

Office of Licensing Look Behind Process for DD Providers Annual Inspections

Effective: May 26, 2020

Revised: June 5, 2020, January 26, 2021, September 7, 2021, February 2022, January 2023

Purpose: The purpose of the look behind process for annual inspections for DD providers, foremost, is to ensure specialists and Regional Managers have a thorough and consistent understanding of all of the guidance documents the OL has posted on the Regulatory Town Hall, and that they are complying with the written instructions and protocols reviewed with staff. Additionally, this process will ensure compliance with the DOJ SA provisions and indicators related to annual inspections.

Please note annual retraining of how to complete annual unannounced inspections as well as review of the annual checklist and how to review the specific regulations and document compliance/non-compliance is provided to staff each year.

All new LS receive a thorough orientation training including 1:1 training with their Regional Manager, shadowing of other LS, and completing reviews with a LS and RM and receiving feedback, as necessary to ensure consistent interpretation and monitoring of a provider's compliance and their ability to meet the supports needs of the individuals they serve.

I. Process Unannounced Inspections:

- A. Regional Managers (RM) will monitor the LS caseload in CONNECT by going to Main > Caseload Management > Caseload Overview Report-BI, select region, under caseload type – select “service” only, then export to PDF and filter the service column by selecting all DD services
- B. Run report that shows how many inspections have been opened, completed and CAP closed
- C. Each week the LS will notify the RM of how many annual unannounced inspections were started that week, currently in progress and CAP closed.
- D. RM's will utilize the current OL annual compliance determination chart and protocols to conduct look-behinds of the LS's completed annual unannounced inspections. Each week, the RM will complete a look behind of two (2) annual inspections, rotating LS and focusing more on new staff or staff that may require more support.
- E. RMs will keep a log of which inspections they reviewed by provider full license number, LS and date the review was completed, RM will also include a brief summary if there were concerns and the date the RM met with the LS. RM will also indicate if there are any repeat concerns.
- F. Regional Managers will run a report to see all citations given to that provider's service since the last inspection. This is needed to complete a review.
- G. All look behinds will include the review of the following:
 - Has every mandatory regulation been checked as indicated by a compliance rating?
 - Were any NA or ND ratings reviewed with RM prior to issuing the licensing report?

- Is each citation written in accordance with the protocols?
 - Is the reason for non-compliance given, an approved reason to cite a provider as indicated in the internal protocol and on the OL annual compliance determination chart?
 - If a provider is given a ND, is it for one of the approved reasons as indicated in the internal protocol and on the OL annual compliance determination chart?
 - If a provider is given a NA, is it for one of the approved reasons as indicated in the internal protocol and on the OL annual compliance determination chart?
 - If a provider was cited during the past year and again during the unannounced annual inspection, was the provider given a systemic citation (NS)?
 - Is there proof that the specialist reviewed **all** citations from the previous annual inspection to see if
 - The regulation is in compliance
 - The CAP was implemented as approved? If the CAP was not implemented did the LS cite the provider for 170.G
 - If provider is cited again, did the specialist review the reason and cite the provider for 170.H if the provider determined the CAP was implemented and did not include additional methods to address deficiency or submit a revised CAP?
- H. If the RM has questions, they are able to reach out to the QI/RM specialist for technical assistance and support
- I. Regional Managers will participate in DD unannounced inspections when a LS is new, for the first 3 months and will observe and provide feedback to the LS during the review as well as when reviewing the licensing report for any citations to ensure the LS is completing the review and interpreting compliance in accordance with the regulations, guidance documents and the checklists.
- J. Regional Managers will assign a new licensing specialist to another licensing specialist to shadow them and then to complete their own reviews with oversight by a more seasoned LS to ensure that the LS is completing the review and interpreting compliance in accordance with the regulations, guidance documents and the checklists.
- K. Regional Managers will complete 2 onsite annual DD inspections per month with a LS. The RM will rotate the LS they review.
- a. The RM will complete their own review of the provider, including completing a form that compares the LS compliance ratings with the RMs. The RM will be available to answer questions the LS may have during the inspection.
 - b. The RM and LS will set aside an hour at the end of the review and before leaving the provider to share their findings. Any areas of disagreement will be discussed and documented.
 - c. Notes from this review will be kept in the Look behind folder in the Regional Manager TEAMS.
 - d. This folder will be up-to-date no later than the last day of each month.**
 - e. Each month the RMs will discuss with the Associate Director of Operations and the Associate Director of Compliance any areas of discrepancy or concerns that were noted and determine any areas where staff may benefit from additional Training.
 - f. Notes from these meetings will also be kept and uploaded in the RM Teams

II. The Quality Improvement (QI) Review Specialist will:

- Conduct a look behind on two (2) completed and approved licensing reports each week focusing the review on only regulations 160.E.2, 520 and 620.
- The QI Review Specialist will alternate regions that are reviewed and will choose a different LS each week to review.
- The QI Review Specialist will not conduct a look behind on any providers for which consultation was provided to the Licensing Specialist or the Regional Manager.

