

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Survey and Certification Education Program

The State has in effect the following survey and certification periodic educational program for the staff and residents (and their representatives) of nursing facilities in order to present current regulations, procedures, and policies.

Licensing and Certification conducts a vigorous outreach and education program to disseminate information on current regulations, procedures, and policies. The program includes the following formal and informal components:

A. All facility Letters. Changes in federal or State statute, regulation or policy are announced and explained in letters to affected facilities. These letters provide the initial learning opportunity for new requirements or procedures.

B. "Rap Sessions". District Office managers schedule and conduct periodic educational forums with facility staff and representatives. These seminars focus on issues raised by changes in regulations or procedures or on issues raised by industry. These sessions include presentations of regulatory findings, discussion of procedures used in the survey, certification and enforcement processes, and evaluatory feedback on both survey agency and facility performance. The sessions are also used as planning opportunities for proposed changes.

C. Quarterly Consultant Meetings. The various consultant disciplines (Medical, Nursing, Nutrition, Pharmacy, Occupational Therapy and others) provide educational and information programs for facilities on requirements, techniques and current state of the practice.

D. Headquarters/Industry/Advocate Monthly Meetings. Top and middle managers meet with representative groups each quarter to provide information regarding federal and State activities in the regulatory program. These meetings use a formal agenda which comprises items mutually agreed upon as important. The goal of the meetings is achievement of a shared perspective or roles and actions undertaken by the parties.

Continued

TN No. 94-005  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 25 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_

---

Survey and Certification Education Program

---

E. Special Purpose Programs. Licensing and Certification organizes specific purpose events as part of its outreach and education program. The latest example was a successful "Best Practices" Conference which presented innovative programs in industry for commendation and potential replication in other locations.

F. Entrance and Exit conferences. The most frequent opportunity for direct learning of policies and procedures takes place in the survey entrance and exit conferences. Survey staff are trained and prepared to discuss regulatory requirements and survey procedures with facility staff and residents. This front-line opportunity continues to have the most direct educational value.

G. Informational Brochures and Fact Sheets. As part of its comprehensive outreach activities, the program employs a permanent intermittent staff member assigned the responsibility to prepare, publish and distribute informational brochures, fact sheets and other documents to meet the needs of residents, industry and the public. Examples of the publications include brochures on resident rights, conduct of the regulatory compliance survey, and how to file a complaint.

---

TN No. 94-005

Supersedes \_\_\_\_\_

TN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 State/Territory: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for the Investigation of Allegations of Resident Neglect  
 and Abuse and Misappropriation of Resident Property

The State has in effect the following process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide or a resident in a nursing facility or by another individual used by the facility in providing services to such a resident.

California has implemented enforcement procedures related to nurse aides who are involved in substantiated cases of abuse, neglect, misappropriation of property, or any other act which is determined to have a direct effect on the nurse aide's ability to perform nursing duties. Included in the enforcement process is the screening for criminal convictions which directly relate to the duties/functions of a nurse assistant prior to certification in California.

As required by OBRA, all nurse aides are provided the opportunity to make statements for the registry in regards to any accusation or enforcement action taken against them and are afforded an appeal process for any action taken against them. This information is cross referenced from the nurse aide registry to the enforcement files.

IN No. 94-302  
 Supersedes  
 IN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

The State takes the following actions to assure that standard surveys occur unannounced:

1. Training. Surveyor staff receive indoctrination as to the criticality of meeting the federal requirement for unannounced visits for the purpose of conducting standard surveys. This subject is carefully covered in their initial Academy training, in HCFA's Regional Office Orientation and in HCFA's Basic Surveyor Training program. Surveyor staff are also trained to alter the hours of visit entry to facilities in order to get a more complete, accurate view of the quality of health care practices in a facility.

2. Code of Conduct. The conduct of unannounced visits is a part of the surveyor's performance evaluation. Disregard of the standard is grounds for disciplinary action. Section 606 of the program's Policy and Procedure Manual specifically states that it is illegal for any employee of the program to give notice of an impending visit to any person connected with the facility to be visited.

3. Workload Scheduling. Survey and investigation workload scheduling is conducted by management and supervisory staff using automated management information. Last survey dates are reviewed for the opportunity to eliminate any predictable pattern in future scheduling. Survey schedules are held in confidence by supervisory and management staff and are released as part of the District's monthly work plan.

