

AB 1629 Workgroup Questions 12-01-08

DHCS=Department of Health Care Services; CDPH = California Department of Public Health; OSHPD = Office of Statewide Planning and Development; CMS= Centers for Medicare and Medicaid Services; A&I= Audits and Investigation; Ombudsman = Office of the State Long-Term Care Ombudsman

	General	Dept/Source	Info Avail?	When?
1	How much money is collected annually by the QAF?	DHCS	Yes	12/1/08
2	How does the Department feel about how the audit system is going?	CDPH	Yes	12/1/08
	** Follow-Up to Question #2			
	➤ Please have DHCS describe their AB 1629 audit process.	DHCS	Yes (Will confirm with A&I)	12/17/08
	➤ Please have DHCS provide statistics on the number of AB 1629 audits completed to date for the rate years 2005, 2006, 2007, and 2008.	DHCS	Yes (Will confirm with A&I)	12/17/08
	➤ Please have DHCS provide statistics on the estimated percentage of providers audited for the rate years above.	DHCS	Yes (Will confirm with A&I)	12/17/08
	➤ Please have DHCS provide an estimate of average audit disallowance percentage per provider for the rate years above.	DHCS	Yes (Will confirm with A&I)	12/17/08
	➤ What proportion of audit disallowances relate to salaries, wages, and benefits for direct care staff? Indirect care staff?	DHCS	??	??
	➤ What proportion of audit disallowances relate to administration?	DHCS	Yes (Will confirm with A&I)	12/17/08
	➤ What proportion of audit adjustments relate to other categories?	DHCS	Yes (Will confirm with	12/17/08

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	General	Dept/Source	Info Avail?	When?
			A&I)	
	➤ Is DHCS satisfied with the ability of the current cost reporting process in meeting the cost segregation, reporting, and disclosure requirements necessary to determine AB 1629 accurately and efficiently?	DHCS	Yes	12/17/08
3	Provide the average rates in 'different areas.'	DHCS	Yes	12/1/08
4	What is considered pay for performance (P4P)?	DHCS	Yes	12/1/08
5	Are there other P4P state models available to review (e.g. CMS has looked into this)?	DHCS	Yes - Web Page	12/1/08
6	Info regarding average length of stay in facilities -with characteristics of stay.	OSHPD	Yes	12/17/08
7	Can DHCS share how it is going – what recommendations for change they are considering.	CDPH	No	TBD
	Additional Questions			
	➤ Please provide information related to the general financial condition of California's nursing home provider community between 2002 and 2008. (Before/After AB 1629)	OSHPD	No	12/17/08
	➤ What are the best predictors or conditions for quality care?	CDPH	??	??

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	General	Dept/Source	Info Avail?	When?
	<ul style="list-style-type: none"> ➤ Is there a robust and reliable data system in place where the pertinent metrics can be measured, tracked, trended and correlated so that decisions about quality can be made based on factual evidence? 	CDPH	Already available from CMS.	
	<ul style="list-style-type: none"> ➤ According to AB 1629 section 14126.023 (a) (5) (2) there is to be increased spending for indirect care costs which include staff supporting the delivery of patient care such as housekeeping, laundry, dietary, medical records, in service education, plant operations and maintenance. Can we find out what the increase has been in these categories? These areas greatly affect the quality of life for residents. 	DHCS	This data may only be available in the aggregate – will confirm with A&I.	12/17/08

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	Staffing	Dept/Source	Info Avail?	When?
1	What information is available on current staffing levels?	CDPH	Yes	12/1/08
2	How many total days were SNFs understaffed since AB 1629 took effect what is the value of this understaffing by peer group? What is the value, by peer group, of staffing over the 3.2 per-patient-per-day requirement?	OSHPD	Yes	12/17/08
	** Follow-Up to Question #2			
	➤ What proportion of total days of care provided in all SNFs does the number of understaffed days represent?	This information is not available.		
3	How many citations for insufficient staffing has CDPH issued since AB 1629 took effect, by peer group?	CDPH	Yes	12/1/08
	** Follow-Up to Question #3			
	➤ What % represent significant (5 out of 10 shifts) vs minor deficiencies (1 hour of 1 shift out of 10 shifts) and what is the trend since 1629?	CDPH	Yes	??
4	Need general information on staffing RNs, CNA, and administrators. Are they up and down, etc? What are the trends showing? What is labor force doing to respond? Not able to respond regarding labor.	OSHPD	Yes, not summarized	12/17/08
5	Average nursing staffing year by year 2004-07 compared to the 3.2 nursing standard, broken down by RNs, LVNs, and CNAs, for each peer group.	OSHPD	Yes, not summarized	12/17/08
6	What is the CDPH methodology for estimating the cost of implementing the shift to staffing ratios	DHCS	DHCS- Fiscal Forecasting Branch	12/17/08

