement, social security, unemployment and workers' compensation, as well as dental and health insurance, \$440,786 is projected as needed.
3. Indirect Costs - Based on indirect cost of 21.49% of personnel costs, the Department needs \$228,252 for the administration of the program.
4. Travel - Cost as allowed by the Department for travel expenses incurred for the purpose of Certification surveys and programmatic activities is \$200,175. This includes the current reimbursement rate of \$.575 cents per mile if state cars are not available (\$.535 cents per mile if a state car is available but a personal car is used). When traveling overnight, employees are reimbursed for meals up to \$35 per day in state and \$50 per day out of state. Hotels are reimbursed at the GSA rate. This includes all travel related to certification surveys and professional meetings.
5. Supplies - \$2,225 is projected for supplies including office materials under \$1,000, which are utilized, and generally subject to changes that will consume them or render them unfit for continuous and permanent use (i.e. paper, pencils, tape, computer software, subscriptions, and file cabinets).
6. Communications/Misc. Equipment Rental and Maintenance (Contractual Services) - \$9,900 is needed for communications. This line item includes expenses incurred for cellular telephone service, office equipment repair, data processing services, and copying equipment services.
7. Training - To provide training resources, \$137 is needed. This includes costs for travel and registration, seminars related to staff receiving training.

8. Office Space (Fixed Charges) – To provide resources related to payments of dues and membership fees, \$800 is needed.
9. Legal (Miscellaneous) - To provide resources related to costs for nurse aide hearings, resources of \$1,000 are needed.
10. Equipment – To replace needed equipment a total of \$29,962 will be needed for 48 laptop/tablet computers.
11. Contracted Surveys – the SC/SA maintains a contract with two contractors for LTC surveys. The total cost of \$660,541 is needed to assist with meeting current LTC workload.
12. Public Health Assessment A Public Health Assessment is assessed to the Survey and Certification program at a rate of 8.50% of salaries. A total of \$90,281 is needed this fiscal year. Public Health assessment is defined by the State Agency as Public Health Support which pays for each Public Health programs' direct operating expenditures, e.g. telecommunications, office rent/lease, copier rental, postage, etc. None of the expenditures included in the calculation for Public Health Support are from the Indirect Cost pool. The calculation and application of the Public Health assessment rate is reviewed for proper implementation on an annual basis by various internal and external audit teams throughout the year.

Again, we greatly appreciate this opportunity to prepare this annual budget request. If there are any questions regarding this request, please feel free to contact me directly at [REDACTED].

Sincerely,



Angie Smith

cc: Gwendolyn C. Thompson, SC DHEC Director of Healthcare Quality
Ronica Tolliver, SC DHHS
Jacqueline Whitlock, CMS RO-Atlanta, GA
Bary Slovikosky, CMS CO – Baltimore, MD



September 9, 2020

Linda D. Smith, MBA, MSN, RN, Associate Regional Administrator
Centers for Medicare & Medicaid Services
Division of Survey & Certification
Atlanta Federal Center, 4th Floor
61 Forsyth Street, Suite 4T20
Atlanta, GA 30303-8909

RE: SOUTH CAROLINA FY2020 BUDGET REQUEST FOR ONE-TIME FUNDING

Dear Linda,

As you know the, South Carolina State Agency continues to the efforts to combine our state licensing and certification activities in the Division (Bureau) of Healthcare Quality. To that end, we continue to hire and train existing and new staff and continue to streamline and improve federal and state systems. In addition, we are adapting, as much as possible, to teleworking and the increased reliance on technology and the "new normal" due to the ongoing Covid-19 public health crisis. In order to enhance our overall program, the South Carolina State Agency (SC/SA) would like to make a request of one-time funds for FY2020 in the amount of **\$34,644.16** (Medicare share: \$17,322.08 and Medicaid share: \$17,322.08).

As we melded programs beginning in March of 2020, we have developed the Office of Training and Compliance which is responsible for our internal and external trainings and state and federal enforcement activities. We feel strongly that training our staff is of the utmost priority and are requesting a total of **\$2,324.82** to enhance our ability to train and orient staff to the state and federal survey and inspection processes. Smaller lower cost items are broken out for this amount on the attached itemized cost sheet.

Additional items needed for both training and programmatic continuity include twenty-four headsets and adaptor kits for phone. The total costs for these items are **\$4,561.66** (headsets) and **\$660.44** (adaptors) respectively. We would also like to request 32 count set of training "polling" devices at a total cost of **\$694.44**.

To enhance our technological efforts, we are requesting sixteen (16) new 22 inch monitors for staff in the amount of **\$3,110.40** and seven (7) Brother PocketJet PJ-762 Monochrome Thermal Printers at \$369.50 each for a total amount of **\$2,589.30**, along with fourteen (14) cartons of Brother Premium Thermal Paper for PocketJet PJ-673 at a

cost of \$19.39 per carton for a total of **\$271.40**, plus shipping charges in the amount of **\$35.07**. We are also requesting three (3) small workstation scanner Canon Image Formula DR-C225 II, costing a total of **\$1,454.76**. These items will be utilized by survey and office staff in day-to-day survey activities.

As we adapt to the COVID PHE, there is increased utilization of our break room since restaurant options remain limited and staff rely more on self-prepared meals. For this reason, we are requesting funds in the amount of **\$11,308.99** to furnish our breakroom and provide additional seating for the Healthcare Quality staff.

We are also requesting some ancillary items such as six (6) "Sit-Stand" desks (\$421.20 each) for staff within the Office of Training & Compliance and the Bureau of Health Facilities Oversight so that ergonomic, productivity and general health climate can be improved. The total cost for these desks are **\$2,527.20**; two executive chairs for the Healthcare Quality Director in the amount of **\$3,201.12**; two office carts to transport documents related to surveys and FOIA within the office. The office roll-carts are \$304.56 each and we are requesting funding for two carts for a total of **\$609.12**; as well as miscellaneous office items including ten (10) chair mats for a total of **\$647.46**; and one Ergonomic chair which will cost **\$647.98**

We respectfully make this request with the intention of enhancing our training opportunities and prepare to onboard new and existing staff as we combine one entity known as Healthcare Quality. Thank you for the opportunity and consideration of this request. If there are any questions regarding any information contained in this letter, please feel free to contact me directly at [REDACTED]

Sincerely,



Angie Smith, Interim Director
Bureau of Facilities Oversight/Healthcare Quality

CC: File

Ronica Tolliver, SC DHHS

Jacqueline Whitlock, CMS RO-Atlanta, GA

Bary Slovikosky, CMS CO – Baltimore, MD



March 17, 2021

Mr. David Wright, Director, Survey and Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services 7
500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2021 BUDGET REQUEST NARRATIVE

Dear Mr. Wright,

The South Carolina State Agency (SC/SA) appreciates the opportunity to submit this FY2021 Budget Request Narrative. Enclosed is our Budget request for Survey & Certification for FFY21, October 1, 2020, through September 30, 2021. The budget request is based on the base budget allocation of \$2,726,467, as outlined in the final CMS Mission and Priority Document (MPD) issued via Admin Info: 21-03-ALL dated January 8, 2021; however, this amount is insufficient to ensure that all CMS workload outlined in the CMS MPD can be accomplished. The SC SA intends to apply for supplemental funding as needed and any one-time funds should they become available from CMS during federal fiscal year 2021.

While the SC/SA was allocated a base budget of \$2,726,467, the SC/SA will require a total of \$5,474,502, to complete all CMS mandated workload for federal fiscal year 2021. The SC/SA completed 100% of the Focused Infection Control (FIC) that was mandated by CMS as result of the COVID-19 Public Health Emergency (PHE), but to accomplish this, the SC/SA was forced to rely heavily on the services of three contractors to complete this workload.

The SC/SA would like to reduce reliance on survey contractors and has taken various steps to accomplish this including having undergone a complete programmatic restructuring that combined state licensure activities with federal Survey and Certification activities into what is now the Bureau of Facilities Oversight. While progress with the restructuring was slowed due to the COVID PHE, the SC/SA continues to train staff and engage in recruitment efforts for additional staff.

Like many other state agencies, the SC/SA has suffered severe turnover due to the PHE and continues to recruit via professional clinical associations and online platforms such as the SC State Jobs web site, LinkedIn, CareerBuilder, and via various social media such as Facebook. The SC/SA will require funding in the amount of \$1,329,155 for staff salaries which includes a total of twelve (12) currently unfunded positions, ten (10) of which are surveyor vacancies and two clerical vacancies for which we intend to recruit.

TIER WORKLOAD:

The Bureau of Facilities Oversight continues to complete CMS mandated FIC 3 to 5 day surveys and investigate complaints. The Bureau intends to complete as much routine survey and certification surveys as possible as facilities stabilize in response to the PHE and as directed by CMS. The SC/SA will focus on recovery of outstanding surveys and reduction of the survey interval as well as the investigation of complaints to meet all CMS SPSS Performance Standards. The SC/SA will need to continue to rely on contractors to complete CMS Tier workload in FY2021 and has included costs of \$1,837,500 for FIC surveys and \$900,000 for routine surveys and certification workload in the budget line items under “miscellaneous – contracted surveys”.

IMPROVING STATE BUSINESS SYSTEMS

As part of the restructuring of the overall licensing and certification program and in anticipation of the new IQIES system, along with CMS changes to the State Operations Manual, Chapter 5, the SC/SA is taking the opportunity to upgrade its business systems. The new business system will have the ability to accept online complaints for all license/certified types and follow the necessary workflows required to track complaints and inspections from initiation to completion. The potential API with ASPEN/IQIES is covered within the RFP so, in theory, a new complaint can automatically populate into the ASPEN server, be triaged by designated staff, assigned to an investigator, and track the investigation/complaint process. It will increase process efficiency and provide better coordination between the state and federal programs. The system will also provide much needed tools to make scheduling and inspections more efficient.

The new business system will support emergency management by helping communications between parties and collecting evacuation status data for analysis. As the primary source system, it provides the functionality to send notifications and post alerts to the facility’s dashboard based on criteria (type, zone, etc.). In addition, the system can collect facility data and generate reports that are required by both the state and federal programs.

Overall, the new business system will help merge the state and federal survey programs, provide better tracking of tasks, and give detailed metrics (SPSS tracking) for better oversight. The SC/SA is requesting \$287,500 in federal funding to assist with this system that will better manage federal complaints & workload and track CMS SPSS standards. This request is represented under the budget line item of “miscellaneous -new licensing system”.

TRAINING:

As the Bureau of Facilities Oversight continues with restructuring, the SC/SA will need to send a small number of surveyors out of state to complete field training. Due to a number of factors including, larger bureau size with licensing and certification combined, the current PHE and CDC recommendations for social distancing requirements, the SC/SA will need to rent training space to conduct a minimal number of in-person training events. The SC/SA also utilizes on-line meeting platforms such as Microsoft TEAMS to conduct routine meetings and smaller topic-specific trainings. The total costs for training are reflected in the Training line item below.

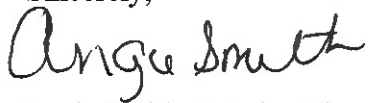
The requested budget line items and resources of Medicare funds including total budget expenditures for current positions, including but not limited to direct and indirect costs, rental of office space/equipment, fixed charges, supplies, travel including hotel and mileage for surveys, supplies are as follows:

1. Personnel - To support 56.69 FTEs, \$1,329,155 is needed. This includes the positions of surveyors, administrative and support staff.
2. Fringe Benefits and Insurance - For contribution towards employee benefits including state retirement, social security, unemployment and workers' compensation, as well as dental and health insurance, \$583,022 is projected as needed.
3. Indirect Costs - Based on indirect cost of 17.43% of personnel costs, the Department needs \$231,672 for the administration of the program.
4. Travel - Cost as allowed by the Department for travel expenses incurred for the purpose of Certification surveys and programmatic activities is \$145,000. This includes the current reimbursement rate of \$.56 cents per mile if state cars are not available (\$.52 cents per mile if a state car is available but a personal car is used). When traveling overnight, employees are reimbursed for meals up to \$35 per day in state and \$50 per day out of state. Hotels are reimbursed at the GSA rate. This includes all travel related to certification surveys and professional meetings.
5. Supplies - \$5,000 is projected for supplies including office materials under \$1,000, which are utilized, and generally subject to changes that will consume them or render them unfit for continuous and permanent use (i.e. paper, pencils, tape, computer software, subscriptions, and file cabinets).
6. Communications/Misc. Equipment Rental and Maintenance (Contractual Services) - \$16,650 is needed for communications. This line item includes expenses incurred for cellular telephone service, office equipment repair, data processing services, and copying equipment services.
7. Training - To provide training resources as described above, \$21,475 is needed. This includes costs for travel and registration, conferences, training room rental, and seminars related to survey staff training.
8. Office Space (Fixed Charges) – To provide resources related to payments of dues and membership fees, \$800 is needed.
9. Legal (Miscellaneous) - To provide resources related to costs for nurse aide hearings, resources of \$3,750 are needed.
10. Equipment – The SC/SA has no additional equipment needs for FY2021. If the need arises, we will submit the funding request via a one-time funding opportunity if offered by CMS during the fiscal year.
11. Contracted Surveys – the SC/SA maintains a contract with two contractors for LTC surveys. The total cost of \$2,737,500 is needed to assist with meeting current FIC and Survey and Certification workload.

12. Public Health Assessment A Public Health Assessment is assessed to the Survey and Certification program at a rate of 8.50% of salaries. A total of \$112,978 is needed this fiscal year. Public Health assessment is defined by the State Agency as Public Health Support which pays for each Public Health programs' direct operating expenditures, e.g. telecommunications, office rent/lease, copier rental, postage, etc. None of the expenditures included in the calculation for Public Health Support are from the Indirect Cost pool. The calculation and application of the Public Health assessment rate is reviewed for proper implementation on an annual basis by various internal and external audit teams throughout the year.

Again, we greatly appreciate this opportunity to prepare this annual budget request. If there are any questions regarding this request, please feel free to contact me directly at [REDACTED]

Sincerely,



Angie Smith, Interim Director
Bureau of Facilities Oversight

Cc: Gwendolyn C. Thompson, SC DHEC Director of Healthcare Quality

Ronica Tolliver, SC DHHS

Jacqueline Whitlock, CMS RO-Atlanta, GA

Bary Slovikosky, CMS CO – Baltimore, MD

Lisa F. Rawl, SC DHEC, Administrative Manager, Office of Budgets and Planning



March 12, 2021

Mr. David Wright, Director, Survey and Certification Group
 Department of Health and Human Services
 Centers for Medicare & Medicaid Services 7
 500 Security Boulevard, Mail Stop C2-21-16
 Baltimore, Maryland, 21244-1850

RE: FY2021 AMENDED Budget Request Narrative – CARES ACT funding request COVID-19 Survey Activities

Dear Mr. Wright:

The South Carolina State Agency (SCSA) appreciates the opportunity to submit this FY2021 Budget Request Narrative. Enclosed is our Budget request for CARES ACT funding for COVID-19 Survey Activities for October 1, 2020 through December 29, 2020. The budget request is based on the remaining allocation of \$202,456 as outlined in the Admin Info: 21-02-ALL, dated December 23, 2020, as well as the amount that is lapsing from FFY’2020. We were allocated \$800,000 for FFY’2020, and expended \$794,140. We would like for CMS to de-obligate \$5,860 and re-obligate in FFY’2021. Hence our revised request for funding for FFY’2020 is \$794,140 and FFY’2021 is \$208,316.

The remaining allocation of **\$208,316** is needed from CMS in order to fund these COVID-19 Activities.

The table below conveys the survey type, vendor, cost and quantity of surveys that we have performed.

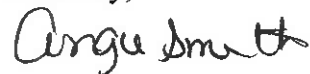
Survey Type	Vendor	Unit Price	Qty	Cost	Medicare Cares Act Funding	Medicare Title 19 (50% cost share)
Surveys performed October 1, 2020- December 29, 2020						
Complaint(s) with targeted Infection Control 1-Person	Ascellon	\$7,325	13	\$95,225		

Complaint(s) with targeted Infection Control 1-Person	Certisurv	\$8,000	16	\$128,000		
Complaint(s) with Targeted Infection Controls 1 Person	HMS-	\$9,800.00	23	\$225,400		
Complaint(s) with Targeted Infection Controls 2 Person	HMS	\$15,900.00	2	\$31,800		
Target Infection Control 1Person	Ascellon	\$6,060.00	37	\$224,220		
Target Infection Control 1Person	HMS	\$7,100.00	14	99,400		
Target Infection Control 1Person	Certisurv	\$5,000.00	13	\$65,000		
Total			118	\$869,045	\$208,316	208,316

The requested budget is solely for contracted surveys. The SC/SA maintains an emergency contract with three contractors for COVID-19 related surveys, including initial surveys, complaint/targeted infection control and life safety code surveys. The total cost of \$434,522.50 (\$869,045 / 2) is needed to accomplish these required COVID-19 related surveys, however, our remaining allocation of CARES ACT funding is \$208,316.

Again, we greatly appreciate this opportunity to prepare this budget request. If there are any questions regarding this request, please feel free to contact me directly at [REDACTED].

Sincerely,



Angie Smith

Cc: Gwendolyn C. Thompson, SC DHEC Director of Healthcare Quality
 Ronica Tolliver, SC DHHS
 Nicole Mitchell-Threatt, SC DHHS
 Jacquelline Whitlock, CMS RO-Atlanta GA
 Bary Slovikosky, CMS CO- Baltimore



June 28, 2022

Mr. David Wright, Director, Survey and Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services 7
500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2022 Budget Request Narrative

Dear Mr. Wright,

The South Carolina State Agency (SC SA) appreciates the opportunity to submit this FY2022 Budget Request Narrative. Enclosed is our budget request for Survey & Certification for FFY2022, October 1, 2021 through September 30, 2022. The budget request is based on the FY2022 CMS Mission and Priority Document issued via Admin Info: 22-03-ALL dated January 28, 2022. The Centers for Medicare and Medicaid Services (CMS) indicated that our budget allocation for FY2022 is \$2,726,467. This allocated amount is insufficient for the SC SA to meet federal regulatory workload requirements and a supplemental budget request will be requested for FY2022.

The SC SA continues process of merging the onsite state and federal survey processes for Skilled Nursing Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The purpose of the merger is to promote consistency between the state and federal survey processes including citation of deficiencies and using the same survey staff members to complete both the state inspection and federal certification inspection during the same onsite visit to facilities. As a result, cost shares utilizing state funding will be reflected in this budget beginning on April 1, 2022, through September 30, 2022, for Skilled Nursing Facilities and ICF/IID.

In March 2021, the SC SA, engaged Health Management Solutions (HMS) under a contract to assist with and make recommendations related to the ongoing merger of state licensing and federal Medicare certification activities, which included determining the necessary state/federal cost share for Skilled Nursing Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). In preparation for this, SC DHEC reviewed the guidance in the Centers for Medicare and Medicaid Services (CMS) located in the State Operations Manual (SOM) Chapter 4. SC DHEC has completed a work analysis of the programs benefiting from the merger based on CMS policy and worked closely with HMS to identify a cost share based on derived benefit for each of the three programs which is in line with CMS Policy. The chart below reflects the determined cost shares for the following facility types:

STATE/FEDERAL BUDGET COST SHARE FOR SKILLED NURSING FACILITIES				
LTC based on Survey Time	# of Facilities in each payment category	State Percent of Time	Title 19 Percent of Time	Title 18 Percent of time
State/T18	36	21.1%		78.9%
State/T18/T19	153	11.92%	44.04%	44.04%
Combined/Proposed Cost Share for State/T18 and State/T18/T19	189 (188 total SNF's + 1 additional SFF survey)	14%	43%	43%

STATE/FEDERAL BUDGET COST SHARE FOR ICF/IID		
ICF/IID based on Survey Time	State	Title 19
State/T19	30.54%	69.46%
Combined/Proposed Cost Share State/T19	31%	69%

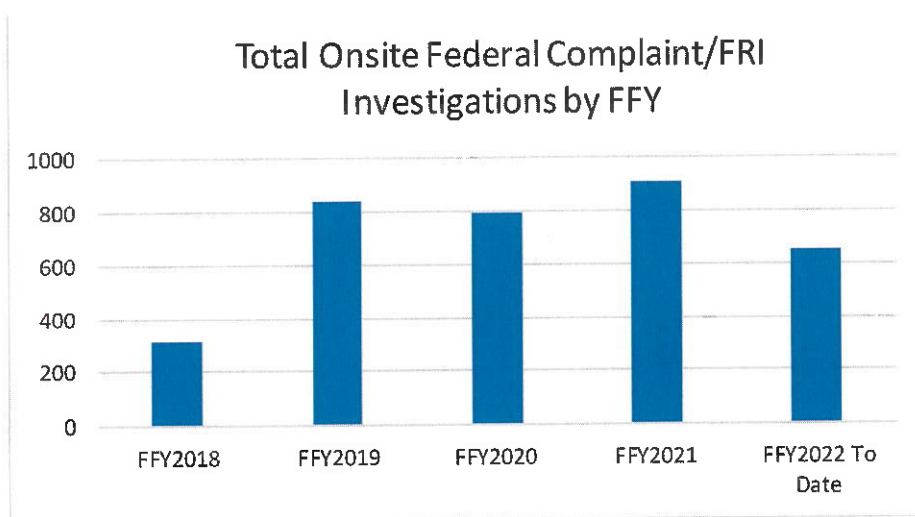
TIER WORKLOAD:

Throughout the first half of FY2022, the South Carolina State Agency had been meeting workload goals set by CMS for Focused Infection Control (FIC) Surveys and complaints triaged at the level of Immediate Jeopardy (IJ). Recently, the SC SA resumed all CMS Tier recertification surveys and complaint workload. Due to the COVID-19 Public Health Emergency (PHE) and the directive by CMS to halt all recertification surveys during the PHE, the average survey interval is currently 20.2 months for Nursing Homes and 21.8 months for ICF/IID. The SC SA will be working with the goal to return to an average of 12.9 months by the end of the first quarter of FY2023. The SC SA intends to meet all continued COVID-19 Focused Infection Control surveys throughout FY2022. The SC SA has had to rely heavily on contracted surveys due to staffing shortages. Recruitment efforts are ongoing, however continued use of contracted surveyors will be necessary throughout FY2022.

The SC/SA has experienced an increase in the number of overall Facility Reported Incident (FRI)/complaints since 2018. The total number of incidents/complaints that have been investigated onsite for FY2018, FY2019, FY2020, FY2021 and FY2022 to date represent a general trend of overall increase in workload for the SC SA. While complaint investigations were limited to those triaged at the IJ level during the COVID-19 pandemic in FY2020 causing a minor decrease, an overall increase trend is noted, current statistics for the first half of FY2022 indicate the continued trend of an overall increase in onsite complaint surveys. The SC SA has resumed

investigation of all required level of federal complaints, however; staffing issues have prevented the SC SA in meeting goals of timely investigations of complaints at all levels. The table/chart below demonstrates the overall increase in the number of onsite complaint investigations conducted by the state of South Carolina.

Total Onsite Complaint/FRI Investigations by FFY	
FFY2018	313
FFY2019	839
FFY2020	794
FFY2021	906
FFY2022 to Date	651



The onset of the COVID-19 pandemic has also contributed to the inability of the SC SA to conduct 10-day complaints due to the CMS suspension of surveys, however the SC SA has worked diligently to complete all complaint investigations with approximately 252 outstanding non-assigned complaint investigations as of June 27, 2022. Staffing turnover, along with an overall insufficient number of funded complaint surveyors also contributed to the inability to meet federal workload.

Although staffing for both state licensure and federal certification will now be shared, the SC SA continues to be underfunded and understaffed and thereby limited in its ability to meet state and CMS federal workload. Additional federal funding for the following positions is essential and necessary for our success.

While the new positions listed below are **not included** in this budget request, the SC SA continues to express the need for additional federal funding for additional positions to build a viable systemic

structure to ensure that we meet all CMS workload expectations well into the future. The funding that would be required for these additional thirteen (13) positions is \$1,320,390.

The table below conveys the number and position types needed to successfully meet all CMS Tier workload in the state of South Carolina:

FY2022 NEW POSITIONS REQUESTED		
POSITION CLASSIFICATION	TOTAL # REQUESTED	PROGRAM AREA
Program Coordinator I	6	6 LTC Surveyor (Generalist)
Nurse Administrative Manager I	7	7 LTC RN Nurses Surveyors
TOTAL POSITIONS REQUESTED	13	
TOTAL FUNDING REQUIRED	\$1,320,390	

Six (6) Program Coordinator I (generalist surveyor) positions which will serve as “generalist” surveyors to complete various CMS survey types to meet all CMS Tier workload.

Seven (7) Nurse Administrator/Manager I (Nurse Surveyor) positions to function as nurse surveyors for various facility types to assist the SCSA in addressing anticipated increased initial Medicare Certification surveys, recertification surveys, revisits, and complaint workload and to complete timely triage of complaint and facility reported incidents.

Again, while we are not requesting additional funds for these positions due to our limited and stagnant federal allocation, the SC SA’s ability to meet CMS workload remains hampered due to the inability to fund additional surveyor positions.

TRAINING:

As the Bureau of Facilities Oversight continues with restructuring, the SC/SA will need to send a small number of surveyors out of state to complete field training. Due to a number of factors including, larger bureau size with licensing and certification combined, the current PHE and CDC recommendations for social distancing requirements, the SC SA will need to rent training space to conduct a minimal number of in-person training events. The SC SA also utilizes on-line meeting platforms such as Microsoft TEAMS and ZOOM to conduct and participate in routine meetings and smaller topic-specific trainings. The total estimated costs for training through June 30, 2022, is reflected in the Training line item below. The amount of \$3,519 covered costs for rental for training rooms, ICF/IID and MDS training. This does not include other cost for CMS mandatory in-person training conferences since the federal funding is insufficient to support this under the current allocation.

The state of South Carolina currently has 188 Medicare Certified Skilled Nursing Facilities (SNF) and is averaging a minimum of two (2) Initial surveys of new facilities per year. The most recent State Health Plan (SFY2020) for South Carolina makes available 20,640 beds for long term care.

Since calendar year 2016, SC Certificate of Need (CON) program has granted CON's to construct seven (7) new nursing homes. Initial surveys continue to increase in the non-LTC facility types such as ESRD as well, further straining resources. With continued emphasis on access to care due to the COVID-19 pandemic, initial surveys are expected to continue to increase.

In addition, for the Survey and Certification program administered through the South Carolina Department of Health and Environmental Control's (DHEC) Healthcare Quality Division, \$3,965,134 in federal Title 19 funds will be requested.

The requested budget line items and resources of Medicare funds including total budget expenditures for current positions, including but not limited to direct and indirect costs, rental of office space/equipment, fixed charges, supplies, travel including hotel and mileage for surveys, supplies are as follows:

1. **Personnel** - To support 18.56 FTEs, \$888,175 is needed. This includes the positions of surveyors, administrative and support staff.
2. **Fringe Benefits and Insurance** - For contribution towards employee benefits including state retirement, social security, unemployment and workers' compensation, as well as dental and health insurance, \$355,271 is projected as needed.
3. **Indirect Costs** - Based on indirect cost of 19.10% of personnel costs, the Department needs \$169,641 for the administration of the program.
4. **Travel** - Cost as allowed by the Department for travel expenses incurred for the purpose of Certification surveys and programmatic activities is \$96,180. This includes the current reimbursement rate of \$.585 cents per mile if state cars are not available (\$.545 cents per mile if a state car is available but a personal car is used). When traveling overnight, employees are reimbursed for meals up to \$35 per day in state and \$50 per day out of state. Hotels are reimbursed at the GSA rate. This includes all travel related to certification surveys and professional meetings.
5. **Supplies** - \$3,000 is projected for supplies including office materials under \$1,000, which are utilized, and generally subject to changes that will consume them or render them unfit for continuous and permanent use (i.e. paper, pencils, tape, computer software, subscriptions, and file cabinets).
6. **Communications/Misc. Equipment Rental and Maintenance (Contractual Services)** - \$5,766 is needed for communications. This line item includes expenses incurred for cellular telephone service, office equipment repair, data processing services, and copying equipment services.
7. **Equipment** - \$17,249 is needed for equipment. This line item includes expenses incurred for computers..
8. **Training** - To provide training resources, \$3,519 is needed. This includes costs for travel and registration, seminars related to staff receiving training.

9. **Office Space (Fixed Charges)** – To provide resources related to payments of dues and membership fees, \$0.00 is needed.

10. **Miscellaneous** –the costs listed under the #19 Miscellaneous line item includes the amounts outlined in sections a and b below:

a. Legal Services to provide resources related to costs for nurse aide hearings, resources of \$650 are needed.

b. Public Health Assessment (Miscellaneous)- A Public Health Assessment is assessed to the Survey and Certification program at a rate of 8.50% of salaries. A total of \$75,494 is needed this fiscal year. Public Health assessment is defined by the State Agency as Public Health Support which pays for each Public Health programs' direct operating expenditures, e.g. telecommunications, office rent/lease, copier rental, postage, etc. None of the expenditures included in the calculation for Public Health Support are from the Indirect Cost pool. The calculation and application of the Public Health assessment rate is reviewed for proper implementation on an annual basis by various internal and external audit teams throughout the year.

11. **Subcontracts - Contracted Surveys** – the SC SA maintains a contract with three contractors for LTC, NLTC, and infection control surveys. The total cost of \$1,111,522 is needed to assist with meeting current and ongoing LTC/NLTC workload.

Again, we greatly appreciate this opportunity to prepare this annual budget request. If there are any questions regarding this request, please feel free to contact me directly at [REDACTED].

Sincerely,



Gwendolyn C. Thompson

Cc: Angie Smith, Director, Bureau of Community Care
Ronica Tolliver, SC DHHS

Funding Breakout July 28, 2022

South Carolina

SCDHEC

Expense Type	Category	Description of Need	Amount Requested	Notes
Vehicles (2)	Cars	Two vehicles to be utilized by LTC survey teams for travel to/from LTC survey assignments.	\$ 25,209.00	2 vehicles (Ford Escape) @ \$25,209.00 each
AHFS Conference	Shortfall	The SCSA has several new managers that will need to attend this Mandatory training.	\$ 4,129.00	
Training Room Rental/Equipment/Supplies	Shortfall	Survey Staff Training and Supplies for use for scheduled surveyor training for Phase 2 & 3, SOM Chapter 5 changes, and LTC Survey process.	\$ 4,986.00	#####
Certified Professional in Healthcare Quality (CPHQ)	Efficiency	Specialized training for five (5) Senior members of the Quality Management team. The training	\$ 1,411.00	CPHQ COURSE CONTENT
NAHQ Membership	Efficiency	Accompanying National Membership fee for five (5) Senior members of the Quality Management team.	\$ 222.00	NAHQ Membership
Digital Cameras	Other- explain in Notes	Digital camera for LTC surveyors to use to document findings on LTC surveys.	\$ 364.00	Fifteen (15)- Prysed Digital Camera for Kids, 2.7K 40MP Vlogging Kids Camera with 16X Zoom,
Monitors	Other- explain in Notes	Monitors to be utilized by the complaint staff for efficiency in the triage & assignment of federal	\$ 2,030.00	Fifteen (15) Dell 27" computer monitors (P2722) @ \$279 +tax for use for the complaint staff.
Scanners	Other- explain in Notes	Scanners for LTC surveyors to use to scan survey documents per the LTCSP.	\$ 634.00	four (4) -Scanner Canon image Formula DR-C225 II Document Scanner @\$336.75 each
Telephone Headsets.	Other- explain in Notes	Telephone headsets to be used for virtual meetings/conferences and training.	\$ 942.00	Headsets for computers (qty. 15) and for desktop phones (qty. 5).
Microphones	Other- explain in Notes	Conference Microphone, Portable USB Computer Mic, 360 ° Omnidirectional Stereo PC Microphone	\$ 24.00	Three (3) \$24.99 each to be used in conference rooms for virtual meetings (e.g. IDR's, Trainings,
Chairs	Other- explain in Notes	Office Chairs for LTC and NLTC surveyors.	\$ 7,000.00	Twenty (20) office chairs @ \$731 each
Tables	Other- explain in Notes	Tables for use in the Training area for surveyor training.	\$ 2,531.00	Four (4) -HON Huddle Table/Flip Base/Silver @ \$1,344.00 each.
One Time Bonus	Salaries	One time non-recurring bonus.	\$ 14,760.00	One Time bonuses for 19 certification staff.
Payroll shortfall	Salaries	Salary/fringe benefits/indirect cost for remainder of FFY2022.	\$ 300,000.00	When developing the budget, more emphasis/budget was towards contractual
Travel budget shortfall	Operating	Travel budget for LTC/NLTC for remainder of FFY2022	\$ 20,000.00	When developing the budget, more emphasis/budget was towards contractual
Contracted Surveys	Consultants	Contracted surveys of Title 18 facilities to complete Federal CMS Tier workload.	\$ 360,143.00	

Expense Type	Category	Description of Need	Amount Requested	Notes
Total Expenses			\$ 744,385.00	

South Carolina: FY2022 One Time Funds Request

Roue, Mary Jo <[REDACTED]>

Thu 7/28/2022 6:07 PM

To: S [REDACTED] <[REDACTED]>; Slovikosky, Bary F. (CMS/CCSQ)
<[REDACTED]>

Cc: Whitlock, Jacqueline J. (CMS/CQISCO) <[REDACTED]>; Linda Smith
<[REDACTED]>; Smith, Angie <[REDACTED]>; Thompson, Gwendolyn
<[REDACTED]>; Rawl, Lisa <[REDACTED]>

📎 1 attachments (26 KB)

Final SC FY2022 One Time Funds Request Revised LR 7.28.2022.xlsx;

Good Afternoon Bary and Shaneka,

Please see the FY2022 One-Time Funds request from the state of South Carolina. We are requesting One-Time funding in the amount of \$744,385.00. If there are any questions, please contact Ms. Angie Smith at [REDACTED]

Thank you for the opportunity of submitting this request and we look forward to your response.

Thanks and have a great evening.

