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June 28, 2019

Nicole Alexander-Scott, MD, MPH
Director
RI Department of Health
3 Capitol Hill
Providence, RI 02908

Dear Director Alexander-Scott:

The Office of Internal Audit has completed its audit of The Customer Services Unit at the Rhode Island Department of Health (RIDOH). The audit was conducted in conformance with the Institute of Internal Auditors (IIA) International Standards for the Professional Practice of Internal Auditing and by the authority given to the unit as stated in accordance with Rhode Island General Laws (RIGL) § 35-7.1-2(a) – Establishment of office of internal audit. The recommendations included herein have been discussed with members of management, and we considered their comments in the preparation of this report.

RIGL § 35-7.1-10(d), entitled Annual and interim reports, states that, “Within twenty (20) calendar days following the date of the issuance of the management-response copy of the draft audit report, the head of the department, agency, public body, or private entity audited shall respond, in writing, to each recommendation made in the audit report.” Accordingly, management submitted its response to the audit findings and recommendations on June 19, 2019, and such response is included in this report. Pursuant to this statute, the OIA may follow up regarding recommendations included in this report within one year following the date of issuance.

We would like to express our sincere appreciation to the RIDOH staff for the cooperation and courtesy extended to the members of our team during this audit.

Respectfully yours,

Dorothy Z. Pascale, CPA
Chief

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Honorable William J. Conley Jr., Chairperson, Senate Committee on Finance
Honorable Marvin Abney, Chairperson, House Finance Committee
Internal Audit Advisory Group
Steven Whitney, Senate Fiscal Office
David Trembly, Senate Fiscal Office

Audit Executive Summary

Why the Office of Internal Audit Did This Review

As a result of our annual risk assessment, the Bureau of Audits conducted an audit of the Rhode Island Department of Health, Center for Health Facilities Regulations practices and procedures.

The purpose of this engagement was to determine if operations are being administered efficiently and effectively in accordance with requirements, statutes, and state procedures.

Background Information

The Center for Health Facilities Regulation monitors and ensures that all healthcare facilities provide the highest quality of care and services in a clean and safe environment.

They accomplish this mission by:

- Managing and coordinating the licensing of healthcare facilities.
- Operating a public-centered, responsive and uniform enforcement program in accordance with state licensing standards.
- Certifying facilities that provide services for the federal Medicare and Medicaid programs.

To Strengthen Controls, the Department of Health should:

- Create a comprehensive inventory of inspection status.
- Perform a comprehensive resource analysis to identify needs and priorities
- Expand performance metrics and use to drive process efficiency and staff accountability
- Explore Partnerships with outside inspectors to reduce inspection redundancies
- Streamline process for complaint triage.
- Perform a risk assessment to determine frequency and scope of discretionary inspections
- Obtain Project Management Software to improve scheduling and oversight of facility inspections

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Introduction

The Division of Customer Service within the Rhode Island Department of Health (RIDOH) is comprised of three units:

- Center for Professional Boards and Licensing
- Center for Health Facilities Regulation
- Center for Vital Records

The Division's mission is to ensure a competent health care workforce, enforce laws and regulations that protect health and safety, and issue licenses. The Division licenses, monitors, and regulates health care professionals, health care facilities, and health-related facilities. RIDOH investigates complaints from all sources and, if substantiated, initiates compliance action. The Division includes the public facing Center for Vital Records which ensures the integrity and appropriate access to permanent records related to births, deaths, marriages, and civil unions for Rhode Island.

The mission of the Center for Health Facilities Regulation (CHFR) is to monitor and ensure that all healthcare facilities provide quality care and services in a clean and safe environment. The Center:

- Manages and coordinates the licensing of healthcare facilities
- Operates a public-centered, responsive and uniform enforcement program in accordance with state licensing standards for health care facilities
- Certifies facilities that provide services for the federal Medicare and Medicaid programs
- Investigates community complaints and facility reported incidents and, if substantiated, initiates compliance action.

CHFR is responsible to ensure that state-licensed and federally certified health care facilities meet the applicable health, safety, and quality standards and regulations outlined in state and federal law. RIDOH maintains an agreement with the Centers for Medicare and Medicaid Services (CMS) to conduct certification surveys and investigations in federally certified health care facilities.

