



State of Utah

GARY R. HERBERT
Governor

Spencer J. Cox
Lieutenant Governor

Utah Department of Health

Joseph K. Miner, M.D., M.S.P.H., FACPM
Executive Director

Division of Family Health and Preparedness

Paul R. Patrick
Division Director

October 1, 2018

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

Reference: Status update for the 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 in October 2018 on the status of recommendations given. This letter and its contents constitute the Department's report for October 2018.

Twenty specific program recommendations were suggested for FHP to consider. Each recommendation has specific follow-up items which have been addressed and are either COMPLETED or IN-PROGRESS with self-imposed deadlines. Each chapter of the audit addresses specific program recommendations. This 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 the 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 10, 2018 meetings. CCL made the necessary adjustments to the CCL database system, CCL trained staff, and made policies and procedures available to the public using rule interpretation manuals posted on the 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. These policies were made available to the public through the 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 increased monitoring during appeals. **COMPLETED***

Program progress: CCL has revised and clarified policies and procedures for the appeal process. This includes shortening the time frame for the appeal process to 15 days and conducting monitoring inspections during the appeal. A rule change to shorten the appeals period to 15 days instead of 30 days went into effect on August 10, 2018. Administrative Rules R381-100-5(15), R381-70-5(15), R381-60-5(15), R430-90-5(15), R430-50-5(15), and R430-8-5(22).

*#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 were approved and are now in effect and publicly available using the CCL website. The rule interpretation manuals have been updated to include all newly adopted policies and procedures. The policies for sanctions and appeals are in section 5 of each interpretation manual. These interpretation manuals are available to the public through the CCL website: <https://childcarelicensing.utah.gov/Rules.html>.

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. **COMPLETED***

Proposed deadline: June 2018

Program progress: A program has been developed to show all licensed facilities and the average time frames between surveys. This program is located on a web server for use by bureau staff in calculating survey averages.

*#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, **COMPLETED***

Proposed deadline: December 2018

Program progress: Health Facility Licensing (HFL) has met with outside companies to review and consider electronic surveying processes. The lowest estimate received was \$60,000 per year ongoing. HFL has been recently notified that our Federal data system will be replaced and will

be web-based. This will allow for more flexibility and ease when surveying. This new data system will be finished in 2020, with no additional cost to the bureau.

HFL has reviewed the structure of survey teams. Surveyors have been assigned to go individually with some provider types where the workload is minimal. Teams work in the smallest numbers possible to create the most efficiency for the providers and for the bureau. Teams are made up of RNs, social workers and registered dietitians. They work together to complete many different tasks during the survey to minimize time at the facilities. They also take into account geographical aspects for scheduling. Completed May

HFL has studied other surveyor locations. The only area of the state that may have a large enough population base is the Washington County area. The bureau did have an office there for several years but found the workload was insufficient to warrant a separate office. To ensure a proper workload staff would be traveling from Washington County to Utah County in order to balance the workload. There are concerns with training, oversight, and support of survey functions outside of the main office. Further analysis will be done on cost and travel.

*#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: The bureau has been implementing all efficiencies possible and will be working with the legislature in the 2019 session to determine funding for necessary positions. We are proposing a survey schedule for assisted living, personal care and birthing centers of every two years. This does not include complaint surveys. There are discussions underway to allow the bureau to keep licensing fees to fund the program. This would allow the bureau to hire adequate staff to survey all facilities and keep up with the increasing number of health facilities in the state.

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

Proposed Deadline: December 2019

Program Progress: Web page development is underway with Utah Interactive. A draft web plan is completed. The new federal survey data system will also be online in 2020 and will allow for easier use of survey data.

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

Proposed deadline: July 2019

Program progress: The analysis of sanctions has been completed. Definitions of Chronic and Continuous non-compliance were reviewed and have been amended with a rule change. They can be used efficiently now to track provider compliance. The list of sanctions in R432-3 did not include conditional license. This sanction was added into the rule through a rule change. Civil

monetary penalty amounts were reviewed and increased to make them more effective for providers with non-compliance issues, and the CMP table was revised to show the new amounts. A policy for CMPs was developed for staff reference, taking into account variables in each situation.

