

Overview of Inspection Processes

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Division of Public & Behavioral Health
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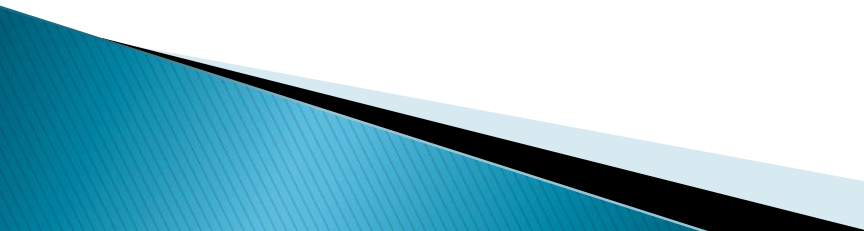
Rules for Oversight

- ▶ There are two primary regulatory bodies over nursing homes: federal and state
- ▶ Federal Laws
 - U.S. Code
 - Code of Federal Regulations
- ▶ State Laws
 - Nevada Revised Statutes
 - Nevada Administrative Code

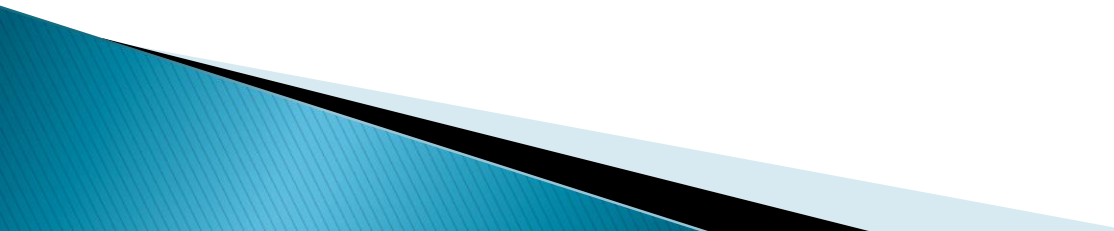
Licensing

- ▶ The Division has authority pursuant to the Nevada Revised Statutes to license and regulate nursing homes in the state.
- ▶ The Bureau of Health Care Quality and Compliance in the Division is the agency that carries out this day-to-day function in the Division.
- ▶ Nursing homes can form in two ways:
 - Skilled Nursing Facility
 - Nursing Facility

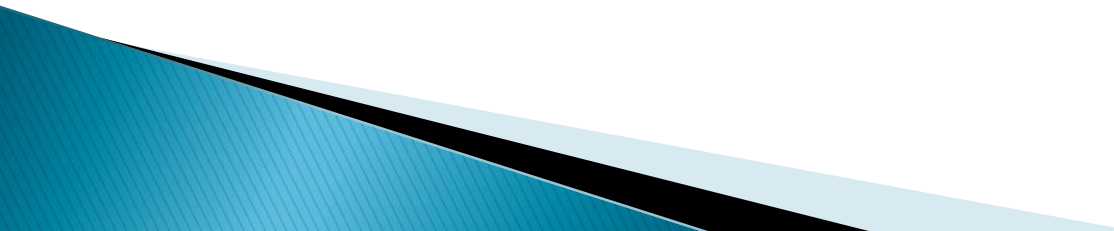
Reimbursement for Services “Certification”

- ▶ To get reimbursed by most third-party insurers, including Medicare and Medicaid, a nursing home must also be certified.
 - ▶ The Federal Government, through the Centers for Medicare and Medicaid Services (CMS), sets up the rules for certification.
 - ▶ In Nevada, the Bureau of Health Care Quality and Compliance is the agent for CMS to do the certification reviews.
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Operating Rules

- ▶ Under the operating rules that are found in the Nevada Administrative Code and the Code of Federal Regulations, certain minimum standards of care are established.
 - ▶ If a nursing home fails to uphold those standards, which is determined through on-site inspections and reviews done by the Bureau of Health Care Quality and Compliance, a nursing home faces various types of consequences.
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Consequences

- ▶ Fines
 - ▶ Ban on new admissions
 - ▶ Limits on the types of patients that can be admitted
 - ▶ Temporary management by an entity not affiliated with the nursing home
 - ▶ Closure
 - ▶ Poor publicity
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Inspections

- ▶ Inspections are done every year, they are done by staff of the Bureau of Health Care Quality and Compliance, and they are unannounced.
- ▶ Results are posted on the Division's website at health.nv.gov/hcqc.htm
- ▶ CMS also posts comparison findings at <http://www.medicare.gov/nursinghomecompare>

Inspections (cont.)

- ▶ From CMS website (surveys are inspections)
States conduct standard surveys and complete them on consecutive workdays, whenever possible. They may be conducted at any time including weekends, 24 hours a day. When standard surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the entrance conference and initial tour should [be] modified in recognition of the residents' activity (e.g., sleep, religious services) and types and numbers of staff available upon entry.

(Source: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/NHs.html>)

Inspections (cont.)

- ▶ From CMS website

The State has the responsibility for certifying a skilled nursing facility's or nursing facility's compliance or noncompliance, except in the case of State-operated facilities. However, the State's certification for a skilled nursing facility is subject to CMS' approval. "Certification of compliance" means that a facility's compliance with Federal participation requirements is ascertained. In addition to certifying a facility's compliance or noncompliance, the State recommends appropriate enforcement actions to the State Medicaid agency for Medicaid and to the regional office for Medicare.

