Click here to link to instructions **All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.**

STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date: 02/06/2024

Agency: Oregon Health Authority

Division: Oregon Public Health Division

☐ New ☒ Revised

This position is:
☒ Classified
☐ Unclassified
☐ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

SECTION 1. POSITION INFORMATION

a. Classification Title: Client Care Surveyor
b. Classification No: C6685 **c.** Effective Date: 11/01/1999
d. Position No:
e. Working Title: Patient Safety & Client Care Surveyor
f. Agency No: 44300
g. Section Title: Health Care Regulation & Quality Improvement
h. Employee Name:
i. Work Location (City — County): Portland - Multnomah
j. Supervisor Name: Jerry Walker
k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year ☒ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
l. FLSA: ☒ Exempt ☐ Non-Exempt If Exempt: ☐ Executive ☒ Professional ☐ Administrative **m.** Eligible for Overtime: ☐ Yes ☒ No

SECTION 2. PROGRAM AND POSITION INFORMATION

a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

The Oregon Health Authority (OHA) is the organization at the forefront of lowering and containing costs, improving quality, and increasing access to health care in order to improve the lifelong health of Oregonians. OHA is responsible for most state health services and for implementing the health care reforms in House Bill 2009. The agency is comprised of eight divisions: Agency Operations, Equity and Inclusion, External Relations, Fiscal and Operations, Health Policy and Analytics, Health Systems, Oregon State Hospital and Public Health. The Oregon Health Policy Board (OHPB) serves as the policymaking and oversight body of OHA and is responsible for working towards

comprehensive health reform in our state. The nine-member board is comprised of community members from across the state who have an interest in health and health care and have strong relationships with the communities they represent.

OHA Vision: A healthy Oregon.

OHA Mission: Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

To fulfill OHA's vision and mission, the agency is developing a strategic plan with a single overarching goal: eliminate health inequities in Oregon by 2030.

OHA definition for Health Equity:

Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling and rectifying historical and contemporary injustices.*

Core Values: Health Equity, Service Excellence, Integrity, Leadership, Partnership, Innovation, and Transparency.

The Office of the State Public Health Director

The Office of the State Public Health Director (OSPHD) guides the strategy, operations, and policy of public health programs within the division, and assures an effective and coherent public health system for Oregon. This includes extensive interactions with a range of state and local agencies and organizations, health care providers, federal agencies, and the private sector.

The Division's work affects all Oregonians. Many of the programs overseen by the Office of the State Public Health Director are administered in collaboration with Oregon's 34 local health departments, healthcare systems and partners. The Division has approximately 700 FTE and is responsible for oversight of $524.3 million biennially.

Under the leadership of the Office of the State Public Health Director, the Division is organized by three centers:

The Center for Health Protection

The Center for Public Health Protection protects the health of individuals and communities through establishing, applying and ensuring reliable compliance with regulatory and health-based standards. The Center's diverse programs work closely with other federal, state and local agencies, regulated entities and active stakeholder groups. The Center's work emphasizes continuous process improvement, technical assistance, scientific assessment, ongoing monitoring and risk communication to protect the health of all people in Oregon.

The Center for Prevention and Health Promotion

The Center for Prevention and Health Promotion houses community-oriented preventive clinical and community health services and supports the policy, systems and environmental changes that promote good health. This Center guides and supports healthy communities through data collection, analysis and reporting; by supporting the Governor's priorities around tobacco, obesity and early learning; and, by acting as a point of contact with the healthcare system on certain key clinical prevention practices. This center will work with many partners, including local public health, child care facilities, schools, worksites, healthcare providers, transportation, and the private sector to ensure that we reduce preventable injury, illness, and death and promote good health. This Center's work affects all Oregonians. Many of the programs overseen by this Center are administered in collaboration with Oregon's 34 local health departments. This center has approximately 200 FTE. The total estimated biennial budget of this Center is $348.8 million.

The Center for Public Health Practice

The Center for Public Health Practice provides services to prevent and control diseases, monitor vital events, and assure an effective statewide public health system. CPHP programs work closely with local and tribal governments, community partners, and the public to protect and improve the health of all people in Oregon. Special emphasis is placed on communicable diseases, including epidemiology, laboratory testing, immunization, and other community control measures. CPHP screens all newborn infants for biochemical disorders to prevent disability or death and collects and analyzes vital record data to monitor health trends. The quality of statewide public health services is assured through consultation, planning, review, and accreditation of state and local agencies.