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	Staffing	Dept/Source	Info Avail?	When?
	** Follow-Up to Question #6			
	➤ In developing their estimate, did CDPH consider the economic impact to other sectors in California's health care system?	DHCS – The preparation of the estimate was limited to Medi-Cal.		
	➤ In developing their cost estimate, what wage and benefit levels were utilized?	DHCS	Yes	12/17/08
	➤ How did CDPH establish these wage and benefit levels?	DHCS	Yes	12/17/08
	➤ Do these wage and benefit levels reflect the true economic value and cost that will occur in a highly competitive labor market?	DHCS	??	??
	➤ What assurance can CDPH provide that required levels of staff to implement these new requirements are available within the current health care profession workforce?	??	??	??
	➤ Can CDPH provide assurances that implementing these regulations will not negatively impact the availability of staff such as LVNs within the home and community based service sector?	??	??	??
7	Change in wages/compensation benefits for each category/peer group.	OSHPD	Yes, not summarized	
	** Follow-Up to Question #7			
	➤ To the extent possible, please segregate the benefits portion of compensation between workers compensation insurance and other employee benefits.	OSHPD	Yes, not summarized	12/17/08
8	Can CDPH provide the workgroup an advanced copy of the study due on	CDPH	Need Gov. Office Authoriz.	

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	Staffing	Dept/Source	Info Avail?	When?
	Jan 1?			
9	What impact has 1629 had on LVN and RN staffing levels?	OSHPD	Yes - Not Summarized	
10	What impact has 1629 had on turn over of direct caregivers?	OSHPD	Yes - Not Summarized	
	** Follow-Up to Question #10			
	➤ Please describe the methodology utilized to determine turnover statistics.	OSHPD	Yes – Not summarized	12/17/08
	➤ Please stratify turnover statistics to provide detail on turnover within the provider community and turnover reflective of workforce exiting the provider community.	This data is not available.	No.	N/A
	➤ Provide additional turnover related statistics such as the proportion of direct care and other employees with continuous service.	OSHPD	Yes – Not summarized	12/17/08
11	How do we know if the staffing information reported by SNF is accurate?	OSHPD	Not Summarized	12/17/08
	** Follow-Up to Question #11			
	➤ Please outline the review/audit edit process used by OSHPD to determine the accuracy of or identify outlier data, such as staffing, reported by Skilled Nursing Facilities.	OSHPD	Yes.	12/17/08
12	How much would it cost Medi-Cal if minimum staffing requirements were increased to 3.5 hrpd, 3.8 hrpd, and 4.1 hrpd?	DHCS	Yes - Needs Calculating	Late December /Early January

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	Staffing	Dept/Source	Info Avail?	When?
	** Follow-Up to Question #12			
	➤ On what basis was this cost estimate determined?	DHCS	Yes – 12/17/08	
	➤ Does it consider the true economic impact with regard to key factors such as workforce availability and the impact to the cost in other areas of the health care sector?	DHCS	??	??
	➤ What is the global economic impact to the health care sector of increasing minimum staffing requirements?	??	??	??
13	Has DHCS obtained and reviewed the 2008 Action Plan for Nursing Home Quality? Has it consulted with CMS about its action plan to implement an electronic reporting system of payroll data?	DHCS/CDPH	No	Currently can't determine
	Additional Question			
	What staffing models are currently in use in other states? For example, what has been the outcome for residents in states where other categories of caregivers such as medication technicians or dining assistants are in use?	CDPH	??	??