MaryJo

MaryJo Roué

Program Manager II

Bureau of Community Care

Healthcare Quality

S.C. Dept. of Health & Environmental Control

Office: [REDACTED]

Mobile: [REDACTED]

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)





October 10, 2022

Mr. David Wright, Director, Survey and Certification Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services 7
500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland, 21244-1850

RE: FY2023 Budget Request Narrative

Dear Mr. Wright,

The South Carolina State Agency (SC SA) appreciates the opportunity to submit this FY2023 preliminary Budget Request Narrative. This preliminary narrative outlines the *estimated* budgeted workload to be accomplished in each of the four CMS workload tiers at the flat-lined funding level and follows the priorities outlined in Admin Info 22.10-ALL FY2023 CMS Mission and Priority Document (MPD) released on September 28, 2022. The SC SA will adhere to the following CMS Priorities as outlined in the FY2023 MPD:

1. Investigation of patient complaints, as these are active quality concerns that must be reviewed to protect the health and safety of the public
2. Survey and recertification of statutory facilities such as nursing homes, home health agencies (HHAs), and hospices as required by current law; and
3. Survey and recertification of non-statutory facilities, as required by CMS policy *with consideration of available funding once priorities one and two have been accomplished.*

The FY2023 allocated budget amount of **\$2,726,467** is insufficient for the SC SA to meet federal regulatory workload requirements and a supplemental budget request will be requested for FY2023.

In addition to the lack of funding, the SC SA is currently facing an extreme staffing shortage for the Bureau of Community Care (Long Term Care) area which includes Skilled Nursing Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and certified Psychiatric Residential Treatment (PRTF) facilities. The SC SA is working actively to recruit staff; however, the SC SA is experiencing extreme difficulty in attracting all genres of surveyors. In addition to recruitment, staff turnover of experienced staff has led to a lack of qualified "preceptors" to provide field training for new staff. The SC SA has utilized other states for field precepting in limited circumstances and the SA is currently pursuing a "field-training" contract to assist in precepting surveyors in the survey process. The SA continues to utilize "in-house" trained staff whenever possible, however since most of these persons have other dual roles, (i.e. managers, trainers) the availability is limited for precepting new staff in the field. Due to staffing shortages, it should be noted that the SC SA expended **\$3,630,904** in Title 18 & Title 19 funds and Cares Act

S.C. Department of Health and Environmental Control

fund on contracted surveys alone throughout FY2022 in order to attempt to complete CMS Tier workload.

TIER WORKLOAD

Overall, the South Carolina estimates that the following percentages of CMS Tier workload can be completed within a flatlined budget of \$2,726,467. The table below contains the estimated Tier workload in Tiers 1-4 that the SC SA estimates that it will be able to accomplish given the flatlined budget. A more specific summary of Tier workload is provided below:

FY2023 ESTIMATED TIER WORKLOAD SUMMARY			
Tier 1	Tier 2	Tier 3	Tier 4
50%	85%	100%	100%

Tier 3 & 4 Initial certification surveys will be conducted in accordance with CMS guidance found in S&C 13-60-ALL issued September 6, 2022, and in consultation with the CMS Location as needed.

TIER 1 & TIER 2 WORLOAD:

**Long Term Care: Bureau of Community Care
Skilled Nursing Facilities (SNF)**

The state of South Carolina currently has 188 Medicare Certified Skilled Nursing Facilities (SNF) and is averaging a minimum of two (2) Initial surveys of new facilities per year. The most recent State Health Plan (SFY2020) for South Carolina makes available 20,640 beds for long term care. Since calendar year 2016, SC Certificate of Need (CON) program has granted state Certificates of Need (CON) to construct seven (7) new nursing homes. Initial surveys continue to increase in the non-LTC facility types such as ESRD as well, further straining resources. With continued emphasis on access to care due to the COVID-19 pandemic, initial surveys are expected to continue to increase. For FY2023, the SC SA workload includes 188 Recertification surveys, 1 additional Recertification survey for the one Special Focus Facility in SC, and four (4) additional FY2022 backlog Recertification of the eight (8) total recertification backlog or 50%, as required in the SPSS, for a total of 193 Recertification surveys of Skilled Nursing Facilities. Currently, the SC SA has the staff to complete approximately 4 Recertification surveys per month or forty-eight (48) surveys per year. With the CMS allocation budgeted, we can complete seventy-two (72) Recertification surveys, however, this total of 120 Recertification surveys of Skilled Nursing Homes, amount to only 62% of our total workload, excluding revisits and individual IJ and 10-day complaints, those complaints triaged at IJ Low and/or complaints while on recertification surveys. For that reason, we anticipate being able to meet a total of 55% of overall Tier 1 workload.

Due to the COVID-19 Public Health Emergency (PHE) and the directive by CMS to halt all recertification surveys during the PHE, as of this writing, the average survey interval is currently 19.7 months for Nursing Homes and 24.4 months for ICF/IID. The SC SA will be working with the goal to return to an average of 12.9 months by the end of FY2023. The SC SA has had to rely

heavily on contracted surveys due to staffing shortages. Recruitment efforts are ongoing, however continued use of contracted surveyors will be necessary throughout FY2023. The SC SA intends to conduct Recertification surveys for Skilled Nursing Facilities for 62% of Skilled Nursing and the requirements to adhere to no more than 15.9 months between surveys and maintaining an average interval of 12.9 months for all Skilled Nursing Facilities will not be met. Additional funding and staffing would be needed to conduct the number of additional surveys needed to complete 100% of Recertification surveys for Skilled Nursing Facilities (SNF) and possibly reach the 12.9 month average interval. Utilizing both State Agency staff and a variety of contractors with different costs, the estimated costs for contracting these Tier 1 surveys are below:

SNF RECERTIFICATION SURVEY COSTS = 194 TOTAL (includes 189 Recertification surveys plus 50% backlog per SPSS)		
	Total Number of Recertification Surveys	Associated Costs Estimates
State Agency Personnel	48	TBD
Contracted Surveys	72	\$2,109,800

Long Term Care: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

The SC SA continues to struggle with the hiring and training of qualified staff to conduct surveys of ICF/IID facilities. While the SC SA currently has three ICF/IID employees in training, the SC SA will need to rely primarily on survey contractors to conduct most of this workload throughout FY2023; until the SA employees can conduct ICD/IID Recertification surveys independently. Since the SC SA must rely on survey contractors, we estimate that only 50% of the IJ level complaints for IDC/IID’s will be investigated timely. While the State Agency continues to hire and train staff to conduct ICF/IID surveys, we estimate that we can conduct 100% of ICF/IID recertification surveys, however, the SC SA will not be able to meet the requirements for a 15.9 month maximum survey interval, nor will the SC SA be able to conduct the number of recertification surveys of ICF/IID facilities to maintain the average interval of 12.9 months for all ICF/IID surveys. Utilizing both State Agency staff and a variety of contractors with different costs, the estimated costs for contracting these Tier 1 surveys are below:

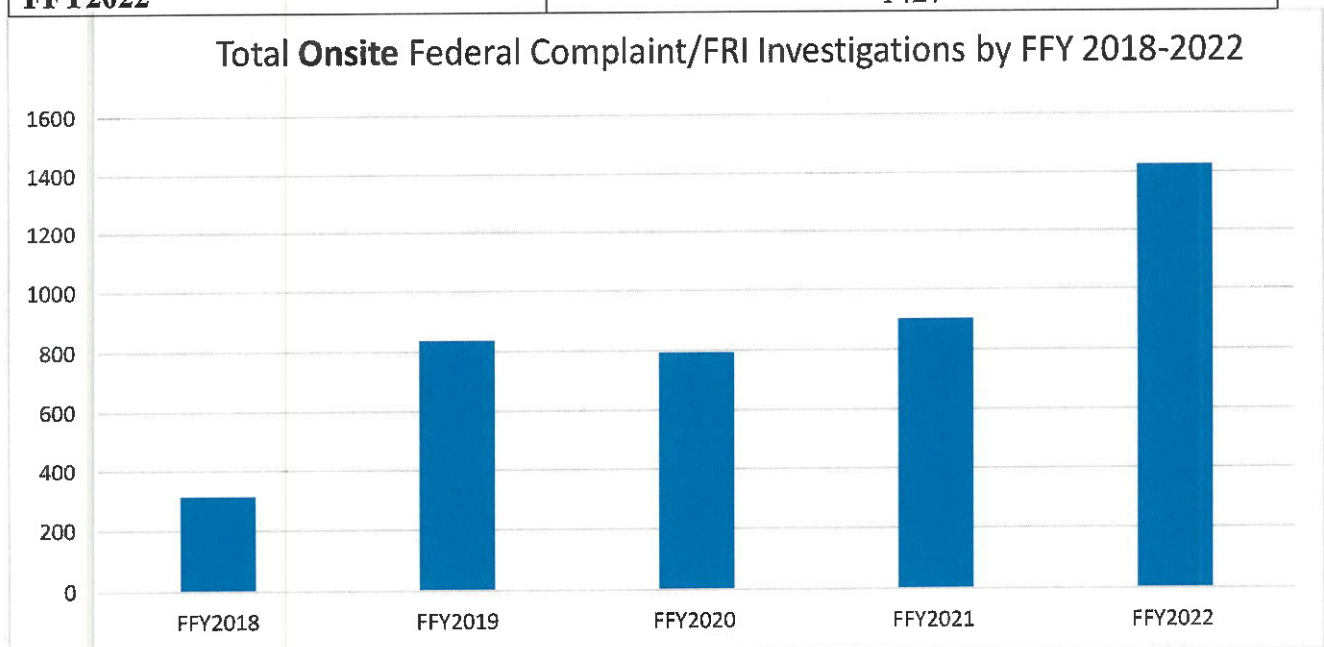
ICF/IID RECERTIFICATION SURVEY COSTS = 68 Facilities		
	Total Number of Recertification surveys	Associated Cost Estimates
State Agency Personnel	28	TBD
Contracted Surveys	40	\$289,750

Tier 1 and Tier 2 Complaint Workload Long Term Care (SNF/ICF/IID):

The SC/SA has experienced an increase in the number of overall Facility Reported Incident (FRI)/complaints since 2018. The total number of incidents/complaints that have been investigated onsite for FY2018, FY2019, FY2020, FY2021 and FY2022 represent a general trend

of overall increase in workload for the SC SA. The SC SA makes every attempt to conduct investigations of all required level of federal complaints, however; staffing issues have prevented the SC SA in meeting goals of timely investigations of complaints at all levels. The SC SA does not anticipate meeting complaint time frames for Tier1 and Tier 2 complaints for Long Term Care facilities during FY2023. The table/chart below demonstrates the overall increase in the number of onsite complaint investigations conducted by the state of South Carolina.

Total Onsite Complaint/FRI Investigations by FFY	
FFY2018	313
FFY2019	839
FFY2020	794
FFY2021	906
FFY2022	1427



Acute and Continuing Care Providers: Bureau of Healthcare Systems and Services

The Bureau of Healthcare Systems and Services, which surveys the acute and continuing care providers has four (4) fully trained staff to conduct non-long term care surveys and has hired two additional fully trained RN staff that will begin employment in the first quarter of FY2023. The Bureau anticipates meeting all Tier workload and all survey interval timeframes in Tiers 1-4.

In closing, the SC SA is doing its utmost to hire and train qualified staff to conduct CMS Tier workload and reduce the reliance on contractors, therefore maximizing our budgetary capabilities. We hope that the cost estimates above will be reduced as we add direct employees to the SC SA LTC staffing.

We greatly appreciate this opportunity to prepare this estimated annual budget request. If there are any questions regarding this request, please feel free to contact me directly at [REDACTED]

Sincerely,



Gwendolyn C. Thompson

Cc: Angie Smith, Director, Bureau of Community Care
Ronica Tolliver, SC DHHS

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	188	
	What is the number of Medicare and or Medicaid certified nursing home beds?	20640	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$2,252,724	The state funding we receive does not earmark funds for any particular type of survey. This is the total amount of state funding we received for Facility Licensing.
	FY2021	\$1,709,392	The state funding we receive does not earmark funds for any particular type of survey. This is the total amount of state funding we received for Facility Licensing.
	FY2020	\$1,676,529	The state funding we receive does not earmark funds for any particular type of survey. This is the total amount of state funding we received for Facility Licensing.
	FY2019	\$1,665,161	The state funding we receive does not earmark funds for any particular type of survey. This is the total amount of state funding we received for Facility Licensing.
	FY2018	\$1,716,161	The state funding we receive does not earmark funds for any particular type of survey. This is the total amount of state funding we received for Facility Licensing.
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$3,470,852	The federal funding we receive from CMS does not earmark funds for a specific item/survey type. This amount excludes COVID/CARES ACT funds and funds received from DHHS/Medicaid.
	FY2021	\$2,782,967	The federal funding we receive from CMS does not earmark funds for a specific item/survey type. This amount excludes COVID/CARES ACT funds and funds received from DHHS/Medicaid.
	FY2020	\$2,782,711	The federal funding we receive from CMS does not earmark funds for a specific item/survey type. This amount excludes COVID/CARES ACT funds and funds received from DHHS/Medicaid.
	FY2019	\$2,741,363	The federal funding we receive from CMS does not earmark funds for a specific item/survey type. This excludes funds received from DHHS/Medicaid.
	FY2018	\$2,896,208	The federal funding we receive from CMS does not earmark funds for a specific item/survey type. This excludes funds received from DHHS/Medicaid.
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	11.13	For FFY2022, mid year the federal and state licensure staff for nursing homes merged together. This is the combined FTE for federal/state licensure staff. State Licensure staff are surveyors for many facility types, and it is unknown what percentage of their time was spent surveying nursing homes.
	FY2021	21.63	These FTEs were federally funded staff only. State Licensure staff are surveyors for many facility types, and it is unknown what percentage of their time was spent surveying nursing homes.
	FY2020	14.63	These FTEs were federally funded staff only. State Licensure staff are surveyors for many facility types, and it is unknown what percentage of their time was spent surveying nursing homes.
	FY2019	23.78	These FTEs were federally funded staff only. State Licensure staff are surveyors for many facility types, and it is unknown what percentage of their time was spent surveying nursing homes.
	FY2018	28.4	These FTEs were federally funded staff only. State Licensure staff are surveyors for many facility types, and it is unknown what percentage of their time was spent surveying nursing homes.
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	14	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	6	
	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	4	Estimated number of FTEs added to Federally funded staff
	FY2021	13	Estimated number of FTEs added to Federally funded staff
	FY2020	5	Estimated number of FTEs added to Federally funded staff
	FY2019	2.875	Estimated number of FTEs added to Federally funded staff
	FY2018		Need more time to research
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	10	Estimated number of Federally funded FTEs
	FY2021	4.5	Estimated number of Federally funded FTEs
	FY2020	14.15	Estimated number of Federally funded FTEs
	FY2019	7.5	Estimated number of Federally funded FTEs
	FY2018		Need more time to research

7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?		We only have 11 surveyors; of those only 6 are certified to conduct surveys. Of the 6 that are certified, only 3 have 5 years of surveyor experience, and 1 has less than one year of survey experience. The remainder 4 surveyors are not certified to conduct surveys and have been with the program area less than 6 months.
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?		1 surveyor has 2 years of surveyor experience
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?		1 surveyor has more than 5 years of surveyor experience
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?		range: \$59,807 - \$84,332
	Not registered nurses?		range: \$43,030 - \$72,100
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$1,287,737	This excludes amounts spent using CARES ACT funds and DHHS funds
	FY2021	\$1,298,022	This excludes amounts spent using CARES ACT funds and DHHS funds
	FY2020	\$1,162,065	This excludes amounts spent using CARES ACT funds and DHHS funds
	FY2019	\$316,073	This excludes amounts spent using DHHS funds
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	59	
	CY2021	27	
	CY2020	156	
	CY2019	28	
	CY2018	18	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	90%	
	CY2021	81%	
	CY2020	13%	
	CY2019	86%	
CY2018	46%		



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October 28, 2022

Senator Bob Casey, Jr.
Chairman
U.S. Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

Dear Senator Casey,

Thank you for the opportunity to participate in the survey regarding the staffing needs and shortages as it pertains to the timeliness of facility surveys. I'm certain that the challenges we face in South Dakota are like those that are seen in other states.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges, or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The South Dakota State Survey Agency (SSA) works closely with the Centers for Medicare and Medicaid Services (CMS) and our healthcare partners to ensure the health and safety of patients and residents receiving services in health care facilities across the state. This agency conducts Federal Certification and/or State Licensure of over 450 health care facilities including 98 nursing homes. There have been sixteen (16) Nursing Home closures since 2013.

South Dakota has a total area of 77,184 square miles requiring extensive travel and multiple overnight stays to perform survey activities. Travel for survey may be affected due to inclement winter weather. Prior to the COVID-19 pandemic, the SSA had experienced staff with significant longevity making staffing reasonable and manageable in order to perform survey workload.

The SD SSA requires 46 Full Time Equivalent (FTE). There are twenty-three full time staff conducting surveys. The SSA has gone through a significant number of resignations, retirements, and staff assuming new positions or careers requiring substantial recruitment, hiring, orientation, and training. As in many areas of healthcare, there have been challenges with vacant surveyor positions. This is especially true with nurse positions. The SSA has been required to reclassify three nurse surveyor positions to other



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disciplines due to the lack of nurse applicants. Challenges of hiring new surveyor staff has been affected by the lack of applicants and the lack of viable candidates. There are currently four (17%) vacant health facility surveyor positions. Fifteen newer surveyor staff (65%) have three years of survey experience or less.

South Dakota has seen many challenges in conducting recertification surveys due to staffing and the amount of workload. Administrators and program manager staff have been required to participate with surveys to meet workload obligations for all recertification surveys. While there has been an increase in complaint surveys in 2022 from previous years, South Dakota has conducted LTC complaint surveys timely, in the manner prescribed by CMS, and have not experienced a backlog for complaint surveys. Rearrangement of surveyor staff schedules to conduct complaints and recertification surveys occurs frequently.

Currently, South Dakota has hired, conducted surveyor training, and have many new surveyors federally qualified for survey. When the pandemic began, new surveyors were unable to develop a strong knowledge base, or to be adequately trained on the survey process. When survey state agencies were allowed to resume survey activities, surveyors were behind in training and in some cases their training started over. In trying to fill open positions, we did not have a solid core of experienced surveyors to provide one-on-one training.

Orientation of a new Health Facility Surveyor begins with Long-Term Care (LTC) Nursing Home survey. Orientation includes a combination of CMS on-line training as well as observation and precepted on-site survey activities. Much of the orientation and training is conducted by current and experienced surveyor staff. New staff take the Surveyor Minimum Qualification Test at approximately five to six months after hire. Training within Nursing Home surveys continue for up to two additional years to ensure competency. Experienced surveyors receive continuing education to cross train to or for multiple provider types.

The South Dakota Department of Health (SD DOH) worked closely with the Governor's office and many other State Agencies and the health care community to keep our residents safe and healthy during the COVID-19 pandemic. The South Dakota State Survey Agency (SSA) within the DOH followed national guidance issued by the Centers for Medicare and Medicaid Services (CMS) to all states on the response activities to the COVID-19 pandemic. In addition, we are following guidelines outlined by the Centers for Disease Control (CDC) to keep our elderly healthy and safe. CMS ceased normal recertification survey activities March 2020 requiring SSAs to conduct only complaint and Focused Infection Control surveys (FICS). The South Dakota SSA performed 453 FICS Nursing Homes and 188 FICS in Assisted Living Centers between March 2020 through February 2022. These surveys are not considered recertification surveys. Ceasing of recertification surveys during the COVID-19 pandemic caused a backlog of recertification surveys in all provider types including Nursing Homes.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

In addition to the CMS directed cessation of surveys, staff turnover, and staff vacancies have caused significant negative effects to the timeliness of current surveys. South Dakota has experienced a loss of staff due to retirement; other job opportunities, or because of a change in their significant other's employment. It is difficult to state burnout was the primary or a contributing factor for the change in employment, however the COVID-19 pandemic was taxing on all staff. Surveyor duties changed when CMS ceased survey activity. Surveyors worked closely with providers, residents, and families with CMS and CDC guidance. Staff identified many individuals were anxious, frustrated, and sometimes made angry comments in response to federal guidance. This environment may have added to their decision to leave the department.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Hiring of nurse surveyors has been a challenge since the onset of the pandemic to present. Recruitment efforts have been heightened to include postings in the following publications: SD Nurse Association Publication, NursingALD.com, South Dakota Website, and social media site such as LinkedIn, Facebook, and Google Ads. We are unaware of current Registered Nurse (RN) surveyor salaries at other entities or in other states. Salaries and bonuses offered in the private sector do affect the ability to hire quality RN staff for survey. While all disciplines are important, the requirement for an RN on the team drives the survey process. While money is not the determining factor for some staff, potential employees do see a good salary as a sign of skill set appreciation. With the exception for off hour, weekend/holiday survey starts; having weekends off is an incentive for some. The interview process highlights the value of the state retirement program, benefit package, and a compressed work week which allow more family time.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to

ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

South Dakota Department of Health has not hired contractors for LTC surveys or for the IDR process.

5. What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

The SDDOH is working diligently to conduct quality recertification surveys within the appropriate timeframe. Suggestions for changes would be to provide a modified LTC survey process similar to the ICF Fundamental or the Home Health certification survey process. Incorporation of some off-site survey activities may be useful to reduce time at the facility and reduce overnight stays. The onsite survey could begin with an abbreviated process if items trigger further review and move into a full survey as needed. The foundation to this type of abbreviated survey process is already set with completion of the LTC screening process prior to sample selection.

Reduction in the number and or blending of tags would also be useful to the surveyor as well as the LTC provider. There are several regulatory tags that are never cited or cited very seldom.

In addition, the states have seen a shifting of administrative duties from the CMS Regional offices to the states which have also caused workload issues.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

South Dakota has used CARES Act funds for the completion of Focused Infection Control surveys as authorized by CMS. Vacancies of up to 8 surveyor staff did not allow for use the total amount of the CARES Act funds. There is no impact on South Dakota with these funds sunseting, unless CMS requires states to conduct Focused infection Control surveys again.

7. *See attached spreadsheet.*



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Thank you, again, for the opportunity to provide information for this survey. If you should have any questions regarding the data that has been provided, please contact me at [REDACTED]

Sincerely,

A handwritten signature in blue ink that reads 'Melissa Johnson'.

Melissa Johnson
Director
Office of Licensure and Safety

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	98	4 Nuring Home closures in FY22. 11 Nursing Home closures since FY18.
	What is the number of Medicare and or Medicaid certified nursing home beds?	7361	7361 moratorium beds. 6256 licensed beds. 4712 occupied beds.
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		Amounts expended.
	FY2022	\$772,348	
	FY2021	\$936,356	
	FY2020	\$855,877	
	FY2019	\$970,041	
	FY2018	\$1,013,864	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	653794 (through Sept)	Title XIX 705502 (through September)
	FY2021	\$666,609	Title XIX 699080
	FY2020	\$895,314	Title XIX 938406
FY2019	\$1,019,366	Title XIX 1090179	
FY2018	\$1,003,079	Title XIX 1045092	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	23	
	FY2021	23	
	FY2020	23	
	FY2019	23	
FY2018	23		
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	4	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	3	3 of the 4 vaccancies are nurse surveyor positions.
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	6	
	FY2021	4	
	FY2020	3	
	FY2019	6	
	FY2018	3	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	5	
	FY2021	2	
	FY2020	4	
FY2019	8		
FY2018	5		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	3	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	52%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	13%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$28.81 - \$34.65	
	Not registered nurses?	\$28.73 - \$30.34	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
FY2018	\$0		
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	6	

7 (i)

CY2021	3
CY2020	11
CY2019	16
CY2018	9
What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?	
CY2022	100%
CY2021	100%
CY2020	100%
CY2019	100%
CY2018	100%

Additional Notes

understand the data you are submitting

The 2022 numbers are only inclusive through 3rd quarter June 30, 2022. Final 4th quarte

er numbers will be reported November 15th.

Tennessee



State of Tennessee
Health Facilities Commission

502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364

October 28, 2022

The Honorable Bob Casey, Jr.
The United States Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

Dear Sen. Casey:

First and foremost, thank you for reaching out to the Tennessee Health Facilities Commission (“HFC”). We are in receipt of your September 12, 2022, letter requesting data for the previous five (5) calendar years and year to date regarding our State Survey Agency duties and a response to your questions regarding state survey agency activities. To be clear, the data provided prior to July 1, 2022, comes from the Tennessee Department of Health. HFC can only provide data from July 1, 2022, to present. In response to your questions, we are providing the following narrative and the data requested is attached hereto as Exhibit 1.

I. State Survey Agency Scope

From federal fiscal year 2018-June 30, 2022, the Tennessee Department of Health (“TDH”) encompassed the Office of Health Care Facilities (“OHCF”) within the Division of Health Licensure and Regulation.

In the 2022 legislative session, the Tennessee General Assembly passed Public Chapter 1119 to create a new independent state agency, the Tennessee Health Facilities Commission. The Commission is formed from the former Health Services and Development Agency (“HSDA”) and Department of Health’s Office of Health Care Facilities. The Health Facilities Commission is the Centers for Medicare & Medicaid (“CMS”) designated State Surveying Agency (“SSA”). The Health Facilities Commission encompasses the Certificate of Need Program, the Board for Licensing Health Care Facilities (“BLHCF”), the Nursing Home Civil Monetary Penalty Reinvestment Program, Clinical Laboratory Improvement Amendments (“CLIA”) Program, Trauma System, Certified Nurse Aide (“C.N.A.”) Registry, and the Registry of Persons Who Have Abused, Neglected, or Misappropriated the Property of Vulnerable Individuals (“Abuse Registry”) and conducts the surveys and investigations of healthcare facilities to ensure compliance with state and federal regulations. Our mission is to promote access to quality, cost-effective health care in Tennessee.

HFC is comprised of three (3) regional offices: East, West, and Middle. HFC performs certification, complaint, and life safety surveys on behalf of CMS to ensure compliance with the Medicare health and safety standards for nursing homes, laboratories, acute and continuing care providers including hospitals, ambulatory surgical centers, intermediate care facilities, home

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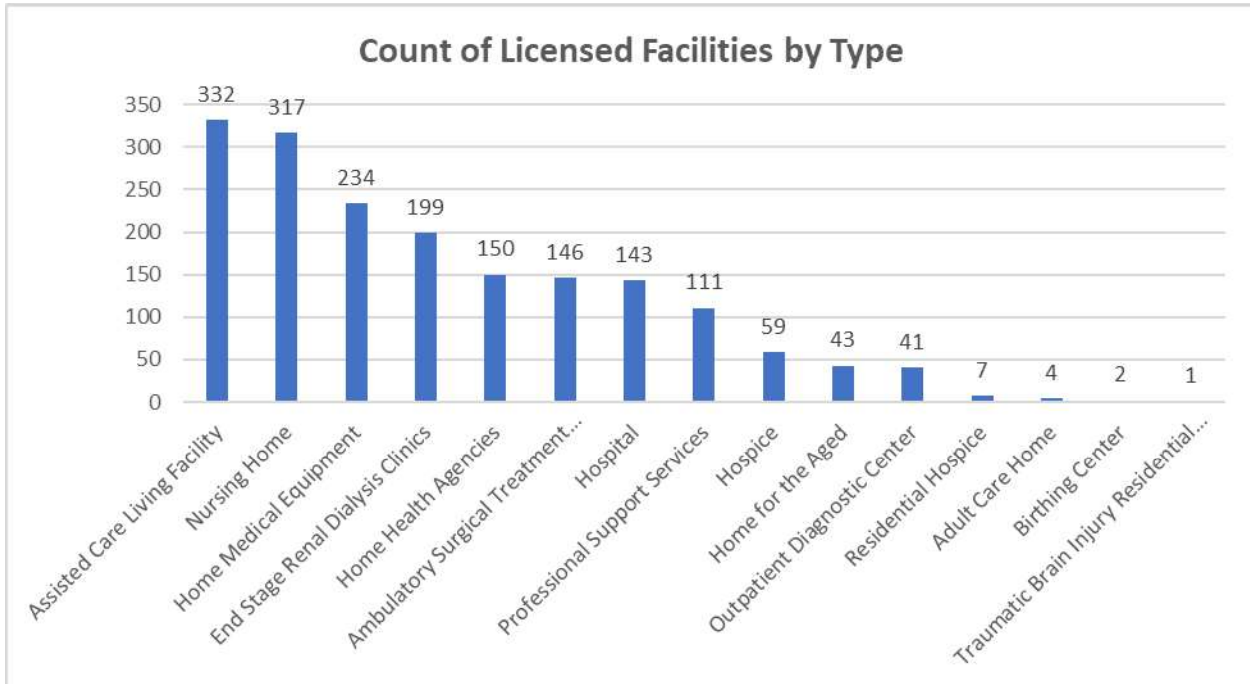


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health agencies (“HHAs”), end-stage renal disease (“ESRD”) facilities, hospices, and other facilities serving Medicare and Medicaid beneficiaries.

Tennessee licenses one thousand seven hundred eighty-nine (1,789) facilities across fifteen (15) different facility types.



Surveys performed per Section 1864 of the Social Security Act (the Act) are referred to collectively as the certification process. Our state survey agency duties include, but are not limited to:

1. Identifying Potential Participants - Payment for health services furnished in or by entities that meet stipulated requirements of the Act. Identification includes those laboratories seeking to participate in the CLIA program.
2. Conducting Investigations and Fact-Finding Surveys - Verifying how well the health care entities comply with the "conditions of participation" (CoPs) or requirements. This is referred to as the "survey process."
3. Certifying and Recertifying - Certifications are periodically sent to the appropriate Federal or State agencies regarding whether entities, including CLIA laboratories, are qualified to participate in the programs.
4. Explaining Requirements - Advising both current and potential providers and suppliers regarding applicable Federal regulations to enable them to qualify for participation in the

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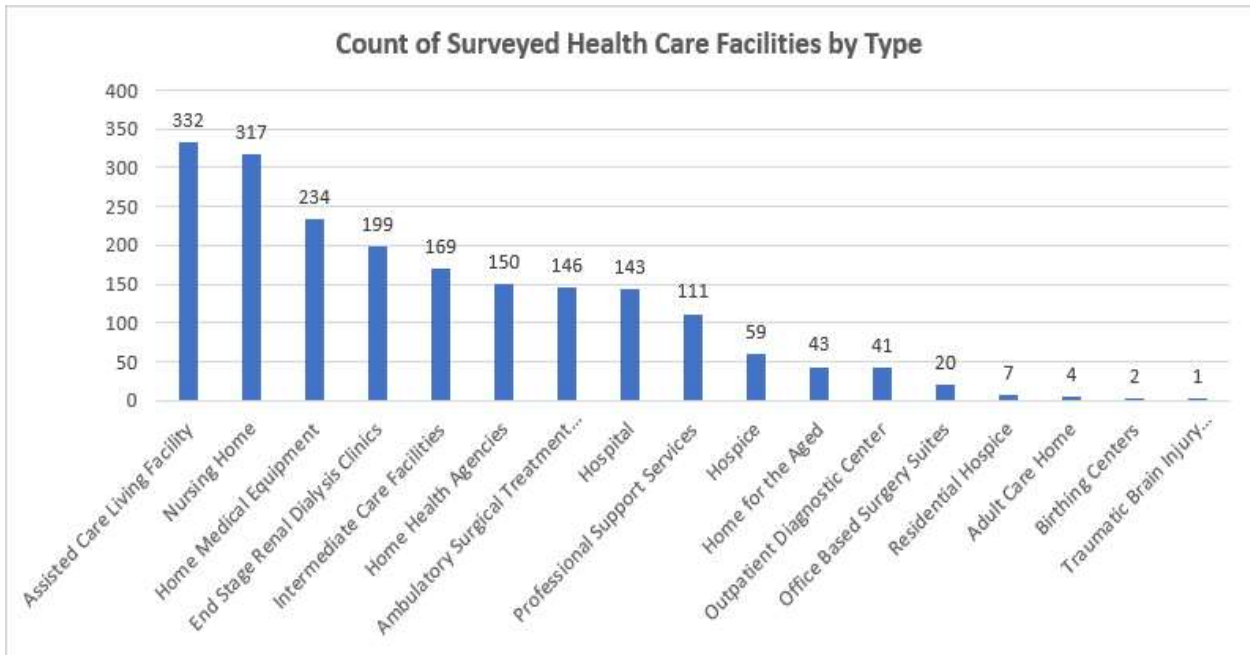
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programs and to maintain standards of health care consistent with the CoPs and Conditions for Coverage (CfCs) requirements.

Our survey staff include life safety and fire investigators, public health nurse consultants, who are registered nurses, medical social workers, and registered dietitians. All licensed healthcare workers are required to maintain their licensure in good standing. At present, in FY 2023, we have approximately one hundred and ten (110) survey staff. Our surveyors on average have over 6.9 years of survey experience.

Our survey staff are responsible for surveying seventeen (17) different facility types, totaling one thousand nine hundred seventy-eight (1,978) facilities. (In addition to the fifteen (15) facility types which HFC licenses, HFC also conducts surveys in intermediate care facilities licensed by the Tennessee Department of Intellectual and Developmental Disabilities and office-based surgery suites through the Tennessee Medical Board.)



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II. Challenges

As of October 26, 2022, twenty-one (21) positions are vacant. Presently, Tennessee has a vacancy rate of approximately 19.7%. Tennessee historically has a higher percentage of complaints triaged as immediate jeopardy requiring investigation initiation within (2) days.

These complaint surveys frequently require the SSA to amend the survey schedule and move surveyors around across the State with resulting personnel implications.

Tennessee has struggled to be competitive on registered nurse salaries. In Tennessee registered nurse surveyors are broken down into two (2) classes, Public Health Nurse Consultant 1 (“PHNC1”) and Public Health Nurse Consultant 2 (“PHNC2”). PHNC2s are supervisors. Additionally, we have Public Health Nurse Consultant Managers, who manage our CMS Certification and Training and Complaint Intake Unit. Finally, our Regional Administrators in the East, Middle, and West Tennessee Regions are classified as Public Health Regional Regulatory Program Managers.