*** The following steps will be followed for the 2023 Unannounced Inspections (Providers are required to submit the following via CONNECT: Risk Management Attestation and job description of RM; Systemic Risk Assessment; Quality Improvement Policies and procedures that demonstrate QI program and outline criteria for 620.D; Quality Improvement Plan):

- i. [Review 160.E.2 \(a-d\)](#) by reviewing the RCA policy submitted by the provider in CONNECT provider Portal. If the provider was compliant with this policy during the previous year's unannounced inspection and determined to be compliant during the 2023 unannounced inspection, then the QI Specialist will review the policy that was submitted with the 2022 unannounced inspection documents and make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet). If the provider was non-compliant with this regulation last year and the LS determines that the provider implemented the policy submitted with their CAP from the 2022 unannounced inspection, then the QI Specialist will review the policy uploaded with the CAP and make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).
- ii. [Review 520.A](#) by reviewing the Attestation and job description submitted by the provider in CONNECT Portal. Make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).
- iii. [Review 520.C.1-5](#) by reviewing the systemic risk assessment submitted by the provider via CONNECT Portal. Make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).
- iv. [Review 620.A](#) by reviewing the provider's QI Program submitted by the provider via CONNECT Portal. Make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).
- v. [Review 620.B](#) by reviewing the provider's documents submitted via CONNECT Portal to include (policies and procedure, evidence of QI tools). Make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).
- vi. [Review 620.C.1-5](#) by reviewing the provider's QI plan as submitted via CONNECT Portal.
- vii. [Review 620.D.1-3](#) by reviewing the provider's documents submitted via CONNECT Portal to include policies and procedures which outline the criteria outlined in D.1-3. Make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).
- viii. Ensure licenses are active.
- ix. Make a compliance determination, including rationale (documenting on the QI Review Specialist's worksheet).

- x. Run a report in CONNECT to view the Licensing Specialist's compliance rating for the above regulations during the unannounced inspection.
- xi. Mark on a tracking sheet if there was agreement or disagreement with the compliance ratings including rationale.
- xii. Share findings via email with the Licensing Specialist and Regional Manager within 5 business days of review and offer additional consultation, if needed, as it relates to the QI Review Specialist's compliance determination. Emails will be saved to TM-DBHDS-OL Quality & Compliance Team > General > Files (tab) > QI Specialist > Look Behind Documentation
- xiii. In consultation with leadership, the QI Review Specialist will provide additional training and/or resources during all staff meetings, to ensure regional managers/specialists are reviewing documents in accordance with regulations and internal protocols and in a consistent manner across regions.

III. Procedure for Monitoring Providers' Pledged CAP and Risk Management Attestations:

The Quality Improvement Review Specialist will monitor submission of Attestations with CAPs for providers cited for 160.E and 520. The following procedure will occur:

- Utilize the CONNECT DOJ Indicators-Key Licensing Regulatory Compliance Report at the end of each quarter (calendar year) to identify those providers who were non-compliant (NC) for 520.A. and 160.E Download into an Excel document.
- In CONNECT, identify the NC providers whose CAP is accepted:
 1. Highlight the CAP, then select New from the Menu.
 2. Hover over the CAP Data Entry
 3. Then select CAP Response Data Entry – a new tab will populate and then go to the new tab and find the citation, open View Documents link
 4. Document on the Excel document whether the Attestation has been submitted
 5. If a correctly completed Attestation has not been uploaded, document such in the excel spreadsheet.
 6. Post the spreadsheet in Licensing ALL TEAMS and post a chat that LSs review. If an Attestation was not uploaded, the LS will then reach out to the provider to request it be uploaded in CONNECT.
 7. Once the Attestation has been received, the LS is responsible for notifying the Quality Improvement Review Specialist to accurately reflect in the spreadsheet.

IV. Process for RM monitoring the appropriate and timely completion of the Health and Safety CAP process:

- A. The Office of Licensing Internal Memo titled Health & Safety CAP Process Revisions/Clarification was created and implemented on January 3, 2020, with minor revisions added on April 23, 2020. This document provides guidance to the OL staff regarding health and safety CAP process.

- B. During an investigation or an unannounced inspection, if the LS deems an incident rises to the level of health and safety for the individual (s), in consultation with the RM the determination to label the licensing report as a Health and Safety CAP is made.
- C. The health and safety CAP query can be run at any time.
- D. Regional Managers are responsible for reviewing 100% of all health and safety licensing reports prior to them being issued to the provider.
- E. The RM's must verify that the LS uploads all documents that demonstrate compliance, in real time, as well as completing all Health and safety CAP documentation in CONNECT. This includes the final accepted corrective action plan (CAP).
- F. RM will ensure 100% of follow-up inspections occur within 30 days of citations and that progressive action is taken for any provider who does not show compliance with the CAP on the 1st visit.
- G. RM will contact AD within 3 business days if a provider has not complied with their Health and Safety CAP to determine next steps.
- H. Any concerns rising to the level of imminent danger will follow the imminent danger protocol.
- I. Once a month, on a designated day, the CAP Specialist will review the health and safety CAP query for completeness and accuracy and compare documentation on CAP with documentation in the licensing data base system for 100% of the health and safety licensing reports and corrective action plans each week.
- J. The CAP Specialist will document findings and notify the RM and AD and Director regarding any discrepancies upon their review of the Health and Safety spreadsheet and supporting documents.

V. Reports/Queries/Spreadsheets:

- 2023 DD Inspections Excel Spreadsheet: Teams TM-DBHDS-OL Regional Managers > General > Files (tab) > 2023 DD Inspections (folder) > 2023 DD Inspections Spreadsheet
- CHRIS interfaces with CONNECT 4x/daily