

SUBSTANCE ABUSE UNIT

SURVEY PROCESS



The State of Maryland
Department of Health and Mental Hygiene
Office of Health Care Quality
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The following describes the Office of Health Care Quality's (OHCQ) Substance Abuse Unit (SAU) process for the certification, licensure, complaint, incident and/or follow up surveys and investigations. The SAU is the licensing agent of the Alcohol and Drug Abuse Administration (ADAA) and as such is responsible for the certification, initial approval and renewal of addiction service programs in Maryland. All programs and prevention programs shall be certified by the Department before program services and prevention program services may be provided in the State per COMAR regulations 10.47.

TYPES OF SURVEY?

Surveys are conducted for:

Initial certification of a program after receipt of a completed application. The initial certification is valid for a period in the discretion of the Administration, not to exceed 6 months.

Provisional Certification, which may be granted after a program has been in operation for 4 months and there are deficiencies which are not life threatening, to afford the program an opportunity to correct its deficiencies.

General Certification which shall be granted after a program has been in operation for 4 months and there are no deficiencies.

Surveys may or may not be conducted prior to renewal of a general certification. Renewal surveys are announced and ideally scheduled in advance of the date of the expiration date on the general certificate. However, due to the growth in the number of providers and number of surveyors available from our office to perform surveys, timely renewal is difficult. When the survey is scheduled, the surveyor will mail or fax information to the program announcing the date and time of the survey. Should the date and time conflict with other program plans, please contact the surveyor ASAP to arrange an alternate date and time.

Unannounced surveys may be conducted to investigate complaints and incidents and notice will not be given to the provider, per COMAR 10.47.04.07

WHAT TO EXPECT DURING YOUR PROGRAM SURVEY ENTRANCE CONFERENCE

The surveyor will conduct a brief entrance conference with the Program Administrator, Supervising Nurse, Medical Director, Clinical Supervisor and/or any other authorized program representatives in attendance. At this time, the OHCQ Surveyor will explain the survey process and provide an opportunity for program staff to ask questions. All attendees will be asked to sign the entrance conference attendance sheet. The surveyor will collect information and/or materials from the program staff needed for the survey i.e. documentation of program continuous quality review, incident reports, diversion control documentation, policy & procedure manual(s), other required State, Local or Federal applicable permits, reports or certifications; fire drill log, contact and listing information of program Board of Directors, current organization chart, etc...

The surveyor will explain that:

1. The review will include both active records and records of discharged clients/patients/inmates.
2. Each program seeking certification will be physically visited and environmentally inspected by the surveyor.
3. Program records can be reviewed by the surveyor at one designated location, as arranged with the program and convenient to the surveyor or survey team.
4. The application will be reviewed with the Program Administrator. Any questions or need for application corrections will be communicated to the program at that time.
5. Any logistical concerns will be addressed and resolved.
6. The program, representative(s) will provide the census for the program to be surveyed. Availability of program staff with knowledge of patient/client/inmate information is recommended. The surveyor will sometimes ask specific clinical, staffing, logistical questions just before the selection of the survey sample. Of most importance to the surveyor or survey team is the optimum random and diversified sampling of the program participants.

7. Given opportunity for a private moment, the surveyor or survey team will then select the survey sample.
8. The program representative will be provided a listing of the survey sample. The surveyor will request the entire program record for each client/inmate/patient selected.
9. A staff member should be established who will serve as liaison or 1st contact staff for the surveyor or surveyor team.

DURING THE SURVEY

The surveyor will communicate and address any needs, concerns and observations to the designated program representative throughout the survey. The program should not hesitate to initiate any questions of the surveyor, as necessary. The following program systems will be reviewed:

- a) Personnel records and qualifications; and
- b) Annual reports and administrative records;
- c) Specific financial records, charges and fees;
- d) All hazards protocol plan;
- e) Continuous quality review plan and activities;
- f) Critical incidents and reports;
- g) Medication, diversion control plans and testing records;
- h) Life safety required documentation;
- i) Patient rights and grievances;
- j) Program records;
- k) Referral agreements, memorandums of understanding;
- l) Education program records;
- m) Accreditation reports;
- n) Patient satisfaction surveys;
- o) Medical records.