The Health Care Regulation & Quality Improvement Section (HCRQI) is part of the Center for Health Protection. This Section is statutorily mandated to regulate, inspect, license and/or provide Medicare/Medicaid Certification or some other form of approval for the following entities and individuals:

- Ambulatory Surgical Centers
- Birthing Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Dialysis Facilities
- Extended Stay Centers
- Home Health Agencies
- Hospice Agencies
- Hospitals
- In-Home Care Agencies
- Outpatient Physical and Speech Therapy Agencies
- Portable X-ray Providers
- Rural Health Clinics
- Special Inpatient Care Facilities
- Health Facility Design & Construction Plans Review
- Ambulance Service Agencies
- Trauma Hospital Designations
- Emergency Medical Services (EMS) Providers

The Survey and Certification program regulates health care agencies, facilities, and providers. Regulated entities include hospitals, ambulatory surgical centers, extended stay centers, birthing centers, special inpatient care facilities, outpatient renal dialysis facilities, hospices and home

health agencies; Other federally regulated entities include outpatient rehabilitation clinics, rural health clinics, federal qualified health clinics, community mental health centers, comprehensive outpatient rehabilitation facilities, and portable x-ray suppliers.

Survey and Certification performs initial and ongoing licensure and certification surveys of providers; conducts onsite surveys at various intervals to evaluate compliance with state licensure rules and federal Medicare conditions of participation and coverage; and investigates complaints of facility/agency noncompliance with patient health and safety requirements a. It coordinates with : 1-the Certificate of Need and Facility and Planning and Safety programs in the review of proposed acute and continuing care facilities and 2- the Hospital Staffing Program in the shared hospital investigations and enforcement of this revised program.

b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:
The primary role of the Client Care Surveyor (CCS) is to assure that the citizens of the State of Oregon have access to safe, quality health care. This is accomplished through the licensing and Medicare/Medicaid certification of specific health care providers, including monitoring, inspections, consultations, investigations and partnerships with the provider community and other state and federal agencies.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark "N" for new duties, "R" for revised duties or "NC" for no change in duties. Indicate whether the duty is an "Essential" (E) or "Non-Essential" (NE) function.

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

% of Time	N/R/NC	E/NE	DUTIES
10%	R	E	<u>Regulatory Responsibilities and Coordination:</u> • Provide comprehensive nursing professional consultation, direction and evaluation of provider compliance or non-compliance. • Provide and monitor administrative-level duties through the planning, development, implementation, and evaluation of strategic comprehensive survey process in compliance with State and Federal regulations and identifies overall program goals. • Implement change to the system and add additional types of facilities. • Determine needed policies and procedures. Provide consultation and technical guidance in the interpretation of Federal and State rules and regulations. • Develop in coordination with peers and management an annual workload. Monitor planned workload and report variances. Monitor CMS websites for program updates and changes and implement keeping management informed of needed resources. • Evaluate health care providers and determine priority of surveys based on State Operations Manual (SOM) guidelines, data reports, consultation with quality

			improvement organizations, provider's past survey and complaint history, and length of time since last survey.
55%	R	E	<u>Surveys and Investigations</u>: • Drive to and from facility sites in state vehicle to perform inspections. • Function as Centers for Medicare and Medicaid and Oregon Health Authority spokesperson and representative. • Maintain schedule, ensure deadlines are met and required survey tasks are complete, ensure adequate evidence is collected for deficiencies, and assume responsibility for timely coordination and submittal of required documentation. Check documentation for accuracy, completeness, and timely submittal. • Record survey findings on the State and Federal Statements of Deficiencies forms according to established Federal Principles of Documentation. • Participate in controversial and complex regulatory decisions. • Documentation of survey findings also includes the drafting of letters to providers and complainants, referrals to other State or regulatory agencies, complainants, confidential patient/interview lists and workload forms. • Evaluate health care providers for compliance with licensing requirements prior to license being issued and thereafter. Monitor, coordinate and maintain provider files for licensing and certification. Evaluate, and determine compliance prior to the issuing of provider license and certification. Maintain and update HCLC data systems with current correct information. • Consult with peers and other agencies in areas related to professional expertise. Evaluate plans of correction submitted in response to deficiencies cited. Follow up to ensure plans are implemented. Initiate corrective action in consultation with CMS if needed. • In response to reports of alleged violations of statutes and rules, conducts interviews of complainants, respondents, and witnesses both in person and over the phone.
10%	R	NE	<u>Technical Assistance, Consultation and Training</u>: • Maintain expert knowledge in assigned state licensing and/or federal Medicare certification programs, including applicable state and/or federal rules, regulations, interpretive guidelines and operations manual(s) for each assigned provider type. • Cross-train in Medicare program(s) requiring basic training certification. • Develop and offer provider training according to survey

