

MINUTES

The meeting was facilitated by Bart Eggen and started with introductions around the room. Thirty stakeholders attended.

We noted the change in the statute that broadened the facilities that qualify as an ASF, increasing the number to be licensed. We talked about the department's underestimation of the cost to support the ASF licensing program in the beginning. And we talked about the increased complexity of surveying ASFs and the need to increase fees now. We walked through the department's ASF staffing model and the assumptions that went into the model.

The meeting was opened up to the audience for discussion of the issues:

Some comments addressed the assumption of 300 facilities, and stated that the statute was only meant to bring back the 60 facilities dropped early on, considering the estimated workload and required staff. They recommended that we stagger hiring according to actual number of facilities/workload. We pointed out that we would in fact hire according to actual workload.

There was comment that 100% of Medicare inspections should be deducted. It was explained that our actual costs include 40% of one of the Medicare inspections and 100% of the other inspection of Medicare facilities, which need to be included in the cost to operate the program.

There was a great deal of discussion about what goes into the 80 hour survey and how our estimated time differs so much from that of accrediting organizations. There was request for more detail of what actually goes into our estimated 80 hour survey. There was also a request for us to look into the efficiencies that we may achieve by learning from the accrediting organizations; for example, what can be accomplished by gathering paper off-site and before.

There was critique of our assumption of 80 hours for every survey. They feel the time will be shorter for 2nd and subsequent surveys because the survey will become more experienced and facilities' compliance conditions will improve. Time will also be shorter for facilities already working with accrediting organizations – better compliance, and for smaller facilities – less to review. They felt that the relevant characteristic to determine the fee level is the number of doctors, procedures, and procedure rooms. We shared that our findings so far indicate this isn't necessarily true. They want more precise data to look at these potential differences.

There was much discussion about paying the same fee for one or two surveys in the licensing period and the idea of compensating, possibly by a credit, for not having a 2nd survey. We noted the possible complication of a tiered fee and of a credit, especially if after the credit, the facility drops accreditation and we need to do a second inspection after all.

There was discussion about the need for a follow-up meeting and possibly more than one. Also noted was the need for ongoing meetings, possibly quarterly, to deal with compliance issues, survey model, etc.

The meeting ended with among the department's assignments to coordinate the next ASF stakeholder meeting for within a couple weeks as possible.