



State of Utah

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Governor

Spencer J. Cox  
Lieutenant Governor

**Utah Department of Health**

Joseph K. Miner, MD, M.S.P.H.  
Executive Director

**Division of Family Health and Preparedness**

Paul R. Patrick  
Division Director

Jonathan Ball, Director  
Office of Legislative Fiscal Analyst  
State Capitol Complex  
House Building, Suite W310  
Salt Lake City, UT 84114

April 18, 2018

Reference: Performance Audit of the Division of Family Health and Preparedness (FHP) report # 2017-03

Dear Mr. Ball:

Legislative intent language from the 2018 Legislative General Session directs the Utah Department of Health to report on April 8, 2018 on the status of the recommendations given. This letter and its contents constitute the Department's report for April 8, 2018.

20 specific program recommendations were suggested for FHP to consider. Each recommendation has specific follow up items that have been addressed and are either COMPLETED or IN-PROGRESS with self-imposed deadlines. Each chapter of the audit addresses specific program recommendations, given is a small summary of what has been accomplished.

**Chapter II - Three recommendations for Child Care Licensing(CCL):**

*#1 We recommend Child Care Licensing develop clear policies regarding use of sanctions to address patterns of noncompliance. COMPLETED*

Program progress:

CCL presented the proposed policy changes to the licensing committees for feedback during their January 10th meetings. CCL made the necessary adjustments to CCL database system, CCL trained staff, and have made policies and procedures available to the public using rule interpretation manuals posted on CCL website.

1. Increased Civil Money Penalty (CMP) amounts. Level 3 from \$50 to \$100, level 2 from \$75 to \$150, and level 1 from \$100 to \$200.
2. Created a list of findings for which immediate (no warning) CMPs will be issued.
3. Clarified policy regarding the pattern of noncompliance. Any repeat violation in the past 36 months will be accounted for when determining CMPs.

4. Made these policies available to the public through CCL website. More information can be found on the CCL website:

<https://childcarelicensing.utah.gov/rules/Interpretation/Center/Center%202018%20Section%205%20-%20Rule%20Violations%20&%20Penalties.pdf> pages 4-5.

*#2 We recommend Child Care Licensing clarify policies and procedures for the appeals process after consultation with their legal counsel, including a process for increasing monitoring during appeals. IN-PROGRESS*

Program progress:

CCL have revised and clarified policies and procedures for the appeal process. This includes shortening time frames for the appeal process to 15 days and conducting monitoring inspections during the appeal. CCL has presented a proposed rule change (making the appeal 15 days instead of 30) to the CCL committees for their advice and approval. The proposed rule was approved and it is now up for public comment from April 15th to May 15th.

CCL has provided online public access to the appeal policies and procedures, including the monitoring processes during the appeal.

The process of writing statements of noncompliance has been expedited. Licensors have two working days to enter statements of noncompliance, managers have two days to approve, and two days to send to providers. It used to be 10 working days. This will give providers quicker access to inspection outcomes and the opportunity to decide if an appeal request is warranted. This will also help to verify compliance and make inspection findings available to the public in a shorter time period.

*#3 We recommend policies for sanctions and appeals be made publicly available online. COMPLETED*

Program progress:

CCL presented the proposed policy changes to the Advisory and Center Committees for feedback during their January 10, 2018 meeting. These policies and procedures are in draft mode, they are publicly available using CCL website and since they are currently in the draft mode, CCL contacted each of the current providers when the draft was finalized. The rule interpretation manuals have been updated to include all newly adopted policies and procedures and changes available to the public through CCL website under the "WHAT'S NEW?... and More" section <https://childcarelicensing.utah.gov/>

### **Chapter III - Ten recommendations for Health Facility Licensing (HFL):**

*#1 We recommend the Bureau of Health Facility Licensing calculate and track the average time between surveys for each facility type to better understand their backlog. IN-PROGRESS*

Proposed deadline June 2018

Program progress: Draft of the software program is completed and is undergoing testing currently. This will be put on the Bureau web site for access.