CHFR includes the Radiological Health Program (RHP) which is responsible for licensing, inspection and oversight of radioactive materials and machine produced radiation used in healthcare, industrial and academic environments. RIDOH maintains an agreement with the US Nuclear Regulatory Commission regarding oversight of radioactive materials.

Control Environment

The Center for Facilities Regulation has experienced management turnover. Specifically, since calendar year 2017, the Division of Customer Services had the following leadership changes:

- Three Division Chiefs;
- Five Principal Nursing Care Evaluators;
- Two Associate Directors;
- One Chief Health Program Evaluator; and
- One Supervising Radiological Health Specialist

As a result of this turnover in management, RIDOH experienced a lack of continuity in management style and strategic planning. Improvements to operational and control areas discussed throughout this report will enhance the control environment at DOH such as the need to:

- Compile a single comprehensive listing of facility inspection status;
- Complete a risk analysis to identify frequency and scope of discretionary inspections
- Perform a comprehensive resource analysis to quantify human resources needed to meet organizational requirements and objectives;
- Expand the performance metrics system to track and monitor effectiveness of business processes;
- Leverage external resources to minimize workload;
- Improve the process for triaging complaints.

Recommendations and Management's Responses

Ensure Timeliness of Inspections and Complaint Investigations

The CHFR is charged with licensing and monitoring healthcare facilities throughout the state to ensure safe and effective patient care. Depending on the facility, RIDOH is governed by:

- State Law
- Federal Regulation
- State regulation
- Internal RIDOH Policy¹

The OIA noted that RIDOH is not compliant with regulations related to facility inspection and complaint investigations.

¹ Including but not limited to: RIGL Chapter 23, 216 RICR 40-10 Parts 1-24, and Title XIX of the Social Security Act.

Inspections:

RIDOH has not met inspection requirements for 972 out of 1325 (73%) facilities. The following table summarizes those facilities whose inspections are defined in law, regulation or federal guidelines.

Facilities with Defined Inspection Requirements²			
(Frequency based on Legal Requirements, Regulatory Requirements or Federal Guidelines)			
Inspection Type	Number of Facilities	Overdue	Percent Overdue
Facilities Inspection			
Federally Mandated	188	0	0%
State Mandated	267	164	61%
Total	455	164	34%
Radiological Health Program			
Radiation Facilities (Federal Guideline)	62	0	0%
X-Rays (State Guideline)	808	808	100%
Total	870	808	93%
Total			
Total	1325	972	73%

Overdue inspections are highly concentrated within certain categories of facilities. Significant categories of noncompliance include X-Ray facilities, Home Health Providers, and Organized Ambulatory Care Facilities.

All federally required inspections, which are supported with federal funding, are performed on a timely basis. All overdue inspections represent state regulatory or legislative requirements that must be accomplished with state funding. Funding cannot be re-allocated between facility types. As such, RIDOH management's ability to perform state-mandated inspection work is limited by its budgetary allocation. RIDOH management has not quantified the resource needs necessary to gain compliance with state requirements. More information about this resource analysis is described in subsequent sections of this report.

² This table does not include all facilities that are licensed by RIDOH and overseen by CHFR. Facilities whose inspection frequency is not set in law, regulation or federal guideline are not represented here.

Complaints:

In addition to performing routine surveys, CHFR survey staff also respond to complaints. The term “complaint” includes allegations received from the community (Community Reported Complaints) and incidents that facilities are required to report (Facility Reported Incidents).

Complaints: As of April 10, 2019:

- 3,068 medium and low risk healthcare facility complaints have not been investigated within the mandated time frames;
- 2,778 overdue complaints (91%) are attributable to Nursing Homes, Hospitals, and Assisted Living facilities.

Without appropriate regulatory oversight and response, healthcare patients may receive inadequate care.

Recommendations:

1. Perform an analysis of resource needs to perform required state mandated inspections and investigations.
2. Prepare and implement a plan to deploy resources to comply with all state inspection laws and guidelines.

Management’s Response:

RIDOH concurs that adequate regulatory oversight and response is important for patients utilizing Rhode Island’s health care facilities. Enforcing regulations and assuring a competent workforce is a critical public health function.

Non-performance of required inspections and complaint investigations has occurred in the context of a clear lack of resources. A long-standing deficit of state-funded surveyor (inspector) positions has prevented RIDOH from conducting legislatively mandated inspections of state-licensed health care facilities, routine x-ray inspections, and contributed to a significant backlog of complaints.