The salary classes which perform surveys and their salary ranges broken down by salary per month are as follows:

Registered Nurse Surveyors:

Public Health Nurse Consultant 1 (PHNC1)
\$4,510.00 minimum - maximum \$7,217.00

Public Health Nurse Consultant 2 (PHNC2)
\$5,222.00 minimum – maximum \$8,353.00

Public Health Nursing Consultant Manager
\$5,483.00 minimum - maximum \$8772.00

Public Health Regulatory Program Manager
\$5,756.00 minimum - maximum \$9,211.00

Life Safety Surveyors:

Fire & Building Code Inspector Supervisor
\$3,896.00 minimum - maximum \$6,233.00

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Fire & Building Code Inspector 1 &2
\$3,053.00 minimum - maximum \$4,885.00

Fire & Building Code Inspector 3
\$3,534.00 minimum – maximum \$5,653.00

Other Surveyors:

Registered Dietician
\$3,206.00 minimum - maximum \$5,127.00

Medical Social Worker 2 (master’s level)
\$3,534.00 minimum - maximum \$5,653.00

According to the U.S. Bureau of Labor and Statistics, the 2021 national median pay for registered nurses was \$77,600. Tennessee has struggled to offer competitive surveyor salaries, as compared to the private sector, as an entry-level PHNC1 position, on average, has been \$61,296. Sixteen (16) surveyors have left the SSA during FY2022. As of September 21, 2022, we now have approximately eighteen (18) PHNC1 registered nurse vacancies.

Additionally, due to the pandemic, Tennessee, as with many other states across the nation, has experienced an influx in complaints and facility reported incidents (“FRIs”). Further, due to the federal public health emergency (“PHE”) and Executive Orders at the State level, surveyors were unable to conduct many mandatory recertification surveys. Given the foregoing, CMS instituted the State Recovery Plan which requires quarterly reporting and contains Objectives and Key Results (“OKRs”) which must be met by SSAs.

Tennessee is required to plan, schedule, conduct and process surveys timely to address the backlog and is responsible for keeping CMS advised of program needs, trends, and actions taken to obtain compliance. Surveyors must perform additional recertification surveys, combined with overdue complaint surveys, and facility reported incidents to address the recertification backlog AND process survey activities timely.

The time to complete nursing home surveys has increased due to the implementation of QSO-22-09. This requires the addition of one surveyor to the team. In response to the escalation of complaints and FRIs, numerous surveys have resulted in Harm or Immediate Jeopardy (IJ) cited deficiencies. At present, we have initiated sixty-nine percent (69%) of our immediate jeopardy complaint surveys timely. For example, in calendar year 2022, there have been two hundred seventy-six (276) immediate jeopardy deficiencies. This, in turn, has led to extended surveyor time in facilities and the need for surveyor overtime. As a result of numerous IJs, Tennessee has

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experienced multiple de-certifications and facility closures which have created strain on surveyor staff, as survey schedules must be rearranged, and multiple revisits may need to be conducted. Tennessee continues to adjust and navigate increased demands on surveyor workload. Where possible, Tennessee has combined recertification and complaint surveys to meet our federally mandated goals.

Those surveyors who have resigned or retired cited increased workload, stress, and other employment opportunities at a higher wage. Prior to October 2022, surveyors were only eligible for compensatory overtime. Compensatory time was difficult for surveyors to take when they are continuously in facilities investigating complaints and conducting revisits. As aforementioned, the increase in IJs has resulted in longer surveys and more surveyor time onsite. This deficit has a direct impact on the initiation, investigation of each complaint, and ability to resolve current backlogs. We have identified the combination of escalation of health care facility complaints, self-reported incidents, and surveyor vacancies are contributing factors affecting the time in initiating and completing investigations for complaints overall.

III. Implemented Remedies

Given the foregoing challenges regarding recruitment and retention of survey staff, this, in turn, has led HFC to ask CMS for nine hundred thousand dollars (\$900,000) in one-time monies which were granted by CMS.

From this money, we added additional funds to our delegated authority, which allows us to contract with SMQT certified surveyors. We also replaced and upgraded survey staff equipment and invested in new remote technology and training software to ease burdens on current staff.

We are also upgrading the federal Labor and Distribution System (“LADS) which tracks labor on survey activities. Further, we will also be updating our Facility Reported Incident (“FRI”) portal to become compliant with the new changes in Chapter 5 of the State Operations Manual (“SOM”) for ease of use and to obtain more detailed information on each complaint to assist us with appropriate triage and assigning priority.

Given the foregoing challenges regarding recruitment and retention of survey staff, and their ability to only earn compensatory overtime, HFC identified two hundred thousand dollars (\$200,000) in one-time funding from within our current operating budget to fund cash overtime for our surveyors. This is based on payroll savings resulting from vacant positions and funds budgeted for computer replacements that are now being funded with federal dollars. Staff are now encouraged, but not mandated to work overtime, to address the backlog.

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As we move forward, we would like the opportunity to increase this allocation as other funds become available over time. HFC is also requesting additional federal funds in our recurring Medicare allocation.

Finally, the State of Tennessee has implemented Alternative Workplace Solutions (“AWS”) policy, which allows surveyors to work remotely for four (4) days per week with one (1) day in-office to document their findings.

IV. Contractors

As aforementioned, HFC has the ability through a delegated authority to hire contractors. HFC’s preference is to use SMQT certified former surveyors. We presently pay thirty-five dollars (\$35) per hour for surveys during the weekday and forty dollars (\$40) an hour for surveys conducted on the weekend. Supervision of independent contractors and quality assurance of contractor work product is performed by State-employed PHNC2s and Regional Administrators. For State fiscal year 2022 we spent \$191,920.17 through our delegated authority for independent contractors. Currently, we do not use any outside contracted entities such as HMS or CertiSurv.

HFC presently uses iMPROve Health to perform independent desk reviews for the informal independent dispute resolution (“IIDR”) process. The current rate is \$160 per hour.

Independent Dispute Resolutions (“IDRs”) are performed by former surveyor staff and paid for using the State’s delegated authority. Participants on the IDR panel are SMQT certified former surveyors. They are paid \$35 per day and reimbursed for any travel.

V. CMS

Since July 1, 2022, HFC has worked closely with CMS to improve relationships, streamline processes, and to ensure transparency and consistency across the regions during a period of transition. HFC enjoys a supportive, helpful, and collaborative relationship with CMS, which is greatly appreciated. At HFC’s request, CMS has also approved one-time monies in the amount of nine hundred thousand dollars (\$900,000) which were previously detailed above.

VI. CARES Funding

Finally, CMS has also approved the use of remaining CARES funds in FY2023 to address HFC’s needs. CARES money will be used to pay approved surveyor cash overtime and will fund additional monies in the delegated authority to hire additional SMQT certified contractors to address the backlog of recertification surveys.

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Should you have any questions or require additional information regarding HFC's staffing needs, please feel free to reach out to me directly.

Sincerely,

Logan Grant

Logan Grant
Executive Director
Health Facilities Commission

cc:
Linda D. Smith
CMS

Caroline R. Tippens, Esq., C.H.C.
Director for Licensure & Regulation
Health Facilities Commission

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Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer	
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	313	Federal Nursing Homes only. State Facilities were not included as they do not receive Medicaid Medicare dollars.	
	What is the number of Medicare and or Medicaid certified nursing home beds?	35395		
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?			
	FY2022	\$1,302,371.45	Fiscal amounts provided by TDH.	
	FY2021	\$1,202,636.85		
	FY2020	\$2,472,115.96		
	FY2019	\$1,580,025.64		
	FY2018	\$1,444,968.57		
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?			
	FY2022	\$9,942,239.38	Fiscal amounts provided by TDH.	
	FY2021	\$8,172,590.09		
	FY2020	\$9,426,970.94		
FY2019	\$8,961,419.46			
FY2018	\$10,034,057.81			
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?			
	FY2022	110	Includes Life Safety, Nurses 1 & 2, SW, Dietician, and Regional Admins. Approximately 20% of SA surveyor positions are vacant. (19.7%)	
	FY2021	110		
	FY2020	110		
	FY2019	110		
	FY2018	110		
		3 WTRO Surveyor positions transferred to MTRO.		
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	21	4 vacancies in ETRO, 6 vacancies in MTRO, 8 vacancies in WTRO, and 3 Life Safety Surveyor vacancies	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	18	4 vacancies in ETRO, 6 vacancies in MTRO, and 8 Vacancies in WTRO.	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?			
	FY2022	9	Does not include CLIA Surveyors. Data obtained from DoHR and Regional Admins..	
	FY2021	6		
	FY2020	11		
	FY2019	15		
	FY2018	20		
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?			
	FY2022	16		
	FY2021	10		
	FY2020	14		
	FY2019	9		
	FY2018	15		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	6.9		Does not include CLIA Surveyors. Data obtained by Regional Admins and DoHR Data
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	22.3%	Does not include CLIA < 2-year average. Data obtained by Regional Admins and DoHR Data	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	71.8%	Does not include CLIA > 5-year average. Data obtained by Regional Admins and DoHR Data	
	What is the current salary range for nursing home surveyors at your state agency who are:	\$54,120 - \$86,604	Public Health Nurse Consultant 1. Salary listings provided by DoHR salary guidance.	

7 (g)	Registered nurses?	\$62,664 - \$100,236	Public Health Nurse Consultant 2. Salary listings provided by DoHR salary guidance.
		\$65,796 - \$105,263	Public Health Nursing Consultant Manager. Salary listings provided by DoHR salary guidance.
		\$69,072 - \$110,532	Public Health Regulatory Program Manager. Salary listings provided by DoHR salary guidance.
		\$35,340 - \$67,836	Medical Social Worker 2. Salary listings provided by DoHR salary guidance.
		\$38,472 - \$61,524	Dietician Consultant. Salary listings provided by DoHR salary guidance.
		\$54,120 - \$86,604	Fire & Building Code Inspector Manager. Salary listings provided by DoHR salary guidance.
		\$46,752 - \$74,796	Fire & Building Code Inspector Supervisor. Salary listings provided by DoHR salary guidance.
		\$42,408 - \$67,836	Fire & Building Code Inspector 3. Salary listings provided by DoHR salary guidance.
		\$36,636 - \$58,620	Fire & Building Code Inspector 2. Salary listings provided by DoHR salary guidance.
		\$31,644 - \$50,640	Fire & Building Code Inspector 1. Salary listings provided by DoHR salary guidance.
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$204,832.18	Contract #: DA-22-70676, \$192,832.18 and Contract #: 64259, \$12,000.00. Amounts per State Accounting system.
	FY2021	\$82,777.13	Contract #: DA-21-66787, \$72,257.13 and Contract #: 64259, \$10,520.00. Amounts per State Accounting system.
	FY2020	\$346,104.42	Contract #: DA-20-63060, \$333,643.17 and Contract #: 43726, \$3,461.25 and Contract #: 64259, \$9,000.00. Amounts per State Accounting system.
	FY2019	\$509,879.96	Contract #: DA-19-57841, \$497,399.96 and Contract #: 43726, \$12,480.00. Amounts per State Accounting system.
	FY2018	\$1,282,604.85	Contract #: DA-18-53585, \$1,261,593.6.85 and Contract #: 43726, \$21,011.25. Amounts per State Accounting system.
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	276	Nursing Homes only.
	CY2021	762	Nursing Homes only.
	CY2020	670	Nursing Homes only.
	CY2019	968	Nursing Homes only.
	CY2018	1169	Nursing Homes only.
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	67%	Nursing Homes only.
	CY2021	87%	Nursing Homes only.
	CY2020	91%	Nursing Homes only.
	CY2019	67%	Nursing Homes only.
	CY2018	45%	Nursing Homes only.
	How many nursing home complaints representing NON IJ HIGH did your state agency receive in the following calendar years?		
	CY2022	1170	Nursing Homes only.
	CY2021	1084	Nursing Homes only.
	CY2020	783	Nursing Homes only.
	CY2019	1076	Nursing Homes only.
	CY2018	934	Nursing Homes only.
	What percentage of NON IJ HIGH complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	33%	Nursing Homes only.
CY2021	41%	Nursing Homes only.	
CY2020	39%	Nursing Homes only.	
CY2019	76%	Nursing Homes only.	
CY2018	64%	Nursing Homes only.	
How many nursing home complaints representing NON IJ MEDIUM did your state agency receive in the following calendar years?			
CY2022	114	Nursing Homes only.	
CY2021	52	Nursing Homes only.	
CY2020	108	Nursing Homes only.	

CY2019	92	Nursing Homes only.
CY2018	28	Nursing Homes only.
What percentage of NON IJ MEDIUM complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	85%	Nursing Homes only.
CY2021	89%	Nursing Homes only.
CY2020	90%	Nursing Homes only.
CY2019	97%	Nursing Homes only.
CY2018	100%	Nursing Homes only.
How many nursing home complaints representing NON IJ LOW did your state agency receive in the following calendar years?		
CY2022	1	Nursing Homes only.
CY2021	0	Nursing Homes only.
CY2020	0	Nursing Homes only.
CY2019	0	Nursing Homes only.
CY2018	2	Nursing Homes only.
What percentage of NON IJ LOW complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
CY2022	0%	Nursing Homes only.
CY2021	0%	Nursing Homes only.
CY2020	0%	Nursing Homes only.
CY2019	0%	Nursing Homes only.
CY2018	100%	Nursing Homes only.



State of Tennessee
Health Facilities Commission
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364

December 5, 2022

The Honorable Bob Casey, Jr.
The United States Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510-6050

On November 7, 2022, Health Facilities Commission (“HFC”) received the following follow-up questions. Our responses are below.

Question #1:

The State’s response noted use of contractors. Can you please also provide all associated contracts for the previous five (5) calendar years?

Response:

As previously noted in our October 2022 response, the data provided prior to July 1, 2022, comes from the Tennessee Department of Health. HFC can only provide data from July 1, 2022, to present.

The Department of Health indicates that the number of contracted surveyors varies by year based on availability of contractors and workload. Over the past five (5) state fiscal years, a total of seventy-five (75) contractors have been utilized for survey work. The following is a breakout by fiscal year:

FY 22	11
FY 21	8
FY20	15
FY 19	18
FY 18	25

HFC can provide the delegated authority in effect from 2021 to present. A copy is attached hereto as Exhibit 1.

Question #2:

Can the State please provide the number of non-IJ complaints as well?

Response:

A spreadsheet containing non-IJ complaints in nursing homes is attached hereto as Exhibit 2, along with the contracted contractor amounts.

Attached hereto is Exhibit 3 which contains a count of Non-IJ complaints from 2019 through 2022.



State of Tennessee

Health Facilities Commission

502 Deaderick Street, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364

Question #3:

What affect will the sunseting of CARES Act funding have on HFC?

Response:

CMS has approved the CARES funds to be used to hire additional contract surveyors and provide overtime for state staff. These additional tools will help us address the backlog of facility surveys in TN. Because these funds are considered non-recurring, our plan to is to do as much work as possible with these resources and continue to work with CMS on funding needs for the long-term.

Question #4:

Does the amount of federal funds listed on the excel sheet submitted also include CARES Act funding?

Response:

No, based on information from the Department of Health, under the Department of Health's tenure, the licensure program did not utilize any CARES Act funds in state fiscal year 2021-2022. The allocation awarded to the Department of Health has been carried over to HFC by CMS.

As noted above, HFC has allocated the balance of \$1.6M to be used to hire additional contract surveyors and provide funds for staff overtime to help address TN's survey backlog.

Should you have any questions or require additional, please feel free to reach out to me directly.

Sincerely,

Logan Grant
Executive Director
Health Facilities Commission

cc:

Linda D. Smith
CMS

Caroline R. Tippens, Esq., C.H.C.
Director for Licensure & Regulation
Health Facilities Commission



DELEGATED AUTHORITY

Agency Tracking # [REDACTED]	Edison ID [REDACTED]	Effective Date 7/1/2022	End Date 6/30/2023
Edison ID of prior, similar document (if any) [REDACTED]			

Service Caption
 Health Care Facility Survey and complaint investigation, Informal Dispute Resolution (IDR) Panel Service, Nursing Home Temporary Management, Nursing Home Monitors, and Consultant Case File Review.

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Maximum Liability
2023	\$868,954	\$593,637			\$1,462,591
TOTAL:	\$868,954	\$593,637			\$1,462,591

<p>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p> <p style="text-align: center;"><i>Eric Bucholz</i></p>	<p>CPO USE – DA</p> <p>[REDACTED]</p>
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<p>Speed Chart (optional)</p> <p>[REDACTED]</p>	<p>Account Code (optional)</p> <p>[REDACTED]</p>	
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DELEGATED AUTHORITY

This Delegated Authority ("DA") application, if approved in accordance with Central Procurement Office ("CPO") rules, policies, and procedures, shall authorize the applicant state agency ("State Agency") to purchase goods or services or execute contracts for the specified program without individual, independent approval, PROVIDED THAT all purchases and executed contracts comply with CPO rules, policies and procedures, and are within the limits, guidelines, and conditions of this DA. All purchases under an approved DA shall be made using purchase orders in compliance with CPO Policy 2013-004, Section 4.3.2. Where a contract is required under Policy 2013-004, Section 4.3.2., the State Agency shall attach a copy of the proposed contract that will be used under the DA. If the proposed contract includes modifications or additions to the CPO's contract templates or models, the State Agency shall redline the modifications or additions and include the redlined document as an attachment. An approved RER is required when the proposed contract involves modifications or additions to a template.

Contracting Agency:	Department of Health	
Subject Program:	Division of Health Licensure and Regulation/Health Care Facilities	
A.	<p>What is the purpose of this DA, and why is it necessary?</p> <p>Delegated Authority will be used to select and obtain services from the following individuals: Independent panel members for the nursing home informal dispute resolution (IDR) process, health care surveyors to perform surveys for licensed health care facilities, special monitors to observe the operation of the nursing home when there are conditions detrimental to the health, safety or welfare of the resident and temporary management services to oversee the operation of a nursing home where there has been suspension of admissions, and consultants to assist in the review of disciplinary case files and in creating a recommendation for possible disciplinary action against licensees. The services are unforeseen and episodic, or services that may be needed on an emergency basis. During the course of surveying a licensed facility should substandard or immediate jeopardy deficiencies be cited by the surveyors, the facility has the option of requesting that the deficiencies be reviewed through an informal dispute resolution.</p> <p>The Department will also need flexibility to be able to obtain the services of a qualified nurse, social worker or registered dietician to participate in the survey process in the context of an annual survey or on an immediate basis, should there be a shortage of surveyors or an influx of complaints, to survey the facilities and address any potential violations. The same flexibility is needed to oversee the operations of a nursing home should the Commissioner suspend new admissions to the facility.</p>	
B.	What is the Maximum Liability of the DA? The Maximum Liability shall not exceed ten million dollars (\$10,000,000) without an approved RER.	\$1,462,591
C.	<p>A purchase order is appropriate when the goods or services will be provided within ninety (90) days or less or represent a single transaction, as provided in CPO Policy 2013-004, Section 4.3.2.</p> <p>What is the Maximum Liability of a purchase order to be submitted or contract to be executed under this DA? The Maximum Liability of a purchase order or contract shall not exceed five million dollars (\$5,000,000) without an approved RER.</p>	\$60,000
D.	What is the maximum number of individual contracts to be executed under this DA? If the proposed number of contracts is five (5) or fewer, provide a justification for why a DA is appropriate.	PO DA
E.	What is the maximum term of an individual contract to be executed under this DA? The term of any individual contract cannot extend beyond the approved DA's end date. An approved DA may remain in force and effect for up to twelve (12) months unless an approved Rule Exception Request for the DA or DG templates is obtained.	PO DA

- F.** Under CPO Policy 2013-004, Section 4.3.2, a purchase order is appropriate when goods or services will be provided within ninety (90) days or less. The State Agency certification for contracts is in Section G.

State Agency certification for purchases:

1. The requesting State Agency certifies that each of the following is true and applicable:
 - a) The need for goods or services is sporadic, and an advance determination of the volume, delivery, or exact costs of goods or services needed is not possible;
 - b) It is impractical to award one or more fee-for-service contracts for the category of goods or services needed with compensation based upon unit or milestone rates;
 - c) The program needs and general categories of goods or services are such that adequate guidelines can be developed to direct the State Agency in competitively making each purchase;
 - d) All goods or services purchased can be delivered or performed in ninety (90) days or fewer or represent a single transaction, as provided in CPO Policy 2013-004, Section 4.3.2;
 - e) The procurement terms, conditions, and criteria to be followed by the agency in making each purchase will be of such uniformity that the Central Procurement Office's individual, independent, and prior approval of each purchase is unnecessary;
 - f) The purchases involved will be of such uniformity, volume, and pressing need that the individual approval of each purchase by the Central Procurement Office is impractical; and
 - g) The State Agency staff has made appropriate and justified inquiries and assured the validity and justification of the maximum amounts in this DA application.
2. The summary cover sheet correctly records the requested delegated authority period in which every purchase must be made. Delivery may occur after the period.
3. The State Agency will limit purchases to the goods or services and associated maximum payment rates for each line item detailed in Attachment 1.
4. The State Agency shall make each purchase:
 - a) In strict accordance with the pre-defined, competitive process detailed in Attachment 3; and
 - b) Using the purchase order document designated by the Central Procurement Office.
5. The State Agency shall ensure that every purchase made under the DA:
 - a) Has sufficient funds budgeted and available;
 - b) Complies with: Tennessee laws and regulations; Central Procurement Office rules, policies and procedures; program rules, policies and procedures; and any federal laws, rules, regulations, or requirements;
 - c) Creates a "contractor" relationship as defined in the US O.M.B.'s *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*;
 - d) Shall not create an employer/employee relationship as prohibited by Tenn. R. & Regs. § 0690-03-01-.17;
 - e) Shall not involve the procurement of goods, materials, supplies, equipment, or services EXCEPT as provided in this DA; and
 - f) Shall not provide for the payment of any amount directly or indirectly to an employee or official of the state of Tennessee.
6. The State Agency will require the following documentation prior to payment for any purchase:
 - a) a copy of the CPO's designated purchase order document signed by the State Agency and the Vendor; and
 - b) A certification that the contractor selection process detailed in Attachment 3 was followed and the requested goods or services were delivered and accepted.
7. The State Agency shall retain records to document that all purchases have been made in accordance with the limits, guidelines, and conditions specified in this DA.
8. The State Agency shall provide all such reports and information relating to the purchases made under the approved DA as may be requested by state officials.

- G.** Under CPO Policy 2013-004, Section 4.3.2, a contract shall be executed if goods or services cannot be provided within ninety (90) days.

State Agency certification for contracts:

1. The requesting State Agency certifies that each of the following is true and applicable:
 - a) The program needs and general categories of services are such that adequate guidelines can be developed to direct the State Agency in competitively executing a number of similar contracts;
 - b) The individual contracts involved will be of such uniformity and standardization of processes, procedures, and contract terms that individual, independent, and prior approval is unnecessary and impractical; and
 - c) All individual contracts executed will create a "contractor" relationship as defined in Central Procurement Office Policy 2013-007.
2. The summary cover sheet correctly records the requested delegated authority period in which every contract must begin.
3. The State Agency will draft each contract either with the exact scope of services ("Scope") detailed in Attachment 2 or using a combination of the provisions detailed in Attachment 2. In no event shall the Scope contain provisions that do not appear in Attachment 2. The State agency will draft each contract in compliance with the appropriate contract templates and models in effect at the time that each contract is drafted. Each contract must include a completed summary cover sheet attached at the front of each copy.
4. The State Agency will select contractors in strict accordance with the pre-defined, competitive process detailed in Attachment 3.
5. The State Agency will ensure that every contract entered into under this DA:
 - a) Has sufficient funds budgeted and available;
 - b) Complies with: Tennessee laws and regulations; Central Procurement Office rules and policies; program policies, rules, and regulations; and any federal laws, rules, regulations, and requirements;
 - c) Shall not create an employer/employee relationship as prohibited by Tenn. R. & Regs. § 0690-03-01-.17;
 - d) Shall not procure goods, materials, supplies, equipment, or services EXCEPT as provided in this DA; and
 - e) Shall not provide for the payment of any amount directly or indirectly to an employee or official of the State.
6. The State Agency will retain records to document that every contract has been executed in accordance with the limits, guidelines, and conditions specified in this DA.
7. The State Agency will provide all such reports and information relating to the executed contracts under this DA as may be requested by state officials.
8. The State Agency shall attach a copy of the proposed contract(s) that will be used under the DA. If the proposed contract or contracts include modifications or additions to contract templates or models, redline the modifications or additions in the attachment(s) and include an approved Rule Exception Request ("RER").

IN WITNESS WHEREOF, and by signature below, I certify that all information in this DA is, to the best of my knowledge, accurate and represents the limits, guidelines, conditions, and procedures that the State Agency shall follow in making each purchase or executing each contract.

Lisa Piercey, MD, MBA, FAAP - RH

March 15, 2022

Lisa Piercey, MD, MBA, FAAP, Commissioner

Date

ATTACHMENT 1

AUTHORIZED PURCHASE OF GOODS OR SERVICES & MAXIMUM RATE SCHEDULE

The rates below are maximum rates allowed, NOT standard or set rates (unless based upon federal government or TennCare set rates). The State Agency is encouraged to buy goods or services at lower rates than those below. All purchases under this DA shall comply with the vendor selection procedures specified in Attachment 3.

Good or Service	Maximum Rate
Travel Compensation/Reimbursement (relating to authorized service delivery)	<p>This Delegated Authority shall NOT authorize payment or reimbursement of a contractor's travel expenses to the site where goods are delivered or services are provided. If the State requires that the contractor travel somewhere other than the site where goods are delivered or services are performed, reimbursement shall be subject to amounts and limitations specified in the current "State Comprehensive Travel Regulations." Only necessary expenses incurred away from and back to the site where goods are delivered or services are performed shall be reimbursable.</p> <p><i>Note: This does NOT apply to any travel reimbursements paid to state clients (which may be provided for in this schedule).</i></p>
Health Care Facilities Surveys and Complaint Investigation (for health care facilities surveys and for attending state and federal mandated training; investigations of complaints filed against medical doctors and health care facilities by health professionals; and preparation of subsequent investigative reports)	<p>Maximum Rate (\$35 per hour) for weekdays and (\$40 per hour) for weekend days or \$16,000 per health complaint investigation and \$35,000 per health survey.</p>
Medical Doctor or Health Professional Informal Dispute Resolution (IDR) Panel Service (for review of civil penalties involving assessments of civil penalties greater than \$25,000 or "F" Level or above deficiencies that constitute "Immediate Jeopardy" or "Sub-Standard Quality of Care" levied by the Long Term Care Enforcement Process)	<p>Maximum Rate (\$500 per day for Medical Doctors) Maximum Rate (\$250 per day for other Health Professionals)</p>
Special Health Care Facility Monitors for facilities where the conditions are or are likely to be detrimental to the health, safety or welfare of the patients or residents	<p>Maximum Rate (\$35 per hour)</p>
Nursing Home Temporary Management (temporary management for overseeing the operation of a nursing home where conditions of any nursing home are likely to be detrimental to the health, safety, or welfare of the patient or resident). The Department shall have the authority to place temporary management in a noncompliant facility	<p>Maximum Rate (\$1,000 per day)</p>
Consultants to assist in the review of disciplinary case files and in creating a recommendation for possible disciplinary action against licensees.	<p>Maximum Rate (\$250 per day)</p>

ATTACHMENT 2**CONTRACT SCOPE OF SERVICES TEXT**

Insert the scope of services ("Scope") that will be used in executed contracts or identify all provisions that will possibly appear in the Scope. If all contracts will contain the same Scope, note that below and include the Scope in the pro forma contract attached to the DA application. There is no need to provide the Scope in this Attachment and in the pro forma contract. If there will be a menu of scopes, identify all provisions that will possibly appear in the Scope in this Attachment. Then leave the Scope and Section C.3.b of the pro forma contract blank.

The Scope describes the services and deliverables that contractors must provide. It must specify all associated functional and technical requirements. The State Agency may include payment terms outside of Section C with an approved Rule Exception Request.

The State Agency head or designee signifies by signing this DA that all information in this DA is, to the best of his or her knowledge, accurate and represents the limits, guidelines, conditions, and procedures that the State Agency shall follow in executing each contract.

PO DA

ATTACHMENT 3

PRE-DEFINED VENDOR OR CONTRACTOR SELECTION PROCESS AND CONTRACT MAXIMUM LIABILITY AMOUNT DETERMINATION PROCESS

The State Agency shall select vendors or contractors in strict accordance with the pre-defined, competitive or otherwise approved process described below. Any selection process authorized by CPO rules, policies, or manuals is acceptable, though some processes will require additional documentation or approvals. The State Agency shall retain records to show the basis of each purchase made or each contract executed under this Delegated Authority, including documentation that each purchase or contract was made in accordance with the processes below.

Describe the process for selecting vendors or contractors. State Agencies are encouraged to be mindful of their internal goals for participation with minority, woman-owned, service-disabled veteran-owned and small business enterprises when selecting vendors for needed goods or services. All State Agencies required by statute at Tenn. Code Ann. § 12-3-1106(b) to establish Agency internal goals for the utilization of minority-owned, woman-owned, service-disabled veteran-owned and small business enterprises.

The Go-DBE certification directory, which is available at the web address below, identifies State-certified diversity business enterprises. Use the directory to identify potential vendors or contractors who are certified diversity business enterprises.

<https://tn.diversitysoftware.com/FrontEnd/VendorSearchPublic.asp>

Procuring agency staff will maintain an updated listing of service providers appearing capable of providing service in the subject service categories. Identification of vendors will be completed using any available resource including the state's registry of vendors, local directories, et.cetera. Then as service needs arise, procuring agency staff will seek bids by randomly contacting potential vendors to discuss a complete description of the service needed and the vendor's qualifications, willingness, and availability to provide the service as required (in full consideration of any prior experience with the vendor), and staff will document in writing each that is not deemed minimally qualified and the reasons therefore.

Agency staff will continue the random contacts until bids are received from at least three (3) qualified, willing, and able vendors. If it is not possible to obtain offers from three (3) minimally qualified vendor, that procuring agency staff will document such alone with the specific efforts to do so, and continue the random contacts until bids are received from at least two (2) vendors. Agency staff will purchase the service from the vendor offering the lowest cost to the state for the required service. If two or more offers indicate equal, lowest cost, agency staff will purchase the service from the one of those selected by chance.

Document Approval Status

SetID SHARE
Supplier Delegated Contracts

Contract ID [REDACTED]

Review/Edit Approvers

Agency Approvals

SHARE [REDACTED] :Approved [View/Hide Comments](#)

Agency Approvals

Self Approved
Jonathan Wheeler
Document Approval 1
03/15/22 - 4:07 PM

→

Self Approved
Jonathan Wheeler
Document Approval 2
03/15/22 - 4:07 PM

CPO Level 1 & 2 Approvals

Approved
Kelly A Johns
Document Approval 3
03/18/22 - 9:09 AM

▶ **Comments**

Budget Office

SHARE [REDACTED] :Approved

Budget Threshold Approv >100K

Approved
Mathilde Carpet
Con - Budget Office Approval
03/21/22 - 1:36 PM

Comptroller Approvals

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Comptroller Approvals

Approved
Terry L Mason
Document Approval - Comptrolle
03/25/22 - 10:27 AM

▶ **Comments**

CPO Final Contract Approval

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CPO Final Contract Approval

Approved
Celeste Goodman
Document Approval 3
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DELEGATED AUTHORITY AMENDMENT

Agency Tracking # [REDACTED]	Edison ID [REDACTED]	Delegated Authority # [REDACTED]	Amendment # 1
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Amendment Purpose & Effect(s)
 To provide additional Federal Funding to allow survey related pursuit to the scope of the Delegated Authority

TOTAL Maximum Liability INCREASE per this Amendment (zero if N/A): **\$ 204,739**

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Maximum Liability
2023	\$868,954	\$798,376			\$1,667,330
TOTAL:	\$868,954	\$798,376			\$1,667,330

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

John Carr

CPO USE

Speed Chart (optional) [REDACTED]	Account Code (optional)
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**AMENDMENT 1
TO DELEGATED AUTHORITY 73904**

This amendment to Delegated Authority, 73904 ("Amendment"), shall revise the delegated authority as follows:

1. Section B. is deleted in its entirety and replaced with the following:

B. What is the Maximum Liability of the Delegated Authority	\$1,667,330
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Required Approvals. This Amendment shall not be effective until it is approved by all appropriate officials in accordance with applicable Tennessee laws (depending upon the specifics of this delegated authority, officials may include, but are not limited to, the Chief Procurement Officer, the Commissioner of Finance and Administration, the Commissioner of Human Resources, or the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this grant contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF:



9/30/2022

Logan Grant, Executive Director

DATE

Count of CCN	Column Labels				
Row Labels	2018	2019	2020	2021	2022
IJ					
In Compliance	45.1%	67.3%	91.9%	87.4%	66.8%
Non-IJ High					
In Compliance	43.8%	50.4%	50.2%	57.1%	72.3%
Non-IJ Low					
In Compliance	63.6%	76.4%	39.1%	41.1%	33.2%
Non-IJ Low	0.1%	0.0%	0.0%	0.0%	0.1%
Non-IJ Medium					
In Compliance	100.0%				0.0%
Non-IJ Medium					
In Compliance	1.3%	4.3%	6.9%	2.7%	7.0%
In Compliance	100.0%	96.7%	89.8%	88.5%	85.1%

Count of CCN	Column Labels				
Row Labels	2018	2019	2020	2021	2022
IJ	1169	968	670	762	334
Non-IJ High	934	1076	783	1084	1170
Non-IJ Low	2				1
Non-IJ Medium	28	92	108	52	114

Texas

Response to questions from the U. S. Senate Special Committee and Aging

Q#	Question
1	<p>Please describe the scope and activities of your agency’s nursing home survey and certification program and issues, challenges or dynamics unique to your state.</p> <p>Response:</p> <p>Texas nursing facility survey and certification scope of work includes reviews of state licensure and federal certification requirements and investigations of complaints and facility-reported incidents to determine compliance with the state and federal regulations. It also includes abuse/neglect investigations of alleged perpetrators, as well as provider compliance investigations. This scope of work includes any new facilities applying for a license/certification, annual re-licensure/recertification visits for existing facilities, and any visits required for facilities that close their operations. For each visit with citations, the HHSC Quality Assurance unit and Enforcement unit each conduct a separate review of the citations. Each immediate jeopardy situation that is identified is vetted in real time with surveyors in the facility and the centralized QA unit and enforcement unit. When appropriate, follow-up visits and investigations/incidents are conducted via desk reviews; a desk review is conducted remotely and involves a surveyor reviewing information and contacting staff at the facility for additional information, as needed, to satisfy requirements and close the visit in our system.</p> <p>Issues, challenges, and dynamics unique to our state include:</p> <ul style="list-style-type: none"> • It is challenging to recruit and retain qualified surveyor staff, especially registered nurses. • Texas is a large state geographically and thus large amounts of time are spent travelling to and from assignments. This is heightened/exacerbated by high surveyor vacancies. • There are approximately 1,200 nursing facility providers in Texas. Texas has approximately 7.9 percent of all nursing facilities in the nation. • The number of facility-reported incidents, regardless of guidance and education aimed towards the industry, remains high. For example, for FY 2022, there were 31,584 intakes received for nursing facilities. Of these, 19,777 (or 62.61%) were self-reported incidents. • State law requires an on-site investigation to be initiated by HHSC for all abuse and neglect allegations within 24 hours of the agency’s receipt of the report, 24/7/365. • There have been multiple unfunded CMS Survey and Certification mandates introduced since 2016. • Texas has 11.66% all of non-deemed providers in the nation, but only 9.36% of the CMS Survey and Certification budget.
1	<p>Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency’s ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.</p> <p>Response: The availability of surveyors has impacted HHSC’s survey work. There is a shortage of trained and qualified surveyors, which has reduced the ability of HHSC to meet the survey frequency and complaint timelines, especially in a state as large as Texas. Surveyors need extensive training to become qualified for the nursing facility program and must</p>

pass a CMS national exam. It takes time to adequately train staff in both the classroom (or virtual) setting and on the job. New surveyors must build up their proficiencies as members of survey teams as well as serve as team leads during an annual survey. They must juggle the investigations in terms of meeting the timeframes to initiate the onsite portion of the investigation as these are received daily with different priority levels and associated timeframes.