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	Quality of Care	Dept/Source	Info Avail?	When?
1	Is patient acuity going up or down? <i>See website: www.pascenter.org/nursing_homes/nursing_trends_2005.php</i>	CDPH	Avail Now	Website
2	Do we have a reliable database to determine if elements tracked for measurements of quality are accurate and contain the information? Need to know benchmarks. <i>See Website: www.medicare.gov/NHCompare</i>	CDPH	Yes	Website
3	Define the measures that constitute quality we want to look at – by when – what evidence, etc.? <i>See Website: www.medicare.gov/NHCompare</i>	CDPH	Minimum Data Set	
4	Need CDPH at the table to discuss and be available to answer the questions. Also invite CDPH (non workgroup member) to present. Noted the shortness of time to do this.	CDPH	Working On It	Present 12/1/08
6	By year, what is the total number of complaints filed against skilled nursing facilities that are subject to the 1629 rate system?	CDPH	Yes	12/17/08
	** Follow-Up to Question #6			
	➤ What are the total number of complaints that are substantiated by year?	CDPH	Most likely.	??
	➤ Of those complaints that are substantiated, how many were cited at a level of harm?	CDPH	Most likely.	??
	➤ Of those self-reports, how many were cited by CDPH at a level of harm?	CDPH	Most likely.	??
	➤ Which of these result in deficiencies, and what % of those are determined to be “actual harm” or potential for serious harm?	CDPH	Most likely.	??
	➤ Which of these substantiated deficiencies are related to patient care, rights, or quality of life?	CDPH?	??	??

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	Quality of Care	Dept/Source	Info Avail?	When?
	<ul style="list-style-type: none"> ➤ In response to the questions about deficiencies issued: Does data reflect consistent enforcement practices that are in place around the state or do average number of deficiencies, and scope and severity of finds vary greatly from district office to district office? 	CDPH?	??	??
	<ul style="list-style-type: none"> ➤ Does L&C have a quality assurance review and process that ensures the accuracy and consistency of their enforcement practices? 	CDPH?	??	??
7	By year, what is the total number of facility reported incidents filed by skilled nursing facilities that are reimbursed under 1629 rate system?	CDPH	Yes	12/17/08
	<ul style="list-style-type: none"> ➤ What are the total numbers of facility self-reported events that are investigated and substantiated by year? Also, take into consideration when the backlog was first addressed (September 2006). 	CDPH	Most likely.	??
	** Follow-Up to Question #7			
	<ul style="list-style-type: none"> ➤ What are the average # of deficiencies by scope and severity that are cited, by year, by licensing and certification district offices? 	CDPH	Most likely.	??
8	By year what is the total number of federal deficiencies issued to SNFs that are reimbursed under the 1629 rate system?	CDPH	Yes	12/17/08
9	By year, what is the total number of complaints filed against skilled nursing facilities that are reimbursed under the 1629 rate system?	CDPH	Yes	12/17/08
10	By year, what is the total number of facility reported incidents filed by skilled nursing facilities that are reimbursed under the 1629 rate system?	CDPH	Yes	12/17/08

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	Quality of Care	Dept/Source	Info Avail?	When?
11	By year, what is the total number of federal deficiencies issued to skilled nursing facilities that are reimbursed under the 1629 rate system?	CDPH	Yes	12/17/08
12	By year and by classification, what is the total number of citations issued by the CDPH to skilled nursing facilities that are reimbursed under the 1629 rate system? (From 2002 forward.)	CDPH	Yes	??
13	Break down by geographic.	CDPH	Yes	Upon Request
14	Are falls in nursing homes going up or down?	CDPH	Need to Research	??
15	Is the restraint rate going down at the same time the falls go up?	CDPH	Need to Research	??
16	What type of information does the Ombudsman have in regard to reporting requirements?	Ombudsman	Unknown	12/17
17	How is it going in CA - <i>Efforts just begun; data on rates improvement per CHCQ not available</i>	CDPH	Just Begun	TBD
18	How to reconcile information from different sources on different timelines?	CDPH	Need to Research	??
19	Status of CDPH report due in January 2009 on AB 1629 staffing turnover, quality-defining metrics/areas of study elements. Invite CDPH to present.	CDPH	In Review	TBD
20	Does Dept do statistical analysis of data to see what is related (e.g. if staffing goes down, does that mean quality went down as well – are we sure they are related)? Is there a functional database that would allow a functional analysis?	CDPH	No	TBD