As noted, RIDOH does not have the ability to re-allocate funding between certain types of survey activities. While federal funds can be used to investigate complaints in federally-certified nursing homes, state funding must be utilized to investigate almost all other complaints. State funding is also required to conduct surveys in Organized Ambulatory Care Facilities, Home Nursing Care Providers and other state-license facilities that have not maintained federal-certification, as well as x-ray inspections.

RIDOH has previously requested additional staff to conduct state licensure surveys and investigate complaints in state-licensed health care facilities, resulting in three surveyor positions being added in 2019.

Subsequently, RIDOH utilized the methodology provided by the audit team to further delineate the number of survey staff necessary to perform federal and state inspections, including Radiological Health

functions. This analysis, which is contained here, confirmed the need for additional staff beyond the three positions that RIDOH was awarded. The Analysis showed that 11.24 additional FTE's are needed, without accounting for staff needed to investigate the significant backlog of complaints or address 'discretionary' inspections.

While RIDOH will develop a plan to meet all requirements, RIDOH will not be able to meet all state inspection laws and guidelines without adequate resources.

Responsible Party: Chief, Center for Health Facilities Regulation

Anticipated Completion Date: Anticipated completion of plan to meet requirements: January 2020.

Implementation of plan: TBD, pending adequate resources

Develop Comprehensive Inventory of Inspection Status

Due to the size of the population subject to health facility inspection and the complexity of regulatory requirements, maintaining an effective system of code enforcement requires an organized and complete record of inspection status. Review of the current inspection database revealed that it does not include all buildings subject to inspection.

There are two distinct independent subdivisions within the Facilities inspection unit:

- Health Facility inspections
- Radiation Health Regulation

The Health Facility unit uses two distinct databases to issue licenses and track inspections:

- L2K – The RIDOH entity-wide database used solely for the issuing state licenses. This software does not have the capability to track and monitor inspection requirements.
- ASPEN - The federal database is used to track and monitor health facility inspections. This system is designed specifically for federally certified health facility inspections and is used by states to track other inspections as well.

These systems have different purposes and significant differences in the information contained. Because of these technical limitations, RIDOH management must utilize more than one data source and cannot efficiently identify the inspection status of all facilities under their purview. Furthermore, the radiation health unit does not use these electronic databases to track facilities inspections because it has historically operated as a separate and distinct unit.

No formal procedure or process has been implemented to ensure all facilities requiring inspection are captured in the system and reconciliation between L2K and ASPEN is performed. Without consistent and timely capturing of information and reconciliation, reporting from these systems does not provide RIDOH management accurate and complete information to proactively manage inspections and evaluate compliance with regulatory responsibilities.

Recommendations:

3. Implement a procedure to capture all facility inspections in the system.
4. Reconcile the state licensing system with the federal inspection database.
5. Evaluate the efficacy of designing automated reporting to identify inspection status of all facilities.
6. Integrate the status of Radiation Health inspections into the inspection database.
7. Expand regular reports to executive management regarding compliance with all mandatory inspection requirements.
8. Perform risk assessment for discretionary inspections to identify the nature and frequency of facility inspections without regulatory requirements.

Management's Response:

RIDOH agrees with the need to have a defined process for handling two distinct data bases that have distinct purposes. RIDOH recognized the need to maintain a consistent process to enter all newly licensed facilities into the ASPEN database and centralized the process to enter newly licensed facilities into this database several months ago. Over the past month, RIDOH memorialized the current process in a defined protocol.

RIDOH is in the process of performing a reconciliation between the two databases and identifying resources to enter x-ray facilities into ASPEN. The reconciliation has revealed a small number of facilities in the inspection database whose status needed to be updated to reflect the facility had closed. RIDOH asserts that no inspections were missed due to the necessity of utilizing more than one database.

RIDOH had previously explored integrating the status of the Radiation Health inspections into the ASPEN database and determined that establishing the citation database for the program would require additional personnel and/or financial resources that were not readily available. RIDOH concurs that it would be beneficial to integrate x-ray facility status into ASPEN, though with the current staffing it will take a substantial amount of time and effort given the need to enter each regulation into the database and update each x-ray facility.

RIDOH had developed customized reports to monitor the timeliness of federal and state surveys and monitors outstanding complaints on a weekly basis. As RIDOH continues to refine the reports to monitor state surveys, RIDOH will also explore the possibility of system generated automated reports.

