

Cabinet for Health and Family Services
Office of the Inspector General
Division of Health Care

Presents

Overview of the Office of Inspector General; What to Expect When We
Enter Your Facility; and, Trends In Health Care

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Overview of the Office of Inspector General

- The Office of Inspector General (OIG) is the regulatory and licensing agency for all health care, day care and long-term care facilities and child adoption/child-placing agencies in the commonwealth.
- We are responsible for the prevention, detection and investigation of fraud, abuse, waste, mismanagement and misconduct by the Cabinet's clients, employees, medical providers, vendors, and contractors.

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Overview of the Office of Inspector General

- The Office of Inspector General also conducts special investigations into matters related to the Cabinet or its programs as requested by the Cabinet Secretary, commissioners or office heads.
- The OIG is part of the Cabinet for Health and Family Services (CHFS)

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Overview of the Office of Inspector General

OIG has 3 Divisions:

- Division of Health Care (DHC) – licenses and certifies for Medicare/Medicaid 52 levels of health care, conducts complaint investigations on all levels of health care
- Division of Regulated Child Care (DRCC) – licenses daycare facilities and child/caring and child/placing facilities
- Division of Audits and Investigations (DAI) – investigates and audits for fraud, abuse, waste, mismanagement and misconduct.

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Overview of the Office of Inspector General

Office of Inspector General
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Robert S. Silverthorn, Jr. – Inspector General
John Inman – Deputy Inspector General

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Office of Inspector General
Presents
Kentucky's National Background Check
Program
By
KARES Helpdesk

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Summary

The National Background Check Program and KARES system will:

- Ensure you are checking required abuse registries
 - Auto matches for Kentucky Nurse Aide Abuse Registry and Federal OIG Exclusion List
 - Auto matches for the Kentucky Caregiver Misconduct Registry and the Kentucky Child Abuse and Neglect Registry
 - All 50 states' abuse registries are included for easy access within the system.
 - No fees incurred in KARES for checking abuse registries
- Allow you to check KY licensure data
 - KY Board of Medical Licensure, KY Board of Physicians, SRNA data will match within the KARES system
 - Several other licensure boards are also available for data search in KARES
- Ensure applicants meet KRS standards for background checks
 - The program is authorized by 906 KAR 1:190 & criminal history standards regarding KRS 216.789 and other vulnerable adult population standards are followed within the system

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What is the KARES Web Portal?

A new Web-Based Service enabling:

- Pre-employment screening checks of abuse registries, licensing boards, and national fingerprint background checks.
- Instant results on certain Kentucky licensing boards and Kentucky abuse registries.
- Online access to other states' available licensing boards and abuse registries.
- Continual checks of KY abuse registries are automatic and will report findings made after hire.
- Completely electronic process, including a digital fingerprint scan, yielding faster processing and more accurate FBI results.
- Electronic notifications are built in to keep user informed through every step of the process.

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What is the process for a KARES background check?

Step 1 – Required forms and Identify Verification

- Prior to the entry of a background check application, the entity creating the check must have a completed Consent form, Disclosure form, and government issued photo ID for the applicant.
- These are required and verification of completed information must be confirmed during the KARES application entry.

Step 2 – Applicant information and check of licensing boards & abuse registries

- The KARES self-directed screens will ask the user to provide the biometric, demographic, and previous names & address information for the applicant.
- The screens will walk the user through a check of KY licensing and certification boards, as well as abuse registry checks.

Step 3 – Payment and access to fingerprint authorization

- If the applicant has no substantiated abuse findings, and has met licensing requirements, the user can proceed with the submission of the criminal background check.
- The user must submit payment before having access to the fingerprint authorization form.

Step 4 – Results

- Once the applicant has been fingerprinted, data is submitted to Kentucky State Police and the FBI for a check of criminal data.
- Eligibility results are typically transmitted electronically back to the provider within 48 hours.
- Indicate hired for any employees in order to utilize the full benefits of the KARES portal.

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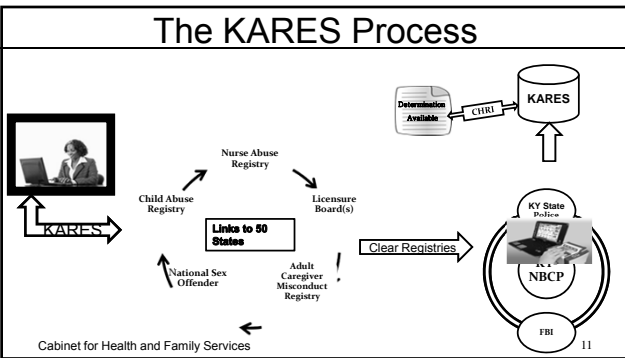
Why KARES?

