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FOR YOUR INFORMATION

Idaho Business Review

Boise, Idaho

Wednesday, February 07, 2018

Sharon Fisher

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OPE report slams state nursing home survey team

After a report harshly critical of the Idaho state nursing home survey team, the division responsible said it is working to address concerns.

“A dysfunctional work environment in the nursing home survey team at the Division of Licensing and Certification has significantly contributed to mistrust and fear among nursing home administrators,” noted the Residential Care report, by the Office of Performance Evaluations (OPE) (see box). “High turnover, poor communication, and inadequate training have undermined the consistency of nursing home surveys.”

The problem of mistrust feeds on itself, said OPE Director Rakesh Mohan. “There’s always a tension between the surveyed and the surveyor,” he said. “Once the trust is eroded between any two groups, it’s cyclical.”

OPE considered the situation so serious that it alerted Russ Barron – named director of the Department of Health and Welfare in May — in early December to address the problems sooner, Mohan said.

The division, which recently hired two new surveyors but still has five of 13 surveyor positions vacant, hired out-of-state consultants last year to address a backlog of nursing home surveys. Until the surveys were completed, the nursing homes couldn’t be reimbursed by Medicare or Medicaid.

“The report is accurate,” said Tamara Prisock, administrator for the department’s division of licensing and certification. It’s difficult to keep surveyors – largely registered nurses – on staff, even though the Legislature approved a pay raise for them, above and beyond the merit increase state employees got, as well as paying for the consultants, she said.

Interestingly, teams that survey assisted living homes and children’s residential care weren’t criticized as much. The division is conducting a workplace assessment to determine what’s different about the culture of the nursing home team, Prisock said.

In other report recommendations, the division is developing a way for providers to dispute certain kinds of deficiencies, and for licensing children’s psychiatric residential facilities, so those children can be treated by Medicaid in-state. “I would imagine within the next year we’ll see at least one of those facilities established in the state,” Prisock said.

OPE also recommended that the state consider charging for the licensing, noting that neighboring states do. Licensing is now funded by federal and state governments, Prisock said. “It’s something we would need to work with the provider community around,” she said.

Notably, the OPE report recommended that the Legislature call for a follow-up review in three months, not only to ensure that corrective action was implemented, but also that no retaliation or intimidation had taken place.

There is such a concern, according to one licensed nursing home administrator who asked to remain anonymous due to fear of reprisals. A group of providers went to the Legislature for the OPE evaluation after it was dissatisfied with the results of a 2016 department-directed audit that it felt didn't solve the problem. With the OPE report, "We're hoping legislators won't let this go back on the shelf," the administrator said.

Part of the problem the licensing division faces is that the federal process it follows is intended to be punitive, the administrator said. "It's all sticks, no carrots." But other states do a better job of working with the providers. "Most states will say, 'This is the process, but we want good outcomes,'" the administrator said, claiming that two nursing home companies – including Orianna Health Systems, which used to operate an embattled nursing home in Nampa – have left the state altogether in response.

The administrator said there had been some improvement recently. "Some of the newer surveyors seem to be of a different ilk" and are more willing to work with facilities staff. But that means the results of a survey depend primarily on which team does the evaluation.

"You can tell when the surveyors walk in the building how it's going to go," the administrator said. "It shouldn't be that way. It should be a reflection on our performance as a facility, not who's on the survey team."

What is the Office of Performance Evaluations?

The Office of Performance Evaluations (OPE) is part of the Legislative Services Office. It works upon direction of the Joint Legislative Oversight Committee (JLOC), a bipartisan, bicameral committee of eight legislators chaired by both Republicans and Democrats. OPE typically performs several such reports a year, generally assigned in the spring near the end of the legislative session for delivery the following year. The organization also performs follow-up reports.

Anybody can suggest an OPE evaluation, but the specific request has to come from a legislator, and it doesn't have to be one on JLOC, said Rakesh Mohan, director of the office. JLOC considers the requests, consults with OPE to ensure that the requests are doable, and then assigns the reports, he said.

What's the difference between a nursing home and an assisted living facility?

There are several kinds of licensed residential care facilities in Idaho, according to the Office of Performance Evaluations Residential Care report.

Nursing homes: offer 24-hour skilled nursing care and assistance with activities of daily living. Nursing homes care for long-term residents and short-term rehabilitation patients.

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Assisted living facilities and residential care facilities: community-based alternatives to nursing homes. These facilities assist with activities of daily living. Assisted living facilities are regulated by the state and have restrictions on the level of care a facility can provide that vary by state. Idaho does not distinguish between assisted living and residential care facilities, while other states do. For example, Oregon has residential care facilities, assisted living facilities, and memory care facilities with distinct regulatory frameworks

Adult family homes, also known as certified family homes or adult foster homes: group homes, typically with fewer than six residents. Adult family homes assist with activities of daily living.

Children's residential care facilities: range from 6 to 96 beds and include small residential therapy programs, therapeutic boarding schools, and hospital-based psychiatric residential treatment programs.

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