4. Contract Coordination. Licensing and Certification contracts with the Office of the State Fire Marshal for the conduct of the Life Safety Code survey in health facilities. Strong contract language has been added to the long-standing agreement between the agencies to reinforce the requirement for unannounced visits.

Continued

TN No. 94-005  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_

---

Procedure for Scheduling and Conduct of Standard Surveys

---

The State takes the following steps in conducting facility surveys:

1. Standard surveys are scheduled according to a user-defined report from OSCARS. The report displays facilities according to ascending order to date of the current survey. These dates are used to monitor the 15-month maximum survey interval as well as the 12-month average for survey intervals.

2. The State maintains supplies of current HCFA survey forms in each of its District Offices and in the County of Los Angeles. Supervisors monitor the survey team's use of HCFA's forms as well as the protocols established in the State Operations Manual.

3. The State uses a centralized database of surveyor qualifications and record of required and additional training completed. Information from the centralized database is shared with District Managers and Administrators to assure that only qualified individuals approve survey documents.

4. The State maintains the policy discretion to conduct a special survey of a facility following a change in ownership or significant change in administrative or key health care personnel. Decisions to conduct these special surveys are made in consultation with Regional Office staff following examination of information concerning the quality of care at the facility.

5. The State conducts extended surveys immediately following a completed standard survey where there has been a finding of substandard care.

---

TN No. 94-005  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 26 1998

Effective Date OCT 01 1995  
HCFA ID: \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Programs to Measure and Reduce Inconsistency

The State has in effect the following programs to measure and reduce inconsistency in the application of survey results among surveyors.

The Licensing and Certification program uses several means in addition to supervisory and management direction to assure consistency of survey processes and results:

A. Training. All newly hired survey staff participate in a twelve week Academy developed and conducted by the Licensing and Certification. Trainees learn the doctrine, regulations and consistent procedures used in the survey process. The Academy course alternates between classroom work and field application under the guidance of experienced surveyor and supervisory staff. From the Academy, all new surveyors participate in HCFA's Basic Surveyor Training which is a quality assurance program on a national level.

B. Preceptors. Survey staff have access to expert mentors who actively review survey methods and results for consistency. Preceptor staff meet regularly to discuss findings of surveyor performance throughout the State and to propose additional training or systems changes necessary to gain greater consistency.

C. The On-site Surveyor Performance Assessment and Training Survey (OSPATS). OSPATS is the federal, real-time evaluation of surveyor performance of the survey. The Licensing and Certification program uses the results of these evaluations to assess areas for improving surveyor consistency.

D. District Manager/District Administrator Meetings. The top managers in the District Offices meet each month to review work production reports from the program's management information systems and assess any discrepancy in workload performance. This monthly forum also provides for information sharing regarding consistent application of policies and procedures.

E. Consistency Advisory Committee. The Deputy Director has chartered this committee with the responsibility to review any aspect of the regulatory program and make recommendations in areas which would benefit from greater consistency. The Committee is chaired by a District Administrator and utilizes the services of an Ad Hoc Advisory Group which includes representatives from industry, advocate groups, the State Ombudsman and the Department of Aging. The Committee has proposed several areas for study and has released its first recommendation for a consistent protocol addressing Immediate and Serious Threat determinations.

Continued

TN No. 94-005

Supersedes

TN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_

---

Programs to Measure and Reduce Inconsistency

---

F. Survey Review Tool. Program supervisors in District Offices use the quality assurance tool available in ASPEN. The tool provides a systematic review of a written deficiency matched against the standards in the Principles of Documentation. The tool has proven effective in realizing greater consistency in the documented record of survey findings.

G. District Office Production Reviews. As part of its organizational structure, the program includes an internal management analysis and evaluation unit. The work of this unit includes review of survey results, work procedures and systems to assess the extent of consistent application of statutes, regulations, policies and administrative procedures. Management reports highlight variations which may be foundation of further analysis or the development of changes.

H. Policy and Procedure Manual. The Program updates and maintains a Policy and Procedure Manual to establish a consistent basis for administering operational aspects of its regulatory responsibilities. The Manual is available in multiple copies in each District Office. Updates are used as the basis for training of staff in the Districts.

The State takes the following actions in organizing and using its survey teams:

A. Survey teams are multidisciplinary and include at least one Registered Nurse. The most prevalent employee classification used by the State in its survey work is Health Facilities Evaluator Nurse. This classification carries a requirement for maintenance of licensure as a Registered Nurse. All teams have access to consultant support in the areas of Medical/Physician services, dietary and nutrition, medical records, physical therapy, occupational therapy and pharmacy.

