“HOW TO SURVIVE AN OFFICE OF BEHAVIORAL HEALTH LICENSING SURVEY WITH YOUR NERVES INTACT.”

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Barbara Lang, M.A., L.P.C., L.I.S.A.C., C.C.S.O.T.S.
Office Chief, Office of Behavioral Health Licensing
Division of Licensing Services
OBJECTIVES

To be able to identify the top 25 commonly found licensing citations.

To be able to identify environmental hazards that compromise health and safety.

To know what to expect when a surveyor arrives on site for a compliance survey as well as a complaint survey.

To be able to identify the future direction of licensing rules.
HOW TO SURVIVE AN OFFICE OF BEHAVIORAL HEALTH LICENSING SURVEY WITH YOUR NERVES INTACT
Ten things you should never communicate to your surveyor

1. “Can you email me my program description, I didn’t retain a copy and I need to know what it is I am supposed to be doing.”

2. “Yes, we have a policy for that but that’s not how we do things.”

3. “The key to the locked cabinet that houses all of our personnel records is on a boat floating down the Colorado River in our Administrator’s purse.”

4. “No, those meds are not PRN’s for clients, they are used as PRN’s for staff; the job gets quite stressful.”

5. “Rules? What rules are you referring to?”
Ten Things Continued

6. “We make sure when the kids are attending knife making class that they are very safe.”

7. “I believe we have a spare closet you can set up in to compile your survey findings.”

8. “Do you all carry guns?”

9. “We can use Tasers, right?”

10. At a residential facility for adult SMI females, I was conducting an environmental inspection and asked why there was a lock on one of the doors. The owner of the place (manager, administrator) said, “for privacy”, so I asked to see the room and was told, “Oh, I don’t have a key; it’s my son’s room. He just got out of prison.”
Regulatory Stereotypes - Overuse

The Midnight Raider

- Over uses non-business inspection hours.
- Suspicious and wary of licensees.
- Expects to “catch them doing bad.”

The Pessimist

- Expects that licensees are covering up violations.
- Expects the licensee cannot succeed or improve.
- Offers little assistance, or if offered, communicates lack of faith it will be used.
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Regulatory Stereotypes- Overuse

The Masked Aggressor

- Polite and deferential in face to face interactions.
- Then lowers the boom in writing.

The Narrow Gauge Railroad Engineer

- Tunnel vision about licensing (my way or the highway).
- Gives licensees no options to achieve compliance - must be the surveyor’s way.
Regulatory Stereotypes- Overuse

The Enforcer

• Badge Heavy, thinks licensing is only enforcement.
• Assumes the rules would collapse without his/her vigilance.
• Views technical assistance as a cop out that only dilutes the licensor’s authority.

I gotcha

• Determined to find violations.
• Over-reacts before gathering and assimilating the facts.
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Regulatory Stereotypes - Underuse

The Social Worker

• Confuses the role of regulator with that of a therapist.
• Avoids legitimate enforcement
• Considers effective licensing to be too negative for the helping person.

The Slipshod

• Doesn’t make an effort to learn the rules well enough to apply them confidently and conscientiously.
• Tries to get by through getting along with everybody rather than by gaining respect through doing the job in a professional way.
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The Balanced Approach

Building on your relationship

- Elicit a spirit of cooperation
- Convey information that will help the survey go well.
- Obtain information needed for the survey.
- Promote a feeling of credibility.

Trained, Competent and Customer Service Driven

- Provides technical assistance.
- Focuses on rules and their value relating to consumer protection.
- Desires the licensee to be successful.
HOW TO SURVIVE AN OFFICE OF BEHAVIORAL HEALTH SURVEY WITH YOUR NERVES INTACT

What can I expect?

Compliance Survey

Complaint Survey
Successfully Surviving the Survey

**MONITOR**

- Monitors applicable rules to the licensed facility subclass have been followed during the course of the licensing year.
- Health, safety and welfare issues are enforced.

**A FOCUSED SURVEY**

- A focused survey.
- No, we cannot tell you...
- To substantiate or unable to substantiate, that is the question.
- If we see it, we can’t ignore it.
Environmental Hazards

• Fire Potential / Injury and Damage
Environmental Hazards

- Fire Potential / Injury and Damage
Environmental Hazards

- Safety Concerns/Propensity for Harm
Environmental Hazards

- Safety Concerns/Propensity for Harm
Environmental Hazards

• Welfare Issues/Absence of Dignity
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Environmental Hazards

- Welfare Issues/Absence of Dignity
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The Top 25 Citations To Keep in Mind

R9-20-205.D.1 – BHT’s and BHP’s not receiving at least 4 hours of clinical supervision a month.