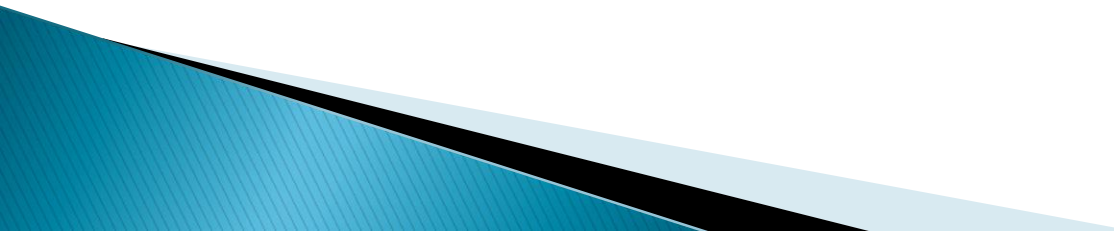
Inspections (cont.)

- ▶ From the CMS website

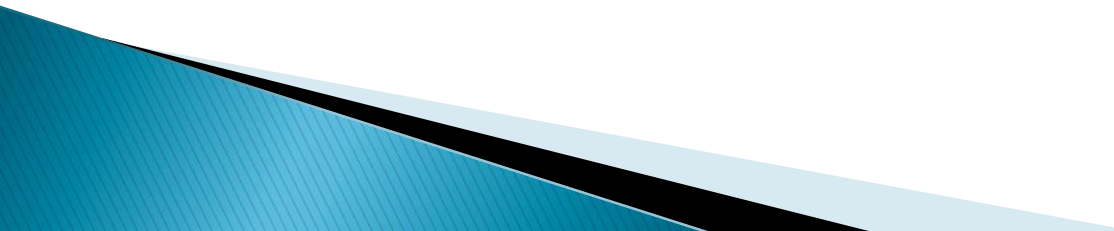
The CMS regional office determines a facility's eligibility to participate in the Medicare program based on the State's certification of compliance and a facility's compliance with civil rights requirements.

- ▶ Nothing precludes the state from adopting rules under its authority. Those rules would be enforced by the same staff who apply the federal rules.

Complaints

- ▶ The Bureau gets the highest number of complaints related to nursing home care and hospital care.
 - ▶ We investigate all complaints, except complaints about billing, within 45 days of the complaint being received.
 - ▶ Results may not be available until up to 75 days after the complaint due to administrative processes of writing up results, review, etc.
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Sanctions

- ▶ Although the Bureau staff conduct the inspections (and investigations), in most cases, CMS also must agree with the state's findings before a sanction may be carried forward with a facility.
 - ▶ If a fine or other action is imposed, CMS collects the fine, and a portion of it is sent to the Division of Health Care Financing and Policy.
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Sanctions (cont.)

- ▶ If a finding is only related to a state law or regulation, the Division collects the fine and retains it in a separate account.

Appeals

- ▶ All findings are subject to an appeal process.
- ▶ Complainants do not have a formal appeal process if they don't agree with the Bureau's findings.

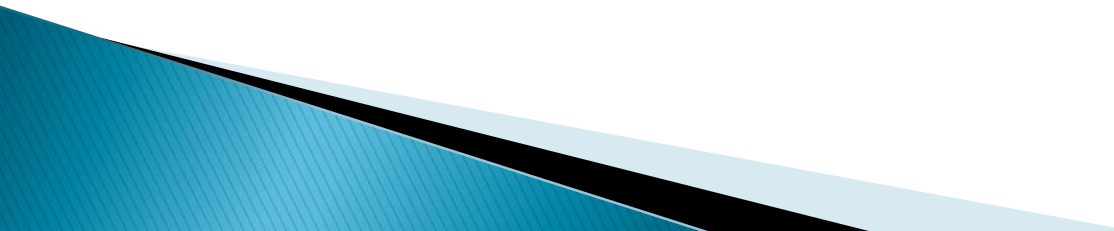
Register a Complaint

- ▶ Complaints may be made by phone, email or regular mail
 - In Northern Nevada, call 775-684-1030
 - In Southern Nevada, call 775-486-6515
 - Email: DPBH@health.nv.gov
 - Mail: 727 Fairview Drive, Suite E, Carson City, NV 89701; or, 4220 S. Maryland Parkway, Suite 810, Building D, Las Vegas, NV 89119
- ▶ They may be anonymous

Other Parts of the System

- ▶ Long-term Care Ombudsmen
 - Ombudsmen staff are in facilities to advocate for patients.
 - Bureau staff are in facilities to assess compliance with laws and regulations.
- ▶ They work together along with others, including:
 - Division of Health Care Financing and Policy
 - Medicaid Fraud Control Unit
 - Public Guardians
 - Quality Improvement Organization (HealthInsight)
 - Many others

Not Just Regulating

- ▶ The staff, Bureau Chief, Deputy Administrator, and Administrator don't just focus on inspections and investigations.
 - ▶ We look for ways to improve the system.
 - ▶ We analyze our regulations, we work with facilities to better their policies and internal oversight, we meet with corporate officers and participate in association meetings.
 - ▶ We testify, meet with people, and try to hear what we can do to be better.
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Concluding Remarks

- ▶ Future questions may be directed to:
 - Kyle Devine, Bureau Chief, at 775-684-1062, or email at kdevine@health.nv.gov
 - Marla McDade Williams, Deputy Administrator, at 775-684-4204, or email at mmcdade@health.nv.gov
 - Richard Whitley, Administrator, at 775-684-4200
 - Mike Willden, Director, at 775-684-4000