RIDOH agrees with the suggestion to expand the reports to executive management and is developing the format for these expanded reports. RIDOH also concurs with the suggestion to conduct a risk assessment of discretionary inspections whose frequency is not defined in statute or regulation and is working to identify resources to perform the assessment. However, RIDOH maintains that additional resources are needed even without considering 'discretionary' inspections. Refer to page 16.

Responsible Party: Interdepartmental Program Manager, or designee.

Anticipated Completion Date: March 2020

Refine Performance Metrics and Conduct Risk Analysis of Discretionary Tasks

Performance metrics provide management with information related to the operation of business processes and the activity of staff. This information may be used to:

- Evaluate process efficiency and effectiveness;
- Hold staff accountable for performance; and
- Prepare operational and fiscal analyses.

RIDOH tracks and monitors various metrics including but not limited to:

- Aging of facility incidents and complaints
- Status of facility inspections
- Licenses issued and expired
- Staff workload and hours dedicated to specific projects and tasks

However, management has not compiled and utilized this data to create a defined resource plan which identifies responsibilities, priorities, assignments, and resource needs. Data collected is not readily available in a format suitable for estimating human resource needs. Without a comprehensive analysis of needs and responsibilities, it is difficult for RIDOH management to define the necessary resources to achieve its business objectives.

Expansion and utilization of performance data would improve RIDOH management ability to measure efficiency and effectiveness of business processes, hold staff accountable, provide feedback about performance and improvement goals, and assess budgetary needs. Prior to the end of field work, DOH management began preparing and organizing data for use in resource and risk analyses.

Recommendations:

9. Expand procedures to track performance metrics and use benchmarking. Utilize results to:
 - Evaluate process efficiency and effectiveness;
 - Enhance systems utilized to hold staff accountable for performance; and
 - Prepare additional operational and fiscal analyses.
10. Prepare a comprehensive resource analysis utilizing data from performance metrics. This should include a risk analysis for discretionary items.

Management’s Response:

Over the past year CHFR has enhanced its capacity to monitor, analyze and utilize data. While RIDOH concurs with the suggestion to refine performance metrics, RIDOH maintains that no significant deviations from defined business processes exist. All staff undergo a rigorous training process in conformance with Centers for Medicare and Medicaid Services (CMS) and/or Radiological Health standards. Staff are held accountable through routine informal monitoring of staff performance of tasks and assignments and frequent communication with program managers. In addition, CMS and The Nuclear Regulatory Commission (NRC) conducts periodic program reviews of the survey process and the Radiological Health Program, including accompaniment of inspectors. No significant deviations from protocols have been identified through the CMS or NRC accompaniment of inspectors.

Whenever a federal metric has not been met, RIDOH has implemented corrective actions. For instance, although NRC had previously identified deficiencies in conducting on-time inspections, they were due to staff shortages (e.g., vacant positions). As noted in the draft audit report, the RCP is current on all radioactive materials inspections.

RIDOH had compiled a listing of responsibilities and priorities in 2017 and closely follows several documents which outline priorities, including the annual CMS mission and Priority Document.

The analysis of required tasks, using the methodology set forth by the audit team, clearly showed that additional staff are needed to complete required health inspections, x-ray inspections and complaint investigations. This holds true even before accounting for the resources needed to address the substantial backlog of complaints that exists or ‘discretionary’ inspections.

RIDOH agrees with the suggestion to conduct a risk assessment of discretionary inspections whose frequency is not defined in statute or regulation and is working to identify the expertise and resources necessary to perform the assessment. RIDOH maintains that additional resources are needed even without considering ‘discretionary’ inspections.

Responsible Party: Chief, Center for Health Facilities Regulation

Anticipated Completion Date: February 2020

Improve Staff scheduling

A well-planned schedule is a fundamental management tool that can help government programs use public funds effectively by specifying the timing of work performed and measuring performance against an approved plan.

The RIDOH facility inspection unit manages and deploys a large staff of surveyors to maintain compliance with complex regulatory requirements. These requirements differ for each facility type regarding:

- Frequency of inspection
- Duration and complexity of inspection
- Required training and certification of surveyors

The unit operates without project management software to assign, track, and monitor resources. Currently, the schedule is developed manually using a spreadsheet and must integrate:

- Physical Locations of facilities
- Delays, Vacation requests, Sick leave
- Qualifications of inspectors

As a result, management spends additional time and effort scheduling staff with limited reporting and assessment capabilities to evaluate the efficiency and effectiveness of its deployment strategies.