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

Proposed deadline: September 2018

Program Progress: Completed July 18, 2018. This policy is intended for internal use and is stored on the bureau shared administrative drive.

*#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. **COMPLETED***

Proposed deadline: June 2019

Program progress: Both rules have been reviewed. HFL will meet to discuss final changes and present to the May and September Health Facility Committee meeting. All amended rules became effective by August 27, 2018. (R431-1, R432-2, R432-3)

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

Program progress: Bureau staff presented training information at individual provider association meetings in 2018, including; assisted living, hospice and home health, personal care, and nursing facilities. The bureau continues to recognize and conduct investigations for complaints related to background screening through entity reporting and other means.

*#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. **COMPLETED***

Proposed deadline: June 2018

Program progress: The process was initiated in March 2018. The old process required manually searching DHS databases to find the information for background screening. The new process allows for an electronic automatic check, which will save time for staff completing the checks. The final contract was signed with Human Services on July 9, 2018.

*#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***

Proposed Deadline: October 2018

Program progress: Policy has been 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. **COMPLETED***

Proposed deadline: January 2018

Program progress: The Baby Watch Early Intervention Program (BWEIP) Monitoring and Compliance Specialist has completed onsite visits to 13 of the 16 early intervention (EI) programs, including Utah School for the Deaf and the Blind. Comprehensive reports, which include strengths, needs, and recommendations, are provided to each program. In response to the reports received, EI programs are developing Quality Assurance Plans to address needs within their individual programs. Our second Compliance and Monitoring Specialist works closely with each of the programs to provide technical assistance support and to guide them in achieving goals identified on their Quality Assurance Plan. Each goal identified also includes specific time frames for completion.

*#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. **COMPLETED***

Proposed deadline: December 2018

Program Progress: Implemented language in the (15) EI Program contracts requiring all EI providers to receive background checks

*#3 We recommend that the legislature consider statutory changes to require background checks for Baby Watch Early Intervention providers. **COMPLETED**
The FY2019 contracts with all BWEI providers include a requirement for background checks.*

Proposed deadline: none

Program progress: BWEIP is not a program in statute. A conference call with Representative Kennedy and the 15 current providers was held on November 21, 2017 to discuss who does background checks and who does not. Legislation may not be needed to move 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 determine that legislation is not necessary at this time. It has been determined that the best way to implement background checks 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***

Proposed Deadline: December 2019

Program progress: In addition to hiring a business analyst in November 2017, BWEIP hired a Data Manager in June 2018. The Data Manager works closely with the Senior Business Analyst and other BWEIP team members to track, analyze, and report accurate and reliable data on the state and federal levels.

#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. **COMPLETED***

Proposed deadline: December 2019

Program progress: BWEIP has consulted with external groups in the insurance and medical fields to gather information and options to determine the cost benefit of obtaining funding through private insurance. It was recommended that a specific cost study be done to determine the true return on investment with private insurance being a viable funding source.

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: January 2019

Program progress: On May 17, 2018 an appreciative inquiry style retreat was held to help organize and implement a strategic plan for four objectives to align it with Department initiatives. Four subcommittees were organized with specific tasks to align goals and objectives in the areas of the Division's Mission, Data Driven Decisions, Customer Service, and Technology. This committee has suggested implementing priorities and strategic plans to improve the division and align our work with the Department's strategic plan.

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

Proposed deadline: January 2019

Program Progress: FHP has met with the programs in the Division to determine whether each has a meaningful performance measure that tracks both output and outcome measures. Each program within the division has reportable performance measures along with continuous quality improvement measures that align with the accreditation of the Department. Reports have been collected from each program that will help formulate a proper strategic plan for the Division.

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

Proposed deadline: January 2019

Program progress: FHP has met with the programs in the Division to determine whether each has a meaningful performance measure that tracks both output and outcome measures. Each program within the division has written performance measures along with continuous quality improvement measures that align with the accreditation of the Department. Refining these measures is the next step to improving our Division and the tracking of proper measures.

Sincerely,



Paul R. Patrick,
Division of Family Health and Preparedness
Utah Department of Health