R9-20-209.J.7.a.e – Developing the assessment and treatment plans.

R9-20-201.D.1.2 – Performance Reviews on staff every 12 months.

R9-20-209.J.6.a.g – Putting in the required elements into the assessment and treatment.

R9-20-214.H.1 – Fire drills performed per shift every 3 months.

R9-20-214.A.1.a.c – The facility be in good repair, clean and free of hazards.

R9-20-302.B – Persons who perform counseling must have the skills and knowledge to do so; verified through documentation.
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The Top 25 Citations To Keep in Mind

R9-20-201.B.2.e – The facility is required to have a policy to ensure staffing that addresses health and safety as well as to provide services.

R9-20-207.C.3 – The facility is required to have the actual staff to provide general client supervision and to meet the needs of the clients.


R9-20-208.I– Admission rule; the acknowledgement documents must be in the client record with required documentation of receipt.

R9-20-209.I.2.a.d. – An initial treatment plan must be developed before any services are provided.

R9-20-211.D.7 – The facility shall maintain documentation in a client record of general and informed consent.

R9-20-212.1.b – The facility must have a first aid kit in the vehicle.
The Top 25 Citations To Keep in Mind

R9-20-205.E.1-4 – The facility must include the elements of clinical supervision pertaining to the population served and staff skills.

R9-20-401.A.3. – The facility is required to have documentation that the client has received a TB test within 7 days after admission.

R9-20-408.K.4.a.h – All the elements required for a client record for assistance with the self-administration of medication.

R9-20-408.I.1.7 – All the elements contained in the client record relating to schedule 2, 3 and 4 drugs.

R9-20-104.A.1.2 – Time frames relating to renewals.

R9-20-201.A.8.a.b – The facility is required to provide immediate access to the administrative office, facility and clients.

R9-20-201.C.2.d – A copy of the Arizona Administrative Code is available to staff and clients.
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The Top 25 Citations To Keep in Mind

R9-20-201.C.2.f. – A copy of the Arizona Revised Statute is available to clients and staff on Title 36, Chapters 4 and 5.

R9-20-203.C.10 – Client information and records can only be released with release of information forms; client confidentiality needs to be maintained.

R9-20-205.D.2 – Clinical supervision for part time employees is 1 hour for every 40 hours worked.

R9-20-201.C.3- The facility is to display all required postings.
How to Survive an Office of Behavioral Health Licensure Survey with Your Nerves Intact

Professional Pitfalls

Abracadabra!

Stay within your margins!

Let it go!

Keep your shirt on!

I’m not home right now, please leave a message!

We’ll leave the light on for you!

It’s the thought that counts!

I’m not telling!

If it isn’t written down then it didn’t happen!
HOW TO SURVIVE AN OFFICE OF BEHAVIORAL HEALTH LICENSURE SURVEY WITH YOUR NERVES INTACT

Breaking Down Barriers:
“Supporting Physical and Behavioral Health Through Licensing Rules.”
The Plan

• The Department plans to move requirements in 9 A.A.C. 20 for behavioral health service agencies that are health care institutions to 9 A.A.C. 10.

• The new articles and rules in 9 A.A.C. 10 will:
  — Focus on health and safety
  — Remove prescriptive requirements for behavioral health services
  — Reduce regulatory costs
  — Streamline the regulatory process
  — Address inpatient, residential, and outpatient behavioral health services settings
  — Integrate behavioral and physical health services
Health Care Institution “Preliminary” Integrated Licensing Model

- Hospitals
  (Provide both physical and behavioral health services)

- Level 1 BH Inpatient Facilities
  BH SVP Facility
  (Provide both physical and behavioral health services)

- Nursing Care Institutions
  Assisted Living Facilities
  Home Health Agencies
  Outpatient Facilities
  Hospices
  Adult Day Health Care Facilities
  (Licensed to provide only physical health services)

- Recovery Care Centers
  Outpatient Surgical Centers
  (Licensed to provide only physical health services)

- BH Residential Facilities
  (Licensed to provide only behavioral health services)

- Outpatient Facilities
  (Licensed to provide both physical health and behavioral health services)
How Can I Participate in the Rulemaking Process?

- Check Department website on a regular basis for ongoing rulemaking activities
- Participate in dialogue and submit comments via User Voice
- Submit comments using Survey Monkey
- Review draft rules
The Official Survey Quiz

What is the quickest way for your facility to come into compliance?
Questions - Comments
THANK YOU!

Please visit our website at:

www.azdhs.gov/diro/admin_rules/index.htm

barbara.lang@azdhs.gov