Examples of strategies used to address staffing shortfalls include aggressive recruiting measures, salary adjustments, added work schedule variations, increased desk reviews (when possible) to reduce on-site work, cross-regional reallocations of surveyor resources to meet the annual survey requirements, and use of contractors (both entity and surveyor-based).

2

Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work?

Response: Below is a table for the last five fiscal years that shows the number of newly hired NF health team surveyors and the number of NF health team surveyors that left the agency. The turnover has impacted the state's ability to meet the timeframes for initiating investigations. The Life Safety Code (LSC) staff are experiencing turnover as well, making it challenging to meet the CMS timeframes.

Summary Table - NF health team surveyors			Summary Table - LSC team		
Year	Hires	Terms	Year	Hires	Terms
2018	66	76	2018	3	6
2019	112	68	2019	6	1
2020	78	93	2020	2	6
2021	95	67	2021	4	3
2022	86	79	2022	6	12

2

In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs),



Response: Our retention interviews (an attempt to retain employees who have provided a resignation notice) reflect the top three following reasons for wanting to leave: burnout, pay, and retirement.



2

the effects of turnover

Response: The effects of turnover include staff being tasked with more work due to vacancies, which in turn results in additional turnover, low morale, and increased backlogged work.

2	<p>how the COVID-19 pandemic affected turnover rates</p> <p>Response: With the initial high profile of nursing facility infection control challenges during COVID-19, some regulatory staff did not want to enter environments where contracting COVID-19 was possible, risking their health and safety, or the health and safety of their own family members. Many left the agency because of this. The nursing facility industry has improved in terms of implementing infection control measures during this pandemic, and vaccines have become available to the public. Thus, this hesitancy has decreased, but it is still prevalent in the workforce. Staff who have been here throughout the duration of the pandemic have seen a lot of resident deaths as well as employee deaths. HHSC Long-term Care Regulation also did not have the ability to offer hazard pay, and expectations of surveyors' role grew expeditiously with no increase in compensation. Additionally, surveyors were not among the first health care workers to be prioritized to receive PPE and vaccinations, yet they were visiting facilities in person and thus were on the front lines of addressing COVID-19 infections and health and safety.</p>
2	<p>and strategies used to reduce turnover.</p> <p>Response: Recruitment of staff including registered nurses has been aggressively pursued using revised statewide postings and creating work schedule variations such as a 4 10-hour day work week that includes weekends. At job fairs, HHSC highlighted surveyor postings. Salary adjustments were made in 2021 for registered nurse surveyors, and the salary floor is now \$70,000. Salary adjustments were made in 2022 for social worker surveyors and nutritionist surveyors. Through retention interviews, if an employee expressed an interest in working in another area of the state or another position within HHSC LTCR (policy, rules, training, etc.), HHSC generally made every effort to accommodate these requests. The desk review team was expanded to accommodate surveyor staff that were unable to work due to illness or needing a break from on-site work. Surveyor staffing resources were reallocated to provide cross-regional assistance throughout the state to meet the workload challenges. Internal town hall meetings were held to discuss staff concerns. A Process Improvement Committee was established to glean ideas from the frontline staff about how to be more efficient. HHSC used a variety of communication strategies (newsletter, e-text, emergency broadcast system, Learning Management System, etc.) to improve communication with staff. HHSC implemented locality pay in hard to recruit areas. HHSC also audited positions to determine which could be adjusted to be part of a higher salary group. HHSC worked on an advertising campaign with the Texas Nurses Association and The Association Partner Group to create an algorithm for banner placement when registered nurses were searching the internet for jobs.</p>
3	<p>Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives?</p> <p>Response: Texas has been impacted by the rising competition for nurses with higher numbers of staff leaving, positions staying vacant longer, and increased incidents of job candidates choosing to decline salary offers. See above for additional information responsive to this question.</p>

3	<p>In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market.</p> <p>Response: The U. S. Bureau of Labor Statistics "May 2021 National Occupational Employment and Wage Estimates" reflects the annual mean wage for registered nurses as \$82,750. The Nurse.org website reflects the annual salary for Texas is \$77,320, source: May 2021 BLS National Occupational Employment and Wage Estimates, Median Nurse Salary by State.</p> <p>In 2021, Texas HHSC raised its starting salary for registered nurse surveyors to \$70,000. The starting salary is less than the annual mean wage for registered nurses nationally and less than the annual salary for registered nurses in Texas according to the U. S. Bureau of Labor Statistics data.</p>
3	<p>To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?</p> <p>Response: This information is unknown.</p>
4	<p>Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR).</p> <p>Response:</p> <p>Note: In 2017 Texas state law required the IDR process to be provided by a nonprofit organization under contract.</p> <p>There are two levels of contractors used by the state agency for survey work. One is individual surveyors and the other is an entity that provides the survey services.</p> <ol style="list-style-type: none"> 1) Staff are hired through contract with a temporary employment agency (Peak). These staff are assigned to a regional program manager (PM) and receive their assignments from them. The PM oversees the work. 2) HHSC contracted with an entity to complete surveys/investigations. The state agency provides assignments to this entity, and the entity is responsible for oversight of surveyor work.
4	<p>Please also provide all associated contracts for the previous five calendar years.</p> <p>Response:</p> <p>This includes temporary surveyor staff and support staff to process the work – this contract is held by the Texas Comptroller of Public Accounts; the Comptroller’s office would be the best resource for a copy of this contract.</p> <p>CertiServ for survey/investigation work-</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>SIGNED CPO HHS000991800001_CHHSTX_0000262532_</p> </div> <div style="text-align: center;">  <p>SIGNED PO</p> </div> </div>

	<p>IDR Process – outsourced since 2017 with Michigan Peer Review Organization. Two contracts.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  EX - 529-17-0010-00001 - </div> <div style="text-align: center;">  MPRO_contract_HH S001080500001.pdf </div> </div>
4	<p>Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors.</p> <p>Response: The use of contractors leverages a viable trained workforce of individuals who do not want full time work or to commit to state employment as surveyors and administrative staff. Contractors hired through the temporary employment agency are provided equipment and access to the state and federal systems they need to complete their assignments. They work on an assignment basis.</p> <p>The entity (CertiServ) contracted to complete surveys/investigations hires their own qualified staff, are responsible for their own quality assurance processes, etc.</p> <p>Benefits: Only trained qualified individuals are used in our contracting (i.e. surveyor SMQT-qualified through CMS or state agency experience). The contractors work on assignment basis, which gives the state agency an opportunity to monitor expected progress and control the volume and scope of assignments.</p> <p>Challenges: For short-term production, the costs are more expensive than a state agency employee. The costs of hiring an entity to conduct the surveys/investigations was extremely high (e.g., \$250,000 for one survey). The entity did not complete as much work as expected, so the costs outweighed the benefit. The CARES Act restricted the use of these funds in a specific way. Funding could have instead been used for increasing surveyor salaries or measures to retain surveyors.</p>
4	<p>How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys?</p> <p>Response: Contractors hired through the temporary employment agency (Peak) are assigned to regional program managers who will provide their assignments and oversee the timeliness of completion/production and the quality of the work. All visits are required to go through a quality assurance check at the regional level for citation-free visits and through 2 state office levels of review (quality assurance and enforcement) for visits with citations.</p> <p>CertiServ – contracted entity provides quality assurance check on their work before the work products are sent to the state agency.</p>
4	<p>What should CMS be doing to oversee the use and effectiveness of contracted surveyors?</p> <p>Response: At this time, HHSC does not recommend changes to the current processes.</p>

What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages?

Response: Texas is an active member of the Association of Health Facility Survey Agencies (AHFSA), which represents member state agencies in advocating, establishing, overseeing and coordinating health care standards that will ensure the highest practicable quality of health care for all state and federally regulated health care providers. Through AHFSA, Texas provides input and recommendations to CMS.

For the September 2022 AHFSA Annual Conference, the attached Word document (AHFSA Conference Report 9.2022) was shared with CMS and includes recommendations from the AHFSA Process Improvement and Survey Efficiency Committee (LTC Complaints and Facility Reported Incidents sub-group).



AHFSA
CONFERENCE REPO

5

The attached Word document was compiled by the state agencies that itemized the unfunded CMS mandates and was shared with CMS during this conference. This document originated so the states could show CMS the numerous mandates that have been introduced from 2016 to 2022 with no additional funding consideration. CMS has flatlined the state budgets for at least eight years, but the additional requirements continue to grow.



Increases in CMS
Workload_final vers

HHSC meets with its CMS regional office (Region VI – Dallas) every month via phone conference and face to face annually. During these meetings information is exchanged such as issues/challenges over workload.

In addition, CMS should continue to provide in-depth training to states on their rules, regulations, and policies to ensure there is consistency and clear expectations. This training must be timely and should be more interactive in nature. CMS should revisit the survey process for NF and the use of ASEQ (only provider type), as this does limit the surveyor's ability to use critical thinking. This also causes extra steps as surveyors must merge findings and then export and import into other CMS mandated systems.

Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

5

Response: Conversations occurred with the CMS Region VI budget representative, as well as other CMS Dallas Location leadership in 2019, 2020, 2021, and 2022 on the need to increase the S&C budget for Texas due to our increasing workload and not having enough FTEs or the ability to increase salaries to recruit and retain staff. We were advised by CMS each year that the budget would be maintained but would not be increased, despite increasing caseloads/workload

and additional mandates requiring more work on top of those existing needs. We are aware that Texas has 11.66% of all non-deemed providers in the nation but only 9.66% of the CMS Survey & Certification budget.

The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one- time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding?

Response: Please see table below. Expenditures covered contract surveyors and personnel costs for eight staff specific to COVID infection control (infection control preventionists).

FY2020 CARES ACT FUNDING			
RECEIVED	EXPENDED	Exepnditures	EXPLANATION
\$987,849	\$671,521	Contract Surveyors, Personnel Cost including salary and fringe for 7 Investigator VII and a Program Specialist VII policy position specific to COVID infection control.	Due to timing of the award, Texas was unable to expend the full CARES award within the fiscal year. However, staff are requesting a list of all PPE expenditures to ensure all eligible expenses were covered.
FY2021 CARES ACT FUNDING			
\$4,860,480	\$1,308,211	Contract Surveyors, Personnel Cost including salary and fringe for 7 Investigator VII and a Program Specialist VII policy position specific to COVID infection control.	Texas was required to conduct a full solicitation for contractors and therefore was unable to expend the full award due to timing of the solicitation award. HHSC anticipated funds would roll over however it was determined Texas must reapply for the remaining funds.
FY2022 CARES ACT FUNDING			
\$549,545	\$ 548,924.30	Contract Surveyors	Texas is on track to fully expend \$549,545

What effect, if any, will the sunseting of this funding have on your agency?

Response: The state will be required to cover, out of the state budget, all costs associated with contract surveyors as well as the personnel costs for the eight staff that are designated as infection control preventionists.

The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.

Response: As of 9/12/2022, there are 1,204 Medicare and Medicaid certified nursing homes and 136,261 total number of certified nursing home beds located in Texas.

The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.

Response: See table below. Note - The request specifically asks for a breakdown of state and federal funding; however we would need more time to work with CMS to determine the breakdown. The amounts below includes all survey and certification work.

Award Source	FY18	FY19	FY20	FY21	***FY22 (Original Base Budget)	***FY22 (Reduction for Vaccine Mandate)
*Title 18 Medicare (Base Budget + Supplemental Funding)	\$34,337,508	\$34,337,429	\$33,744,791	\$33,636,191	\$33,636,191	\$31,090,200
*Title 19 Survey and Certification LTC Medicaid	\$23,729,175	\$23,336,647	\$23,285,917	\$19,726,629	\$20,022,277	\$20,022,277
Grand Total	\$58,066,683	\$57,674,076	\$57,030,708	\$53,362,820	\$53,658,468	\$51,112,477

7c

The number of nursing home surveyor positions (full time equivalents) in your agency’s budget for the previous five fiscal years.

Response: See table below.

FY	# of NF surveyors
2018	339
2019	339
2020	340
2021	350
2022	350

7d

The number of nursing home surveyor positions that are currently vacant (not filled by full-time employees compensated directly by the state) for all staff and for nurses, specifically.

Response:

As of 9/19/2022, there are 45 total vacant nursing home surveyor positions, of which 13 are registered nurses.

7e

For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?

Response: See tables below for NF health team surveyors and the LSC teams.

Summary Table - NF health team surveyors			Summary Table - LSC team		
Year	Hires	Terms	Year	Hires	Terms
2018	66	76	2018	3	6
2019	112	68	2019	6	1
2020	78	93	2020	2	6
2021	95	67	2021	4	3
2022	86	79	2022	6	12

7f

How many years of experience (i.e., years working at your agency), on average, do your current surveyors have? What percentage of your surveyors have two years or less experience; what percentage have five years or more?

Response:

Less than 2 years	2-5 years	5 years or more
127	68	103
42.61%	22.81%	34.56%

7g

What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.

Response: See table below. Life Safety Code staff are denoted with an asterisk.

Class #	Classification	Lowest Salary	Highest Salary
1324G	Generalist Surveyor	\$36,975.96	\$55,436.44
1325	Inspector VI	\$42,243.96	\$62,486.88
1325H	Social Services Surveyor	\$66,999.96	\$66,999.96
1325L	Inspector - License and Cert	\$42,243.96	\$67,233.60
1326	Inspector VII	\$48,277.92	\$78,952.92
1355	Investigator VI	\$51,613.92	\$74,059.65
1571	Program Specialist II*	\$44,023.20	\$47,263.14
2152	Engineer II*	\$70,000.08	\$70,000.08
2264	Architect II*	\$70,000.08	\$87,000.00
2731L	Safety Officer II	\$39,520.92	\$62,047.69
4018H	Nutritionist III	\$66,999.96	\$66,999.96
4492	Pharmacist I	\$81,004.32	\$99,527.57
4413/4413H	Nurse III	\$69,999.96	\$78,126.14

7h

The total dollar amount your agency has spent on contractors for survey, IDR or other nursing home-related oversight activities for the previous five fiscal years.

Response:

Temporary staff (Peak) for conducting surveys/investigations and processing of surveys = \$1,587,331.16.

CertiServ expenditures = \$1,390,284.05. Note, there is one invoice still outstanding for FY2022.

IDR = \$3,496,995

7i

The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.

Response: See table below for IJ data.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (f)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	1,893	Through 9/11/2022
	CY2021	2,058	
	CY2020	3,234	
	CY2019	1,011	
	CY2018	730	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	89.05%	Through 9/11/2022
	CY2021	98.51%	
	CY2020	96.32%	
CY2019	98.42%		
CY2018	98.49%		

Response: See table below for non-IJ data.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (f)	How many nursing home complaints representing non-immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	5,612	Through 9/11/2022
	CY2021	7,747	
	CY2020	9,062	
	CY2019	9,302	
	CY2018	9,726	
	What percentage of non-immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	76.03%	Through 9/11/2022
	CY2021	62.57%	
	CY2020	58.89%	
CY2019	71.10%		
CY2018	58.42%		

AHFSA Process Improvement and Survey Efficiency Committee

LTC Complaints and FRIs sub-group

STATE REPRESENTATION

- California: Heather Chamizo, Teresita Reyes and Mandi Posner
- Colorado: Chad Fear
- Georgia: Monifa Yearby
- Illinois: Bill Shubert
- Louisiana: Celina Guidry
- Michigan: Stacy Goodman, Steve Gobbo and Michelle Roepke
- Mississippi: Angela Carpenter
- Ohio: Rebecca Sandholdt and Kim Hineline
- Oklahoma: Janene Stewart
- Rhode Island: Christine Curran
- Texas: Michelle Dione-Vahalik
- Washington: Bett Schlemmer

COMMON STRUGGLES

- Complaint Volume has increased
- Complexity of the Complaints has increased
- Write-ups are taking longer due to the volume of allegations and due to the current practice
- Staffing shortages are real, across the country
- New initiatives and guidance from CMS is difficult to implement
- Increase in training (may not be newly developed training i.e skills refresher but still takes time) Lack of notification with short time frames makes it difficult
- Flat funding but workload is increasing
- State judgement has been drastically reduced, i.e. complaint and FRI triage levels

FUTURE STRUGGLES

- Increase in complaint and FRI data entry for States (increase staffing struggles, no additional staff to complete this work)

- Implementation and processes that will need changed, lack of or delayed clarification is impeding State responses to new guidance
- Identification of work that won't be done due to new guidance
- Continued unfunded mandates placed on States

BEST PRACTICES IDENTIFIED

- Electronic records for complaints-getting away from writing everything
- Triageing complaints: is there an allegation or just a statement; Created algorithms to triage complaints
- Avoid long complaint narratives with a streamlined investigation report template
- Piloting Administrative Reviews-Desk-review complaints/incidents for Non-IJ medium and Non-IJ low
- States provide regular refresher triage training to ensure complaints are triaged appropriately
- Review of surveyor type assignment when an RN is identified versus a non-RN surveyor.

RECOMMENDATION #1

- Implement a complaint investigation report form, see example
 - Utilize CMS 807-Complaint survey prep
 - Blank CMS 807 for notes and investigation process
 - Surveyor Investigation Guide
 - Surveyor Complaint Investigation Report form guide
 - Complaint Investigation Report
 - Ability to complete multiple allegations/complaints on one form
 - Standardized training for States
- Sections of Complaint Investigation Report Form
 - Intake Information (facility demographics, Administrator, Event ID, Complaint numbers, entrance and exit dates)
 - Allegations of Non-Compliance Categories/Results/Deficient Practice
 - Opening Remarks: Entrance Conference Information, Residents selected in the sample, why, type of complaint (Stand alone, with annual)
 - Investigation Sources: Record Reviews, Interviews and Observations

- Complaint Investigation Guidance used i.e. Regulations, CE Pathway
- Investigation Documentation: confirmation that surveyor notes are included in ACTs for reference
- Brief Summary of Decisions making and Closing remarks
- Survey Team members Identified
- Completion of 2567
- Benefits for States:
 - Time saving measures for States, all information is still there just on the 807 or the complaint report form and is available to CMS
 - Better QA process for complaints
 - Reduction in duplicative write-ups
 - Notes are available from the survey to support the investigation results
 - State utilizing the form has seen a reduction in deleted cites through the IDR process with the use of complaint investigation report form
 - Can be utilized for FRIs, now that they all need investigated
 - Organization and Consistency across states

RECOMMENDATION #2

- Implementation of a Complaint/Incident Administrative Review
 - This process would apply to Non-IJ low and Non-IJ Medium complaints and incidents
 - An offsite review consists of a complaint or provider self-reported incident that does not warrant an onsite investigation but is cause for an administrative review that can be conducted offsite from the facility. LTCR staff may perform an off-site review to determine if further action is necessary.
 - Off-Site review will be based upon triage type, oldest to newest and all related to one facility will be completed together
 - Staff will review the facility investigation report for the incident, if no report staff will request during the entrance conference.
 - If during review of documents, it is determined that an on-site is need staff will notify appropriate area for scheduling.

- If eligible for off-site review a determination must be made for the documentation needed from the facility, utilize the entrance conference script and request the identified documents.
- If completing a complaint contact appropriate individuals before entering. For example, the complainant and the ombudsman.
- Following the entrance conference, an email will be sent to the facility outlining the requested documents, where to send them and the due date at minimum 24 hours shall be provided.
- All interviews are conducted by phone, documentation is reviewed and the required information is documented on the Offsite report.
- Staff will analyze the information to determine if documentation shows:
 - The facility investigation report and supporting document shows what happened
 - The facility correctly identified the issue; and
 - The facility took appropriate action.
- If they are unable to determine the above items occurred staff will conduct additional interviews and request additional documentation as needed.
- If at any time staff identify that a facility is not cooperating, or the documentation and interviews do not support the evidence presented staff can request the complaint is turned into an on-site visit.
- Staff determine the findings and conduct an exit conference with the facility.
- Staff determine if the facility is compliant with the regulations or not. Once determined staff will follow appropriate steps to notify facility and complete all necessary forms to document their findings and complete requirements in ACTS.
- Benefits for States:
 - Ability to clear more lower-level complaints and incidents in a timelier manner
 - Ability to focus scarce resources, surveyors, on the most egregious complaints and allow staff to reduce the CMS imposed backlog on annual surveys.

- Reduction in expenses e.g. Travel, overtime and administrative resources
- Both recommendation #1 and #2 are high level over views, the committee has supporting documentation that provides more in-depth training into the processes.

OPPORTUNITIES FOR EFFICIENCIES

- Facility Reported Incidents
 - CMS develop module for facilities to directly enter their FRIs to help reduce the duplicative entries for states; allow for triaging within the system.
 - Benefits: Consistency on information collected, less error on data entry and time saving for States and minimal impact to overworked staff.
- Complaints with Annuals
 - Implement permanently that States can go beyond 5 complaints/intakes on an annual, but with the condition that every 5 added 1 additional surveyor must be added to the team.
 - Benefits: Allocation of surveyor time more manageable, Decreases the potential for continuation of non-compliance and open enforcement cycles.
- Unfunded Mandates
 - Review unfunded mandates that have been placed on states. Items that were the responsibility of CMS have now become those of the States.
 - Provide funding for these mandates.
 - Utilize a one for one rule, add one take one.
 - Benefits: Possibility of additional funding, with the one for one rule States will not be over burden with additional requirements.
- Communication to States
 - Prior to the start of the federal fiscal year Identification of the number of trainings, estimated hours, that will be expected is provided to the states. Regardless if training is brand new or just a previously provided training.

- Skills refresher training should be different than what was provided when a surveyor was hired, announce those prior to the federal fiscal year and the quarter to be completed. Allows for planning.
- Release training and new guidance at the same time, i.e. Chapter 5. Develop FAQ for States to reference
- Performance Measures, SPSS, and the Mission and Priority Document need to be provided to States prior to the State of the fiscal year. States should not receive the SPSS 6 months into a fiscal year especially if it is the same as the previous year.
- CMS locations and programs need to communicate with States, respond to questions and provide notifications of upcoming requirements and training. It is a benefit to have after hours calls with AHFSA; however, these are every other week and should not be the only source of information sharing or answers to questions that comes from CMS.
- Benefits: More timely responses to questions, ability for states to plan prior to the start of the FFY and not constantly be playing catch-up. New guidance and requirements are not piecemealed to states.

DATA TO SUPPORT RECOMMENDATIONS and OPPORTUNITIES FOR EFFICIENCIES

- Participating States were asked to compile the following information and respond to questions for nursing facilities only.

QUESTION	CALIFORNIA	COLORADO	GEORGIA	ILLINOIS
2020 # of Complaints Received			1688	15,972 The variance is related to complaints received not under IDPH jurisdiction. Referrals were made to other State Agencies
2020# of complaints entered in ACTS			1688	10,100
2021 # of Complaints Received			1629	17,226 The variance is related to complaints

				received not under IDPH jurisdiction. Referrals were made to other State Agencies
2021 # of complaints entered in ACTS			1629	9,732
2020 # of FRIs Received			10,018	
2020 # of FRIs entered in ACTS			10,018	330 Deficiencies-513 IJ-24
2021 # of FRIs Received			11,193	
2021 # of FRIs entered in ACTS			11,193	1,634 Deficiencies-1,893 IJ- 89
Do you have a State System you use to collect Information?			No	No, utilize an internal for
Do you only use RNs to complete Complaint Triaging?			No	No
If no to the question above, do you only use surveyors?			No, but they must be SMQT tested	Use administrative staff
Total # of cites that are deleted in the IDR Process (2020 & 2021)				265 tags

QUESTION	LOUISIANA	MICHIGAN	MISSISSIPPI	OHIO
2020 # of Complaints Received				9086
2020# of complaints entered in ACTS				7528
2021 # of Complaints Received				9224
2021 # of complaints entered in ACTS				7019
2020 # of FRIs Received				11,587
2020 # of FRIs entered in ACTS				122 referred to complaint unit, 3,691 next on-site visit
2021 # of FRIs Received				12,316

2021 # of FRIs entered in ACTS				205 referred to complaint unit, 5,201 next on-site visit
Do you have a State System you use to collect Information?				Y
Do you only use RNs to complete Complaint Triaging?				N
If no to the question above, do you only use surveyors?				Y
Total # of cites that are deleted in the IDR Process (2020 & 2021)				2020- 42 IDR, 5 IIDR 2021- 39 IDR, 15 IIDR

QUESTION	OKLAHOMA	RHODE ISLAND	TEXAS	WASHINGTON
2020 # of Complaints Received	784		12,360	
2020# of complaints entered in ACTS	468		12,430	
2021 # of Complaints Received			10502	
2021 # of complaints entered in ACTS			10,559	
2020 # of FRIs Received			17,515	
2020 # of FRIs entered in ACTS			14,380	
2021 # of FRIs Received	39,637		17,798	
2021 # of FRIs entered in ACTS	15		14,652	
Do you have a State System you use to collect Information?	Yes		Yes	
Do you only use RNs to complete Complaint Triaging?	Yes		No	
If no to the question above, do you only use surveyors?	N/A		No	
Total # of cites that are deleted in the IDR Process (2020 & 2021)	3		2020-58 2021-41	

ANALYSIS

State Survey Agency Increases in CMS Workload

- 2016: Phase 1 of the new Nursing Home regulations took effect. S&C-17-03-NH. In addition to the CMS training, the SAs spent a considerable amount of time providing training to surveyors and providers.
- 2016: CMS adopted the 2012 edition of NFPA 101 and NFPA 99. S&C-16-22- LSC. While CMS did provide training that discussed a high-level overview of the changes in LSC requirements in 2016, it wasn't sufficient to ensure surveyor comprehension. Training staff on the new requirements and the new tag numbering and structure took considerable time.
- 2017: CMS issued Appendix Z, with new, detailed emergency preparedness requirements for all provider types, including NF. S&C-17-29-ALL.
- 2017: Phase 2 of the new NF regulations took effect. S&C-17-36-NH. Again, the SAs spent a considerable amount of time training surveyors and providers.
- 2017: Transition to the Long-term Care Survey Process. Training staff on both ASEQ and the technical aspects of the new process took considerable time. While the ASEQ software was being rolled out, surveys often took longer, adding to workload, and diminishing resources for other tasks. S&C-18-05-NH.
- 2018: ESRD initial certification surveys must be completed within 90 days. This prescriptive timeframe impacts the flexibility of the SA in terms of scheduling their other mandatory work. Admin Info: 18-15-ESRD
- 2018: CMS substantially revised the ICF/IID survey process in Appendix J. This required staff retraining. Re-formatting survey documents and schedules took time. S&C-18-16-ICF/IID.
- 2019: Transplant hospital surveys were assigned to the SAs. This took significant training and reduced the resources for other surveys/survey activities.
- 2020: Nursing Home Focused Infection Control (FIC) surveys. As part of the national response to COVID-19, CMS directed the states to conduct FIC surveys of each nursing home by July 31, 2020. CMS also directed the states on an on-going basis to annually perform FIC surveys of 20% of nursing homes as a stand-alone survey. QSO-20-31-ALL and QSO-22-02-ALL.
- 2020: Nursing home enhanced survey activities related to F880. CMS established new expectations for states to assess compliance with F880, including mandatory directed plans of correction for noncompliance with F880 assessed at or above s/s level D. QSO-20-31-ALL.
- 2020: Psychiatric hospital "B" tag surveys that had been performed by contractors were assigned to the SAs. Admin Info: 20-05-Hospital/Psych
- 2020: CLIA IFC-3 additional surveys. QSO-20-37-CLIA
- 2020: Focused Infection Control (FIC) surveys. As part of the national response to COVID-19, CMS directed the states to conduct FIC surveys of each nursing home by July 31, 2020. CMS also directed the states on an on-going basis to annually perform FIC surveys of 20% of nursing homes as a stand-alone survey. QSO-20-31-ALL and QSO-22-02-ALL.
- 2020: Enhanced survey activities related to F880. CMS established new expectations for states to assess compliance with F880, including mandatory directed plans of correction for noncompliance with F880 assessed at or above s/s level D. QSO-20-31-ALL.

- 2020: Additional survey activities related to F882. CMS implemented some of the Phase 3 requirements related to the infection preventionist on August 26, 2020, and established new expectations for states to assess compliance with F882. QSO-20-38-NH.
- 2020: Nursing Home Visitation. CMS established visitation guidance which greatly increased ongoing training for both SAs and providers and increased the number of SA complaints. QSO-20-39-NH.
- 2021: CMS created a new rule requiring nursing home staff and residents to be vaccinated, or have an approved exemption against COVID-19 and developed new survey tools and processes for the states to use to assess compliance. QSO-21-19-NH.
- 2021: CMS issued QSO-22-01, which added requirements for use of multidisciplinary survey teams and prohibition of surveyor conflicts of interest, which impacted scheduling and flexibility with resources. QSO-22-01-HOSPICE.
- 2021: CMS Basic LSC prerequisite, NFPA Fire Inspector 1: NFPA increased the practicum phase exercise requirements which increased the workload and time for training new LSC surveyors. Some of the new requirements are not related to the work of a LSC surveyor.
- 2022: Hospice interdisciplinary surveys (and the addition of SFF next year) QSO-22-01-Hospice.
- 2022: Transition of certification work to the SAs. This required extensive training and the additional tasks diminished time available for other SA work. Admin Info: 22-02-ALL.
- 2022 - Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination. QSO-22-09.
- 2022 - Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide. QSO-22-19-NH. This requires extensive training for both the SA staff and providers and will increase workload requirements for SAs.
- 2023 – Rural Emergency Hospitals. This new CMS provider type will increase required training for SAs and providers as well as increased survey activity of which is unknown. Also increased SA workload related to licensure issues.

Onsite Surveys:

- Increased number of complaints and high level citations. For nursing homes, this also increases IDR/IIDRs.
- Increased onsite investigations, survey reports, and IDRs related to FRIs and F600.

Training

- Significant increased training during the PHE for SA staff and providers related to CMS and CDC guidelines and ongoing changes.
- Increased SA training when CMS moved to an all-virtual platform.
- The training platform has changed multiple times which increased training on the platform as well as SA verification of transcripts, etc.
- Training refresher courses and competency testing.
- New provider type – Rural Emergency Hospital.

Other tasks:

- CMP state plans as well as CMP application review and monitoring of projects.
- NATCEP administration and oversight has added considerable workload in light of the anticipated expiration of the PHE waiver, and the unknown status of State waiver requests
- FMS revisits – this task was completed by CMS and has been added to the SA workload.
- The implementation of iQIES has added considerable time for training and trouble-shooting for the SAs.

Utah



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

October 28, 2022

Senator Bob Casey, Chairman
U.S. Senate Special Committee on Aging

RE: Request for Response to United States Senate, Special Committee on Aging

Dear Chairman Casey,

We appreciate the opportunity to respond to your very pertinent and timely questions with regard to State Survey Agencies and the barriers we face in conducting this important work. Please see our response to each question below:

Question #1

Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Response:

In accordance with §1864 of the Social Security Act, our office performs surveys for the purpose of certifying compliance or non-compliance of all Medicare and/or Medicaid provider types in the State of Utah. Our surveyors conduct initial, recertification, complaint, and follow-up surveys at such times, and in such a manner as CMS directs. In March 2020, as COVID-19 emerged, CMS introduced an additional oversight survey; the Focused Infection Control (FIC) survey. This activity is required under agreement with the Secretary of Health and Human Services as per our 1864 agreement. The surveys are conducted for all Medicare-certified providers types. This includes 368 Acute and Continuing Care providers/suppliers and 98 certified nursing homes.

There are 98 Medicare and/or Medicaid certified nursing homes in the state of Utah, and the resources necessary to meet the oversight demands are challenging, at best. Given the nature of the Recertification Survey and unpredictability of complaint allegations, it has been our experience that the education, training, and experiences of registered nurse applicants lend to more utility on a survey team. Additionally, nutrition, quality of meals, and adequacy of food service sanitation continues to be a significant issue in the nursing home industry. For these reasons, we recruit for, and hire only registered nurses and registered dietitians for our Long Term Care (LTC) Surveyor positions. In addition, we historically have hired only registered nurses in the Acute and Continuing Care area, again due to the breadth of knowledge and training they receive in all areas, and as the only professional required by CMS to be on all federal certification surveys.

The challenges we experience are likely similar to those of many states. In 28 years of experience with the Utah State Survey Agency, there have been very few periods of time when all surveyor positions were filled. As a general characterization, our applicants for LTC surveyor positions have been newly licensed registered nurses or nurses who openly express they are seeking a less demanding job. Registered nurse candidates with significant experience frequently decline interviews when they learn what we are able to offer, in terms of pay per hour. We have not been competitive in salary specifically, compared to the private sector, for many years. At times, the benefits we have been able to offer, as state government employees, were enough to bring some staff in at a lower wage. However, over the years, many of these non-salary benefits have been reduced or eliminated, making the positions less desirable to potential applicants. Since the Public Health Emergency, the demand for nurses has been greater in general. In our relatively small survey

agency, we have lost several surveyors to higher paying positions in the private sector. Higher pay, associated with the increased demand for nurses, has made recruiting efforts more challenging. It is not uncommon for qualified registered nurse candidates to decline offers due to the insufficient salary we can offer.