			results and as requested by health care partners, associations and management. Provide expert technical consultation in the performance of survey activities. • Assist with the orientation and training of new employees. • Prepare and deliver presentations to quality improvement organizations, industry trade associations, other organizations and the public, as requested. • May serve on "technical expert panels" to develop new survey and certification processes in conjunction with CMS and its subcontractors.
10%	R	NE	Enforcement and Case Preparation: • Develop standards and procedures that guide enforcement activities. • Develop strategies for achieving compliance in cases where violations are confirmed. Corrective plans may include training, procedural change or adjustments to physical plant and equipment. • Confer with the Program and Section Managers, PHD management, and/or Department of Justice on findings of investigation and strategies for resolution violation(s). • In response to findings of violations, may place certain providers or provider agencies on probation with re-licensing or certification contingent upon meeting conditions of corrective plans. • Tracks and monitors certified providers that have been placed on probation. Transmits to probationer's complete documentation of conditions to be met to achieve compliance and regain full certification. • Prepares needed documents and represents agency in contested case hearings related to enforcement actions.
10%	N	E	Fostering a Learning Organization: • Adopt attitude that agency is learning organization capable of change. Encourage colleagues and program partners to respond to performance or compliance problems as opportunities for process and quality improvement. • Assist with the orientation and training of new employees. • Maintain current professional knowledge by attending agency and/or work-related training, reading relevant professional journals and participating in meetings and conferences relevant to assigned scope of work. • In coordination with management, develop personal training plan and update annually. Pursue continuing education, including OHA and PHD training opportunities, external conferences and distance learning. Attend required meetings. • Use knowledge, best practices and new technology to inform program operations and increase productivity

			and efficiency.
5%	NC	E	Other duties as assigned.
At all times			Demonstrate recognition of the value of individual and cultural differences; create a work environment where talents, abilities and experiences of others are valued. Consistently treats Tribes, community members, partners, co-workers, vendors, patients and consumers with dignity and respect. Create and maintain an inclusive environment for all staff.
Ongoing			Commitment to ongoing personal and professional development on the topics of anti-racism, elimination of health inequities, trauma-informed and resiliency practices, social determinants of health and equity, universal accessibility and development of diverse and inclusive work environments. Participation in equity focused trainings, resource groups, and workgroups.

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

- Travels frequently within the State of Oregon and occasionally to other states. Travel often requires overnight stays.
- Duties require valid driver's license with good driving record or other acceptable method of transportation.
- Must maintain an office within the Public Health Division (Portland, OR).
- The work of this role may be conducted remotely with full access to the needed operating systems and technology. There are times that the work will need to be conducted onsite or at designated field locations.
- At remote locations, surveyor must be able to access network drives, agency apps and programs, and federal databases.
- Irregular work schedules with frequent schedule changes.
- Completion of work often requires periods of overtime.
- Daily telephone and computer use.
- Must conduct or attend meetings, occasionally outside of regular working hours.
- Has contact with hostile individuals (e.g., displeased providers and/or administrators, staff, and subjects of and witnesses in investigations).
- Required to maintain demeanor and function professionally under politically or emotionally charged circumstances.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures:

- Oregon Revised Statutes relating to health facility regulatory programs
- Oregon Administrative Rules relating to health facility regulatory programs
- Policies and Procedures of CMS, HCRQI, Public Health, OHA and DAS
- Guidelines, policies, and procedures of CMS, HCRQI, Public Health, OHA and DAS
- OHA and other state administrative policies
- OHA Strategic Plan, Performance System, Equity Advancement Plan, and Race, Ethnicity, Language and Disability Data Policy
- Federal laws and regulations relating to health in general, specific health programs, and health services administration
- State and national accreditation, certification, or program and research standards relevant to the operations of the Center

b. How are these guidelines used?

To design, direct, and prioritize activities to meet program goals; improve regulatory compliance of health care facilities, providers, and suppliers; and to protect and improve health care outcomes. Guidelines also promote consistent and equitable application of the program's regulatory activities and permit program staff to collaborate and coordinate activities with other agencies and health care partners (e.g., law enforcement and the Office of the State Fire Marshal).