Recommendation:

11. Obtain and deploy project Management Software to Facilitate Scheduling, monitoring, and tracking.

Management’s Response:

RIDOH program managers continuously monitor the timeliness and duration of inspections and has been able to meet the federal benchmarks for timeliness and frequency of routine inspections using federally funded positions.

RIDOH agrees that scheduling software would be beneficial to decrease the amount of time required to plan and update the schedule. Over the course of a typical month, the survey schedule is often adjusted to respond to developing situations; such as an incoming high-priority complaint or serious findings during an inspection. Accordingly, RIDOH will work to identify software that could facilitate the process as well as funding for the software.

Responsible Party: *Principal Nursing Care Evaluator (responsible for oversight of federal schedule)*

Anticipated Completion Date: *October 2019*

Streamline Business Processes

With finite staff hours available, resources must be deployed in such a way that their effectiveness can be maximized. Business processes must be designed to facilitate the achievement of goals and eliminate non-value-added tasks.

CHFR received more than 4,200 complaints during calendar year 2018. Complaints are reviewed by a triage nurse who assigns a priority level according to risk standards defined by regulation and law. The highest priority level assigned to complaints is “Immediate jeopardy” where a situation alleges non-compliance has caused, or is likely to cause serious injury, harm, impairment or death.

The OIA performed a business process analysis of complaint intakes and found the complaint intake process could be streamlined.

- Intake, Triage and Data Entry– When complaints are received they are routed through two to three employees before being printed and stored physically on site.
- Assignment – Only high-risk complaints are identified and investigated in a timely manner. The remainder of complaints are stored indefinitely and investigated as resources become available.
- Closeout – RIDOH lacks detailed guidance for triage staff to close complaints. Some triage staff have reported apprehension to close out complaints in the absence of specific criteria and instruction.

According to management reports, there are 1,717 (56%) complaints overdue for more than one year. Currently, RIDOH management approaches complaints by physically investigating each reported incident. This method requires substantial time and effort by survey staff to individually address each incident. In certain instances, such as nursing homes or reports of abuse, in-person investigations are required by law; however, other types of complaints may be addressed through alternative approaches which would reduce human resource needs.

For example, RIDOH might consider using a data-driven approach to categorize and filter complaints by facility, complaint type, severity, and any other relevant factors. This data could then be fed to an algorithm which would inform surveyors about potential problems to consider when determining the frequency and scope of facility inspections. In this manner, RIDOH could address and resolve multiple complaints during a scheduled inspection rather than using additional resources.

Efficiency improvements and changes to the triage and assignment methodology could reduce the use of human resources to resolve the annual pool of complaints.

Recommendations:

12. Improve the complaint triage process by using data-driven approaches and decisions.
13. Develop a policy and guidance for complaint closeout and train staff about new process guidance.

Management's Response:

RIDOH concurs with the recommendation to formalize guidance for administrative close out of complaints. RIDOH has long-maintained a process where some complaints are administratively closed (e.g. no on-site investigation is needed). To increase consistency between staff, CHFR has updated the triage protocols, including guidance for closing complaints.

The routing of all complaints through one central intake center was a recommendation that came out of two LEAN initiative between the Centers for Facilities Regulations and the Center for Professional Boards

and Licensing. Intake staff receive all complaints; which may be filed in-person, telephonically, electronically, via fax, or regular mail. Those that are applicable to licensed facilities are reviewed by a CHFR triage nurse that has the expertise necessary to assign a priority level.

RIDOH maintains that within the context of limited resources, RIDOH appropriately utilizes a triage process to prioritize complaint investigations by the seriousness of the allegation (risk). RIDOH receives a large volume of complaints and the scope and frequency of these investigations compete with other time-sensitive responsibilities that must be accomplished using defined funding streams (e.g. routine surveys at specific intervals.) CHFR does categorize outstanding complaints to identify trends and increase efficiencies. Even in cases where a complaint investigation is prompted by a single higher priority complaint, multiple complaints are usually addressed. Complaints that share commonalities are identified and investigated during the visit (as time allows). RIDOH agrees to explore additional data-driven approaches to drive these processes, including determining what resources would be necessary to implement and sustain such approaches.