As a state agency, we have few options available. Because our federal budget has remained stagnant, with a 0-0.5% increase each year, we lose ground when the state provides existing survey staff an annual salary increase — typically 2 to 5% — out-pacing the federal budget increase each year. This has been the case for many years and has slowly eroded our ability to attract more qualified candidates and fill positions. Additionally, we have had to keep some surveyor positions vacant because we have not had sufficient federal budget to fill all positions.

Question #2

Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Response:

Concerns reported by multiple states and watchdog reports are valid and our State Survey Agency (SSA) has not been immune to staff turnover. Certainly the staff turnover has negatively impacted the timeliness of surveys, relative to statutory requirements. It is not unreasonable to extrapolate, given the complexity of the long-term care survey process, new surveyors may be less effective despite the training and orientation they receive. It is a developmental process to become an effective and efficient surveyor and takes several years to become proficient.

The turnover of surveyors in our SSA can broadly be broken down into the following three categories:

1. Salary: As addressed in response to question #1, the salary for qualified professionals, specifically registered nurses, is substantially below the market average. In May 2021, the U.S. Bureau of Labor and Statistics (BLS) reported Utah's average annual mean wage for registered nurses to be \$72,790¹; approximately \$35.00 per hour. Currently, we are recruiting for registered nurses, offering \$29.48 per hour. Note: This does not factor benefits.
2. Competence and skill: Among the long term care surveyors, our survey agency experiences the greatest turnover within the first year. As addressed above, a health facility surveyor is not a field of study, it is 100% on-the-job training. Each State Survey Agency (SSA), along with CMS, has developed training modules to guide new surveyors through an orientation and training period. The training period for a new surveyor is approximately 6 months.
3. The role of surveyor is complex and requires skills not easily identified in an interview and screening process. Individuals who may be proficient as a registered nurse or as a registered dietitian may not be successful as a surveyor. Our SSA utilizes a one-year probationary period for newly employed surveyors. Surveyors unsuccessful during the probationary period have generally been unsuccessful because they did not possess, develop, and/or refine one or more of the following essential knowledge, skills, or abilities: 1) Appropriate workplace temperament, including the ability to be assertive without being aggressive; 2) An ability to present information persuasively while remaining receptive to differing perspectives; 3) An ability to de-escalate situational tension; 4) Recognition and understanding of their own biases and how to manage these biases on survey; 5) an ability to remain objective, making dispassionate compliance decisions in an environment where emotions can be overwhelming; 6) An ability to step out of their comfort zone to pursue appropriate investigative paths, especially making observations and conducting interviews; and, 7) An ability to develop rapport with survey team members sufficient to facilitate effective communication and discussions, with a willingness to support team decisions even if team decisions do not align with their personal values or opinions.

As mentioned in response to question #1, many who have submitted applications for positions with our agency have been registered nurses or

¹ [https://www.bls.gov/oes/current/oes291141.htm#\(2\)](https://www.bls.gov/oes/current/oes291141.htm#(2))

registered dietitians who were newly licensed with minimal clinical experience. We have had some degree of success with both newly licensed registered nurses and registered dietitians. Candidly, it has been our experience that, at times, these applicants have been more likely to accept the salary we have been able to offer. In many instances, the newly licensed individuals we have hired continued to be in a “student” frame of mind. These individuals transitioned well and have had a general tendency to learn the theoretical aspects of surveying, as well as the CMS-required Long Term Care Survey Process, and other necessary software applications, in comparison to some more experienced applicants.

The stress on surveyors is great. In many ways, surveyors are placed in a no-win situation every day they work. Surveyors persevere with an understanding that their work is important and that their efforts make a difference. However, when one considers the day-to-day routine of a surveyor, it is not difficult to understand why there is a high percentage of burnout. To begin with, surveyors enter facilities where their reception ranges from nervous graciousness to cold and distant greetings. Sometimes the reception improves as the survey progresses. Other times it deteriorates. The survey process itself is a stressor for surveyors and facility staff alike.

We hire healthcare professionals, specifically registered nurses and registered dietitians, to work as surveyors. These individuals have varied backgrounds. However, surveyors using a CMS investigative pathway need to become proficient in continence cares, pressure sore prevention and treatment, behavioral management, nutritional needs calculations, medications (with emphasis on psychoactive medications), social services, abuse, neglect, physical and chemical restraints, etc. Surveyors have limited time to conduct surveys and have to make decisions based on the information available to them. Angry providers, angry complainants, various reports of regulators not doing their job, CMS continually changing processes, guidelines and updates are all factors making it difficult to know what is current. The learning curve is constantly changing.

There is a perception that it is the job of the surveyor to improve the lives of individuals in LTC facilities. The role of the surveyor is to monitor compliance with federal requirements for participation in the Medicare and Medicaid programs, and to cite noncompliance when supported by evidence. The role of the provider is to improve the lives of individuals living in the nursing home.

Question #3

Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Response:

Prior to the Public Health Emergency, our SSA has had difficulty hiring and retaining registered nurses. Many recruiting attempts resulted in 2 to 4 candidates, or fewer, and many of these have been people that had previously applied and, through the application and interview process, were not viewed as strong candidates or offered positions. Frequently, strong candidates have declined our offer of employment due to insufficient salary. As we have made efforts to discuss benefits in addition to salary, we have been largely unsuccessful. Many strong candidates have expressed their belief that the benefits do not come close to the salary they would lose by accepting a surveyor position. Candidates with extensive experience have expressed to our interview panels that the disparity in salary has been in the tens of thousands of dollars.

Since the Public Health Emergency, our SSA has had 7 long-term care surveyors resign for higher paying positions. Our long-term care survey section has generally had approval to hire for 16 of 18 long term care surveyor positions, plus a training coordinator. (We have been unable to fill 2 of these positions for many years due to insufficient federal budget.) The 7 surveyors lost to higher paying positions will be difficult to fill. In addition to the 7 long-term care surveyors who left for higher paying positions, 2 surveyors have retired, 2 moved out of the state, and 1 transferred to another area of state government.

We have also lost one FTE in the Acute and Continuing Care area due to lack of sufficient federal budget to fund the position.

Question #4

Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Response:

We have not used contractors as of the date of this report. We have heard from some states that their experience with the contractors has not been positive with regard to getting workload caught up. Contractors are struggling with sufficient staffing as well. In addition, budgets do not allow for significant use of contractors.

Question #5

What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Response:

In our view, there are two major areas of concern that CMS should consider.

(1) The mandatory survey schedules for facilities/entities. Abandon the required survey intervals, or extend them, and focus on facilities/entities that require more attention, with complaints being the priority rather than how long it has been since the entity was last surveyed. We believe the focus should be on facilities/entities with a poor record of compliance and a history of complaints, and allow those with good compliance histories to go longer between surveys.

(2) State employee increases in wages are outpacing the federal budget,

diminishing our ability each year to staff according to need. For example, each year for decades our federal survey budget has been stagnant or typically grown by only 0.5% if increased each fiscal year. With state employees receiving a 2 to 5% increase during those same years, the wages are outpacing the budget, forcing states to not fill or cut positions, as well as being unable to compete with the private sector on wages.

In general, discussions regarding staffing and budget between our office and CMS have been addressed many times over the years, by both the current state agency director and the previous director. These conversations have occurred during meetings and discussions (via electronic media and in person) and we do not have a record of them in written form. They were provided in a collaborative way with the emphasis being on shared information related to barriers with our workload.

Question #6

The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What effect, if any, will the sunset of this funding have on your agency?

Response:

Our agency chose not to use CARES Act funds for the following reasons:

1. We would have been unable to spend the funds because of our staffing shortage. We were not able to use our routine funding so adding extra dollars would not have made a difference. In addition, it is very difficult to hire staff with "one-time funds" since they will sunset and ongoing operations can't be considered with this funding.
2. The requirements for tracking these funds was very burdensome and would have taken a significant amount of time tracking and recording these expenditures with little to no gain for our agency.

Question #7

Please provide the requested data in the attached Excel sheet:

a. The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.

Response:

98 certified nursing homes with 8,472 beds.

b. The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.

Response:

See spreadsheet

c. The number of nursing home surveyor positions (full time equivalents) in your agency's budget for the previous five fiscal years.

Response:

18 (Federal budget will not fund all positions, however) see spreadsheet.

d. The number of nursing home surveyor positions that are currently vacant (not filled by full-time employees compensated directly by the state) for all staff and for nurses, specifically.

Response:

6 vacant positions currently (all RN positions)

e. For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?

Response:

See spreadsheet

f. How many years of experience (i.e., years working at your agency), on average, do your current surveyors have?

Response:

See spreadsheet

What percentage of your surveyors have two years or less experience;

Response:

See spreadsheet

What percentage have five years or more?

Response:

See spreadsheet

g. What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.

Response:

All surveyors make the same, regardless of discipline — 29.48/hr.

h. The total dollar amount your agency has spent on contractors for survey, IDR or other nursing home-related oversight activities for the previous five fiscal years.

Response:

We have not used contracted services.

i. The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.

Response:

See spreadsheet

All data is for Federal Fiscal Years 2018 - 2022

IJ Surveys: 158 surveys (96% initiated within required timeframes)

Non-IJ High: 436 Surveys (83% initiated within required timeframes)

Non-IJ Medium: 473 Surveys (87% initiated within required timeframes)

Non-IJ Low: 27 Surveys (100% initiated within required timeframes)

Pending Complaint Surveys at the end of FFY 2022: 55

Again, thank you for your time and effort in reviewing this information. I wish you all the best as you move forward with your review.

Sincerely,

A handwritten signature in black ink that reads "Kelly J. Criddle". The signature is written in a cursive, flowing style.

Kelly J. Criddle, State Agency Director

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	98	
	What is the number of Medicare and or Medicaid certified nursing home beds?	8472	
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$437,179	
	FY2021	\$450,008	
	FY2020	\$499,874	
	FY2019	\$433,536	
	FY2018	\$437,179	
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$3,478,941	
	FY2021	\$3,370,128	
	FY2020	\$3,585,242	
FY2019	\$3,429,907		
FY2018	\$3,516,363		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	16	18 FTEs but budget only supports 16
	FY2021	16	*
	FY2020	16	*
	FY2019	16	*
	FY2018	16	*
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	4	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	4	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	3	
	FY2021	6	
	FY2020	3	
	FY2019	4	
	FY2018	5	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	5	
	FY2021	3	
	FY2020	6	
FY2019	5		
FY2018	6		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	4	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	60	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	25	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	23,42-37,16	All non-supervisory survey positions currently pay \$29.28/hr
	Not registered nurses?	23,42-37,16	*
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	29	Last 5 years 158 IJ complaints
	CY2021	32	
	CY2020	38	
	CY2019	31	
	CY2018	28	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each of the following calendar years?		
	CY2022	96%	Met requirements 96% over past 5 years
	CY2021	98%	
	CY2020	94%	
CY2019	100%		
CY2018	100%		

Additional Notes

Please use the space below to provide any additional notes that would be helpful for the Committee to understand the data you are submitting

Vermont

From the Vermont State Survey Agency
To Senate Special Committee on Aging.

Response to request for information from Senator Bob Casey, Chair, dated September 12, 2022

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Answer: Vermont is a small state with 35 certified nursing homes, 16 certified hospitals, and 12 certified home health and hospice agencies. Our State Survey Agency utilizes nurse surveyors solely as we operate Statewide, and we find that registered nurses make the best generalists in the health care setting. Our nurse surveyors are cross trained for several certified providers as well.

The Vermont State Survey Agency performs all CMS duties as required in the 1864 agreement. We strive to perform all tiers of work as described in the Mission and Priority document.

The Vermont State Survey Agency also conducts licensing and survey work for Vermont's state licensed long term care facilities.

Surveyor vacancy, largely due to retirements, does affect our ability to complete our work in a timely basis as it takes up to 9 months to adequately train a nurse surveyor from novice to operating independently. We do not change our operating procedures or triage procedures but find we may complete low triaged complaints less timely that we would prefer. We are 100% compliant with Federal guidelines for immediate jeopardy complaint timelines.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Answer: Over the past five years, turnover in Vermont has largely been because of end of career retirement. Two staff have left because of competing jobs due to the type of job, not as a result of salary differences. The two nurse surveyors who left came from a mental health background and chose to return to a mental health setting. Both individuals who chose to go back to different jobs stated that they were leaving because a dream job became available. Staff turnover has affected our ability to meet low level triaged complaints in a timely manner. We quickly caught up as we hired and trained new nurse-surveyors. This turnover did not effect our Tier 1 workload.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Answer: Surveyors in Vermont are all registered nurses and state employees. Our salaries are low compared to other health care settings. Our Human Resources Department allows us to “hire in range” thus adding approximately 20K to the hiring salaries. Additionally, the State of Vermont has instituted a Market Factor Adjustment (MFA) for certain clinical positions within state government, to include Nurse Surveyor positions. The MFA adds a 25% differential on top of the pay for a similarly graded non-clinical position. This brings our starting pay more in alignment with other health care settings. A fulltime four-day work week, weekends and holidays off, and a retirement pension allow for us to hire candidates into the nurse surveyor position without barriers regularly.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Answer: Vermont has not used contractors to fill any positions or fulfill any State Survey Agency duties.

5. What could CMS do differently, including changes to policies, guidance, or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Answer: Vermont has not corresponded with CMS or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provide states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Answer: The Vermont State Survey Agency has not used CARES Act funding.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	35	
	What is the number of Medicare and or Medicaid certified nursing home beds?	2,954	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$239,278	
	FY2021	\$225,175	
	FY2020	\$215,179	
	FY2019	\$242,395	
	FY2018	\$252,885	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$889,390	
	FY2021	\$836,971	
	FY2020	\$799,818	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	16	
	FY2021	16	
	FY2020	15	
	FY2019	16	
	FY2018	16	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	1	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	N/A	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	4	
	FY2021	3	
	FY2020	2	
	FY2019	1	
	FY2018	2	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	3	
	FY2021	5	
	FY2020	2	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	7	
	What percentage of your current nursing home surveyors have <u>2 years or less</u> experience with nursing home surveying?	40%	
	What percentage of your current nursing home surveyors have <u>5 years or more</u> experience with nursing home surveying?	60%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses? All Vermont State Surveyors are RNs	76,336 - 121,451	
	Not registered nurses? We have no non-nurse surveyors	N/A	

7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?	N/A	
	FY2022	N/A	
	FY2021	N/A	
	FY2020	N/A	
	FY2019	N/A	
	FY2018	N/A	
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	YTD 7	
	CY2021	7	
	CY2020	16	
	CY2019	3	
	CY2018	5	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	
	CY2021	100%	
	CY2020	100%	
	CY2019	100%	
	CY2018	100%	

Virginia



COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

Colin M. Greene, MD, MPH
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

SENT VIA EMAIL ([REDACTED])

October 28, 2022

Special Committee on Aging
United States Senate
Washington, D.C. 20510-6400

RE: Requested Response, Data, and Records to September 12, 2022 Letter to State Survey Agencies

Dear Senator Casey,

The Virginia Department of Health Office of Licensure and Certification (VDH OLC) is in receipt of your letter dated September 12, 2022, which requested detailed operational, financial, personnel, and programmatic information about VDH OLC's activities as a state survey agency. Please find below and enclosed our responses to questions posed by the United States Senate Special Committee on Aging:

1. *Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.*

ANSWER: As October 26, 2022, VDH OLC surveys:

- 234 freestanding nursing homes that are licensed as a nursing home and that have 100% of their beds dually certified under Medicare and Medicaid;
- 12 freestanding nursing homes that are licensed as a nursing home and that have 100% of their beds only certified under Medicare;
- One freestanding state-operated facility that is exempt from licensure as a nursing home and that has part of its beds only certified under Medicare and part of its

DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 367-2104

COPN/MCHIP/PRA
(804) 367-2126

VDH VIRGINIA
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AGING-00592

beds only certified under Medicaid (i.e., it has no beds that are dually certified under both titles);

- One freestanding state-operated facility that is exempt from licensure as a nursing home and that has 100% of its beds only certified under Medicaid;
- Two nursing or extended care units that are licensed as part of a hospital and that have 100% of their beds dually certified under Medicare and Medicaid;
- One nursing or extended care unit that is licensed as part of a hospital and that has part of its beds dually certified under Medicare and Medicaid, and part of its beds only certified under Medicare;
- Three nursing or extended care units that are licensed as part of a hospital and that have part of their beds dually certified under Medicare and Medicaid, and part of their beds only certified under Medicaid; and
- One nursing or extended care unit that is licensed as part of a hospital and that has 100% of its beds only certified under Medicare.

VDH OLC has enclosed an Excel spreadsheet of these facilities, their licensure status under Virginia law, their bed counts, and the certification status of those beds.

For the following federal fiscal years (FFYs), VDH OLC has completed, either via its direct employees or via contractors:

- 2022
 - One initial certification survey
 - 163 recertification surveys, which may be combined with complaint investigations
 - 68 focused infection control (FIC) surveys, which may be combined with complaint investigations
 - 593 complaints investigated
- 2021
 - One initial certification survey
 - 135 recertification surveys, which may be combined with complaint investigations
 - 144 FIC surveys, which may be combined with complaint investigations
 - 518 complaints investigated
- 2020
 - One initial certification survey
 - 92 recertification surveys, which may be combined with complaint investigations
 - 466 FIC surveys, which may be combined with complaint investigations
 - 562 complaints investigated

- 2019¹
 - One initial certification survey
 - 224 recertification surveys, which may be combined with complaint investigations
 - 569 complaints investigated
- 2018²
 - Zero initial certification surveys
 - 232 recertification surveys, which may be combined with complaint investigations
 - 401 complaints investigated

To conduct nursing home surveys, VDH OLC utilizes five regional teams that, if fully staffed, would have nine surveyors each. However, VDH OLC has been unable to fulfill vacancies to keep teams fully staffed, resulting in two to four vacancies per team; if VDH OLC were to redistribute staff to achieve nine surveyors per team, it would be left with four regional teams and one team comprised entirely of vacancies. Understaffed surveyor teams are not able to accomplish as many surveys in a year because surveys take longer to complete. The effects of persistent and perpetual understaffing are reflected in the amount of overdue complaints and recertification surveys. As October 26, 2022, VDH OLC has 468 complaints needing to be investigated, with 211 (or 45%) having exceeded the time frame prescribed by the Centers for Medicare and Medicaid Services (CMS) for investigation; as of that same date, VDH OLC has 74 recertification surveys that have exceeded CMS's prescribed 15.9 month interval between recertification surveys.

An issue, challenge, or dynamic likely unique to Virginia is the marked difficulty in recruiting surveyors in the Northern Virginia (NOVA) region. This region has a very high cost of living and VDH OLC is competing against private employers who can offer compensation above and beyond the compensation VDH OLC can offer, even with the NOVA pay differential VDH OLC offers (approximately \$4,000 to \$5,000 more per year).

To address staffing shortfalls, VDH OLC utilized the entirety of its allotment of CARES Act funding to contract with Healthcare Management Solutions, LLC (HMS) for the purpose of conducting overdue survey and certification activities. Because VDH OLC has experienced persistent and perpetual understaffing and vacancies in survey and certification activities for all provider types, HMS's surveyors were not exclusively deployed to conduct nursing home surveys, but instead to help VDH OLC catch up on the most overdue surveys across several provider types. VDH OLC has asked for additional funding from CMS via its annual budget call and from the Virginia General Assembly via the executive branch budgetary process; VDH OLC has received no increase in funding

¹ FIC surveys were created by CMS during FFY2020 in response to the COVID-19 pandemic and are therefore absent from this year's count.

² *Id.*

from CMS since FFY2015 and requests through the executive branch budgetary process have not been successful.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

ANSWER: Nursing home surveyor positions turn over from twice to four times the rate of non-nursing home surveyor positions. VDH OLC does not have information to support the premise that the quality of its surveys has suffered, but certainly the turnover has negatively affected the timeliness of nursing home surveys. Turnover and vacancies combine to drag on the morale of existing survey agency staff in that VDH OLC can never "get on top of" the volume of work that must be completed with the staff that it has available to do the work.

Surveyors that have separated from VDH OLC have volunteered the following reasons for departing:

- Burnout;
- Retirement;
- Interpersonal conflict;
- Personal health reasons (unrelated to COVID-19);
- Fear of contracting COVID-19 from conducting surveys;
- Job offers from other state agencies;
- Job offers to work in the nursing home industry;
- Desire to receive higher compensation as a traveling nurse;
- Desire to utilize higher education attained during employment at VDH OLC; and
- Desire to move to another state.

VDH OLC experienced fewer separations with nursing home surveyors during the COVID-19 pandemic. However, VDH OLC also struggled to recruit nursing home surveyors, with the rate of new hires being cut in half. This was due in part to fewer applicants, which VDH OLC attributed to hesitancy to survey medical care facilities during the COVID-19 pandemic; to VDH OLC being inundated with new survey and certification requirements and activities related to the COVID-19 pandemic and having no staff to spare for conducting recruitment; and to the historical difficulties of recruiting qualified employees with the compensation that VDH OLC can offer.

VDH OLC has not implemented any turnover reduction strategy specific to its surveyors or its staff. All VDH employees were given a one-time \$1,000 on June 16, 2021 at the

direction of the State Health Commissioner. The following compensation actions were also taken by the Virginia General Assembly, funded exclusively with state monies and no contribution from CMS:

- 2.75% raise effective June 10, 2019;³
- One-time 3% bonus on December 1, 2020;⁴
- 5% raise effective June 10, 2021;⁵
- 5% raise effective July 10, 2022;⁶ and
- One-time \$1,000 bonus on December 1, 2022.⁷

Another 5% raise on June 10, 2023 is in the current Virginia state budget,⁸ though this is subject to change.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

ANSWER: The rising competition for nurses has resulted in fewer applicants for surveyor positions and the applicants who do apply are less qualified. There have also been fewer registered nurses applying and an increase in other health care professionals applying, such as licensed practical nurses and dental hygienists.

VDH OLC has had extremely limited opportunities to attract and retain nurses for surveyor positions, through either monetary or nonmonetary incentives. VDH OLC's funding from CMS has been flat since FFY2015 and the only adjustments to state appropriations for VDH OLC surveyors have been to cover state-mandated raises and bonuses⁹ that apply to all¹⁰ executive branch agency employees in the Commonwealth. Because these compensation actions were universal, they did not provide any incentive particular or exclusive to VDH OLC surveyors as our surveyors would have received the same raises and bonuses had they worked at any other executive branch agency. Other nursing positions within VDH have been classified as "critical/hard to fill," which expands

³ Item 474(T)(1) of Chapter 854 of the 2019 Acts of Assembly.

⁴ Item 477(V)(1) of the 2020 Acts of Assembly, Special Session I.

⁵ Item 477(X)(1) of the 2021 Acts of Assembly, Special Session I.

⁶ Item 483(S)(1) of the 2022 Acts of Assembly, Special Session I.

⁷ Item 483(W)(1) of the 2022 Acts of Assembly, Special Session I.

⁸ Item 483(S)(1) of the 2022 Acts of Assembly, Special Session I.

⁹ With the exception of the \$1,000 bonus authorized by the State Health Commissioner.

¹⁰ To be eligible for these compensation actions, employees had to meet minimum performance criteria and be employed on or before specified dates.

the available options to attract and retain employees, such as sign-on bonuses and increased salary ranges; however, VDH OLC's surveyor positions have not been classified as "critical/hard to fill" so it cannot take advantage of these flexibilities.

VDH OLC does not have information regarding how its starting salary and salary range compares to salaries for other registered nurse positions in Virginia. VDH OLC has provided its salary range information in response to Question 7. VDH OLC is aware of private sector employers offering sign-on bonuses to nurses worth tens of thousands of dollars. As noted above, VDH OLC is not able to offer comparable sign-on bonuses.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

ANSWER: Prior to the COVID-19 pandemic, VDH OLC had a contract with the State Fire Marshal's Office (SFMO) in the Virginia Department of Fire Programs. As noted in § 4006A of CMS's *State Operations Manual* and Article IV of the § 1864 Agreement, state survey agencies may assign part of its responsibilities to another state agency with the prior written authorization of the Secretary of Health and Human Services. Section 2472B of CMS's *State Operations Manual* specifically recognizes that state survey agencies frequently enter into contracts for completion of life safety code (LSC) surveys with the agency responsible for enforcing fire code requirements. Generally, these contracts call for employees of the state fire authority to:

- Survey all non-accredited hospitals, hospices, ambulatory surgical centers, skilled nursing facilities (SNFs), nursing facilities (NFs), critical access hospitals, religious nonmedical health care institutions, facilities for programs of all-inclusive care for the elderly, and intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs);
- Survey accredited hospitals selected for validation surveys or surveyed as a result of a substantial allegation of an unsafe conditions;
- Complete the appropriate Fire Safety Survey Report (Form CMS-2786);
- Prepare statements of deficiencies and review plans of correction (Form CMS-2567);
- Make recommendations to state survey agencies regarding facilities' compliance with program fire safety requirements; and
- Use only qualified fire safety inspectors in the performance of these surveys.

The last bullet point--“qualified fire safety inspectors”-- was the primary benefit of VDH OLC sought in contracting with the SFMO to conduct LSC surveys. CMS requires a person to be a National Fire Protection Association (NFPA) Certified Fire Inspector I before that person can enroll in the Basic Life Safety Code (BLSC) training for surveyors. This certification is not offered by CMS and has to be obtained directly through NFPA. This certification requires a test (currently costing \$399), followed by a practicum involving 17 activities, each of which must be signed and verified by a proctor,¹¹ who also has to complete a signed affidavit. In VDH OLC’s experience, it is incredibly rare for a prospective surveyor employee to meet CMS’s minimum qualifications to be a health facility surveyor¹² and to also be a NFPA Certified Fire Inspector I. VDH OLC had turned to the SFMO because many of its employees had the requisite certification from NFPA, which meant they could immediately enter the BLSC training and quickly be deployed to complete LSC surveys.

However, over time, the SFMO treated LSC surveys as a progressively lower priority for its staff despite increasing its hourly rate under the contract. The SFMO was also extremely resistant to completing the CMS-mandated training. The SFMO were not completing the required survey paperwork in a timely manner (despite having conducted the LSC surveys), which resulted in VDH OLC being delayed in submitting the entire survey package to CMS within the timeframes prescribed; this resulted in providers being threatened with termination from participation for lack of a completed recertification survey and VDH OLC being fined by CMS. VDH OLC terminated this contract in the spring of 2021 and has since been hiring retired SFMO employees on a wage/part-time basis to complete LSC surveys.

Also prior to the COVID-19 pandemic, an interagency contract was created between VDH, the Virginia Department of Medical Assistance Services (DMAS), and the Virginia Department of Health Professions Board of Nursing (DHP BON); this contract was for the purposes of carrying out Virginia’s responsibilities related to the approval of nurse aide training programs, evaluation of competency, nurse aid certification, and maintenance of the certified nurse aide registry. DHP is the state agency home to all of Virginia’s health regulatory boards like BON, so it was a natural fit to have oversight of nurse aides delegated to that agency. DMAS’s roles were more administrative, related to budget submissions and reimbursement for the Medicare share of the work.

On September 9, 2020, VDH OLC entered into a contract with HMS, for the purpose of conducting survey and certification activities to help VDH OLC reduce the backlog of recertification, complaint, and FIC surveys that had increased during the COVID-19 pandemic. VDH OLC selected HMS in part because CMS had informed VDH OLC that it currently uses HMS’s surveyors and had been satisfied with its performance. VDH OLC initially had HMS focus on completing recertification surveys for end-stage renal disease

¹¹ NFPA requires a proctor for candidates that are not part of the fire service to be an individual who can demonstrate a background that includes fire protection and fire safety.

¹² See § 4009B of CMS’s *State Operations Manual*.

(ESRD) facilities, SNFs, and NFs. VDH OLC has renewed this contract with HMS and will be expanding HMS's survey and certification activities to include recertification surveys and complaint surveys for home health agencies and LSC surveys for SNFs and NFs because of the low interest from retired SFMO employees to return to state service on a wage/part-time basis to complete LSC surveys. In addition to using its entire allotment of CARES Act funding for the HMS contract, VDH OLC has also expended a portion of its funding under the CDC Workforce Grant and its FFY22 one-time funding from CMS to increase the volume of surveys to be completed under the contract.

For the SFMO contract, VDH OLC provided SFMO with a list of providers to be surveyed and had designated a VDH OLC employee as the primary point person to facilitate submission of LSC surveys, work papers, and track status of LSC surveys. VDH OLC also provided training and technical assistance to SFMO. Individual SFMO surveyors also interacted frequently with surveyor supervisors. SFMO also submitted monthly invoices based on surveys completed. For the interagency contract, DHP BON, DMAS, and VDH have a cooperative and collaborative exchange of necessary information and records, including auditable documentation for expenses and yearly cost estimates. For the HMS contract, VDH OLC provides HMS with a list of providers to be surveyed and the surveys to be conducted. HMS provides VDH OLC for its review and approval with a draft Form CMS-2567 that has already cleared HMS's quality assurance team, along with any work papers. HMW also provides VDH OLC with monthly invoices and supporting documentation to substantiate the hours worked.

VDH OLC does not have suggestions at this time regarding what CMS should be doing to oversee the use and effectiveness of contracted surveyors. Based on its past experiences, VDH OLC would strengthen contractual language regarding which party shoulders the financial burden of fines assessed by CMS resulting from contractor's failing to perform.

VDH OLC has enclosed copies of the contracts with SFMO and HMS.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

ANSWER: VDH OLC would strongly recommend CMS reconsider its newly issued revisions to Chapter 5 of the *State Operations Manual* regarding triage of complaints and the increased performance metrics for complaint investigations. Accelerating the timeline in which complaints must be investigated ***while*** simultaneously requiring state survey agencies to reduce complaint backlog by 50% on or before September 30, 2023 ***while*** state survey agencies are struggling with historic staffing shortages (and in the case of VDH OLC, no new funding from CMS since FFY2015) is setting up state survey agencies for failure, fines, and other penalties.

CMS may want to consider expanding the focused fundamental survey that it developed for ICF/IIDs to more--if not all--of its provider types for recertification surveys. As detailed in Appendix J of CMS's *State Operations Manual*, "The focused fundamental survey involves the identification of key standards within the...[conditions of participation] from which all other standards correspond. When the facility is determined to be in substantial compliance with the identified key standard, the standards corresponding from that key standard are automatically determined as being met since the key standard could not be compliant otherwise." VDH OLC has identified that its issues with untimely surveys began in 2017 with the twin implementation of Appendix Z ("Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance") of CMS's *State Operations Manual* and the new SNF/NF computer-based survey process. CMS may want to consider revisiting the computer-based survey process to review its usability, common pain points, where the process could be streamlined, and what best practices can be shared when using the program. Additionally, CMS may want to consider providing guidance or technical assistance for complaint intake and investigatory skills specific to complaints. Finally, CMS's transition from in-person to 100% web-based training (that does not occur in real-time) has eliminated the question-and-answer portion between training participants and the instructor and the opportunity for peer-to-peer interaction and supportive learning.

VDH OLC has enclosed copies of correspondence and information submitted to CMS within the previous five calendar years regarding concerns about survey agency staffing. VDH OLC has not corresponded with the OIG or other Federal agencies on this topic.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What effect, if any, will the sunset of this funding have on your agency?

ANSWER: VDH OLC utilized the entirety of its allotment of CARES Act funding to contract with HMS to perform recertification, complaint, and FIC surveys for SNFs, NFs, and ESRD facilities for FFY21 and FFY22; for FFY23, VDH OLC has expanded this to include LSC surveys and recertification and complaint surveys for home health agencies. The effect of sunset of the CARES Act funding is that VDH OLC will not have the financial ability to continue to contract with HMS (or any other contract surveyors), absent some other funding stream. VDH OLC anticipates that it will still have a backlog, albeit a reduced one, between the combined efforts of HMS and existing VDH OLC surveyors at the end of the contract. This will not be enough to meet the metrics in CMS's State Performance Standards System, which may result in fines or other penalties (up to and including terminating the § 1864 Agreement, which would result in layoffs for the majority of VDH OLC staff).

7. Please provide the requested data in the attached Excel sheet:

- a. *The number of Medicare and Medicaid certified nursing homes and total number of certified nursing home beds located in your state.*
- b. *The amount of (i) state and (ii) federal funding your agency has received for survey and certification activities over the previous five fiscal years.*
- c. *The number of nursing home surveyor positions (full time equivalents) in your agency's budget for the previous five fiscal years.*
- d. *The number of nursing home surveyor positions that are currently vacant (not filled by full-time employees compensated directly by the state) for all staff and for nurses, specifically.*
- e. *For each of the previous five fiscal years, how many new surveyors were hired by your agency and how many surveyors left your agency?*
- f. *How many years of experience (i.e., years working at your agency), on average, do your current surveyors have? What percentage of your surveyors have two years or less experience; what percentage have five years or more?*
- g. *What is your agency's salary range for surveyors? Please separately indicate the range for registered nurses and non-nurse surveyors.*
- h. *The total dollar amount your agency has spent on contractors for survey, IDR or other nursing home-related oversight activities for the previous five fiscal years.*
- i. *The number of complaints received, by category (immediate jeopardy [IJ] and non-IJ) and the percentage of such surveys initiated within the federally required timeframe over the previous five calendar years.*

ANSWER: The answers for Question 7 have been provided in the enclosed Excel spreadsheet.

If you, the members of the committee, or committee staff have questions regarding the information provided, please contact me at [REDACTED] or at [REDACTED]. Thank you for allowing VDH OLC the opportunity to provide responses and information about the integral oversight work of and unique challenges faced by state survey agencies.