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	Quality of Care	Dept/Source	Info Avail?	When?
	Additional Questions			
	➤ Does it make sense to think of increased staffing in facilities as being confined to nursing staff only?	??	??	??
	➤ Should the multidimensional needs of nursing home residents be considered? For example, should social services, activities, and other ancillary staff and caregivers be considered within an increased staffing requirement for the core of LTC service delivery system?	??	??	??
	➤ Should staffing increases be considered in this more holistic context?	??	??	??
	➤ Are there other states who use outside contractors to track, trend and correlate quality related data in order to evaluate the effectiveness of programs or enforcement, and identify gaps in services?	DHCS	??	??
	➤ Define the measures that constitute quality we want to look at – by when – what evidence, etc?	??	??	??
	❖ Are satisfaction rates of consumers and staff reported and tracked in a reliable database?	CDPH/CMS??	??	??
	➤ Do we have a reliable data base to determine if elements tracked for measurements of quality are accurate and contain the information? Need to know benchmarks?	CDPH/CMS??	??	??
	➤ Weight loss and ADL decline adjusted for individuals at end of life or with chronic conditions?	Per CDPH, this is probably available through the Minimum Data Set.		

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	Quality of Care	Dept/Source	Info Avail?	When?
	<ul style="list-style-type: none"> ➤ What key measures reflect "quality" in nursing homes <ul style="list-style-type: none"> ❖ Satisfaction of consumers? ❖ Satisfaction of staff? ❖ Staff stability? ❖ Restraint use? ❖ Catheter use? ❖ Chronic Pain? ❖ ADL stability? ❖ Antipsychotic use? ➤ How do trends in CA compare nationally or other 'leader' states? 	See quality measures.		
	<ul style="list-style-type: none"> ➤ Are the "Key measures" reported on NH Compare (located on the CMS Website) accurately weighted to reflect the actual care and services at the specific nursing home? (e.g. pressure ulcer rates capture those there on admission and those that have healed since admit?) 	CDPH??	??	??
	<ul style="list-style-type: none"> ➤ Psychotropic drugs reflect level of anti depressants as opposed to antipsychotic and those rates are adjusted for special treatment programs that serve the mentally ill?) 	CDPH/CMS?	??	??

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	Cost	Dept/Source	Info Avail?	When?
1	QAF – how much saved/ How much collected? Does it go into the General Fund?	DHCS	Yes	12/1/08
2	What did 1629 result in regarding actual spending, for each of the 5 cost categories? How much spent on the cost categories: training; liability insurance; labor? What was the financial effect of the cost setting methodology? How do they differ geographically (DHCS had said that they would revisit Navigant’s cost categories)?	DHCS	Yes	12/17/08
3	Toby – fee is separate from methodology. New GF revenue that offsets part of the cost of the rate methodology.	DHCS	Yes	12/1/08
4	Sources of money to pay the rate: state GF, Quality Assurance Fee, federal funds?	DHCS	Yes	12/1/08
5	Provide details of annual aggregate Medi-Cal spending for SNF care (including subacute) since 1629 took effect. How much has spending increased? What is it being spent on?	DHCS	Yes	12/1/08
6	Provide details of the actual percentage increase in M/C payments each year compared to 1629 spending caps. (Also provide this data for the Distinct Part NFs, both in the aggregate and for individual rates.)	DHCS	Yes	12/1/08
7	Provide aggregate annual spending on the labor driven operating allocation since 1629 too effect.	DHCS	Yes	12/1/08
8	Provide aggregate annual spending on reimbursement for liability insurance since 1629 was enacted. How does this compare to pre 1629 spending? What is the range of reimbursement? What controls exist to prevent excessive reimbursement for liability insurance	DHCS	Yes	12/17/08