Surveyors must bring copies of the complaints to the facility, as the compliant database cannot be accessed remotely.

Responsible Party: Principle Nursing Care Evaluator

Anticipated Completion Date: January 2020

Evaluate Efficacy of Partnerships with Other Inspectors

State agencies operate with limited budgetary funding and must deploy financial and human resources in the most effective and efficient manner possible to achieve the mission of their organization. Furthermore, resources should be deployed in such a manner that the skills and expertise are put to their best use.

As part of inspection procedures defined by CMS, the RIDOH facilities inspection unit must integrate components of Life Safety Code³ (LSC) inspections into their annual survey requirements. Currently, RIDOH surveyors perform life safety inspections personally during on-site surveys of facilities. The State Fire Marshal inspectors perform very similar inspections in the normal course of business. However, we noted that RIDOH and the State Fire Marshal are not coordinating efforts to gain efficiencies.

The OIA performed an analysis of life safety code inspections performed by the SFM to identify redundancies in work:

- We found that the SFM performed 23 LSC inspections of nursing homes during the period January 1, 2018- March 31, 2019
- These inspections represent approximately 26% of all licensed nursing homes during the period.

³ CMS guidance also requires surveyors to perform food safety inspections which are duplicated by another department in RIDOH. While our analysis did not include food safety inspection procedures, RIDOH management should include this area in its review of potential partnerships.

- These inspections were performed in addition to inspections previously performed by RIDOH facilities inspection unit.

There is not effective communication between the RIDOH facilities inspection unit and other units within the State that perform inspections. Improvements to the coordination and cooperation between units may produce increased efficiency and minimize overlap of work performed.

Recommendation:

14. Evaluate establishment of Resource-Sharing Agreement with the State Fire Marshall for performance of Life Safety Code Inspections.

Management's Response:

RIDOH and the State Fire Marshal's office maintain regular communication around specific cases in Nursing Homes and other facility types.

In years past RIDOH tried to implement a process whereby the State Fire Marshal's office conducted the federally-required Life Safety Code Surveys for RIDOH. However, it proved difficult to maintain the strict federal timelines (to conduct the inspection and complete the paperwork required by CMS), which put federal funding at risk. The department will continue to explore with the State Fire Marshal's Office ways to improve collaboration.

Responsible Party: Principal Nursing Care Evaluator (responsible for federal scheduling)

Anticipated Completion Date: December 2019

Objective and Scope

Based upon our annual risk assessment, the Office of Internal Audit conducted a limited scope performance audit of the Customer Services Division at the RI Department of Health. Our limited scope focused on the Facilities Regulation and Inspection unit processes for the period beginning July 2017 through April 2019. The purpose of the engagement was to determine if operations are being administered efficiently and effectively in accordance with requirements, statutes, and state procedures.

Methodology

As part of our audit work we gained an understanding of the existing controls over the Center for Health Facilities Regulation. To address our audit objective, we performed the following:

- Prepared process diagrams for key functions within the department of health facility inspections unit
- Met with management and program staff to discuss day-to-day operations, challenges, regulations and laws

Resource Analysis:

RIDOH utilized the methodology provided by the audit team to delineate the number of surveyors required to address inspections of x-ray facilities, health care facilities that have a defined timeframe for routine inspections, and incoming complaints. Using this methodology (shown below) RIDOH demonstrated that at least 11.24 additional FTE's would be required. The calculations did not include additional staff needed to address the current backlog of complaints or perform 'discretionary' inspections, including inspections of facilities that do not have a mandated timeframe for frequency of routine inspections.

1.) Staffing Requirements for the Radiological Health Program:

The Radiological Health Program (RHP) is currently authorized five (5) professional-level position, including a program manager. The RHP staff are not just responsible for inspection of regulated facilities. The RHP staff is also responsible for licensing, emergency response and other aspects of the program. Within the current staffing level, approximately 1.2 FTE's, which are primarily consumed by licensing duties and complaints, are dedicated to x-ray facilities. The table below is based on time reporting for the first three (3) quarters of State Fiscal Year 2019 and shows average FTE allocations for the various aspects of the RHP.