Sincerely,



Kimberly F. Beazley
Director, Office of Licensure and Certification
Virginia Department of Health

Encl.: "October 2022 Directory of Virginia Nursing Homes and Certified Nursing Facilities.xlsx"

"Interagency Agreement - 2005 - Department of Health Professions (Board of Nursing) & Department of Medical Assistance Services.pdf"

"Memorandum of Agreement - 2013 - Virginia Department of Fire Programs.pdf"

"Memorandum of Agreement - VDH-21-560-0029 - Healthcare Management Solutions LLC.pdf"

"Staffing-related Correspondence & Submissions to CMS from VDH OLC.pdf"

"Data Entry Form for Question 7 of Aging Committee Letter.xlsx"

CC: John Littel, Secretary of Health and Human Resources
Colin M. Greene, MD, MPH, State Health Commissioner, Virginia Department of Health
Joe Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs, Virginia Department of Health



Beazley, Kimberly [REDACTED]

RE: VA CMS Fund Shortfall - REVISED

1 message

Haskins, Caroline M. (CMS/CQISCO) <[REDACTED]> Thu, Aug 29, 2019 at 3:47 PM
 To: "Beebe, Karen" <[REDACTED]>
 Cc: Robert Payne <[REDACTED]>, Beazley Kimberly jfa98887 <[REDACTED]>, "Jones, Jacquelyn (VDH)" <[REDACTED]>, Joseph Hilbert <[REDACTED]>, Kimberly Allan <[REDACTED]>

Thank you; I forwarded your email to the CO Budget office and recommended they provide supplemental funding as requested. I'll let you know when they respond.

From: Beebe, Karen <[REDACTED]>
Sent: Thursday, August 29, 2019 2:59 PM
To: Haskins, Caroline M. (CMS/CQISCO) <[REDACTED]>
Cc: Robert Payne <[REDACTED]>; Beazley Kimberly jfa98887 <[REDACTED]>; Jones, Jacquelyn (VDH) <[REDACTED]>; Joseph Hilbert <[REDACTED]>; Kimberly Allan <[REDACTED]>
Subject: VA CMS Fund Shortfall - REVISED

Caroline,

Please see below the REVISED numbers including only Title 18 requirements.

- Multiple changes in the survey process, the addition of EPP and new LTC Survey Process, have lengthened the overall time spent in each facility, writing time, OT, and travel expenses, due to additional overnight stays.
- Complaints have been increasing in number and complexity. Complaints have been severely under-reported in the projected and accomplished workload since FFY '15 (at least). Moving forward, the method for reporting complaints has been clarified and will be reported correctly moving forward. In FFY '18 VA completed 547 complaint investigations. For the first 3 quarters of FFY '19, VA has completed 559 complaint investigations with a full quarter remaining. This is affecting OT expenses.
- VA has for an extended period of time experienced numerous vacancies and high turnover rates. In In FFY '18, VA experiences a 31.17% turnover rate of Medical Facilities Inspectors (MFIs) for the first 3 quarters. The turnover rate has since dropped, but we are still experiencing a 25.93% turnover rate of MFIs. At the end of FFY '19 Q3, VA remained with 8 VACANCIES despite hiring 8 new MFIs this FFY. These 8 new MFIs will not be fully trained and SMQT certified for approximately a year, leaving VA with an effective 16 MFI positions short.
- Overtime has increased with the changes in survey processes and increased complaints. VA has seen a 248% increase in overtime since the beginning of FFY '19 to 1462.35 hours. This continues to be on a steady increase in efforts to meet the required survey frequency moving forward.
- Difficulties with the Fire Marshal's Office has led VA to pilot a program to bring Life Safety Code in house. The start up money for this project while we are still paying the Fire Marshal has been over \$80,000 and will need a continued infusion of funds to fully staff the project.
- The money represented in the chart below does not include positions we will need to add in order to meet require survey frequency moving forward. At midyear FFY '19, VA was late on 30 surveys.

AGING-00603

- Mandatory state raises went through in June for Salaries and Wage MFIs. We also have necessary alignments of salary to complete totaling over \$16,000 in pay and \$7,128 in fringes (included in the raises in chart below).
- VA corrected the fringe rate utilized in reporting from 31% to an actual rate each quarter which is approximately 44%.
- VITA Expenses increased 43%. This is a mandatory contract that VA is required to use for our computers and phones.
- Rent/rent related expenses increased 14.4% and there have been several building related expenses that fall under rent as "improvements to the facility"

Included below is a chart attaching dollar amount to the above listed challenges. We thank you for your support in the attempt to secure additional CMS funds for VA. The numbers only include Title 18 dollar figures.

Finishing out FFY '19, Virginia is expecting to see total expenditures of approximately **\$6,227,670**. This will leave VA with a funding shortfall of: **\$1,034,954** for FFY '19 (assuming VA had a .5% increase over FFY '18). The chart below details the expected shortfall for FFY '20 of **\$1,550,013**.

Expenditure changes from FFY 18 to FFY 19	Additional Expenses
Raises - Salary	\$112,337
Raises - Fringe	\$49,428
Raises - Wage	\$1,539
Raises - Wage FICA	\$118
Utilizing Correct Fringe Rate (increased from 31% to ~44%)	\$114,377
Overtime Increase - from 544.3 hours in Q2 17 to 1462.35 in Q3 19	\$98,365
Cost to train and prep new surveyors to be independent and SMQT certified	\$627,200
Increased Training Expenses	\$19,562
Increased Technology Fees (VITA) - 43% increase - mandatory contract use	\$77,418
Increased Phone Fees (VITA) - outdated technology and increased VITA Fees	\$77,418
Longer Survey: Additional Hotel Nights (change from FFY 18 to FFY 19)	\$41,235
Increased Fleet Rates (from FFY 18 to FFY 19)	\$120,104
Increased Mail Expenses (from FFY 18 to FFY 19)	\$2,002
Increased Rent/Rent related expenses	\$46,045
Increased Car and property Insurance rates	\$1,464
Fire Marshall Program (bringing in house)	\$80,401
Potential non-deliverable CMS Fines FFY 18 (to be charged in FFY 19)	\$81,000
Total Increase in Expenditures	\$1,550,013

Please advise as to how we should move forward.

Thank you, as always, for your assistance.

Karen

--

Karen L. Beebe, MBA, VCA

Business Manager

VDH Office of Licensure and Certification, Suite 401

9960 Mayland Drive Henrico Virginia 23233

Phone: [REDACTED]

Fax: [REDACTED]

AGING-00604

**Narrative for Title XVIII & Title XIX Budget
FFY '21**

The Virginia Department of Health (VDH) Office of Licensure and Certification (OLC) herein submits its proposed budget to the Centers for Medicare and Medicaid Services (CMS) for survey and certification activities required by the Social Security Act, Section 1864 Agreement and in accordance with State Operations manual. During this fiscal year, VDH OLC has concerns regarding the ongoing survey and certification priorities during the Coronavirus disease 2019 (COVID-19) public health emergency (PHE). In doing so, budget remains a major factor.

Indirect costs in the Commonwealth of Virginia have remained at 14.22%.

Staff retention and recruitment remains an issue. There have also been internal promotions. During Federal Fiscal Year (FFY) '20 and to date during FFY'21, VDH OLC has experienced several professional losses: one (1) Office Director retirement, one (1) Long Term Care Division Director retirement, one (1) Acute Care Surveyor retirement, one (1) Acute Care Surveyor resignation, eleven (11) Long Term Care Surveyor resignations, four (4) Admin Support resignations, one (1) Complaint Unit Analyst resignation, one (1) one Complaint Unit Supervisor transfer into long term care disability, one (1) Long Term Care Supervisor to Acute Care Surveyor transfer, and one (1) wage support internal promotion. During this same time, there have been six (6) new hires, requiring significant training time. VDH OLC has worked hard to fill vacancies and will be concentrating on filling the surveyor vacancies. We do not foresee any upcoming surveyor retirements or resignations. The staffing vacancies, the COVID-19 pandemic, along with having no surveyors in the Northern Virginia area, and an increase in complaints have all contributed to VDH OLC exceeding the 12-month average for surveys and 15.9 month maximum interval for LTC surveys. VDH OLC already had a backlog of overdue nursing home surveys at the start of the COVID-19 pandemic. Concentrating on the Focused Infection Control (FIC) surveys has caused the backlog to increase.

CMS Form 435 Narrative:
Line Items 1-3, Salaries:

Background: The federal match for Medicaid LTC MDS costs is 75% and the state match is 25%. Federal matching funds for Medicaid LTC MDS cost are based on the level of actual expenditures in the federal fiscal year. Federal program expenditures are reported quarterly in a federal fiscal year, which begins October 1 and ends September 30.

As noted on the CMS Form 1465A and reflected on the CMS Form 435, all staff hours including supervisory, non-surveyor professional, surveyor, and clerical support are apportioned across the following program functions:

- Title XVIII & Title XIX including:
 - Survey workload
 - Program management
 - Program Support
 - Non-surveyor professional

VDH OLC utilizes a cost allocation system to allocate expenditures and submit quarterly financial reports. All program functions are assigned budget streams. All certification expenditures are allocated to an appropriate budget stream and allocated based on time and effort reports for a given period (e.g. Medicare Non- LTC, Medicare LTC, Medicaid), or facility percentages (e.g. # Skilled Nursing Facility (SNF), SNF/Nursing Facility (NF), NF, Home Health Agencies).

Surveyor work hours available for survey were computed on 260 workdays per year at 8.0 hours per day, for a total of 2,080 hours. Time/duties not directed to survey activity include (estimated), but are not limited to:

Non-survey activities:

- 6 days for staff meetings and training (virtual)
- 10 days for routine administrative paperwork (1.5 hr./week)
- CMS's training that are mandated for staff to view/participate/master and satellite training events reduce the number of hours staff will be able to conduct survey and certification activity.
- Required in-office FIT testing for N-95 masks.

Non-work benefit hours:

- 14 State Paid Holidays
- 12-27 Annual Leave vacation days (based on longevity)
- 4-5 Family & Personal days (based on longevity)
- 8-10 Sick days (based on longevity)
- 2 days Community Service Leave

VDH OLC presumes not all sick/community service time will be used and plans on 200 survey days per year per surveyor, for a total of 1,500 hours per surveyor available for survey activity. If a surveyor stays late or arrives early at a survey to review facility activities, these hours are flexed by the program supervisor or awarded overtime pay/leave.

Projected survey time is based on FFY '20 data, the size of the facility for survey, the number of surveyors available, and the current complaints and facility reported incidents (FRIS).

There may potentially be a statewide increase of up to a 5% in salaries this fiscal year, if passed by the State's General Assembly.

Fringe Benefits: VDH employee's fringe benefits are inclusive of the Virginia Retirement Defined Benefits, FICA, Group Life Insurance, Retiree Health Insurance, Long-term Disability Insurance, and Defined Contributions are standard percentage deductions made to all FTE salaries by the VDH payroll office. However, the full fringe benefit rate depends upon the health insurance benefit package selection of the active employees. VDH current average fringe rate generally ranges between 39% - 45% and calculates each quarter per actual expenses and active employees. The rate utilized in budget projections for FFY '21 was 43%.

Travel: State licensure activities are not reflected on this line. To the best of our ability, staff members are geographically located central to where they survey and use state owned vehicles for travel. Car pools are encouraged as often as practicable. A travel voucher process is utilized for reimbursement. Surveyors forward vouchers to a Finance & Administration team in Henrico, Virginia. Final voucher processing occurs at the central office in downtown Richmond, Virginia. Lodging reimbursements are required to remain within General Services Administration (GSA) lodging rates. Per diem rates are based on GSA rates associated with lodging location. Funds required are based on FFY '19 & 20 expenses. Given the COVID-19 environment, travel has been impacted due to the current guidance. Many hospital surveys have been postponed unless categorized as an instance of Immediate Jeopardy (IJ).

Communications: The amounts projected on this line are based on FFY '19 & 20 expenses and based on the statewide mandatory contract.

Supplies: The amounts are based on FFY '19 & 20 expenses and are allocated as a percentage for the OLC by utilizing time and effort data from the survey divisions/units.

Office Space: The amounts projected are based on FFY '20, utilizing current lease rates and have factored in a 3% increase for FFY '21.

Equipment: No equipment requested at this time.

Training: The costs projected on this line reflect the minimum level of training this unit needs to carry out its mission. The unit's training focus is on events that support Tier I activities. It does support all mandatory training and some cross training of surveyors in different provider types. VDH OLC plans on having staff participate in the following trainings during FFY '21: 11+ staff to attend Surveyor Minimum Qualifications (SMQT) testing; 3 staff members to attend virtual SADOCS/SETI training; and 20+ surveyors and 4 life safety code to take mandatory CMS webinar training.

Consultants: The costs projected on this line are based on FFY '20 expenses. The expenses include VDH Office of Information Management (OIM) computer consultant services and Virginia Information Technologies Agency (VITA)/support consultant services. These costs are charged to the benefitting program, with costs split if there is more than one benefitting state/federal program. A new statewide contract and consultant company was contracted last state fiscal year and expenses have remained constant.

Subcontracts: The costs projected on this line are based on FFY '20 expenses. The expenses include Life Safety Code survey costs (LSC). Currently, in the final stages of the State Fire Marshall contract ending in quarter two of the federal fiscal year. Moving forward, all LSC survey activities will be handled in-house.

Miscellaneous: The Board of Nursing manages the Nurse Aide Program. The FFY '21 Medicare portion of this budget is calculated at \$288,527.

Indirect Cost and Rate: The U.S. Department of Health and Human Services approved our indirect cost proposal for the two-year period beginning July 1, 2017. The rate is **14.22%**, which is an increase from

the previous rate of 13.28%. The basis for calculating indirect cost recoveries from federal grants and contracts will continue to be salaries and wages.

Total Cost: Title XVIII Non-Long Term care and Title XVIII Long Term Care are apportioned according to hours expressed as a percentage of the total workload as noted on the Survey Hours spreadsheet.



Beazley, Kimberly <[REDACTED]>

Re: FW: FY2022 Survey & Certification Budget Call Letter - Response Due 10/22/2021

1 message

Lee, Hema <[REDACTED]> Mon, Oct 25, 2021 at 3:37 PM
To: "Haskins, Caroline M. (CMS/CCSQ)" <[REDACTED]>
Cc: "Beazley, Kimberly" <[REDACTED]>, Keokah Sanders <[REDACTED]>, Angela Tillery <[REDACTED]>

Good afternoon Caroline,

Attached is the FFY22 survey budget request, budget narratives and tier statement. I have also included our updated indirect rate for your reference. Please let me know if you have any questions.

Thank you,
Hema

On Mon, Oct 25, 2021 at 8:26 AM Haskins, Caroline M. (CMS/CCSQ) <[REDACTED]> wrote:

Good morning,

Reminder - your FY2022 Survey budget request is now overdue. Please submit one as soon as possible.

Thanks,
Caroline

From: Haskins, Caroline M. (CMS/CCSQ)
Sent: Tuesday, September 28, 2021 11:44 AM
To: Adreana Deane <[REDACTED]>; Earline Carter ([REDACTED]) <[REDACTED]>; Joseph Schmitz <[REDACTED]>; Kin Ng <[REDACTED]>; Lenji Jacob <[REDACTED]>; Morris Thorpe <[REDACTED]>; Reid, Adran (OCFO DOH) <[REDACTED]>; Sharon Lewis <[REDACTED]>; Wayne Gaillard ([REDACTED]) <[REDACTED]>; Yeolman Owens ([REDACTED]) <[REDACTED]>; Amanda Sipple <[REDACTED]>; Corinna Getchell <[REDACTED]>; Mary Tavani <[REDACTED]>; Rob Smith <[REDACTED]>; Muller, Paul D (DHSS) <[REDACTED]>; Keith Hardesty <[REDACTED]>; Tricia Nay <[REDACTED]>; Garber, Rachel <[REDACTED]>; Hewit, Anna <[REDACTED]>; Lori Stubbs <[REDACTED]>; Megha Pandey ([REDACTED]) <[REDACTED]>; PA Budget Office <[REDACTED]>; Rebecca Thorpe <[REDACTED]>; Anissa Foster <[REDACTED]>; Beazley, Kimberly (VDH) <[REDACTED]>; Karen Beebe <[REDACTED]>; Lee, Hema <[REDACTED]>; DHHR Secretary <[REDACTED]>; Larry Easter <[REDACTED]>

Subject: FY2022 Survey & Certification Budget Call Letter - Response Due 10/22/2021

Good morning,

Attached is the FY2022 Survey & Certification Budget Call Letter, FY2022 MPD Allocations and a Northeast State Agency Excel template provided by Baltimore.

AGING-00609

Key Points

CMS is instituting a modified budget process for FY 2022. This process requires States to evaluate and justify planned Medicare survey workload and budgets, consistent with MPD requirements, at two separate funding levels: a flat-lined funding level (FY 2021), and a reasonable State-determined funding level. CMS further asks States to evaluate and identify funding requirements for remaining CARES Act work in FY 2022 and FY 2023, in light of planned Medicare work. Annual funding allocations will be finalized once the FY 2022 appropriations are enacted, and further guidance will be provided.

-

Due Dates

State materials due to CMS Locations: 10/22/2021;

CMS Location recommendations to HQ: 11/5/2021;

CMS report out to CCSQ Leadership: 11/19/2021.

Note: If there is any lapse in Federal funding of a significant timeframe, we will revisit the dates if necessary and communicate those out.

Instructions for completing Northeast Location Excel template

PM Tables Worksheet: Enter data in columns A1a, B2 & B2a. Explanations don't have to be detailed, bullet points are fine. Per the call letter, States shall briefly describe the funding level, key workload and tier-level completion in accordance with current MPD requirements at both funding levels. If additional funds become available under the level funded scenario, Baltimore will enter a figure in Column B1. Include in your Column A1a entry a use for this additional funding in addition to the key workload and tier-level completion.

Cares Act Worksheet: Enter data in columns E, F, J, K, L, N, O & P. Per the call letter, when considering the effects of the regular Program Management appropriation on your CARES Act needs, please utilize the flat-lined funding scenario described above.

Impact/CAA Worksheet: Enter data in Column B1 and Baltimore will determine the funding source upon award. Each State will receive funds from only one fund source, either the IMPACT Act or CAA.

Feel free to contact me with questions. Although I provided brief instructions in this email, I urge you to read the entire Budget Call letter before completing the template. CMS will finalize State allocations and request routine budget materials (CMS-435's, 434's, 1465's, etc.) when final appropriations have been enacted. Additional guidance will be provided in the FY22 MPD on the details required to complete each of the needed CMS forms.

Thank you,

Caroline

Caroline Haskins

Financial Management Analyst

AGING-00610

Centers for Medicare & Medicaid Services (CMS)

Northeast Division Survey and Certification

Ph: [REDACTED] Fax: [REDACTED]

Email: [REDACTED]

Room 2275, John F. Kennedy Federal Building

Boston, MA 02203



Hema Lee

Grants & Accounting Manager, Central Office

Shared Business Services (SBS)

Virginia Department of Health

109 GOVERNOR ST, RICHMOND VA 23219

[REDACTED]

Request services using - [STLAR](#)

5 attachments

Higher Level Budget Narrative FFY 22 Final.docx
20K

Flat Budget Narrative FFY 22 Final.docx
20K

Tier Statement FFY22.docx
15K

FY22 VA CMS Budget Request.xlsx
29K

IDC Signed Agreement FY22-FY23.pdf
1102K

**Narrative for Title XVIII & Title XIX Budget
FFY '22 (Higher Level Budget)**

The Virginia Department of Health (VDH) Office of Licensure and Certification (OLC) herein submits its proposed budget to the Centers for Medicare and Medicaid Services (CMS) for survey and certification activities required by the Social Security Act, section 1864 Agreement and in accordance with State Operations manual. The CMS Mission and Priority Document has not been received yet. With the news of a potential flat budget from CMS, the budget remains a major factor.

Staff retention and recruitment remains an issue. The OLC has experienced repeated unsuccessful recruitments for acute care positions. There has also been internal promotions. Many of the vacancies experienced during Federal Fiscal Year (FFY) '21 remained unfilled, especially in the long term care division, due to the continued focus on COVID priorities. VDH OLC currently has the following vacancies: fourteen (14) long-term care surveyor positions, three (3) acute care surveyor positions, one (1) complaint unit supervisor position and one (1) training manager position. During this same time, there have been fourteen (14) new hires, requiring significant training time. The new hires include two (2) division directors and two (2) supervisors. The staffing shortage, COVID-19 pandemic, along with having no surveyors in Northern Virginia for long term care, and an increase in complaints have all caused VDH OLC to continue to exceed the 12-month average for surveys and 15.9 month maximum interval for LTC surveys. Additionally, we cannot sustain or even achieve a full complement of staff without additional funding. This in turn affects our ability to remove the existing backlog and to comply with required survey timeframes moving forward as evidenced by the backlog of nursing home complaints and standard surveys prior to the COVID-19 pandemic. Many of the same factors have also impacted OLC's ability to maintain timely recertification surveys of home health and hospices. The increased funding request is to support surveyor's salaries in order to maintain and sustain the current demand and mitigate the occurrence of a backlog.

CMS Form 435 Narrative:
Line Items 1-3, Salaries:

Background: The federal match for Medicaid LTC MDS costs is 75% and the state match is 25%. Federal matching funds for Medicaid LTC MDS cost are based on the level of actual expenditures in the federal fiscal year. Federal program expenditures are reported quarterly in a federal fiscal year, which begins October 1 and ends September 30.

As noted on the CMS Form 1465A and reflected on the CMS Form 435, all staff hours including supervisory, non-surveyor professional, surveyor, and clerical support are apportioned across the following program functions:

- Title XVIII & Title XIX including:
 - Survey workload
 - Program management
 - Program Support
 - Non-surveyor professional

VDH OLC utilizes a cost allocation system to allocate expenditures and submit quarterly financial reports. All program functions are assigned budget streams. All certification expenditures are allocated to an appropriate budget stream and allocated based on time and effort reports for a given period (e.g. Medicare Non- LTC, Medicare LTC, Medicaid), or facility percentages (e.g. # Skilled Nursing Facility (SNF), SNF/Nursing Facility (NF), NF, Home Health Agencies).

Surveyor work hours available for survey were computed on 260 workdays per year at 8.0 hours per day, for a total of 2,080 hours. Time/duties not directed to survey activity include (estimated), but are not limited to:

Non-survey activities:

- 6 days for staff meetings and training (virtual)
- 10 days for routine administrative paperwork (1.5 hr./week)
- CMS's training that are mandated for staff to view/participate/master and satellite training events reduce the number of hours staff will be able to conduct survey and certification activity.
- Required in-office FIT testing for N-95 masks.

Non-work benefit hours:

- 14 State Paid Holidays
- 12-27 Annual Leave vacation days (based on longevity)
- 4-5 Family & Personal days (based on longevity)
- 8-10 Sick days (based on longevity)
- 2 days Community Service Leave

VDH OLC presumes not all sick/community service time will be used and plans on 200 survey days per year per surveyor, for a total of 1,500 hours per surveyor available for survey activity. If a surveyor stays late or arrives early at a survey to review facility activities, these hours are flexed by the program supervisor or awarded overtime pay/leave.

Projected survey time is based on FFY '19 data, the size of the facility for survey, the number of surveyors available, and the current complaints and facility reported incidents (FRIS).

There was a 5% salary increase for all employees effective July 1, 2021. OLC has also increased hiring ranges for many of the recent hires in an attempt to achieve successful recruitments.

Fringe Benefits: VDH employee's fringe benefits are inclusive of the Virginia Retirement Defined Benefits, FICA, Group Life Insurance, Retiree Health Insurance, Long-term Disability Insurance, and Defined Contributions are standard percentage deductions made to all FTE salaries by the VDH payroll office. However, the full fringe benefit rate depends upon the health insurance benefit package selection of the active employees. VDH current average fringe rate generally ranges between 39% - 45% and calculates each quarter per actual expenses and active employees. The rate utilized in budget projections for FFY '22 was 43%.

Travel: State licensure activities not reflected on this line. To the best of our ability, staff members are geographically located central to where they survey and use state owned vehicles for travel. Car pools are encouraged as often as practicable. A travel voucher process is utilized for reimbursement. Surveyors forward vouchers to a Finance & Administration team in Henrico, Virginia. Final voucher processing occurs at the central office in downtown Richmond, Virginia. Lodging reimbursements are required to remain within General Services Administration (GSA) lodging rates. Per Diem rates are based on GSA rates associated with lodging location. Funds required are based on FFY '19 & 20 expenses. Given the COVID environment travel has been impacted due to the current guidance. Many hospital surveys were postponed unless categorized as an instance of immediate jeopardy. Travel costs are anticipated to increase over the costs seen in FFY '20 & 21 due to the resumption of routine surveys, increased complaints and the hiring of additional staff.

Communications: The amounts projected on this line are based on FFY '20 & 21 expenses and based on the statewide mandatory contract.

Supplies: The amounts are based on FFY '20 & 21 expenses and are allocated as a percentage for the OLC by utilizing time and effort data from the inspection divisions/units.

Office Space: The amounts projected are based on FFY '21, utilizing current lease rates and have factored in a 3% increase for FFY '22.

Equipment: No equipment requested at this time.

Training: The costs projected on this line reflect the minimum level of training this unit needs to carry out its mission. The unit's training focus is on events that support Tier I activities. It does support all mandatory training and some cross training of surveyors in different provider types. VDH OLC plans on sending staff to the following trainings during FFY '22: 8+ staff to attend Surveyor Minimum Qualifications (SMQT) testing; 3 staff members to attend virtual SADOCS/SETI training; and 20+ surveyors and 4 life safety code to take mandatory CMS webinar training.

Consultants: The costs projected on this line are based on FFY '21 expenses. The expenses include VDH Office of Information Management (OIM) computer consultant services and Virginia Information Technologies Agency (VITA)/support consultant services. These costs are charged to the benefitting program, with costs split if there is more than one benefitting state/federal program. A new statewide contract and consultant company was contracted last state fiscal year and expenses have remained constant.

Subcontracts: The costs projected on this line are based on FFY '21 expenses.

Miscellaneous: The Board of Nursing manages the Nurse Aide Program. The FFY '22 Medicare portion of this budget is calculated at \$275,606.

Indirect Cost and Rate: The U.S. Department of Health and Human Services approved our indirect cost proposal for the two-year period beginning July 1, 2021. The rate is **15.10%**, which is an increase from

the previous rate of 14.22%. The basis for calculating indirect cost recoveries from federal grants and contracts will continue to be salaries and wages.

Total Cost: Title XVIII Non-Long Term care and Title XVIII Long Term Care are apportioned according to hours expressed as a percentage of the total workload as noted on the Survey Hours spreadsheet.

**Narrative for Title XVIII & Title XIX Budget
FFY '22 (Flat Budget)**

The Virginia Department of Health (VDH) Office of Licensure and Certification (OLC) herein submits its proposed budget to the Centers for Medicare and Medicaid Services (CMS) for survey and certification activities required by the Social Security Act, section 1864 Agreement and in accordance with State Operations manual. The CMS Mission and Priority Document has not been received yet. With the news of a potential flat budget from CMS, the budget remains a major factor.

Staff retention and recruitment remains an issue. The OLC has experienced repeated unsuccessful recruitments for acute care positions. There has also been internal promotions. Many of the vacancies experienced during Federal Fiscal Year (FFY) '21 remained unfilled, especially in the long term care division, due to the continued focus on COVID priorities. VDH OLC currently has the following vacancies: fourteen (14) long-term care surveyor positions, three (3) acute care surveyor positions, one (1) complaint unit supervisor position and one (1) training manager position. During this same time, there have been fourteen (14) new hires, requiring significant training time. The new hires include two (2) division directors and two (2) supervisors. The staffing shortage, COVID-19 pandemic, along with having no surveyors in Northern Virginia for long term care, and an increase in complaints have all caused VDH OLC to continue to exceed the 12-month average for surveys and 15.9 month maximum interval for LTC surveys. Many of the same factors have also impacted OLC's ability to maintain timely recertification surveys of home health and hospices.

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- Title XVIII & Title XIX including:
 - Survey workload
 - Program management
 - Program Support
 - Non-surveyor professional

VDH OLC utilizes a cost allocation system to allocate expenditures and submit quarterly financial reports. All program functions are assigned budget streams. All certification expenditures are allocated to an appropriate budget stream and allocated based on time and effort reports for a given period (e.g.

Medicare Non- LTC, Medicare LTC, Medicaid), or facility percentages (e.g. # Skilled Nursing Facility (SNF), SNF/Nursing Facility (NF), NF, Home Health Agencies).

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Projected survey time is based on FFY '19 data, the size of the facility for survey, the number of surveyors available, and the current complaints and facility reported incidents (FRIS).

There was a 5% salary increase for all employees effective July 1, 2021. OLC has also increased hiring ranges for many of the recent hires in an attempt to achieve successful recruitments.

Fringe Benefits: VDH employee's fringe benefits are inclusive of the Virginia Retirement Defined Benefits, FICA, Group Life Insurance, Retiree Health Insurance, Long-term Disability Insurance, and Defined Contributions are standard percentage deductions made to all FTE salaries by the VDH payroll office. However, the full fringe benefit rate depends upon the health insurance benefit package selection of the active employees. VDH current average fringe rate generally ranges between 39% - 45% and calculates each quarter per actual expenses and active employees. The rate utilized in budget projections for FFY '22 was 43%.

Travel: State licensure activities not reflected on this line. To the best of our ability, staff members are geographically located central to where they survey and use state owned vehicles for travel. Car pools are encouraged as often as practicable. A travel voucher process is utilized for reimbursement. Surveyors forward vouchers to a Finance & Administration team in Henrico, Virginia. Final voucher

processing occurs at the central office in downtown Richmond, Virginia. Lodging reimbursements are required to remain within General Services Administration (GSA) lodging rates. Per diem rates are based on GSA rates associated with lodging location. Funds required are based on FFY '19 & 20 expenses. Given the COVID environment travel has been impacted due to the current guidance. Many hospital surveys were postponed unless categorized as an instance of immediate jeopardy. Travel costs are anticipated to increase over the costs seen in FFY '20 & 21 due to the resumption of routine surveys, increased complaints and the hiring of additional staff.

Communications: The amounts projected on this line are based on FFY '20 & 21 expenses and based on the statewide mandatory contract.

Supplies: The amounts are based on FFY '20 & 21 expenses and are allocated as a percentage for the OLC by utilizing time and effort data from the inspection divisions/units.

Office Space: The amounts projected are based on FFY '21, utilizing current lease rates and have factored in a 3% increase for FFY '22.

Equipment: No equipment requested at this time.

Training: The costs projected on this line reflect the minimum level of training this unit needs to carry out its mission. The unit's training focus is on events that support Tier I activities. It does support all mandatory training and some cross training of surveyors in different provider types. VDH OLC plans on sending staff to the following trainings during FFY '22: 8+ staff to attend Surveyor Minimum Qualifications (SMQT) testing; 3 staff members to attend virtual SADOCS/SETI training; and 20+ surveyors and 4 life safety code to take mandatory CMS webinar training.

Consultants: The costs projected on this line are based on FFY '21 expenses. The expenses include VDH Office of Information Management (OIM) computer consultant services and Virginia Information Technologies Agency (VITA)/support consultant services. These costs are charged to the benefitting program, with costs split if there is more than one benefitting state/federal program. A new statewide contract and consultant company was contracted last state fiscal year and expenses have remained constant.

Subcontracts: The costs projected on this line are based on FFY '21 expenses.

Miscellaneous: The Board of Nursing manages the Nurse Aide Program. The FFY '22 Medicare portion of this budget is calculated at \$275,606.

Indirect Cost and Rate: The U.S. Department of Health and Human Services approved our indirect cost proposal for the two-year period beginning July 1, 2021. The rate is **15.10%**, which is an increase from the previous rate of 14.22%. The basis for calculating indirect cost recoveries from federal grants and contracts will continue to be salaries and wages.

Total Cost: Title XVIII Non-Long Term care and Title XVIII Long Term Care are apportioned according to hours expressed as a percentage of the total workload as noted on the Survey Hours spreadsheet.

**VIRGINIA DEPARTMENT OF HEALTH-OFFICE OF LICENSURE & CERTIFICATION TIER STATEMENT
FEDERAL FISCAL YEAR 2022**

LTC

All Tier 1 workload will be attempted to be completed.

Ability to maintain survey interval ICF/IID surveys. However, due to the COVID-19 environment there is a back log in nursing homes surveys along with increased complaints.

All Tier 2 workload will be completed as time permits.

All Tier 3 workload will be completed as time permits.

Tier 4 workload will be completed as time permits.

Attempting to maintain the 12 month average survey interval may impact revisits and complaints due to the following: continued impact of COVID-19, increased number of complaints, a backlog of nursing home recertification surveys, and reduced staffing.

Contract with Healthcare Management Solutions (HMS) remains in place.

Non - LTC

All Tier 1 workload will be attempted to be completed.

HHA and Hospice – 2-3 recertification surveys may exceed 36.9 month interval depending on hiring of experienced surveyor.

All Tier 2 workload will be completed at time permits.

All Tier 3 workload will be completed as time permits.

Tier 4 workload will be completed as time permits.

Initial surveys for providers/suppliers with a deeming option, will not be completed.

Survey workload may be impacted by the following: Surveys may continue to be impacted by COVID-19, an increase in complaint investigations, and reduced staffing.

Appendix 1

FY22 MPD Projected Allocations

	A	B1	B1a	B2	B3	C3	D1
State	FY21 Base Budget	FY22 PM Funding Amount	% Increase vs FY21	FY22 Hospice/CAA Budget Amount	FY22 CARES Act \$ Amount	Estimated Supplemental Validation Funding*	FY22 Final Allocations (All Funding Sources)
VA	\$5,205,297	\$0	0.0%	\$234,671	\$483,633	\$0	\$718,304
Total	\$73,231,208	\$0	-100.0%	\$234,671	\$483,633	\$0	\$718,304

*Projected funding if all Supplemental workload in Appendix 2 of the FY22 MPD is completed.

FY22 MPD Projected Allocations

	A1	A1a	B1	B1a	B2	B2a	C1	C2	D
State	FY22 Flat Funding Amount (Base Budget)	Explanation (Tier Level Summary)	Increase Amount of Legitimate Funding Request	% Increase vs FY21	FY22 Funding Request (Higher Level)	Explanation (Tier Level Summary)	Recommended FY22 Funding Level	Estimated Supplemental Validation Funding*	FY22 Final PM Allocations
VA	\$5,205,297		\$1,101,361	21.2%	\$6,306,658		\$0	\$0	\$0
Subtotal	\$73,231,208		\$1,101,361	-91.4%	\$6,306,658		\$0	\$0	\$0

*Projected funding if all Supplemental workload in Appendix 2 of the FY22 MPD is completed.

