

**Questions and Responses from the January 8, 2016 Teleconference  
Regarding SMHRF Provisional Licensure Process  
February 5, 2016**

<b>Questions Submitted by Terry Sullivan, Alliance for Living, Jan. 5, 2016</b>	<b>Responses Below Were Prepared after January 8, 2016, Teleconference with Provider Associations</b>
<b>I. Previously Submitted About the 12/3/15 Provider Notice</b>	
1. Are the September 2014 withdrawal letters previously submitted per Department request sufficient 30-day notice to the Department?	<b>RESPONSE:</b> The withdrawal letters submitted in 2014 are sufficient.
2. Is Documentation of Need really required for the Recovery portion of the license application for facilities that have successfully operated for the past four decades, or is Documentation of Need just needed for the new services of Triage, Crisis Stabilization and Transitional Living?	<b>RESPONSE:</b> A documentation of community need is not required for Recovery and Rehabilitation Units.
3. If facilities are withdrawn from the federal certification program as of December 31, 2015, do MDS submission requirements cease at the same time? Assessments will still be completed in accordance with licensure regulations 300.4010.	<b>RESPONSE:</b> To ensure all providers complete all closure requirements and submit required MDS information, Medicaid termination will be effective February 29, 2016. This information will be included in a provisional licensure requirements letter sent to all providers.
4. Once license applications are submitted on or after March 1, 2016, IDPH will be arranging for an on-site survey based on code 300 in order to determine acceptable readiness to comply with code 380. All of these facilities have been recently surveyed. What additional information is the Department expecting to collect with these surveys?	<b>RESPONSE:</b> The initial survey is required by 380.740b). The survey will check for evidence of the facility's acceptable readiness to comply with the 380 Code and confirmation of information provided in the Plan of Operation, where appropriate.
5. Facilities comply with code 300 until such time as IDPH issues a SMHRF provisional license, and then they begin a three-year transition to full compliance with code 380, including staffing, training, QAPI and physical plant. Is that correct?	<b>RESPONSE:</b> Facilities must comply with the 300 Code until such time as IDPH issues a SMHRF provisional license.  In regard to the "three-year transition" statement, facilities should

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	<p>be aware that, under current law, the provisional license for all facilities will expire on May 22, 2017. Section 4-105 of the Act states that the provisional license will expire when the administrative rule established by the Department for provisional licensure expires, and subsection 380.700(f) of the 380 Code states: “Provisions of this Part establishing requirements for provisional licenses are effective for three years beginning on May 22, 2014, will be in effect <i>for a period of three years, and will not be extended beyond May 22, 2017.</i>”</p>
<p>6. It was understood that for the three new services of Triage, Crisis Stabilization and Transitional Living, all staff must be hired after the provisional license is granted and before actual operations for those services commence. For the recovery section, the IMD/SMHRFs are already caring for 4000 residents with more than 2000 staff (but which are not in compliance with the staffing requirements of code 380). Operations cannot cease while we hire new staff and retrain existing staff. That is part of the three-year transition plan, correct?</p>	<p><b>RESPONSE:</b> Yes, the Department does not expect that operations would cease after issuance of the provisional license while new staff are being hired and existing staff re-trained.</p> <p>However, in regard to the reference to a “three-year transition plan” statement, facilities should be aware that, under current law, the provisional license for all facilities will expire on May 22, 2017, and the facility will not be issued a SMHRF license until it is in full compliance with the 380 Code and is nationally accredited.</p>
<p>7. Will facilities have to comply with SMHRF physical plant standards within three years after the SMHRF provisional licenses are issued, rather than three years after May 22, 2014 (or less than 16 months from now and less than a year after licenses are issued)?</p>	<p><b>RESPONSE:</b> Under current law, facilities have to comply with SMHRF physical plant standards within three years of May 22, 2014.</p>
<p>8. New question: What will be the status of facilities whose nursing home license is due to expire between now and the issuance of a SMHRF license. Can we have a</p>	<p><b>RESPONSE:</b> Facilities are required to meet all requirements of the licensure under which they are conducting business, which includes</p>