RHP PROGRAM or ACTIVITY	Average FTE
Facilities Regulation	0.281
Licensing and Regulatory - X-Ray	1.291
Licensing and Regulatory - Radioactive Materials	2.848
Licensing and Regulatory - Tanning	0.092
Center for Legislative and Regulative Affairs	0.038
Mammography Quality Standards Act	0.450
TOTAL FTE:	5.0

The assessment was completed using the methodology provided by the auditors, which showed that an additional 6.4 FTE's are required solely for the x-ray inspections in accordance with the state guidelines. Frequencies are established from recommendations provided by the Conference of Radiation Control Program Directors, Inc. (CRCPD) for comparable x-ray facilities in other states.

Radiation Health Program: Additional FTE's Required for X-Ray Inspections						
Inspections Type	Total Facilities	Frequency (Months)	Annual Number	Staff Hours (Including Travel)	Required Staff Hours	Required FTE
	1,005					
Dental X-Ray facility	398	48	99.5	24	2388	1.87
Facilities utilizing X-ray for non-healing art	6	36	2.0	21	42	0.03
Hospital radiology facility	13	12	13.0	35	455	0.36
Industrial radiation machine (A)	64	24	32.0	18	576	0.45
Industrial radiation machine (B)	35	36	11.7	18	210	0.16
Industrial Radiography Facility	4	12	4.0	18	72	0.06
Particle Accelerator Facility	1	24	0.5	18	9	0.01
Provider of X-Ray services	120	NA	0.0	0	0	0
Radiation of physics services	64	NA	0.0	0	0	0
Radiation therapy facility	7	12	7.0	28	196	0.15
Radiology facility	48	12	48.0	35	1680	1.31
Specific radiology facility	29	24	14.5	21	305	0.24
Specific radiology facility (multiple)	130	24	65.0	25	1625	1.27
Storage X-Ray facility	12	0	0.0	0	0	0
Veterinary X-Ray facility	74	24	37	18	666	0.52
						6.4 FTE

2) *The same methodology was used to estimate the number of surveyors required for state and federal inspections of health care facilities and assisted living residences. The tables below calculate the number of FTE's required for these state and federal inspections. The table on page 19 shows the number required to conduct state licensure surveys that must be performed at specific intervals (2.63 FTE's). Facilities that have maintained federal certification are required to be inspected at the frequency set forth by CMS. Accordingly, the table on page 20 shows the number of FTE's required to conduct these interval-based federal certification survey (10.24 FTE's). Staff needed to conduct complaint investigations, initial surveys, surveys to verify deficiencies are corrected, and surveys necessitated by specific findings (e.g. substandard quality of care) are captured on page 21 (15.97 FTE's). Together these calculations demonstrate that at least **4.84 additional** FTE's are required at this time to conduct these state surveys and complaint investigations. In addition, **this number does not account for the staff needed to address the backlog of complaints or 'discretionary' inspections, including those that are not set forth by mandate or guidelines.***

State Licensure Inspections: Staffing Requirements Interval-Based Surveys ** Denotes Federal Requirements	# of Licenses	# Federally Certified	Total # of Facilities	State Requirement	Frequency (Months) State*	State Annual Number	Staff Hours (Including Travel) (State)	Required Staff Hours (State)	Required FTE
Skilled Nursing Facilities/ Nursing Facilities**	86	81	86	annual	12	5	50	250	0.20
Hospitals**	13	13	13	N/A	N/A	0	0	0	-
Rehabilitation Hospital Center**	1	1	1	annual	N/A	0	0	0	-
Federal Transplant Centers**	1	1	1	N/A	N/A	0	0	0	-
ICF/IID- Group Homes**	0	3	3	N/A	N/A	0	0	0	-
Assisted Living Residences	64	0	64	biennial	24	33	23	759	0.59
Clinical Laboratories- In State (795 CLIA- Physician Office Waivered Labs) and PPM **	21	795	816	N/A	N/A	0	0	0	-
CLIA- Certificate of Registration**	0	2	2	N/A	N/A	0	0	0	-
CLIA- Certificate of Compliance**	0	47	47	N/A	N/A	0	0	0	-
CLIA- Certificate of Accreditation**	0	32	32	N/A	N/A	0	0	0	-
Clinical Laboratories- Out of State**	441	0	441	N/A	N/A	0	0	0	-
Home Care Providers (Plus 1 branch)	24	0	24	annual	12	24	32	768	0.60
Home Nursing Care Providers (Plus HNCP branches) **	53	25	53	annual	12	28	32	896	0.70
Hospice (plus 3 branches) **	8	8	8	annual	N/A	0	0	0	-
Organized Ambulatory Care (Plus branches) (FQHC)	55	45	74	annual	12	10	14	140	0.11
Ambulatory Surgical Centers	16	15	16	annual	12	1	28	28	0.02
School-Based Health Centers	4	1	4	annual	24	3	14	56	0.03
Freestanding Emergency Care Facilities	1	0	1	annual	12	1	21	21	0.02
Kidney Disease Treatment Centers (2- ESRD hospital based off campus) **	14	16	16	annual	N/A	0	0	0	-
Nursing Service Agencies	33	0	33	annual	12	33	14	462	0.36
CORF (0) OPTIPS (2)**	0	2	2	N/A	N/A	0	0	0	-
									2.63 FTE's