B. The State uses a code of conduct for its survey team members which precludes surveying of a facility at which the team member may have been previously employed, or may have served as a consultant, or may have family ties. Survey team members affirm that they have read, understand and will comply with this requirement.

---

TN No. 94-005  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 26 1995

Effective Date OCT 01 1995  
HCFA ID: \_\_\_\_\_

---

Programs to Measure and Reduce Inconsistency

---

C. Survey staff who have not completed the Program's own New Surveyor Academy, the HCFA Regional Office orientation and HCFA's Basic Surveyor Training may accompany facility survey teams and conduct tasks or parts of tasks, under supervision, as part of their development process. Completion of all required training is necessary prior to full, independent participation as a survey team member. Passage of the SMQT is a requirement to support a survey team member's authorization to sign survey documents on behalf of the Program.

---

TN No. 94-005

Supersedes \_\_\_\_\_

TN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

The Licensing and Certification procedures for processing complaints are detailed in the program's Policy and Procedure Manual beginning with Section 400. Complaint investigations form the highest priority of the program's workload under its agreement with the Health Care Financing Administration. The procedures for complaint investigation assure facility compliance with federal requirements. The process for complaint investigation is as follows:

1. Complaint intake. District Office staff record all pertinent information regarding the complaint and the complainant. (Requests for anonymity are honored). All complaints are entered into the program's automated management information system and assigned a control number.

2. Supervisor review. Complaints are assigned to supervisors for review and priority determination. Priority 1 complaints carry an imminent threat to life and safety and are investigated within 24 hours. Priority 2 complaints are less threatening and are investigated within ten days. Priority 3 complaints do not carry a threat to health and safety and are investigated during the next scheduled activity in a facility.

3. Complainant contact. Investigating staff confer with complainants prior to an investigation to acquire as much information as possible to assist a thorough investigation. Complainants are also briefed as to their involvement and how they will be notified about findings. (Continued on next page)

---

Process for Investigations of Complaints and Monitoring

---

4. On-site investigation. All complaints are investigated at the facility by trained survey personnel. All complaint investigations visits are unannounced.

5. Collection of evidence and documentation. The surveyor conducts interviews, reviews facility records and records observations regarding substantiation of the complaint. Substantiated complaints and findings of deficiency(ies) are written on the HCFA 2567 and given to the facility. All complaints requiring a formal plan of correction receive a follow-up visit for determination of compliance.

6. Completion of the investigation report. All investigations are recorded on a Complaint Report Form to include a narrative of the findings and disposition of the investigation. This report is provided to the complainant along with appeal procedures. A copy of the report is entered into the facility file along with any notice of levy of a fine or civil monetary penalty. The final disposition of the complaint is entered into the automated information management system for the facility.

7. Public access to information. Facility files are public records which may be reviewed at the District Office during business hours. In addition, reports from the automated information management system on facility profile data are available to the public under the State's and the federal governments access to information statutes and regulations.

8. The Program has an established, formal relationship with the State's Office of the Long-Term Care Ombudsman. Under the agreement, the Program provides an updated copy of the facility database to the Ombudsman so that that office may disseminate facility-specific information to ombudsmen working out of the regional office network. District Offices provide copies of the HCFA 2567 to the ombudsman following completion of surveys and the ombudsman is a recipient of any adverse action notice.

9. Following a survey in which a finding of substandard quality care is determined, District Office staff secure a list of attending physicians from the facility and then complete a required form letter to notify them of the finding. A copy of this notification is provided to the Board of Examiners for Nursing Home Administrators (BENHA) in the State's Department of Consumer Affairs.

---

TN No. 94-005

Supersedes \_\_\_\_\_

TN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995

HCFA ID: \_\_\_\_\_

---

Process for Investigations of Complaints and Monitoring

---

10. The Program has an established working relationship with the Division of Audits and Investigation (A&I) within the same Department of Health Services. A&I is the Medicaid fraud and abuse investigation agency for the State. A&I investigators are used to augment survey teams when evidence of fraud and abuse is suspected.

---

TN No. 94-005  
Supersedes  
TN No. \_\_\_\_\_

Approval Date FEB 26 1996

Effective Date OCT 01 1995  
HCFA ID: \_\_\_\_\_