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<p>continuation of the existing nursing home license until the SMHRF license is issued so those facilities don't have to apply for two licenses at the same time</p>	<p>compliance with regulations and payment of fees.</p>
<p><b>II. Provisional License Application</b></p>	
<p>1. Section IV of the application asks: "Will the licensee employ or contract with a clinical or operational managed care organization?" Do you mean a management company or corporate management group? A managed care organization is an insurance company.</p>	<p><b>RESPONSE:</b> The license application form will be revised to reflect the following: "Will the operator/licensee employ, or contract with, a clinical or management company or corporate management group?"</p>
<p>2. Section V on Personnel asks for the Date of the DHS-DMH Certification for different levels of required staff. DHS-DMH has not established that system yet. Presumably we skip those lines.</p>	<p><b>RESPONSE:</b> Yes, the facility may skip those lines.</p>
<p>3. Section V on Personnel asks for the names of hired staff such as the LPHA, QMHPs, MHPs and CRSS. Some of the facilities will not be filling these positions until they receive the Provisional License. Can the facility say "To be hired after the provisional license is issued"?</p>	<p><b>RESPONSE:</b> Yes.</p>
<p>4. For Section VII on Declarations/Signatures, whom do you want signing: the principle owner, the administrator or the registered agent, or it doesn't matter?</p>	<p><b>RESPONSE:</b> The license application form will be revised to include a line for individual signing to indicate their title.</p>
<p>5. The Financial Statement was developed for nursing homes, making some reporting irrelevant to being a SMHRF. We can work with it, but tell us what IDPH would like with regard to: a) Section V asks for the average hours of <u>nursing care</u> staff per day. Do you want just nursing care staff hours or would you rather we report the full</p>	<p><b>RESPONSE:</b></p> <ul style="list-style-type: none"> <li>a) Section V: IDPH requires the full component of direct care SMHRF staff (LPHA, QMHP, MHP, RSA, CRSS, activities) be included in the calculation of Section V.</li> <li>b) IDPH requires that the facility use the projected average wage for RSAs in Section V.</li> </ul>

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<p>component of <u>direct care</u> SMHRF staff (LPHA, QMHP, MHP, RSA, CRSS, activities) included in this calculation?</p> <p>b) Section V asks for wage projection for RNs, LPNs and CNAs. SMHRF do not have CNAs; they will have RSAs. Should we skip the average wage for CNAs or use the projected average wage for RSAs?</p> <p>c) Similarly Section II on operating expenses asks for a breakout of Health Care Programs, but not Treatment Programs. There is a line in health care programs for CNA training (of which there will be none), but where do all the training expenses, particularly for RSAs go? Here, or under General Administration in the “In-Service Training and Education” line? And do you want all operating expenses for LPHAs, QMHPs, MHPs, RSAs, and CRSS all put in the Social Services line item under Health Care Programs?</p>	<p>c) Section III: IDPH requires that all training expenses for RSAs be indicated in the line titled “Nurse Aide Training”. All other staff training should be indicated in the “Other (specify)” line. All operating expenses for LPHAs, QMHPs, MHPs, RSAs, and CRSS should be indicated in the “Social Services” line.</p>
<p>6. Since SMHRFs are not a new operational reality, but have all been operating for more than three decades, we strongly request submitting the most recent Medicaid cost reports, which are a matter of public record, as an indication of financial viability, rather than going through the extra time and expense of completing a different form for IDPH but with the same information.</p>	<p><b>RESPONSE:</b> The Department has reviewed the Medicaid Cost Report and determined it will not be accepted as a substitute for the SMHRF Financial Statement.</p>
<p><b>III. Plan of Operations</b></p>	
<p>Based on previous discussions with the Department, the Alliance has provided the following guidance on the Plan of Operations to Alliance members. I (Terry Sullivan) would like to verify that this guideline accurately reflects what the Department is seeking in the way of narrative for the Plan of Operations:</p>	