- Background checks completed through the KARES portal are completely electronic from start to finish. This means:
 - All documents related to the background check can be stored in the online system under your applicant's profile;
 - You will receive real-time electronic updates throughout the process;
 - Kentucky abuse registries and certain Kentucky licensing boards are checked for you automatically;
 - Fingerprint submissions to the FBI take seconds instead of days or weeks;
 - Return of data from the FBI takes hours or days instead of weeks.
- Because these checks go directly to the FBI, they will look for criminal history information from anywhere in the U.S., regardless of if your applicant has disclosed prior work or residence in another state.
- The portal will continually check for updates to the KY Caregiver Misconduct, KY Nurse Aide Abuse, KY Child Abuse, and Federal LEIE registries and informs you of new abuse findings.
- The digital fingerprint scan results in more accurate findings than the old paper and ink cards or name and date of birth search.
- The user benefits from a single point of service instead of spending time hunting information from several sources.

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The KARES Process



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Hospital Update

What to Expect When We Enter Your Facility

HOSPITALS

- Accreditation = “Deemed” to be meeting the Federal Conditions of Participation
 - Accrediting Organization conducts the routine, periodic surveys usually on a 3 year cycle.
 - OIG also conducts an annual sample of surveys of deemed hospitals, which are chosen by CMS. These are called “CMS Validation” surveys. Currently, OIG does approximately 3 Validation surveys/year.

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What to Expect When We Enter Your Facility

- CMS Validation surveys are unannounced
- OIG also conducts licensure validation surveys on 5% of deemed hospitals each year which are announced 7 days in advance.
- Complaint Investigations – conducted when OIG receives an allegation(s) of regulatory violations
 - For deemed facilities, OIG notifies CMS of the allegation(s)

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What to Expect When We Enter Your Facility

- CMS decides whether to approve an on-site visit for review of Federal Conditions of Participation via completion of a 2802 form.
- OIG can enter any licensed facility at any time for purposes of investigating a complaint under state licensure regulations
- Kentucky currently has 128 licensed hospitals and received 172 complaints in the past year, often with multiple allegations.

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What to Expect When We Enter Your Facility

- When OIG conducts a complaint investigation or survey, generally 1-4 (sometimes more) surveyors will enter the facility, introduce themselves to Administration, and make Administrative staff aware of the purpose of the visit.
- A tour of floors/units will be conducted.
- Private interviews will be held with patients, families, and staff.
- Pertinent record reviews will be conducted.

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What to Expect When We Enter Your Facility

- If there is a team of surveyors, they will have periodic team meetings to determine where they are in the process and what still needs to be completed.
- After all of the investigation is completed, the team will meet to determine if there are deficient practices that need to be cited.
- An exit conference will be conducted with Administration and whomever the facility wishes to have present.

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What to Expect When We Enter Your Facility

- If federal regulatory violations are identified in a deemed facility at the Condition level, the OIG will document them on a Statement of Deficiencies (SOD), and the facility will receive a courtesy copy from OIG and an official notice from CMS.
- CMS will issue the formal notice to the facility and request a plan of correction (POC).
- A revisit will be conducted by OIG at CMS's directive to determine correction of the deficiencies.

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Major Changes in LTC Requirements

- Abuse, Neglect and Misappropriation
 - Must investigate and report all allegations of abusive conduct
 - Cannot employ individuals who have had a disciplinary action taken against their professional license as a result of a finding of abuse, neglect, mistreatment, or misappropriation of resident property

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Major Changes in LTC Requirements

- Comprehensive Person-Centered Care Planning
 - Develop and implement a baseline care plan for each resident within 48 hours of admission to provide effective and person-centered care
 - Adding a nurse aide and member of food/nutrition services staff to IDT
 - Develop and implement a discharge planning process with resident goals

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Major Changes in LTC Requirements

- Physician Services
 - Allowing physicians to delegate dietary orders to qualified dietitians
 - Allowing physicians to delegate therapy orders to therapists
 - PA, NP, or clinical nurse specialist may order labs, radiology and other diagnostic services in accordance with state law