*#2 We recommend the Bureau of Health Facility Licensing adopt efficiencies such as implementing an electronic surveying process, restructuring survey teams, and performing analysis on the benefits and costs of multiple surveyor locations. IN-PROGRESS;*

Proposed deadline Dec 2018

Program progress: In study

*#3 We recommend the Bureau of Health Facility Licensing improve efficiencies, then work with the Legislature to set an oversight standard for quality and survey duration and benchmark funding to that level. IN-PROGRESS*

Proposed deadline May 2019

Program progress: In study

*#4 We recommend the Bureau of Health Facility Licensing publicly post their survey findings online. IN-PROGRESS*

Program Progress: Web page development is underway with Utah Interactive. Draft of web plan is completed.

*#5 We recommend the Bureau of Health Facility Licensing utilize statutory enforcement mechanisms that promote provider compliance and maximize state resources. IN-PROGRESS*

Proposed deadline July 2019

Program progress: In study

*#6 We recommend the Bureau of Health Facility Licensing thoughtfully adopt formal civil monetary penalty policies that can be consistently applied among providers. IN-PROGRESS*

Proposed deadline September 2018

Program Progress:

Currently working on a draft of the policy. Amendments to the CMP grid have been completed.

*#7 We recommend the Bureau of Health Facility Licensing, along with the Health Facility Committee, amend their administrative rules to align with current survey practices and utilize them to better enforce compliance. IN-PROCESS*

Proposed deadline June 2019

Program progress:

Both rules have been reviewed - HFL will meet to discuss final changes and present to the May or September Health Facility Committee meeting.

*#8 We recommend the Bureau of Health Facility Licensing work with providers to ensure their compliance with Utah Code 26-21-206. IN-PROGRESS*

Program progress:

HFL presented this information to two Assisted Living groups - Beehive Homes and UALA winter conference; both in February. Further updates are scheduled for Assisted Living, Nursing facilities, Home Health, Personal Care and Hospice associations.

*#9 We recommend the Bureau of Health Facility Licensing work closely with the Department of Human Services to better integrate the DACS with the SAFE database in an effort to reduce background screening queues. IN-PROGRESS*

Proposed deadline June 2018

Program progress:

Testing has been completed in UAT environment. Can apply changes to production when completed, signed MOU between DACS and SAFE.

*#10 We recommend the Bureau of Health Facility Licensing adopt a policy detailing what would allow them to overturn a deniable offense during the first level of the appeals process. COMPLETED*

Program progress:

Policy finalized and approved to start March 1, 2018.

## **Chapter IV - Five recommendations for Children with Special Health Care Needs Baby Watch Early Intervention (BWEIP)**

*#1 We recommend the staff of Baby Watch Early Intervention Program perform on-site monitoring of contracted providers to ensure quality of services. IN-PROGRESS*

Proposed deadline January 2018

Program progress:

BWEIP hired an Audit and Compliance Specialist. The Specialist has developed an audit form to implement with each of the contracted early intervention (EI) programs to ensure compliance with federal, BWEIP policy, and contract requirements. Monitoring visits have been scheduled with each EI provider. BWEIP Monitoring and Compliance Specialist has completed two onsite visits to the Provo Early Intervention Program and The Learning Center in St. George. The BWEIP has established strict objectives for compliance and monitoring.

*#2 We recommend that Baby Watch Early Intervention update and clarify policies, utilizing stakeholder input throughout the process. Policy changes should include, but are not limited to, the use of background checks and data system changes. IN-PROGRESS*

Proposed deadline December 2018

**Program Progress:**

Through conversations with Programs, administration and Representative Kennedy it was decided to not sponsor a bill and suggested a policy be written. BWEIP is identifying policies that need to be updated, as well as identifying new policies that need to be developed. BWEIP will be developing a new policy requiring background checks for EI program staff. If approved by Office of Special Education Programs (OSEP), BWEIP will also include background checks as a contract requirement. BWEIP will identify and complete all new policies and those needing updated by fall 2018. They will go through a public comment period and will be submitted to OSEP for approval by the spring of 2019. BWEIP is also working closely with the Interagency Coordinating Council (ICC) and is including them in all of the changes taking place within the BWEIP. BWEIP plans to have these policies completed by August 2018 to share with the ICC during the September 2018 ICC meeting. With this identified date, the BWEIP will also be able to make the policies available for public comment, with the intention to submit them to OSEP in April 2019, with next year's annual application for funds.