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<p>1. A proposal for level of service. At the moment, each facility is applying only for the Recovery and Rehabilitation certification of the SMHRF license. That is all that needs to be stated.</p>	<p><b>RESPONSE:</b> Correct.</p>
<p>2. Summary of Administrative Policies. A Table of Contents of your administrative policy manual is sufficient, but more importantly, IDPH would also like to see a summary of what policies are explained to consumers and how they are explained.</p>	<p><b>RESPONSE:</b> A Table of Contents and the “summary of the policies and procedures” that will be given to each consumer and representative as required by Section 380.500(d) are required.</p>
<p>3. Staffing. A submission of a proposed staffing pattern for the Recovery and Rehab section of your facility, along with what positions are already filled, is sufficient, as is a statement that the facility will comply with the DHS-DMH-UIC training program once it becomes fully available. The facility may submit a three-year timetable for hiring and training new staff and the retraining of existing staff.</p>	<p><b>RESPONSE:</b> Yes, submission of a proposed staffing pattern for the Recovery and Rehab section of the facility, along with the staff positions that are already filled, is sufficient, as is a statement that the facility will comply with the DHS-DMH-UIC training program once it becomes fully available.</p> <p>The facility may submit an application for a provisional SMHRF license that has a three-year timetable for hiring and training of new staff and the retraining of existing staff. However, the facility should be aware that, under current law, the provisional license for all facilities will expire on May 22, 2017, and the facility will not be issued a SMHRF license until it is in full compliance with the 380 Code and is nationally accredited.</p>
<p>4. Admission process and criteria. IDPH would like an explanation of which consumers the facility will and will not accept, and an explanation of the admission process as you would explain it to a consumer.</p>	<p><b>RESPONSE:</b> Yes. The facility must provide a narrative description of the admission process and criteria. Copies of any pertinent policies should be included.</p>
<p>5. Discharge planning and transition process, as you would explain it to a consumer.</p>	<p><b>RESPONSE:</b> Yes. The facility must provide a narrative description of the</p>

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	discharge planning and transition process. Copies of any pertinent policies should be included.
6. Network linkages: identify the linkages and working partnerships you have with hospitals and community mental health providers.	<b>RESPONSE:</b> Yes. The facility should provide a narrative description of the any existing network linkages, including working partnerships with hospitals and community mental health providers. Copies of any agreements or pertinent policies should be included.
7. Contents of consumer records. A Table of Contents of what is contained in a consumer record is sufficient.	<b>RESPONSE:</b> Yes.
8. Consumer rights and empowerment. A statement of consumer rights is expected (the Alliance has developed a standardized one based on 380.140). IDPH would also like an explanation of what the facility will be doing to assist consumers in becoming more self-reliant, such as the treatment program schedule.	<b>RESPONSE:</b> A statement of consumer rights is required. The facility should also address how the program promotes independence, autonomy, and other concepts related to empowerment.
9. Pharmaceutical services and self-medication program. IDPH expects the facility will be complying with 380.630 and does not need the rule to be repeated in detail, but it would like an explanation of the facility's self-medication training program.	<b>RESPONSE:</b> Yes. The facility must provide a narrative description of the pharmaceutical services and self-medication program and how they comply with 380.630. Copies of any pertinent policies should be included.
10. Program space allocation. Describe the space allocated for therapeutic programming, groups, and counseling. A floor plan or square footage measurement is not necessary.	<b>RESPONSE:</b> The facility must provide a narrative description of the program space, or the planned program space, that meet the requirements in 380.670 related to Recovery & Rehabilitation Support programs. Floor plans and square footage measurement are required.
11. Restraint and therapeutic separation. A statement of philosophy is sufficient; you do not need to repeat everything in 380.160.	<b>RESPONSE:</b> Yes. The facility must provide a narrative description of its restraint and therapeutic separation philosophy and policies and how they comply with 380.160. Copies of any pertinent policies