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	Cost	Dept/Source	Info Avail?	When?
9	Provide details of spending on direct caregiver wages and benefits since 1629 was enacted. Has spending on these costs kept pace with the level of increased reimbursement under 1629? What is the range of spending increases for these costs?	DHCS	Yes	12/17/08
10	Provide aggregate annual spending on facility legal fees. What is the range of reimbursement? What controls exist to prevent excessive reimbursement?	DHCS	?? DHCS is inquiring about avail of data	??
11	Provide aggregate annual spending on management fees to corporate offices. What is the range of reimbursement? What controls exist to prevent excessive reimbursement?	DHCS	?? DHCS is inquiring about avail of data	??
12	How do we know if the audit system is working? <i>DHCS is working with Audits and Investigations for a response</i>	DHCS	??	??
13	What percent of budget has gone to various home and community-based services categories? <i>Info is available as follows: home health -??; nursing homes -YES; ADHC - YES; meals on wheels -NO; IHSS - Pending</i>	DHCS	See Text Response	Request When??
14	Show growth per capita. What is the rate of increase – case load in nursing homes, census numbers, service numbers, acuity, waivers?	DHCS	No	Pending TBD
15	Look at what was happening to health care inflation over a decade and compare that to the rate increases and see if it has caught up.	DHCS	No	Not avail

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	Olmstead	Dept/Source	Info Avail?	When?
1	How is CDPH measuring the extent to which residents who had expressed a preference to return to the community were able to do so, as required by W&I Code section 14126.033 (C)(4)(B)? What process did CDPH use to establish its methodology?	CDPH	Yes	12/17/08
2	What have nursing homes done to give residents information and support so residents can return to the community? What information has been given?	CDPH	No	TBD
3	How has CDPH implemented this? <i>CDPH needs more information to respond</i>	CDPH	See Text Response – Also, the new MDS might address this.	

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	Culture Change			
	<ul style="list-style-type: none"> ➤ Is there a reliable data base that tracks facilities' performance in implementing culture change practices such as consistent assignments; staff mentoring programs; staff self scheduling; career ladders in place for direct care staff; multiple departments involved in activities; and Innovative services such as restaurant style or 24 hour meal service or households? 	This data is currently not available.		
	Culture Change Quality Improvement Indicators -Leadership Artifacts			
	<ul style="list-style-type: none"> ➤ CNAs attend resident care conferences. 	CDPH?	??	??
	<ul style="list-style-type: none"> ➤ Residents or family members serve on home quality assessment and assurance (QAA) (QI, COI, QA) committee. 	CDPH?	??	??
	<ul style="list-style-type: none"> ➤ Residents have an assigned staff member who serves as a "buddy," case coordinator, Guardian Angel, etc. to check with the resident regularly and follow up on any concerns. This is in addition to any assigned social service staff. 	CDPH?	??	??
	<ul style="list-style-type: none"> ➤ Learning Circles or equivalent are used regularly in staff and resident meetings in order to give each person the opportunity to share their opinion/ideas. 	CDPH?	??	??
	<ul style="list-style-type: none"> ➤ Community Meetings are held on a regular basis bringing staff, residents and families together as a community. 	CDPH?	??	??
	Culture Change Quality Improvement Indicators -Workplace Practice Artifacts			
	<ul style="list-style-type: none"> ➤ RNs consistently work with the residents of the same neighborhood/household/unit (with no rotation). 	CDPH?	??	??

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	Culture Change			
	➤ LVNs consistently work with the residents of the same neighborhood/household/unit (with no rotation).	CDPH?	??	??
	➤ CNAs consistently work with the residents of the same neighborhood/household/unit (with no rotation).	CDPH?	??	??
	➤ Self-scheduling of work shifts: CNAs develop their own schedule and fill in for absent CNAs. CNAs independently handle the task of scheduling, trading shifts/days, and covering for each other instead of a staffing coordinator	CDPH?	??	??
	➤ Home pays expenses for non-managerial staff to attend outside conferences/workshops, e.g. CNAs, direct care nurses. Check yes if at least one non-managerial staff member attended an outside conference/workshop paid by home in past year.	CDPH?	??	??
	➤ Staff is not required to uniforms or "scrubs."	CDPH?	??	??
	➤ Activities, informal or formal, are led by staff in other departments such as nursing, housekeeping or any departments.	CDPH?	??	??
	➤ Career ladder positions for CNAs, e.g. CNA II, CNA III, team leader, etc. There is a career ladder for CNAs to hold a position higher than base level.	CDPH?	??	??
	➤ Employee evaluations include observable measures of employee support of individual resident choices, control and preferred routines in all aspects of daily living.	CDPH?	??	??