The surveyor may require copies of documentation reviewed. Arrangements for making copies will be discussed, in advance with the program liaison. If duplication equipment is unavailable at the program, the surveyor will seek other options. The surveyor will schedule any staff and/or program participant interviews with the program liaison, if required.

EXIT CONFERENCE

The surveyor will schedule the exit conference with the program liaison. In some circumstances, the exit could occur at the end of the last day of the survey. The report is given verbally by the surveyor or a conference call communication will be scheduled. Later, the written report will be forwarded to the program administrator. The exit conference can, also, be planned with the program at a later date. As with other scheduling arrangements, it is the responsibility of the surveyor to schedule the exit conference. The exit conference will be scheduled at the earliest and most convenient date. The Alcohol and Drug Abuse Administration (ADAA) will be notified of the exit conference and/or receive a copy of the survey report by OHCQ.

An Exit Conference is held with the program representatives upon completion of the survey. During the exit the surveyor(s) will:

- a) Document meeting attendance by circulating the exit conference signature sheet.
- b) Announce to the program the date that the plan of correction (POC) is required at OHCQ, if applicable. On that date, no later than the end of the business day, at 5 p.m.
- c) Review the programs opportunity to request an Informal Dispute Resolution (IDR) meeting, as written on the survey report (page 2).
- d) Lead introductions as needed and chair the meeting.
- e) Review the survey findings. Provide an overview of the program, including highpoints about what works best, as well as, what is deficient.

PLAN OF CORRECTION

If violations and/or deficiencies are cited, your program will be required to submit a plan of correction (POC) written on program official letterhead, with identity documentation (signature) by the designated program person in authority (Program Administrator). The POC must address:

- a) How the provider intends to correct the violation/deficiency (ies) cited,
- b) A specific date of when the plan of correction was implemented and took effect,
- c) What measures or system changes the program will make to ensure that the deficient practice will not recur.
- d) What Quality Assurance monitoring and measurable corrective actions have been introduced, programmatically, to reduce the likelihood of deficiency re-occurrence?

If deficiencies are found, the Office of Health Care Quality shall require the program to submit a plan of correction within 15 days. Please review the survey report that documents the exact date when the POC is due.

INFORMAL DISPUTE RESOLUTION

Programs may request an Informal Dispute Resolution (IDR) if they disagree with a cited deficiency. Unless OHCQ has initiated sanctions and there is a right to a formal administrative appeal, IDR is the sole means of questioning deficiencies.

To avail yourself of this opportunity you must send OHCQ, a written statement requesting an IDR. You must include with your request a complete description of why you disagree with cited deficiencies and forward copies of any supporting documents. **This request must be sent within 10 days of receipt of the deficiencies.**

You may request to have this process conducted in person, over the telephone or in writing. While every effort will be made to conduct an IDR in-person if it is requested, at the discretion of this office, the IDR may be held in-person, over the telephone or in writing.

This request must be submitted prior to the PIP/POC's due date. Deficiencies not disputed must be addressed in the PIP/POC and submitted by the PIPs due date.

What to expect at an IDR

You will be asked to present information to show why the cited deficiencies are incorrect. You may, at your discretion, bring staff members, or you may summarize what they have to say. **If you contend that there are records or written documents to support your contention, please bring them to the IDR.**

In addition to the surveyors who wrote the deficiencies, members of OHCQ staff who did not participate in writing the deficiencies will attend each IDR. At the conclusion of the meeting, OHCQ staff will consider the information presented and may request additional documents or information. After the IDR, your representative will receive a telephone call, during which results will be discussed in detail. A brief letter summarizing the findings and any changes in the deficiencies will follow. Modified reports are forwarded to each state and local agency as appropriate.

Programs should send their written request, along with the specific deficiency being disputed, and an explanation of why the deficiencies are being disputed to:

**Mr. William Dorrill, Deputy Director,
Office of Health Care Quality,
Bland Bryant Building,
55 Wade Avenue,
Catonsville, Maryland 21228**

Please note: This information is being provided as a general guide to assist providers in the survey process. We will make every effort to follow these protocols, however; here may be occasions where circumstances dictate deviation. In the event OHCQ deviates from the procedures outlined here, findings remain valid if they are otherwise supported.



Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

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Secretary

Wendy A. Kronmiller
Director

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The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.