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	should be included.
12. Physical plant and fire safety. IDPH is mostly interested in a fire safety and fire evacuation summary. The facility should also summarize the results of its resident evacuation capability determination on existing residents, stating that the individual evaluations are available onsite at the facility. The facility should also address its three-year proposed plan for creating single and double rooms in compliance with 380.670(d)(9).	<p><b>RESPONSE:</b> The facility must provide a narrative description of how it will comply with the physical plant and fire safety requirements of 380.670.</p> <p>In regard to the “three-year proposed plan” statement, the facility should understand that, under current law, the provisional license for all facilities will expire on May 22, 2017, and the facility will not be issued a SMHRF license until it is in full compliance with the 380 Code and is nationally accredited.</p>
13. Health services program, as you would explain it to a consumer. Repeating 380.620 is not necessary.	<p><b>RESPONSE:</b> Yes, repeating 380.620 is not necessary. The facility must provide a narrative description of its health services program and how it complies with 380.620. Copies of any pertinent policies should be included.</p>
14. Interdisciplinary treatment teams, as you would explain it to a consumer.	<p><b>RESPONSE:</b> The facility should provide a narrative describing the interdisciplinary treatment team philosophy and process. Copies of any pertinent policies should be included.</p>
15. Psychiatric and psychological services, as you would explain it to a consumer.	<p><b>RESPONSE:</b> Yes. The facility must provide a narrative description of its psychiatric and psychological services. Copies of any pertinent policies should be included.</p>
16. Quality Improvement Plan. This would be an explanation of your plan and timetable over the next three years to implement a QAPI program: establishing a data collection program, setting up the QAPI committee, identifying improvement goals, and establishing and expanding (over three years) Performance Improvement Projects (PIPs). The most effective QAPI programs start small and build on success.	<p><b>RESPONSE:</b> Yes. The facility must provide a narrative description of its Quality Improvement Plan that would include an explanation and timetable of the QAPI.</p> <p>In regard to the “over the next three years” statement, the facility should be aware that, under current law, the provisional license for all facilities will expire on May 22, 2017, and the facility will not be issued a SMHRF license until it is in full compliance with the</p>

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	380 Code and is nationally accredited.
<p>At a minimum, in accordance with 380.720(d)(1), the Plan of Operation should include a timetable and benchmarks over three years that address: training of new and existing staff, the implementation of the facility QAPI program, compliance with physical plant standards, and steps toward accreditation.</p>	<p><b>RESPONSE:</b> Yes, the Plan of Operation should include a timetable and benchmarks that address: training of new and existing staff, the implementation of the facility QAPI program, compliance with physical plant standards, and steps toward accreditation.</p> <p>In regard to the “over three years” statement, the facility should be aware that, under current law, the provisional license for all facilities will expire on May 22, 2017, and the facility will not be issued a SMHRF license until it is in full compliance with the 380 Code and is nationally accredited.</p>
<p>For the Target Population, 90% of consumers whom SMHRFs serve have either schizophrenia, schizoaffective or bi-polar disorder, often with a history of substance abuse. For the five questions, IDPH would like the description in layman’s terms, again as you would explain your treatment program to consumers.</p>	<p><b>RESPONSE:</b> Yes. The facility must specify each target population group and describe in narrative form the services that will be provided to each. Copies of any pertinent policies should be included.</p>
<p>The final two sections of the Plan of Operations have been added to the form in the past year, but are required by regulation:</p>	
<p>1. Identifying the mental health needs of your service area and how the facility is different and innovative from other service providers in the area. In general, SMHRFs provide a safety net to the community mental health system, providing goal-oriented structure and recovery support services for consumers who have difficulty leading a stabilized life style in the community, even with community supports. A required needs assessment can include supportive letters from referral sources and community agencies you work with.</p>	<p><b>RESPONSE:</b> OK.</p>

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2. Timetable and benchmarks for achieving accreditation in three years. Accreditation doesn't happen overnight. IDPH will expect timetables and benchmarks for the first year that involve investigating an accreditation system and laying out a work plan for achieving accreditation compliance. Committees to develop policies, procedures and practices to achieve accreditation should be actively engaged and formal application for accreditation made at least by the end of the second year, with a scheduled accreditation survey in the third year."

**RESPONSE:**

Yes, the Department will expect to see timetables and benchmarks for achieving accreditation. In regard to the "second year" and "third year" statement, the facility should be aware that, under current law, the provisional license for all facilities will expire on May 22, 2017, and the facility will not be issued a SMHRF license until it is in full compliance with the 380 Code and is nationally accredited.