Federal Inspections: Staffing Requirements: Interval-Based	# of Licenses	# Federally Certified	Total # of Facilities	Federal Requirement	Frequency (Months) Fed	Federal Annual Number	Staff Hours (Including Travel) (Fed)	Required Staff Hours (Federal)	Required FTE
Skilled Nursing Facilities / Nursing Facilities	86	81	86	15.9 max/ 12.9 avg	12.9	76.3	147	11216	8.76
Hospitals	13	13	13	1 yr./& per CMS request	12	1	252	252	0.20
Rehabilitation Hospital Center	1	1	1	5% target/ 7 yr. max.	84	0.1	0	0	-
Federal Transplant Centers	1	1	1	5 Year max.	60	0.2	70	14	0.01
ICF/IID- Group Homes	0	3	3	15.9 max/ 12.9 avg	12.9	2.8	42	117.6	0.09
Assisted Living Residences	64	0	64	N/A	N/A	0	0	0	-
Clinical Laboratories- In State (795 CLIA-Physician Office Waivered Labs) and PPM	21	795	816	Off-site review, as received	N/A	180	.75	135	0.11
CLIA- Certificate of Registration	0	2	2	initial w/in yr, then falls into schedule of cert type	initial	8	7	56	0.04
CLIA- Certificate of Compliance	0	47	47	biennial	24	23.5	7	164.5	0.13
CLIA- Certificate of Accreditation	0	32	32	1/yr assigned by CMS	N/A	1	7	7	0.01
Clinical Laboratories- Out of State	441	0	441	Off-site review, as received	N/A	70	.75	52.5	0.04
Home Care Providers (Plus 1 branch)	24	0	24	12	N/A	0	0	0	-
Home Nursing Care Providers (Plus branches)	53	25	53	36.9	36.9	8.5	63	535.5	0.42
Hospice (plus branches)	8	8	8	36	36	2.7	63	170.1	0.13
Organized Ambulatory Care (Plus branches)	55	45	74	36.9	N/A	0	0	0	-
Ambulatory Surgical Centers	16	15	16	25% assigned annually/ 6 yr. max	12	3.75	35	131.25	0.10
School-Based Health Centers	4	1	4	N/A	N/A	0	0	0	-
Freestanding Emergency Care Facilities	1	0	1	N/A	N/A	0	0	0	-
Kidney Disease Treatment Cts (2-ESRD hospital based off campus)	14	16	16	42.9	42.9	4.5	56	252	0.20
Nursing Service Agencies	33	0	33	NA	N/A	0	0	0	-
CORF (0) OPTIPS (2)	0	2	2	Not required	N/A	0	0	0	
									10.24 FTE's

Staffing Requirements: Complaint Investigations & Other Inspections	Frequency (Months)	Annual Number	Staff Hours	Total Hours	Required FTE
Complaint Investigations: ~4200 received/ year 30% adjustment for administrative closures	12	2940	5	14700	11.48
Other Inspections & Licensing: e.g. Substandard Quality of Care, Initial licensure, unlicensed providers, Licensing (laboratory, tattoo artists)	12			3200	2.50
Follow up surveys	12	170	15	2550	1.99
					15.97 FTE's

'Discretionary Inspections' and Complaint Backlog	Total	
Adult Day Care Centers	30	Risk Analysis to be Completed
Phlebotomy Stations	228	
Tattoo Parlors	69	
Body Piercing Establishments	31	
Patient Safety Organizations	1	
High Priority Occurrences (e.g. closure, strike)		
Complaint Backlog		