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Major Changes in LTC Requirements

- Dental Services
 - Facility is prohibited from charging a Medicare resident for the loss or damage of dentures determined to be the facility's responsibility
 - Facility must develop a policy identifying those instances where the loss or damage of dentures is the facility's responsibility
 - Referral for loss/damage to dentures must be made within 3 business days unless there are extenuating circumstances with documentation of such

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Major Changes to LTC Requirements

- Behavioral Health Services
 - New section being added that focuses on the requirement to provide necessary behavioral health care and services in accordance with comprehensive assessment and plan of care
 - Adding Gerontology to list of degrees that could provide minimum educational requirement for a social worker

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Major Changes to LTC Requirements

- Quality Assurance and Performance Improvement Program
 - effective
 - comprehensive
 - data-driven
 - focuses on systems of care, outcomes of care, and quality of life

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Major Changes to LTC Requirements

➤ Infection Control

- Facility must develop an Infection Prevention and Control program (IPCP) that includes antibiotic stewardship
- Facility must designate at least one Infection Preventionist (IP)

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Current Issues in LTC

➤ Reform of Requirements for LTC:

- Final Rule – September, 2016
- Regulation changes with current F-tag numbering est. to be implemented November 28, 2016.
- F-tag renumbering and new survey process estimated to be in place November 1, 2017.
- Will combine QIS and Traditional surveys.
- Training for surveyors with live webinars and face to face, training for providers November 18, 2016.

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Current Issues in LTC

➤ CMP Inflation Increases:

- New amounts for any CMP imposed by CMS on or after September 6, 2016
- There will be a “catch-up” adjustment and then annual readjustment based on inflation
- S&C memo 16-40.02 - Attachment A - lists the new amounts for varying situations

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Current Issues in LTC

- Changes to Information Provided during the Exit Conference:
 - Survey agency discretion whether to provide specific tag numbers or just the regulatory grouping for deficiencies at exit conference
 - Survey agency may not share S/S at the exit conference except for IJ situations as SOD has not yet undergone supervisory review
 - Kentucky survey agency WILL provide tag #'s

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Current Issues

- Life Safety Code (LSC) Changes:
 - LSC surveys required for LTC, non-deemed hospitals and ambulatory surgical centers
 - New Fire Safety Requirements effective July 5, 2016
 - Web based training for LSC surveyors during September and October, 2016
 - 2012 edition of Life Safety Code from the National Fire Protection Association will be used for surveys beginning in November, 2016. Life Safety Code 2000 edition will no longer be used.

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Current Issues

- New Emergency Preparedness Requirements for Providers:
 - Final Rule published September 8, 2016
 - Creates new Appendix EE in the SOM
 - Goes into effect November 16, 2016 and providers have until November 16, 2017 to implement
 - Work is underway to develop training for providers, tentatively scheduled for late spring or early summer 2017

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Trends in Health Care

- Major revisions to Long-Term Care regulations and survey process
- First Major Update since 1991
- Estimated by CMS to cost on average \$62,900 per facility the first year, and \$55,000 per year thereafter
- Final rule intended to meet the spirit of current HHS initiatives that cut across various providers

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Trends in Health Care

- HHS Quality Initiatives:
 - Reducing Avoidable Hospitalizations
 - Healthcare Associated Infections (HAI)
 - Behavioral Health
 - Health Information Technology
 - Trauma-Informed Care
 - Person-Centered Care

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Trends in Health Care

- New State TB regulations:
 - <http://chfs.ky.gov/os/oig/default.htm> link to OIG main web page. Go to "TB Regulation Toolkit"
 - TB Infection Control Program Plan: Administrative Controls, Environmental Controls and Respiratory Protection
 - Two-step testing (TST) upon initial employment or Blood Assay Mycobacterium tuberculosis (BAMT) test
 - TB risk assessment shall be done on all Health Care Workers receiving a TST or BAMT

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Trends/Issues in Health Care

➤ Final Thoughts:

- Pictures and videos in facilities and abuse
- SANE-Ready Certification for Hospitals
- Golden Rule for Patient Care: Treat them like you would want your Mom, Dad, or Child to be treated.
- Feel free to contact OIG managers in the regions and in Central Office with questions about surveys, enforcement, timeframes, etc.

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QUESTIONS?