CARES Act Funding Requirements
November XX, 2021

State	Total Allocation	Awarded thru FY 2021	Remaining Allocation	FY 2022 Requirements*	FY 2023 Requirements*	Total Requirements	Variance	FY22 Survey Workload Estimate Detail			FY23 Survey Workload Estimate Detail		
								FIC	Recertification Catchup	Complaint Surveys	FIC	Recertification Catchup	Complaint Surveys
Virginia	\$1,506,309	\$851,694	\$654,615	\$483,633	\$170,982	\$654,615	\$0						
Total	\$17,094,238	\$12,795,435	\$4,298,803	\$483,633	\$170,982	\$654,615	(\$3,644,188)	0	0	0	0	0	0

* Total projected State Agency need per Federal fiscal year.

	A
State	FY21 Hospice Award
VA	\$185,778
Subtotal	\$1,205,911

B1	B1a	B2
FY22 Hospice Request	% Increase vs FY21	FY22 Hospice Funding Source
\$234,671	26.3%	
\$234,671	-80.5%	

*To be filled in by CMS HQ

Narrative for Title XVIII & Title XIX Budget FFY '23 (Flat Budget)

The Virginia Department of Health (VDH) Office of Licensure and Certification (OLC) herein submits its proposed budget to the Centers for Medicare and Medicaid Services (CMS) for survey and certification activities required by the Social Security Act, section 1864 Agreement and in accordance with State Operations manual. The CMS Mission and Priority Document has been received. With the news of a potential flat budget from CMS, the budget remains a major factor.

Staff retention and recruitment remains an issue. The OLC has experienced repeated unsuccessful recruitments for acute care positions, long term care positions, complaint unit positions and with the MDS/RAI Coordinator position. There has also been a few internal promotions. Many of the vacancies experienced during Federal Fiscal Year (FFY) '22 remained unfilled. VDH OLC currently has the following vacancies: fifteen (15) long-term care surveyor positions and four (4) full and one (1) wage acute care surveyor positions. During this same time, there have been several recently hired employees, requiring significant training time. The staffing shortage, survey backlog, along with having no surveyors in Northern Virginia for long term care, and an increase in complaints have all caused VDH OLC to continue to exceed the 12-month average for surveys and 15.9 month maximum interval for LTC surveys. Many of these same factors have also impacted OLC's ability to maintain timely recertification surveys of home health and hospices.

CMS Form 435 Narrative:

Line Items 1-3, Salaries:

Background: The federal match for Medicaid LTC MDS costs is 75% and the state match is 25%. Federal matching funds for Medicaid LTC MDS costs are based on the level of actual expenditures in the federal fiscal year. Federal program expenditures are reported quarterly in a federal fiscal year, which begins October 1 and ends September 30.

As noted on the CMS Form 1465A and reflected on the CMS Form 435, all staff hours including supervisory, non-surveyor professional, surveyor, and clerical support are apportioned across the following program functions:

- Title XVIII & Title XIX including:
 - Survey workload
 - Program management
 - Program Support
 - Non-surveyor professional

VDH OLC utilizes a cost allocation system to allocate expenditures and submit quarterly financial reports. All program functions are assigned budget streams. All certification expenditures are allocated to an appropriate budget stream and allocated based on time and effort reports for a given period (e.g. Medicare Non- LTC, Medicare LTC, Medicaid), or facility percentages (e.g. # Skilled Nursing Facility (SNF), SNF/Nursing Facility (NF), NF, Home Health Agencies).

Surveyor work hours available for survey were computed on 260 workdays per year at 8.0 hours per day, for a total of 2,080 hours. Time/duties not directed to survey activity include (estimated), but are not limited to:

Non-survey activities:

- 10 days for staff meetings and training (in-person and virtual)
- 10 days for routine administrative paperwork (1.5 hr./week)
- CMS's trainings that are mandated for staff to view/participate/master and satellite training events reduce the number of hours staff will be able to conduct survey and certification activity.
- Required in-office FIT testing for N-95 masks.

Non-work benefit hours:

- 14 State Paid Holidays
- 12-27 Annual Leave vacation days (based on longevity)
- 4-5 Family & Personal days (based on longevity)
- 8-10 Sick days (based on longevity)
- 2 days Community Service Leave

VDH OLC presumes not all sick/community service time will be used and plans on 200 survey days per year per surveyor, for a total of 1,500 hours per surveyor available for survey activity. If a surveyor stays late or arrives early at a survey to review facility activities, these hours are flexed by the program supervisor or awarded as overtime pay/leave.

Projected survey time is based on FFY '19 data, the size of the facility for survey, the number of surveyors available, and the current complaints and facility reported incidents (FRIS).

There was a 5% salary increase for all employees effective July 10, 2022 and another 5% salary increase for all employees that will be effective July 2023. On December 1, 2022 on employees will be receiving a one-time bonus of \$1,000. OLC has also increased hiring ranges for many of the recent hires in an attempt to achieve successful recruitments. In addition, the agency performed an internal alignment study and fourteen (14) employees were identified as meeting the criteria for an internal alignment.

Fringe Benefits: VDH employee's fringe benefits are inclusive of the Virginia Retirement Defined Benefits, FICA, Group Life Insurance, Retiree Health Insurance, Long-term Disability Insurance, and Defined Contributions are standard percentage deductions made to all FTE salaries by the VDH payroll office. However, the full fringe benefit rate depends upon the health insurance benefit package selection of the active employees. VDH current average fringe rate generally ranges between 39% - 45% and calculates each quarter per actual expenses and active employees. The rate utilized in budget projections for FFY '23 was 42%.

Travel: State licensure activities not reflected on this line. To the best of our ability, staff members are geographically located central to where they survey and use state owned vehicles for travel. Car pools

are encouraged as often as practicable. A travel voucher process is utilized for reimbursement. Surveyors forward vouchers to a Finance & Administration team in Henrico, Virginia. Final voucher processing occurs at the central office in downtown Richmond, Virginia. Lodging reimbursements are required to remain within General Services Administration (GSA) lodging rates. Per diem rates are based on GSA rates associated with lodging location. Funds required are based on FFY '19 & 20 expenses. Travel costs are anticipated to increase over the costs seen in FFY '21 & 22 due to the resumption of routine surveys, increased complaints, increased fuel costs and the hiring of additional staff.

Communications: The amounts projected on this line are based on FFY '21 & 22 expenses and on the statewide mandatory contract.

Supplies: The amounts are based on FFY '21 & 22 expenses and are allocated as a percentage for the OLC by utilizing time and effort data from the survey divisions/units.

Office Space: The amounts projected are based on FFY '22, utilizing current lease rates and have factored in a 3% increase for FFY '23.

Equipment: No equipment requested at this time.

Training: The costs projected on this line reflect the minimum level of training this office needs to carry out its mission. The office's training focus is on events that support Tier I activities. It does support all mandatory training and some cross training of surveyors in different provider types.

Consultants: The costs projected on this line are based on FFY '22 expenses. The expenses include VDH Office of Information Management (OIM) computer consultant services and Virginia Information Technologies Agency (VITA)/support consultant services. These costs are charged to the benefitting program, with costs split if there is more than one benefitting state/federal program. A new statewide contract and consultant company was contracted last state fiscal year and expenses have remained constant.

Subcontracts: The costs projected on this line are based on FFY '22 expenses.

Miscellaneous: The Board of Nursing manages the Nurse Aide Program. The FFY '23 Medicare portion of this budget is calculated at \$276,984.

Indirect Cost and Rate: The U.S. Department of Health and Human Services approved our indirect cost proposal for the two-year period beginning July 1, 2021. The rate is **15.10%**, which is an increase from the previous rate of 14.22%. The basis for calculating indirect cost recoveries from federal grants and contracts will continue to be salaries and wages.

Total Cost: Title XVIII Non-Long Term care and Title XVIII Long Term Care are apportioned according to hours expressed as a percentage of the total workload as noted on the Survey Hours spreadsheet.

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	288	This includes 280 freestanding nursing homes and 8 nursing or extended care units in hospitals
	What is the number of Medicare and or Medicaid certified nursing home beds?	32,505	1,498 are certified under Medicare; 29,959 are dually certified under Medicare and Medicaid; and 1,048 are certified under Medicaid
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$2,690,643	Total general fund appropriation less the average state licensure portion
	FY 2021	\$2,501,050	Total general fund appropriation less the average state licensure portion
	FY 2020	\$2,415,076	Total general fund appropriation less the average state licensure portion
	FY 2019	\$2,362,728	Total general fund appropriation less the average state licensure portion
	FY 2018	\$2,262,535	Total general fund appropriation less the average state licensure portion
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$7,225,715	Total grant award for Title XVIII and Title XIX survey and certification activities
	FY 2021	\$7,870,289	Total grant award for Title XVIII and Title XIX survey and certification activities
	FY 2020	\$8,118,882	Total grant award for Title XVIII and Title XIX survey and certification activities
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY 2022	45	
	FY 2021	45	
	FY 2020	45	
	FY 2019	45	
	FY 2018	45	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	14	Seven of the 14 nursing home surveyors vacancies cannot be filled because of inadequate federal funding to cover compensation.
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	N/A	At present, while registered nurses are preferred, VDH OLC does not reserve or set aside any nursing home surveyor vacancies for the purposes of restricting recruitment to registered nurses.
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY 2022	3	
	FY 2021	0	
	FY 2020	3	
	FY 2019	8	
	FY 2018	7	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY 2022	5	
	FY 2021	4	
	FY 2020	3	
FY 2019	11		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	10.8	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	3.2%	This is equivalent to 1 nursing home surveyor out of 31 currently employed nursing home surveyors.
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	64.5%	This is equivalent to 20 nursing home surveyors out of 31 currently employed nursing home surveyors.
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$70,235 to \$75,405	At present, VDH OLC does not compensate nursing home surveyors differently based on whether or not they are registered nurses.
	Not registered nurses?	\$70,235 to \$75,405	At present, VDH OLC does not compensate nursing home surveyors differently based on whether or not they are registered nurses.
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY 2022	\$555,595	Expenditures related to contract with Healthcare Management Solutions, LLC (HMS) for survey backlog
	FY 2021	\$717,387	\$683,748 expenditures related to contract with HMS for survey backlog and \$33,639 expenditures related to contract with State Fire Marshal's Office (SFMO) for life safety code (LSC) surveys
	FY 2020	\$357,467	Expenditures related to the contract with SFMO for LSC surveys

	FY2019	\$368,505	Expenditures related to the contract with SFMO for LSC surveys
	FY2018	\$276,585	Expenditures related to the contract with SFMO for LSC surveys
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	1	January 1, 2022 through October 26, 2022 (date data was compiled)
	CY2021	7	
	CY2020	12	
	CY2019	20	
	CY2018	4	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	January 1, 2022 through October 26, 2022 (date data was compiled)
	CY2021	100%	
	CY2020	83%	
	CY2019	100%	
	CY2018	100%	

Washington



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

October 28, 2022

VIA EMAIL TO: [REDACTED]

Senator Bob Casey, Jr., Chairman
Senate Special Committee on Aging
Washington, DC 20510-6400

Senator Casey and Committee Members,

Thank you for reaching out to the Washington State Department of Social and Health Services (DSHS), Residential Care Services (RCS) division, regarding your request for information related to our state agency's (SA) staffing needs. We appreciate the U.S. Senate Special Committee on Aging efforts to better understand the scope and severity of staffing shortages affecting state survey agencies' ability to carry out their work.

Outlined below are the questions posed by the committee, followed by the SA answer for each question. We have also completed the excel spreadsheet provided by the committee with detailed information answering the specific criteria outlined in question #7 of the letter. If you have any follow up questions related to the data we have provided, please do not hesitate to contact us. Your best point of contact will be Amy Abbott, Director for the SA. She can be reached at [REDACTED] or [REDACTED].

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The Washington State survey agency (SA) conducts survey and certification work of 200 licensed and certified skilled nursing facilities. This work includes routine certification visits and responses to complaints generated through reports from nursing facility residents, resident representatives, facility staff, and the general public. Washington state follows federal requirements regarding response to complaints, as well as specific state laws and required timeframes for response to complaints involving abuse of vulnerable adults ([Chapter 74.34 RCW](#)). Additionally, Washington state has specific state licensing requirements for Nursing Homes ([Chapter 18.51 RCW](#) and [Chapter 74.42 RCW](#)) the SA must follow.

The SA faces unique challenges and dynamics in completion of survey and certification work. Washington State is large, covering approximately 71,300 square miles with much of the eastern part of the state being rural farmland. The eastern and western parts of the state are divided by the Cascade Mountain Range which has limited passages between the two sides of the state, and these can be difficult or impossible to travel

during the winter months. The western part of the state is also divided by the Puget Sound, an inlet that enters in the North part of the state and is approximately 100 miles long, requiring lengthy trips by car or travel by ferry to get to the areas on the peninsula. The western part of the state referred to as the "I-5 Corridor" stretches along Interstate 5 from the Canadian border to Vancouver, WA which borders Oregon State. Most of this corridor is urban and includes densely populated cities such as Seattle and Tacoma. Although many trips in this area can appear short when looking at milage (10-20 miles), traffic along this corridor is a constant problem and can add extensive amounts of time (1.5-2 hours) to what would be a short trip anywhere else.

Although the SA has 8 field offices throughout the state, along with a headquarters office and a few staff stationed in strategic areas, the size of the state, the unique terrain, and the extensive traffic in the western part of the state makes travel and therefore completing surveys and complaint investigations in an efficient manner, difficult. State of Washington policy does allow for a state employee to utilize a hotel if the work destination is more than 50 miles from the office or their home. Although this is helpful for staff who work in the rural areas of the state, many of those who live and work along the traffic congested "I-5 corridor" travel less than 50 miles to a facility. When travel to and from the facility can take up to 4 hours (2 each way), this leaves little time to complete the survey and investigation work. This difficulty is accentuated by state and federal overtime laws that require the work week to be complete in 40 hours or the SA runs the burden of extensive overtime costs. The travel time coupled with the need to limit staff hours each week to limit overtime cost increases the overall time it can take to complete a survey or complaint investigation.

The current average years of survey experience for the SA's survey and investigation staff is 2.4 years. Sixty-four percent of these staff were hired into the agency during the Public Health Emergency (PHE), many during a time when survey and certification visits were halted and only COVID-19 infection prevention, control and harm or immediate jeopardy complaints were investigated on-site. As a result, these new staff had never participated in a recertification visit which drastically impeded their ability to move forward with training. It was not until the first 5 months of 2022 that over 40 of these staff were able to complete the training process and take the Surveyor Minimum Qualification Test (SMQT) thus allowing them to enter facilities independently.

Prior to the PHE SA routinely met all performance standards and had no backlog related to recertification surveys or complaints. As a result of the PHE, the SA experienced a significant backlog for both recertification surveys, as well as complaints that were not related to harm, immediate jeopardy, or infection control. Although maneuvering the unique dynamics of this state outlined above has always been a condition of the survey and certification work in Washington state, trying to manage a backlog of work and keep up with current work while managing these unique challenges amplified the SA struggles to get back on track with performance standards. To help address the backlog created by the PHE, as well as allow the SA time to get newer staff trained in the survey process, the SA contracted with an outside entity to assist with recertification surveys.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced

turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Prior to the Public Health Emergency (PHE), the SA had a level of turnover typically expected for this line of work, with staff promoting, retiring, and a few resigning. However, the SA's vacancy rate was never near the level reached during the pandemic. At one point during the PHE the SA reached a 24% vacancy rate. Further, as you will see in the data below, in 2021 the SA had double the number of staff leave the agency through retirement or resignation than in the 3 preceding years. In 2022 (through September) the SA has already experienced a higher number of staff leaving than in the 2 years prior to the PHE. The SA anticipates more retirements before the end of this calendar year. In the past 2 years the SA has seen a larger percentage of staff retiring at an earlier age than staff prior to the PHE (i.e. leaving when they hit 30 years of service and taking a lower average retirement income rather than waiting for full retirement age). Anecdotal information from retiring staff indicate part of their decision around early retirement was influenced by burnout during the PHE. Staff felt they could not slow down or step away from the job. Washington LTC facilities were the first in the nation to be severely impacted by COVID, including experiencing the first known death. As early as March of 2020, staff began experiencing long work hours, including nights and weekends. As time went on, a great deal of information overload with the constant changes and updates as the virus activity changed compounded the feelings of exhaustion. Although they felt overwhelmed, staff also felt they could not slow down as they knew the lives of the people in the nursing facilities were at stake and people could die if the job was not effectively completed. The exhaustion, along with the constant unknowns, burden of increased demands, and constant knowledge lives were at stake if the work was not completed, became too much.

- 2018 – 29 staff separated service with the majority related to resignation or retirement.
11 had an appointment change largely due to internal promotions or moving from non-permanent to permanent status*
- 2019 – 33 staff separated service with the majority related to resignation or retirement.
17 had an appointment change largely due to internal promotions or moving from non-permanent to permanent status*
- 2020 - 33 staff separated service with the majority related to resignation or retirement
8 had an appointment change largely due to internal promotions or internal transfers*
- 2021 - 75 staff separated service with the majority related to resignation or retirement. .**
13 had an appointment change largely due to internal promotions or internal transfers*
- 2022 (through September) – 37 staff separated service with the majority related to resignation or retirement
27 had an appointment change largely due to internal promotions or internal transfers*

To address the higher than average turnover and the higher vacancy rate, the agency implemented a number of strategies. First, a temporary staff person was hired solely to work with managers on recruitment and retention. This staff attended job fairs, created announcements for numerous publications, and presented the work of the SA to a number of colleges around the state. They also worked closely with managers to enhance job announcements and assisted with maneuvering any HR system challenges that sometimes impede a quick process. As a result of this work, the agency was able to reduce the

vacancy rate significantly. The SA has also been working to streamline the onboarding process for surveyors and investigators in an effort to reduce the timeframe from hire date to completion of onboarding and ability to work independently. An outside contractor was brought in to review the current process, make suggestions, and assist with this streamlining effort.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Washington state as an employer has typically been known to have a higher nurse salary, especially as compared to bordering states. However, the private sector has typically risen to meet the Washington state employee salaries to remain competitive. The one area the SA has not been able to compete with is the hiring bonus. While the salaries in the community often remain close to the salaries with the SA, the extremely high hiring bonuses have drawn staff away from state service and toward the private sector. The SA also tends to have more difficulty competing with the higher Allied Health Professional (social workers, physical therapists, dieticians) salaries in the community. The higher salary, along with hiring bonuses, can make it difficult to hire or retain allied professionals. The difficulty meeting the salary and bonus requests of recruits or current staff, coupled with a high cost-of-living (one of the highest in the nation), can add to the recruitment and retention burden.

The SA did work on other incentives with staff to pledge commitment to employees and their work/life balance. As the state moves out of the PHE, the SA remains committed to continuing staff flexibility in remote work, allowing staff to work from home or alternate locations when not conducting a survey or investigation, rather than requiring everyone to return to the office setting. The SA also implemented a 9/80 schedule opportunity to allow staff greater flexibility in their work week. During the 2022 legislative session, a one-time retention bonus was approved for certain staff who had worked for the state of Washington throughout the PHE. Disbursement of this money occurred at the beginning of the state fiscal year for 2023.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

The SA has not utilized contract staff to conduct the informal dispute resolution (IDR) process before or during the PHE. In accordance with CMS rules, in certain circumstances if a civil monetary penalty is involved a provider has the option to request review of the citations by an independent contractor, referred to as the Independent Informal Dispute Resolution (IIDR). The

state has maintained a contract with least 1-2 individuals each year for the purpose of conducting IIDR if requested by a provider. These contracts have been in place throughout the past five fiscal years. In the attached excel spreadsheet, question 7(h) outlines the expenditures over the past five fiscal years for the IIDR process.

During fiscal year 2022 the SA utilized a contracted agency to assist with recertification surveys in skilled nursing facilities. Prior to the PHE, the SA met all requirements with the State Performance Standards System (SPSS) and did not have need for assistance with the survey and certification process. However, during the pandemic, the temporary halt to the survey work and certain levels of complaint work created a backlog that the SA would not easily recover from without additional assistance, especially given the increase in the staff vacancy rate during the PHE (as outlined in question 2). Recently this contract was extended through the end of the 2022 calendar year (end date of 12/31/2022).

The agency has a single point of contact who oversees the contract for the survey entity. This person has regular meetings with the team and provides specific metrics for the contract team to meet. The contact also regularly monitors the work submitted by the survey team, including survey work and citations, to assure the contracted survey team is meeting CMS requirements.

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

The money provided by CMS to complete required work has remained stagnant for many years. At the same time, the need for staff has increased exponentially, investigations into facilities have become more complex and the cost of living has increased—all increasing the cost to perform the SA's important work. Even prior to the PHE, CMS did not fully fund the proposed budget submitted by state agencies that was based on the required work and cost to complete the work. This has not changed and the gap between the amount requested, and the amount received has continued to grow, leaving the cost burden for the work on the state.

Better coordination of updates to guidance and regulations would be very useful for the SA. Too many times recently State Agencies have been asked to do work based on information provided in a Quality, Safety, and Oversight (QSO) memo that includes guidance regarding how to inspect to a regulation, but the Critical Element Pathways (tools used for investigation), the survey software used for the survey process, and/or the tool used to produce the statement of the citations have not been updated to reflect the new information. This creates difficulties in surveying to the new requirements and in citing a provider based on the new requirements. Workarounds are required to complete tasks wasting valuable SA staff and facility time.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

During the PHE the SA utilized the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to provide a number of different services and supports to long-term care (LTC) facilities. Initially the SA utilized the funding to contract with a number of facilities throughout the state to create COVID prevention specific units. This was extremely helpful in managing and mitigating the spread of the virus for providers who did not have a layout that allowed for a cohort model. Money was also used to provide enhanced rates to LTC facilities allowing for increased pay to staff working in a stressful condition and assistance with additional COVID costs (such as increased PPE and fit-testing for N-95 masks).

Additionally, to address the staffing crisis facing so many providers across the state, especially as staff would contract COVID or experience exposures requiring time away from work due to quarantine requirements, the SA created a Rapid Response Team. This team consists of Registered Nurses (RN), Licensed practical Nurses (LPN), and Certified Nursing Assistants (NA-C) who are not from Washington state (assuring the SA was not further depleting the already diminished workforce in the state). Members of this team can be quickly deployed to facilities in need based on a tier system (actively admitting related to COVID, staffing issues related to COVID, general critical staffing issues). Although this team was initially created with the use of CARES act funding, Washington State has continued to fund the team using state dollars due to the critical need for staffing assistance in LTC facilities.

More recently the state has utilized state-based funding to support a Governor Initiative hospital support program. This bed readiness program involves a contract between hospitals and local LTC facilities to transition long stay patients out of the hospital setting and into a setting that can more appropriately meet their care and service needs while ongoing discharge planning continues. This transition of patients who have been in the hospital for long periods of time due to discharge difficulties, opens hospital beds and allows critical needs patients to move out of overcrowded emergency rooms and hallways (where some patients can wait days for an open bed due to hospital capacity issues created by COVID). The Rapid Response Team is providing staffing support for these bed readiness programs and for nursing facilities that are admitting residents from these bed readiness facilities.

As requested, you will find the information requested for question 7 outlined in the attached spreadsheet. Again, we thank you for the opportunity to provide information to assist in your review of COVID impact on workloads and staffing and the how this affects the State Survey Agency, the facilities, and the residents who receive our services.

Please feel free to contact us if you have any questions.

Sincerely,



Amy Abbott, Director
Residential Care Services

cc: Senator Patty Murray
Senator Maria Cantwell
Representative Suzan DelBene
Representative Rick Larsen
Representative Jaime Herrera Butler
Representative Dan Newhouse
Representative Cathy McMorris Rodgers
Representative Derek Kilmer
Representative Pramila Jayapal
Representative Kim Schrier
Representative Adam Smith
Representative Marilyn Strickland
Jilma Meneses, Secretary, Washington State DSHS
Bea Rector, Assistant Secretary, Aging and Long-Term Services Administration

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	200	
	What is the number of Medicare and or Medicaid certified nursing home beds?	19296	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$4,486,413	
	FY 2021	\$5,374,943	
	FY 2020	\$4,900,755	
	FY 2019	\$10,067,545	
	FY 2018	\$5,560,817	
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY 2022	\$9,433,095	
	FY 2021	\$8,544,579	
	FY 2020	\$8,972,536	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY 2022	107	
	FY 2021	106	
	FY 2020	96	
	FY 2019	99	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	9	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	8	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY 2022	17	
	FY 2021	13	
	FY 2020	14	
	FY 2019	5	
	FY 2018	12	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY 2022	8	
	FY 2021	5	
	FY 2020	6	
FY 2019	4		
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	2 years 4 months	81 Surveyors. One with 30 years, 3 with 8 years, 1 with 7 years, 2 with 6 years. All others with 5 years or less
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	65%	53 of 81 with 2 years or less
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	91%	72 of 81 with 5 years or less
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	81,480-133,512	Annual - Plus 5% per diem for those who have a duty station in King County (all state employees in King County, not agency specific per diem)
	Not registered nurses?	58,704-78,900	Annual - Plus 5% per diem for those who have a duty station in King County (all state employees in King County, not agency specific per diem)
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY 2022	\$976,053	\$969,253 for Contracted Surveyors, \$7,050 for Independent Informal Dispute Resolution Contracts
	FY 2021	\$6,600	Independent Informal Dispute Resolution Contracts
	FY 2020	\$3,450	Independent Informal Dispute Resolution Contracts
	FY 2019	\$8,225	Independent Informal Dispute Resolution Contracts
	FY 2018	\$24,728	Independent Informal Dispute Resolution Contracts

7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	133	YTD through Sept 26
	CY2021	435	
	CY2020	1790	
	CY2019	109	
	CY2018	113	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	97%	Percent up to September 1, 2022
	CY2021	94%	
	CY2020	89%	
	CY2019	96%	
	CY2018	96%	

West Virginia



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL**

Bill J. Crouch
Cabinet Secretary

**Office of Health Facility Licensure and Certification
408 Leon Sullivan Way, Suite 120
Charleston, West Virginia 25301-1713
Telephone: (304) 558-0050 Fax: (304) 558-2515**

Sheila Lee
Interim Inspector General

October 30, 2022

The Honorable Senator Bob Casey, Jr.
United State Senate
Chairman of the U.S. Senate Special Committee on Aging
Washington, D.C. 20510-6400

Dear Senator Casey:

I am writing in response to your inquiry dated September 12, 2022, concerning state survey agency staffing and workload successes and challenges. This letter addresses questions #1 through #6, and the attached spreadsheet addresses question #7.

Question #1

Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

Scope and Activities of West Virginia's Nursing Home Survey and Certification Program

West Virginia's nursing home survey and certification program is charged with carrying out state licensure and federal certification activities. This includes, but is not limited to:

- a. Licensing all nursing homes in the State
- b. Processing all annual license renewals
- c. Performing initial licensing of new nursing homes
- d. Processing all changes of ownership applications
- e. Processing all changes of bed size, facility names, facility renovations
- f. Processing all requests for informal dispute resolution
- g. Processing all requests for federal departmental appeal board hearings
- h. Processing and investigating all complaints filed by or on behalf of nursing home residents
- i. Processing and investigating all facility reported incidents
- j. Conducting annual recertification and relicensure surveys within a 9-15 month with an overall average of 12.9 months or less, including concurrent life safety code surveys
- k. Conducting 10% of annual recertification surveys off-hours (on weekends, certain early morning and late evening hours, and holidays)
- l. Initiating 10% of the off-hours surveys on weekends

- m. Conducting Focused Infection Control Surveys for 20% of the total number of nursing homes in the State
- n. Identifying at least one poor performing nursing homes as a special focus facility for an every six month recertification survey for measured improvement
- o. Conducting Emergency Preparedness surveys
- p. Staffing and funding a position of a Resident Assessment Instrument (RAI)/Minimum Data Set (MDS) coordinator and an RAI/MDS automation coordinator
- q. Maintaining a Nurse Aide Registry listing all registered nurse aides and any findings of abuse, neglect and misappropriation
- r. Reviewing and determining continued nurse aide eligibility every two-years for each person on the registry
- s. Reviewing and determining reciprocity eligibility of nurse aides from other states
- t. Managing a nurse aide training and competency evaluation program
- u. Transferring all enforcement cases to the Centers for Medicare and Medicaid Services (CMS)
- v. Reviewing requests for waiver of nurse aide training program two-year prohibition
- w. Reviewing requests for waiver of nursing home requirements permitted by federal regulations
- x. Managing the state reinvestment of civil money penalty funds through grant program
- y. Transferring information related to deficiencies identified concerning discharges from nursing homes that violate federal law

In addition to the activities listed above, state survey agencies have new CMS requirements to carry out starting federal fiscal year 2023. Some of the new requirements were postponed as a result of the Public Health Emergency. These new requirements are:

- a. Implementing new complaints and facility reported incidents requirements under the CMS State Operations Manual, Chapter 5 amendment
- b. Reviewing evidence of nursing home staff vaccination requirements on every survey
- c. Implementing new Phase 3 of the federal Requirements for Participation
- d. Implementing new Phase 2 of the federal Requirements for Participation
- e. Addressing care for individuals with mental health and substance use disorders
- f. Implementing federal requirements related to the use of binding arbitration agreements
- g. Improving the oversight of sufficient staffing
- h. Implementing enhanced special focus facility program requirements.

Challenges or Dynamics Unique to West Virginia

West Virginia is a very rural state which makes traveling to most of the States nursing homes longer than that of more urban states. Nursing homes in West Virginia are mainly located in local communities that are not readily accessible by direct interstate travel. More travel time can add to longer times in completing survey activity.

West Virginia is also an economically poorer state; therefore, salaries are not competitive on a national level or those in the private sector.

Availability and Experience of Surveyors and Strategies to Address Staffing Shortfalls

West Virginia has a large number of surveyor vacancies. We continue to recruit and hire surveyors. The survey and certification agency is considering whether the use of contracted surveyors is feasible at this time. We are in the early stages of discussion.

Question #2

Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Negative Impact of Staff Turnover

We do have turnover. However, we are fortunate that the turnover usually happens within the first 6 months up hire. Once surveyors are with us for a year, they tend to stay until they retire or their personal circumstances change making the continued travel too difficult. We have had a number of retirements which were expected.

Question #3

Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

Competition to Hire and Retain Nurse Surveyors

The state survey agency competes with nursing positions in both the public and private sectors, all of which pay hire salaries. The public health emergency has greatly affected this in negative way. Due to national nursing shortage, both public and private sectors, implemented incentives for hiring bonuses, salary increases, and the use of contracted staff. The state survey agency cannot compete with the typical nursing salary in the healthcare field. Nurse surveyors are not performing nursing related duties, it is their knowledge as a nurse that is vital as a surveyor.

The state hiring process is not within the control of the state survey agency or the West Virginia Department of Health and Human Resources. The hiring process through our state Division of Personnel can take 1-3 months from the date the candidate accepts the position to their first date of employment. This process makes it very difficult to compete with the private sector.

The job is very demanding and nearly impossible if you have a family. Surveyors are in the field away from home 4-5 days per week, 52 weeks out of the year. This demand on the job eliminates an entire population of workers who have families or obligations at home. The job is also very emotionally demanding and requires a lot of strength to perform. Surveyors are in a work environment that is not always hostile but is one where they are not typically welcomed. This can be very stressful week after week. Add to this the stresses of the public health emergency and it has been a very difficult time.

The majority of our surveyors either have compromising health conditions or factors themselves or live with those who are in this situation. The public health emergency has added to these already stressful circumstances.

Question #4

Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please

describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Contracted Surveyors

We have used contracted surveyors in the past and may do so in the future. We have not used any contracted surveyors during the public health emergency. Initial research into contracted survey agencies has revealed the costs of this service has increased since we used them 5-10 years ago. This is as a direct result of the national nursing shortage and the public health emergency.

Contracted Option for Informal Dispute Resolution

We have a contract with MPRO and Maximus to conduct informal dispute resolution for all programs for which the survey and certification agency is responsible. If the provider does not prevail in their dispute resolution, they pay for the services. If the state does not prevail in the dispute resolution, the survey and certification agency pays for the services.

Question #5

What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

Recommendations for Changes in Policies, Guidance or Technical Assistance

At this time, we have only had one recommendation for CMS and this was communicated by all states at the most recent AHFSA conference. We asked CMS to delay the roll out of the CMS State Operations Manual Chapter 5 changes. These changes will create the need for additional staff and states need time to get this process in place prior to its effective date. Without an extension on the effective date, we will have to decide whether to pull surveyors out of the field to assist with data entry or be non-compliant with the effective date of the Chapter 5 changes. Neither option is viable, as we do not want to be out of compliance. This change will place a significant hardship to an already struggling program.

Correspondence with CMS

The state survey and certification agency have many avenues to communicate with CMS at both the Regional and Central Office levels. Some examples of these communication avenues include:

- Through the membership of the Association of Health Facility Survey Agencies (AHFSA), we have access to direct communication with CMS and coordination of communication as a national entity.
- AHFSA has an annual conference where we get to interact and provide input directly to CMS.
- CMS has an annual conference where we get to interact and provide input directly to CMS.
- CMS offers regional consortium meetings (annually or biannually) where we get to interact and provide input directly to CMS.
- West Virginia has bi-weekly meetings with our CMS Regional Office to discuss progress, challenges and to provide input.
- The Regional and Central Offices of CMS have always been readily available to West Virginia to discuss suggestions, issues, concerns and successes.
- CMS has formed working committees to get direct input from states on the survey process and the backlog that was created by the pandemic. This is just the more recent committees, as there have been others.

- AHFSA continues to utilize subcommittees for states to participate in a meaningful way to provide suggestions and input to CMS.

Question #6

The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a onetime funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

CARES Act Funding for Survey and Certification

West Virginia's survey and certification office used this funding to purchase personal protective equipment (PPE) and to conduct focused infection control surveys as mandated by CMS.

Sunseting of this Funding

CMS will continue to support the work we conduct for focused infection control surveys and the state will continue to support the agency to purchase necessary PPE.

Question #7

Please see attached Excel sheet.

If you have any questions, please feel free to contact me at [REDACTED] or at [REDACTED].