*#3 We recommend that the legislature consider statutory changes to require background checks for Baby Watch Early Intervention providers. COMPLETED*

**Proposed deadline none**

Program progress: BWEIP is not a program that is in statute. 11/21/17 Conference call with Representative Kennedy and the 15 current providers was to discuss who does background checks and who does not. Legislation may not be needed to proceed forward with requiring background checks. More information was requested from the providers on what policies already govern some providers with background checks, i.e. school districts and universities. The request to consider may only be that legislation is not necessary at this time. It has been determined that the best way to implement background check at this time for early intervention providers is to include the requirement in the contract Special Provisions and also add them to BWEIP policy. The BWEIP will discuss language for the BWEIP contract special provisions.

*#4 We recommend that Baby Watch Early Intervention track and utilize data on service hours and service types for all program participants. COMPLETED*

**Program progress:**

BWEIP hired a business analyst November 2017. BTOTS reporting requirements now include hours and service types, among other database enhancements to improve data quality for monitoring and reporting performance. BTOTS database for "in" and "out" times to be entered for every service visit conducted for a child and their family. BWEIP has also created BTOTS reports that are available for BWEIP state staff and EI programs, which track out of compliance visit note entries. This includes any visit notes that are added, deleted, or changed outside of the compliance timeframe.

*#5 We recommend that the Division of Family Health and Preparedness develop and implement a plan to improve funding for Baby Watch Early Intervention Program and report annually their progress to the Social Services Appropriations Committee. This plan should include:*

- a. a cost benefit analysis to determine if a fee schedule would be an improvement over the current bundled Medicaid payments,
- b. a cost benefit analysis of private insurance utilization, and
- c. if private insurance is deemed cost effective, work with the legislature to develop statutory language supporting private insurance billing. *IN PROGRESS*

Proposed deadline TBA

Program progress:

BWEIP presented and trained all EI providers after ICC meeting in March 2018 to assist them in more clearly understanding the expectations from the BWEIP regarding the funding formula. The ICC Finance subcommittee and the BWEIP continue to explore and strategize possibilities for billing private insurance. The BWEIP program manager contacted Part C program manager in Colorado in January about how their current system works to bill private insurance. This was legislatively mandated in Colorado, and currently takes 3 full time staff members in their accounting department to manage the system. It has also been determined by BWEIP through conversations with Medicaid that if private insurance is billed, the Medicaid rate will need to be unbundled. Options and cost benefits will continue to be explored.

## **Chapter V - Three recommendations for Division of Family Health and Preparedness (FHP) Management**

*#1 We recommend that Family Health and Preparedness develop a strategic plan and align this plan with updated department and bureau-level strategic plans. IN-PROGRESS*

Proposed Deadline October 2018

Program progress:

Feb 2018 Written letter to all Division employees stating the plan for Quality Engagement with all programs. Division Retreat set for May 17 - Appreciative Inquiry style retreat to flesh out Strategic Plan for 4 objectives to be in alignment with Department initiatives.

*#2 We recommend that Family Health and Preparedness ensure all bureau strategic plans include meaningful and measurable outcome metrics. IN-PROGRESS*

Proposed deadline October 2018

Program Progress:

FHP has met with 95% of the programs in the Bureaus to determine if each have meaningful performance measure that track both output and outcome measures. Weekly meeting with internal Quality Engagement Advisor to discuss all performance measures with both output and outcome measures.

*#3 We recommend that Family Health and Preparedness implement ongoing performance evaluation of all programs to ensure outcomes are achieved. IN-PROGRESS*

Proposed deadline April 2018

Program progress:

FHP has met with 95% of the programs in the Bureaus to determine if each have meaningful performance measure that track both output and outcome measures. Weekly meeting with internal Quality Engagement Advisor to discuss all performance measures with both output and outcome measures.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Paul Patrick', with a stylized flourish at the end.

Paul Patrick

Division Director, Utah Department of Health  
Division of Family Health and Preparedness