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Who Contacted	How	Purpose	How Often?
Section Manager, Health Care Regulation and Quality Improvement Section	In person/during meetings/by phone/Email	Direction, consultation	As Needed
Health Facility Licensing & Certification Program Manager	In person/during meetings/by phone/Email	Direction, consultation	Frequently
Administrator, OCHHP	In person/during meetings/by phone/Email	Direction, consultation	As Needed
PHD and OHA Offices and program staff and other State Agency Personnel	In person/during meetings/by phone/Email	Consultation, technical assistance, survey planning, determination of findings and course of action, problem resolution	Frequently
Health facility-related organizations,	In person/during meetings/by	Consultation, planning, technical assistance, education, problem	Frequently

agencies, advocacy groups, community-based organizations and staff	phone/Email	resolution	
Physicians	By phone/Email	Consultation	As Needed
Federal government officials (CMS-Seattle)	In person/during meetings/by phone/Email	Planning, consultation, decision-making, problem resolution	As Needed
National organizations engaged in health and safety regulation in acute and continuing care facilities	In person/during meetings/by phone/Email	Technology transfer, training, setting standards	As Scheduled

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

- Critical professional nursing decisions are made independently by this position relating to the provision of health care services.
- Participates with other CCSs, with the oversight of a lead worker and/or manager, in making decisions about coordinating survey and compliance operations, developing work plans and assigning tasks.
- Develops standards, procedures, methods and forms for conducting surveys and investigations and evaluating compliance with requirements for licensure and certification.
- Works with considerable autonomy during the scope of an assignment.
- Interprets applicable statutes and rules that regulate providers and provider organizations.
- Schedules surveys, inspections and investigations in consultation with program manager and program team members.
- Determines compliance, areas of non-compliance and plans of correction. These decisions have significant cost implications for providers and members of the public who pay for health services.
- Determines contents of survey and investigative reports, including descriptive, qualitative and
- quantitative data.
- Imposes sanctions and/or correction actions on non-compliant providers in consultation with program manager.
- Evaluates and recommends approval/denial of state license and/or federal certification related to health service and/or facility requirements in consultation with program manager. Recommendations affect availability of services within the community, patient safety and care, risk management, and the ability of providers to maintain employment and deliver services.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Classification Title	Position Number	How	How Often	Purpose of Review

Health Facilities Survey & Certification Manager	1003875	In Person, by Telephone, Team Meetings and Review of Written Material and Work Products	Daily or weekly	Program planning and oversight. Training. Coaching. Formal Performance Appraisals.

SECTION 9. OVERSIGHT FUNCTIONS

a. How many employees are directly supervised by this position? 0

How many employees are supervised through a subordinate supervisor? 0

b. Which of the following activities does this position do?

- ☐ Plan work
- ☐ Assigns work
- ☐ Approves work
- ☐ Responds to grievances
- ☐ Disciplines and rewards
- ☐ Coordinates schedules
- ☐ Hires and discharges
- ☐ Recommends hiring
- ☐ Gives input for performance evaluations
- ☐ Prepares and signs performance evaluations

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification.

All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

Registration in the Health Alert Network (HAN) to receive important public health alerts and emergency notifications.

- Must have the ability to solve complex problems within the limitations of statute and rule.
- Must have the ability to deal with challenging provider concerns and complainants.
- Must have knowledge of methods and techniques for analysis, review, interpretation and coordination of services provides for a wide variety of provider types and diverse complaint population.
- Must have a proficiency in skillful communication, both written and oral and must apply the principles of documentation.
- Requires valid driver's license with good driving record or other acceptable method of transportation.
- Must have the ability to learn, comprehend, retain and refer to information about multiple, and/or substantially different programs while handling stressful situations.
- Must be able to independently research, analyze and/or interpret information to resolve problems/complaints and make independent decisions.
- Must be able to work in the ever-changing climate of Federal and State statutes and rules, policies and procedures.
- Must be able to adapt to frequent changes in work schedules.

- Must attend work-related education trainings, workshops and seminars.
- Must be familiar with electronic information systems, Internet and electronic mail.
- Must have technology skills set to keep all data secure whether working onsite or remotely.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following: n/a

Note: *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".*

Operating Area	Biennial Amount ($00,000.00)	Fund Type
Health Facility Licensing Program	$3,600,000.	General Fund & Other Funds

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number.

SECTION 12. SIGNATURES

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Appointing Authority Signature _____ Date _____