Sincerely,



Tina E. Wiseman

Director

Office of Health Facility Licensure and Certification

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	123	
	What is the number of Medicare and or Medicaid certified nursing home beds?	10,653	
7 (b)	What was the total amount of <u>state</u> funding for nursing home survey and certification in the following fiscal years?		West Virginia's survey and certification budget does not separate the budget for each program under the auspices of the survey and certification program. Therefore, this section was left blank.
	FY2022		
	FY2021		
	FY2020		
	FY2019		
	FY2018		
	What was the total amount of <u>federal</u> funding for nursing home survey and certification in the following fiscal years?		
	FY2022		
	FY2021		
	FY2020		
	FY2019		
	FY2018		
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	24	
	FY2021	24	
	FY2020	24	
	FY2019	24	
	FY2018	24	

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	10	WV does not have a separate number of allocations for RN and non-RN surveyors. This is an duplicated total for all surveyor vacancies in the nursing home program.
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	10	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	2	
	FY2021	5	
	FY2020	5	
	FY2019	9	
	FY2018	6	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	4	2 people retired during this year.
	FY2021	2	
	FY2020	6	One surveyor was promoted to a manager position.
FY2019	3	One surveyor was promoted to a manager position.	
FY2018	5	One surveyor was promoted to a manager position.	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	5.83 years	
	What percentage of your current nursing home surveyors have <u>2</u> years or less experience with nursing home surveying?	29%	
	What percentage of your current nursing home surveyors have <u>5</u> years or more experience with nursing home surveying?	57%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		WV does not have a pay differential for RN vs. non-RN surveyors. Both types of surveyors complete the same job duties. All survevors start
	Registered nurses?	\$42,550	

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
	Not registered nurses?	\$42,550	out as a Surveyor 1 with a salary of \$ _____ within 6 months to a year they are eligible for promotion to Surveyor 2 with a 7% pay increase.
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$8,800	
	FY2021	\$8,000	
	FY2020	\$5,800	
	FY2019	\$4,300	
FY2018	\$4,100		
7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	1	
	CY2021	20	
	CY2020	1	
	CY2019	2	
	CY2018	0	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	1	
	CY2021	20	
CY2020	1		

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
	CY2019	2	
	CY2018	0	

Wisconsin

Senate Aging Committee response questions 1 – 6.

- 1. Please describe the scope and activities of your agency’s nursing home survey and certification program and issues, challenges, or dynamics unique to you state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency’s ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.**

Protecting the health, safety, and welfare of Wisconsinites living in our state’s nursing homes is a top priority for the Wisconsin Department of Health Services (DHS). Our role as the regulatory agency is to ensure that the nursing homes follow the law as required by federal and state statutes and administrative code, and that the services they offer adhere to these requirements. We work every day to make sure residents receive the care they need and the quality of life they deserve, at a level we would want for our family members and ourselves.

Wisconsin currently has a total of 346 nursing homes. Of these homes, 11 are certified only for Medicare, 5 are certified only for Medicaid; the remaining 323 homes are dually certified for Medicare and Medicaid. We have a total of 26,562 certified beds in Wisconsin. Of these, 25,733 beds are certified for Medicare and Medicaid, another 478 beds are certified only for Medicare and the remaining 179 beds are certified for Medicaid only.

The Division of Quality Assurance (DQA), in DHS, is responsible for conducting all state licensure and federal certification surveys in Wisconsin’s nursing homes. DQA is also charged with investigating all complaints filed against nursing homes.

The impact of COVID-19 on all health and long-term care providers has been significant—not just in terms of changing policies to mitigate the spread of COVID-19, but also in terms of seeing a significant uptick in complaints across the health care sector and increased challenges facing the health care workforce. Complaints or facility-reported incident surveys that identify an “immediate jeopardy” allegation to the Division of Quality Assurance (DQA) are promptly investigated. DQA remains current on immediate jeopardy complaints.

Guidance from CMS at the beginning of March 2020 limited surveyors’ ability to be on-site at skilled nursing facilities in order to prevent the spread of COVID-19. At the height of the pandemic, surveyors were limited to only investigating complaint or facility-reported incidents that were identified as an “immediate jeopardy” or “IJ” allegation.

Senate Committee on Aging – Response to Questions 1 - 6

While DHS worked to address all immediate jeopardy complaints, CMS introduced a phased approach to returning to more routine oversight and survey activities:

- A [May 18, 2020 Memo](#) detailed guidance on state survey activity based on both community- and facility-based factors (including when community transmission was at certain levels, or if there were COVID-19 cases within the nursing home)
- An [August 17, 2020 Memo](#) considered staffing and personal protective equipment (PPE) resources. However, it's important to note that this change in guidance happened at the same time Wisconsin and many other states were experiencing a surge in COVID-19 cases.

In a [December 2020 analysis](#) of this CMS-mandated cessation of survey activities to protect nursing home residents from COVID-19 infection, the federal Office of the Inspector General for the federal Department of Health and Human Services identified the potential for long-term ripple effects for state survey agencies due to backlogs generated during this period. Specifically:

- The HHS OIG identified that “CMS’s suspension of surveys allowed providers time to implement the most recent infection control guidance from both CMS and CDC but also created backlogs for when States resume these required surveys” and noted that “these backlogs may compound pre-existing challenges that States faced in meeting required survey timeframes.”
- The HHS OIG also stated that “CMS’s suspension of standard surveys and high-priority complaint surveys resulted in substantial backlogs of required surveys. On August 17 [of 2020], CMS authorized States to resume these surveys when the States have the resources to do so. Although this will reduce the growth of the backlogs, States expressed concerns that additional resources and time are needed to address the backlogs that already exist.”

States across the country, including Wisconsin, have worked to respond effectively to resuming activities after the CMS cessation period while managing an increased volume of nursing home complaints coupled with staffing challenges affecting the entire health care sector, including survey staff.

- 2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timelines and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency’s ability to conduct its work? In you answer please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how**

Senate Committee on Aging – Response to Questions 1 - 6

the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

Staff turnover has increased over the past 5 years as shown by the response to question #7 (e). Listed below are the number of full or part-time surveyors who have left the Wisconsin State Agency in the following fiscal years.

- 2022: 12 of 64 full-time surveyors (18.75%)
- 2021: 3 of 65 full-time surveyors (4.61%)
- 2020: 4 of 65 full-time surveyors (6.15%)
- 2019: 15 of 65 full-time surveyors (23.07%)
- 2018: 7 of 65 full-time surveyors (10.76%)

There are a variety of reasons for staff turnover including retirements, competing jobs and the desire to return to direct care. Staff turnover is one factor that has impacted DQA's ability to complete some tasks within the CMS prescribed time frames.

- 3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retain nurse surveyors at your agency?**

DQA currently has 64 surveyor positions (47 Registered Nurses and 17 Health Services Specialists) assigned to conduct nursing home recertification surveys and complaint investigations. Currently eight positions are vacant. Thirteen staff, or 20 percent of the positions, are being trained in preparation to take the Surveyor Minimum Qualifications Test (SMQT) and are not yet approved to independently conduct surveys and complaint investigations. These surveyors are limited in the roles they can perform until they pass the test and are playing supporting roles including collecting information for experienced and trained staff.

DQA rehired and continues to reach out former staff as Limited Term Employees (LTE) to assist with the complaint workload. The advantage provided by these staff is that they

Senate Committee on Aging – Response to Questions 1 - 6

have been formally trained, passed the SMQT, and are able to independently carry out inspections, including often complicated complaint investigations.

Additionally, we've also made procedural adjustments to ensure we could allocate staffing resources where they're needed the most. For example, nursing home investigations are normally completed by the regional office staff in which the nursing home is located. To help alleviate burdens on our regional staff, DQA now schedules complaints on a statewide basis to help regional offices that are experiencing higher complaint volumes.

In addition, DHS is providing a pay differential as an incentive for additional work completed by surveyors, supervisors, and directors. Staff assigned to complaint intakes are receiving overtime to assist with complaint investigations; supervisors and directors are also assisting in survey work as available. DQA staff are also working overtime and, on the weekends, to complete these investigations expeditiously.

- 4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducted timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?**

DQA has contracted with Healthcare Management Solutions (HMS) to address the survey and complaint workloads. HMS has extensive inspection experience, making them well qualified to assist in this capacity. CMS has contracted with HMS to conduct federal monitoring surveys in nursing homes, hospitals, dialysis centers, and other provider types. We entered into a contract with HMS in late August 2022. We are also contracting with the Long Term Care Institute (LTCI) to conduct survey and complaints investigations. Copies of both contracts are attached.

Additionally, DQA has contracted with a third external agency, Certisurv, to assist with complaint workload. This is necessary because HMS and LTCI staff are working with other state survey agencies across the country to complete onsite inspections. We believe the third agency will provide Wisconsin sufficient resources to complete the outstanding complaints. This contract is also attached.

Senate Committee on Aging – Response to Questions 1 - 6

All contracted surveyors have completed SMQT training and can begin addressing complaints immediately upon starting. These contracted positions will help address the complaint workload, allowing permanent positions to allocate time to required recertifications and continuing with complaint inspections and verification visits. Both agencies began conducting inspections in September 2022.

DQA holds all contractors to federal and state standards and regulations. All surveys and services provided are submitted for review prior to being uploaded into the system. Contracted staff have a single point of contact in DQA leadership to ensure correct information is being transmitted in a uniform matter.

Through these engagements with contract staffing agencies, we will increase available survey staff by 20 percent above the number of filled and SMQT-trained staff currently at DQA.

DQA leaders will closely monitor the survey workload and the number and severity of complaints filed to determine when the services of HMS and LTCI will no longer be needed. However, before we end our contracts with either agency, we want to confirm that DQA has the staff needed to conduct all recertification surveys and complaint investigations within the established time frames to ensure that residents are receiving the care and treatment mandated by state and federal regulations.

DQA has used contractors to conduct Informal Dispute Resolution (IDR) and Independent Informal Dispute Resolution (IIDR) in Wisconsin since 1995. The contracts are attached.

- 5. What could CMS do differently, including changes to policies, guidance or technical assistance, what would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.**

We recommend that CMS consider the following changes to help states conduct timely surveys and investigations:

- 1) Extend the certification date past the 15.9 months for nursing home providers that have a 4 or 5-Star CMS rating and no outstanding complaints.

Senate Committee on Aging – Response to Questions 1 - 6

- 2) Under CMS authority, the federal Civil Money Penalty Reinvestment Program (CMPRP) returns funds to states collected from skilled nursing facilities that fail to comply with federal regulations to benefit nursing home residents. Since 2012, CMS imposed greater restrictions and stricter program policies on State Agencies in how these funds are used or allocated. This has hampered and continues to impact the states' ability to increase use of these funds in critical situations involving resident, health, safety and protection. We recommend that Congress re-examine the CMPRP to provide greater flexibility to States and less CMS control over how the funds may be used for resident protection. States are often in a better position than CMS to grant access to these funds to benefit a vulnerable population.
 - 3) Funding to support increased work brought on by additional federal regulations is critically important if we are to effectively ensure the health, safety and well-being of the vulnerable people who call these facilities their home.
 - 4) Moving forward, there must be increased congressional recognition of the importance of CMS and the states' oversight of nursing homes, and corresponding increases in funding for states to perform this work.
- 6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunset of this funding have on your agency?**

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided supplemental Medicare funding of at least \$81 million to fund Survey and Certification activities related to COVID-19 response across the nation, prioritizing nursing homes in locations with Coronavirus community spread and to complete non-long term inspection services. This funding is available through September 30, 2023.

Wisconsin received \$1,884,197 from these CARES Act funds. Wisconsin is using this money to complete over 2,000 nursing home and non-long term care recertification surveys and complaint investigations, and to address the gap between state survey costs and funding provided by the federal government for these functions. Wisconsin continues to cover these costs with state funding. Based on current workload projections and inflation, costs are expected to increase significantly in FFY23, further

Wisconsin Department of Health Services
Division of Quality Assurance
November 11, 2022

Senate Committee on Aging – Response to Questions 1 - 6

exacerbating this gap. As a result, Wisconsin does not anticipate being able to complete the same level of work as FFY22 without additional funding.

7. Please provide the requested data.

Please see attached Excel sheet.

Attachments

Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state? T18=11, T19=5, T18/T19=323 total 346	346	
	What is the number of Medicare and or Medicaid certified nursing home beds? T 18=478, T 19=179, T18/T19=25,733 total 26,562	26562	
7 (b)	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$5,819,337	
	FY2021	\$4,260,120	
	FY2020	\$4,088,722	
	FY2019	\$4,448,177	
	FY2018	\$4,211,716	
	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		
	FY2022	\$10,875,909	
	FY2021	\$12,067,921	
	FY2020	\$11,650,256	
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?		
	FY2022	64	
	FY2021	65	
	FY2020	65	
	FY2018	65	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	9	
	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	7	
7 (e)	How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?		
	FY2022	9	
	FY2021	5	
	FY2020	1	
	FY2019	7	
	FY2018	4	
	How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?		
	FY2022	12	
	FY2021	3	
	FY2020	4	
7 (f)	What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff?	8.9	
	What percentage of your current nursing home surveyors have 2 years or less experience with nursing home surveying?	20%	
	What percentage of your current nursing home surveyors have 5 years or more experience with nursing home surveying?	66%	
7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		
	Registered nurses?	\$33/hour - \$35/hour	
	Not registered nurses?	\$28/hour - \$30.40/hour	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$61,500	
	FY2021	\$480	
	FY2020	\$70,774	
	FY2019	\$2,230	
	FY2018	\$57,270	
	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	49	

7 (i)	CY2021	118	
	CY2020	285	
	CY2019	43	
	CY2018	35	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	88%	
	CY2021	98%	
	CY2020	98%	See information in the Additiona Notes tab.
	CY2019	100%	
	CY2018	91%	

Additional Notes

Please use the space below to provide any additional notes that would be helpful for the Committee to understand the data you are submitting

Regarding question 7i, lines 54 - 59. After reviewing the data, percentage changed to 90%.

During 2022, 5 of the 50 complaints or 10% of the complaints alleging immediate jeopardy were conducted beyond the 2 working days timeframe. The decrease in timely completion was due to several factors. During 2022 DQA experienced a decrease in staff due to retirements, competing jobs, and staff quarantined after testing positive for COVID-19. The new staff hired were in training and unable to survey independently until they had taken and passed the SMQT.

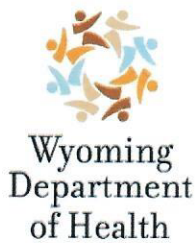
DQA was also scheduling surveys and investigations to use staff resources as efficiently as possible. When DQA received a complaint alleging immediate jeopardy against a facility that was scheduled to be surveyed shortly, DQA would conduct the investigation during the federal recertification survey. Moreover, some complaints were filed against homes with multiple complaints and complex issues so additional surveyors were needed to complete the survey which could be more efficiently investigated during the upcoming recertification survey.

5 of 50 is 10% so percent should read 90%, correct?

During 2022, 5 of the 50 complaints or 10% of the complaints alleging immediate jeopardy were conducted beyond the 2 working days timeframe. The decrease in timely completion was due to several factors. During 2022 DQA experienced a decrease in staff availability due to retirements, competing jobs, and staff quarantined after testing positive for COVID-19. The new staff hired were in training and unable to survey independently until they had taken and passed the SMQT.

DQA was also working to use staff resources as efficiently as possible. When DQA received a complaint alleging immediate jeopardy against a facility that was scheduled to be surveyed shortly, DQA would conduct the investigation during the federal recertification survey. Moreover, some complaints were filed against homes with multiple complaints and complex issues so additional surveyors were needed to complete the survey which could be more efficiently investigated during the upcoming recertification survey.

Wyoming



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Stefan Johansson
Director

Mark Gordon
Governor

October 27, 2022

Ref.: LH-2022-1243

Robert P. Casey Jr., Chairman
U. S. Senator
U. S. Senate Special Committee on Aging
Washington, DC 20510-6400

Dear Senator Casey:

The Wyoming Department of Health, Healthcare Licensing and Surveys submits the following responses to the Committee's request on staffing needs.

1. Please describe the scope and activities of your agency's nursing home survey and certification program and issues, challenges or dynamics unique to your state. Please describe the extent to which the availability and experience of surveyors affects, or has affected, your agency's ability to carry out its responsibilities such as completing timely complaint and standard surveys, and strategies used to address any staffing shortfalls.

The Wyoming State Survey Agency (SSA) has 11.5 nursing home surveyor full time employees (FTEs) (health and life safety code) to cover an area of approximately 98,000 square miles. There are currently 35 certified nursing homes with two (2) new Skilled Nursing Facilities (SNFs) scheduled to be certified this federal fiscal year (FFY).

As a small SSA in a rural state, our main focus is to cross train each surveyor in multiple provider types for enhanced flexibility and efficiency for scheduling surveys, performing complaint intakes, and for training new surveyors. We have five (5) surveyors working remotely from home offices across the state. The home offices are valuable in terms of recruitment of qualified individuals who do not want to relocate to the main office in Cheyenne and for scheduling surveys in their area.

When there are vacancies, the other qualified surveyors and a supervisor pick up the additional workload to ensure we meet our survey timeframes. We are also mindful of surveyor burnout and focus on equal workload among survey staff.

2. Multiple states and watchdog reports have identified staff turnover negatively affecting the timeliness and quality of nursing home surveys. To what extent has your agency experienced turnover among survey agency staff and how has it affected your agency's ability to conduct its work? In your answer, please address reasons for staff departures (e.g., retirement, burnout, competing jobs), the effects of turnover, how the COVID-19 pandemic affected turnover rates and strategies used to reduce turnover.

The vacancy rate of nursing home surveyor positions in the past five (5) years has been approximately 20%. Our nursing home surveyors have resigned due to the extensive travel, changes in family circumstances, health issues, and increases in pay from other government agencies. We have had one (1) retirement in the past five (5) years. Our current nursing home surveyors have an average of over seven (7) years of experience.

Due to the commitment and perseverance of our surveyors, we have no back-log of Centers for Medicare and Medicaid Services (CMS) recertification surveys or complaint investigations. We are currently focusing on training two (2) new nursing home registered nurse (RN) surveyors and hiring a life safety code surveyor.

The COVID-19 pandemic has not had any specific impact on our turnover rate, and we have recently had an increase in RN applications. Our recruitment and retention strategies to reduce turnover include:

- Staff are respected, valued, and supported.
- Emphasize the State of Wyoming's benefit package.
- Remote working.
- All surveyors (regardless of professional qualifications) are in the same position class code.
- Cross-training in multiple provider types for professional growth, scheduling flexibility, and equal distribution of workload.
- Flex-time and over-time available.
- Team coordinators and team members are routinely rotated.
- Team coordinators are not necessarily a supervisor.

3. Several state survey agencies reported that the national shortage of nurses has driven up salaries, challenging their ability to hire and retain nurses as surveyors. How has your agency been affected by rising competition for nurses, and how has it sought to attract and retain nurses for surveyor positions through pay increases, schedule changes or other incentives? In addition to the data requested in Question 7, please describe how your starting salary and salary range compares to salaries for other registered nurse positions in your state, to the extent you have visibility into the market. To what extent have private sector signing bonuses contributed to the difficulty of hiring and retaining nurse surveyors at your agency?

The Wyoming SSA is currently fully staffed with RNs; the national shortage of nurses and increases in RN salaries has had no impact on our ability to complete our CMS survey workload.

Wyoming nurse surveyor salaries range from \$28.43/hour to \$37.18/hour which is within the range of other nurse salaries in Wyoming. Private sector bonuses have not contributed to our ability to retain or hire nurses.

4. Multiple states have reported hiring contractors to fill surveyor vacancies and address survey backlogs. Please describe how your agency has used contractors to conduct surveys or other tasks such as informal dispute resolution (IDR). Please also provide all associated contracts for the previous five calendar years. Please describe why your agency has used contractors or is considering doing so, as well as the benefits and challenges of using contractors. How does your agency oversee contractors to ensure they are conducting timely, high-quality surveys? What should CMS be doing to oversee the use and effectiveness of contracted surveyors?

Wyoming SSA has not employed contractors for CMS survey and certification work.

October 27, 2022

Ref.: LH-2022-1243

5. What could CMS do differently, including changes to policies, guidance or technical assistance, that would better help your agency conduct timely surveys in the context of surveyor staffing shortages? Please provide correspondence your agency has transmitted to CMS, the OIG or other Federal agencies within the previous five calendar years regarding concerns about survey agency staffing.

CMS continues to increase the workload of SSAs (see attached) in light of a flat line CMS budget since 2015. In order to address recruitment and retention challenges, the Wyoming State Legislature increased State employee salaries effective July 1, 2022. However, due to the CMS flat lined budget, we do not have the permanent federal funds to fill two (2) of our health surveyor positions. We are concerned about surveyor burnout, having adequate time for training, and potential increased staff turnover.


It would be extremely beneficial if CMS would increase the Survey and Certification budget to assist states to keep up with increased salaries, travel, and other costs. This is particularly critical in light of the increased CMS workload.

6. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act provided states with a one-time funding boost of approximately 7 percent for survey and certification activities that is set to sunset in 2023. How is your agency using the CARES Act funding? What affect, if any, will the sunseting of this funding have on your agency?

Due to staff vacancies, there was sufficient funding in our awarded survey and certification budget to complete our COVID-related CMS workload and to catch up on our back-log of recertification and complaint surveys. We have not requested any CARES Act funding.

Should you have any questions, please contact me at [REDACTED] or [REDACTED].

Sincerely,



Laura Hudspeth, MSc, RD, LD
State Survey Agency Director/Administrator
Healthcare Licensing and Surveys
Wyoming Department of Health

LH/jg

Attachment A: State Survey Agency Increases in CMS Workload
Attachment B: Wyoming Certified Nursing Homes – Excel Spreadsheet

c: Stefan Johansson, Director, Wyoming Department of Health

Stefan Johansson
Director

Mark Gordon
Governor

**Attachment A: State Survey Agency (SSA) Increases in CMS Workload
Wyoming Department of Health, Healthcare Licensing and Surveys**

- 2016: Phase 1 of the new Nursing Home regulations took effect. S&C-17-03-NH. In addition to the CMS training, the SSA spent a considerable amount of time providing training to surveyors and providers.
- 2016: CMS adopted the 2012 edition of NFPA 101 and NFPA 99. S&C-16-22- LSC. While CMS did provide training that discussed a high-level overview of the changes in LSC requirements in 2016, it was not sufficient to ensure surveyor comprehension. Training staff on the new requirements and the new tag numbering and structure took considerable time.
- 2017: CMS issued Appendix Z, with new, detailed emergency preparedness requirements for all provider types, including NF. S&C-17-29-ALL.
- 2017: Phase 2 of the new NF regulations took effect. S&C-17-36-NH. Again, the SSA spent a considerable amount of time training surveyors and providers.
- 2017: Transition to the Long-term Care Survey Process. Training staff on both ASEQ and the technical aspects of the new process took considerable time. While the ASEQ software was being rolled out, surveys often took longer, adding to workload, and diminishing resources for other tasks. S&C-18-05-NH.
- 2017: States were directed to transfer any case involving facility initiated discharge violations to CMS. This required additional SSA time and resources. S&C 18-08-NH.
- 2018: ESRD initial certification surveys must be completed within 90 days. This prescriptive timeframe impacts the flexibility of the SSA in terms of scheduling their other mandatory work. Admin Info: 18-15-ESRD.
- 2018: CMS substantially revised the ICF/IID survey process in Appendix J. This required staff retraining. S&C-18-16-ICF/IID.
- 2019: SSAs were directed to transfer all cases to the ROs for enforcement where Group One and Group Two facilities were cited for noncompliance with tags F605, F744, or F758 at a scope and severity of D or above. In addition, SSAs must conduct on-site revisits to confirm that these deficiencies are fully corrected. QSO-19-07-NH.
- 2020: Nursing Home Focused Infection Control (FIC) surveys. As part of the national response to COVID-19, CMS directed the states to conduct FIC surveys of each nursing home by July 31, 2020. CMS also directed the states on an on-going basis to annually perform FIC surveys of 20% of nursing homes as a stand-alone survey. QSO-20-31-ALL and QSO-22-02-ALL.

- 2020: Nursing home enhanced survey activities related to F880. CMS established new expectations for states to assess compliance with F880, including mandatory directed plans of correction for noncompliance with F880 assessed at or above s/s level D. QSO-20-31-ALL.
- 2020: Psychiatric hospital "B" tag surveys that had been performed by contractors were assigned to the SSA. Admin Info: 20-05-Hospital/Psych.
- 2020: Covid-19 Survey Activities and Enhanced Enforcement for Nursing Homes was implemented by CMS. This greatly impacted the workload for the SSA. WSO-20-31-ALL.
- 2020: CLIA IFC-3 additional surveys. QSO-20-37-CLIA.
- 2020: Focused Infection Control (FIC) surveys. As part of the national response to COVID-19, CMS directed the states to conduct FIC surveys of each nursing home by July 31, 2020. CMS also directed the states on an on-going basis to annually perform FIC surveys of 20% of nursing homes as a stand-alone survey. QSO-20-31-ALL and QSO-22-02-ALL.
- 2020: Enhanced survey activities related to F880. CMS established new expectations for states to assess compliance with F880, including mandatory directed plans of correction for noncompliance with F880 assessed at or above s/s level D. QSO-20-31-ALL.
- 2020: Additional survey activities related to F882. CMS implemented some of the Phase 3 requirements related to the infection preventionist on August 26, 2020, and established new expectations for states to assess compliance with F882. QSO-20-38-NH.
- 2020: Nursing Home Visitation. CMS established visitation guidance which greatly increased ongoing training for both SSAs and providers and increased the number of SSA complaints. QSO-20-39-NH.
- 2021: Interim Final Rule – COVID-19 Vaccine Immunization Requirements for Residents and Staff. QSO-21-19-NH.
- 2021: CMS issued QSO-22-01, which added requirements for use of multidisciplinary survey teams and prohibition of surveyor conflicts of interest, which impacted scheduling and flexibility with resources. QSO-22-01-HOSPICE.
- 2021: CMS Basic LSC prerequisite, NFPA Fire Inspector 1: NFPA increased the practicum phase exercise requirements which increased the workload and time for training new LSC surveyors. Some of the new requirements are not related to the work of a LSC surveyor.
- 2022: Hospice interdisciplinary surveys (and the addition of SFF next year) QSO-22-01-Hospice.
- 2022: Transition of certification work to the SSAs. This required extensive training and the additional tasks diminished time available for other SSA work. Admin Info: 22-02-ALL.
- 2022 - Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination. QSO-22-09.

- 2022 - Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide. QSO-22-19-NH. This requires extensive training for both the SSA staff and providers and will increase workload requirements for SSAs.
- 2023 – Rural Emergency Hospitals. This new CMS provider type will increase required training for SSAs and providers as well as increased survey activity of which is unknown. Also increased SSA workload related to licensure issues.

Onsite Surveys:

- Increased number of complaints. For nursing homes, this also increases Informal Dispute Resolutions (IDR)/Independent Informal Dispute Resolutions as well as other enforcement actions.
- Increased onsite investigations, survey reports, and IDRs related to Facility Reported Incidents and F600 (abuse).

Training

- Significant increased training during the PHE for SSA staff and providers related to CMS and CDC guidelines and ongoing changes.
- Increased SSA training when CMS moved to an all-virtual platform.
- The training platform has changed multiple times which increased training on the platform as well as SSA verification of transcripts, etc.
- Training refresher courses and competency testing.
- New provider type – Rural Emergency Hospital.

Other tasks:

- Civil Monetary Penalty (CMP) state plans as well as CMP application review and monitoring of projects.
- Federal Monitory Survey revisits – this task was completed by CMS and has now been added to the SSA workload.
- The implementation of the new iQIES survey system has added considerable time for training and trouble-shooting for the SSAs.
- CMS asked SSAs to provide emergency preparedness information on all health care facilities in their state (this was in addition to certified facilities).

Attachment B: Wyoming Certified Nursing Homes

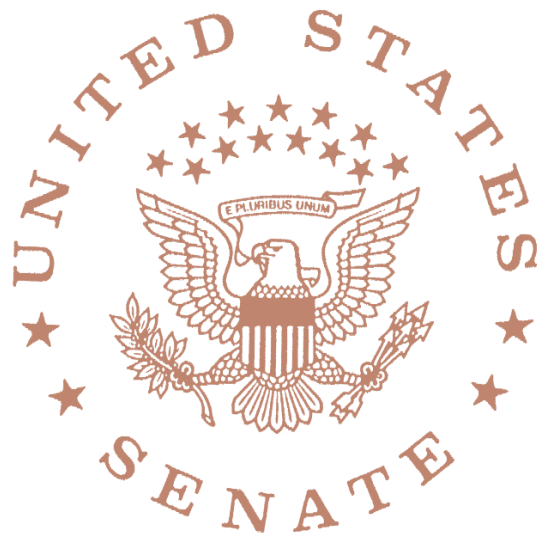
Question Number	Please enter data under "Value" for each of the following questions:	Value	Please Enter Any Relevant Notes Regarding Answer
7 (a)	What is the number of Medicare and or Medicaid certified nursing homes in your state?	35	WY had 36 nursing homes for several years; however, one (1) voluntarily terminated on 10/14/22. We are anticipating two (2) new certified SNFs this FFY.
	What is the number of Medicare and or Medicaid certified nursing home beds?	2,605	
	What was the total amount of state funding for nursing home survey and certification in the following fiscal years?		Data is based on expenditures.
	FY2022	\$164,719	All final expenditures have not processed.
	FY2021	\$168,182	
	FY2020	\$166,510	
	FY2019	\$156,309	
	FY2018	\$150,940	
7 (b)	What was the total amount of federal funding for nursing home survey and certification in the following fiscal years?		Data is based on expenditures.
	FY2022	\$1,291,643	All final expenditures have not processed.
	FY2021	\$1,404,507	
	FY2020	\$1,429,465	
	FY2019	\$1,417,866	
	FY2018	\$1,574,091	

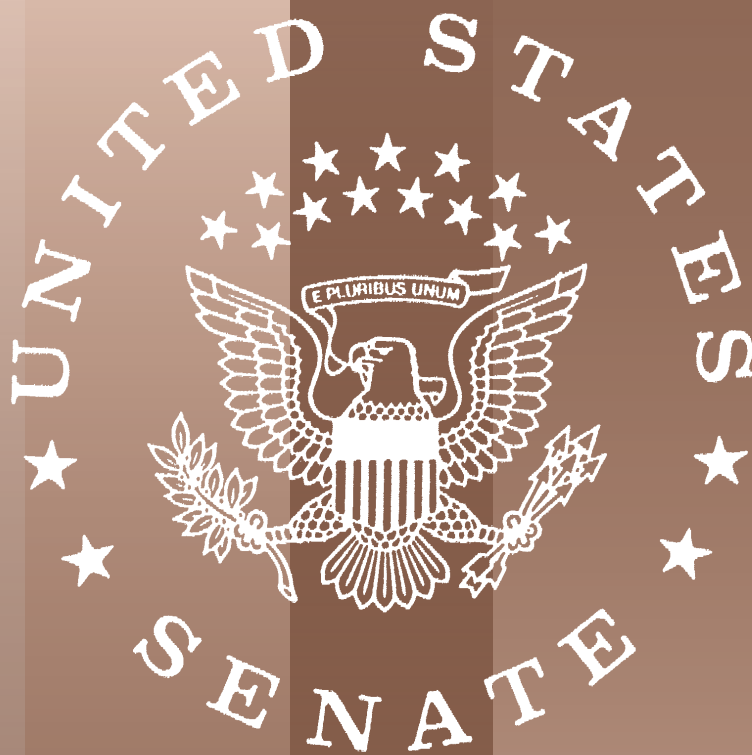
7 (c)	How many nursing home surveyor positions (full time equivalents) were budgeted for your state agency in each of the following fiscal years?	FY2022	11.25	
		FY2021	11.25	
		FY2020	12.00	
		FY2019	13.00	
		FY2018	13.00	
7 (d)	How many nursing home surveyor positions (full time equivalents) are currently vacant, in total?	How many nursing home surveyor positions (full time equivalents) are currently vacant for registered nurses?	2.50	
			0	

How many nursing home surveyors, full or part-time, were hired in each of the following fiscal years?	FY2022	3	FY2021	1	FY2020	1	FY2019	4	FY2018	0					
7 (e)	<p data-bbox="618 1921 711 2068">How many nursing home surveyors, full or part time, left the state agency in each of the following fiscal years?</p> <p data-bbox="803 1921 896 2068">FY2022 3</p> <p data-bbox="896 1921 989 2068">FY2021 2</p> <p data-bbox="989 1921 1081 2068">FY2020 1</p> <p data-bbox="1081 1921 1174 2068">FY2019 2</p> <p data-bbox="1174 1921 1266 2068">FY2018 5</p>														
	<p data-bbox="1201 2068 1544 2100">What is the average number of years of nursing home surveying experience of your current nursing home surveyor staff? 7.32</p> <p data-bbox="1315 2068 1429 2100">What percentage of your current nursing home surveyors have <u>2</u> years or less experience with nursing home surveying? 14%</p> <p data-bbox="1429 2068 1544 2100">What percentage of your current nursing home surveyors have <u>5</u> years or more experience with nursing home surveying? 64%</p>														
	<p data-bbox="1282 2100 1429 2100">(f) AGING 00666</p>														

7 (g)	What is the current salary range for nursing home surveyors at your state agency who are:		This data includes surveyors who are also supervisors.
	Registered nurses?	\$28.43/hr to \$37.18/hr	
	Not registered nurses?	\$31.49/hr to \$33.96/hr	
7 (h)	What was your state agency's total spending on contracted nursing home surveying, independent dispute resolution (IDR), or other nursing home-related oversight in each of the following fiscal years?		
	FY2022	\$0	
	FY2021	\$0	
	FY2020	\$0	
	FY2019	\$0	
	FY2018	\$0	

7 (i)	How many nursing home complaints representing immediate jeopardy did your state agency receive in the following calendar years?		
	CY2022	8	
	CY2021	18	
	CY2020	22	
	CY2019	39	
	CY2018	23	
	What percentage of immediate jeopardy complaint surveys were initiated within the federally required timeframe in each the following calendar years?		
	CY2022	100%	
	CY2021	100%	
	CY2020	100%	
CY2019	100%		
CY2018	96%	One (1) complaint was missed by one (1) day	





**A REPORT BY THE
MAJORITY STAFF OF THE
U.S. SENATE SPECIAL
COMMITTEE ON AGING**