

Nevada State Board of Dental Examiners



6010 S. Rainbow Boulevard, Building A, Suite 1 • Las Vegas, Nevada 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

August 9, 2016

Department of Internal Audits
State of Nevada
209 East Musser Street, Third Floor, #302
Carson City, Nevada 89701-4298

Re: Corrective Action Plan

Dear Sir/Madam,

On or about May 24, 2016, the Legislative Audit for the Nevada State Board of Dental Examiners was considered by the Legislative Commission. The Audit outlined fourteen (14) recommendations in which the Board accepted twelve (12). Currently, two (2) rejected recommendations are being assigned to the Budget & Finance Committee to address and provide recommendations to the Board. The Budget & Finance Committee Meeting is scheduled for Thursday August 18, 2016.

Enclosed is the corrective action plan created by the Board for the twelve (12) accepted recommendations to remedy the deficiencies contained in audit report. For the two (2) rejected recommendations the Board provides a status update.

Further, the Board is aware a status report shall be filed no later than January 6, 2017. Should you or your staff have additional questions, please do not hesitate to contact me at (702) 486-7048.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra", is written over the word "Sincerely,".

Debra Shaffer-Kugel, Executive Director
Nevada State Board of Dental Examiners

Cc: Legislative Auditors
Department of Administration
Timothy Pinther, DDS, Board President

Corrective Action Plan
Recommendations Accepted
Nevada State Board of Dental Examiners

Recommendation #1

Develop and document a process for tracking actual costs by complainant and licensee for investigation and monitoring activities.

Corrective Action Plan-Fully Implemented

The Board has assigned Class Numbers (license number) to licensees and Subclass Number to complainant and the Class and Subclass numbers are noted on the complaint file and in QuickBooks (QB). The Board can query the Class and Subclass numbers in QB and see all costs incurred by the Board to date.

Recommendation #2

Ensure Disciplinary Screening Officers (DSO) include sufficient detail to track and assess costs accurately. Invoices should detail the licensee, complainant, activity performed, and other fees or costs incurred.

Corrective Action Plan-Fully Implemented-Exhibit A

The Board has modified the Disciplinary Screening Officer (DSO) Expense Summary Form to include and capture the recommended detailed information identified in Recommendation #2. The Board has attached a copy of the revised expense summary form.

Recommendation #4

Develop policies regarding fees to be assessed to licensees throughout the disciplinary process, including whether costs for remanded complaints discussed at Informal Hearing proceedings should be included in total amounts assessed to licensees. Seek Board approval of policies regarding fees assessed.

Corrective Action Plan-Partially Implemented

On July 15, 2016, at a properly noticed meeting of the Board listed as Agenda Item 4(c)(i), the Board considered Recommendation #4 regarding policy as it relates to remanded cases noticed and discussed at Informal Hearings and whether to assess the licensee the incurred costs for the remanded case. The Board assigned this recommendation to the Budget & Finance Committee to discuss and make recommendations to the Board. The meeting of the Budget & Finance Committee is scheduled for August 18, 2016.

Recommendation #5

Determine, document, and adhere to appropriate travel costs limits

Corrective Action Plan-Partially Implemented

On July 15, 2016, at a properly noticed meeting of the Board listed as Agenda Item 4(c)(ii), the Board considered Recommendation #5 regarding policy as it relates to travel costs limits. The Board assigned this recommendation to the Budget & Finance Committee to discuss and make recommendations to the Board. The meeting of the Budget & Finance Committee is scheduled for August 18, 2016.

Recommendation #6

Discontinue the use of charitable contributions as a condition within stipulation agreements

Corrective Action Plan-Fully Implemented

As of May 24, 2016, the Board agrees to no longer negotiate charitable contributions as part of stipulation agreements pertaining to the illegal practice of dentistry or dental hygiene.

Recommendation #7

Record recoveries collected from licensees for disciplinary actions and monitoring activities as revenue instead of reduction to expenses

Corrective Action Plan-Fully Implemented

The Board has contacted our accounting firm who conducts our annual audits and advised them of this corrective action. The recoveries collected will be reported as revenue.

Recommendation #8

Prepare contracts that accurately reflect the maximum amount expected to be paid to contractor

Corrective Action Plan-Partially Implemented

On July 15, 2016, at a properly notice meeting the Board approved the amended the contract of Morris, Polich & Purdy, LLP regarding the maximum amount of the contract which expires June 30, 2017. The contract has been forwarded onto the Board of Examiners for approval/rejection.

Recommendation #9

Review, at a public Board meeting, the merits of contracting with outside counsel versus hiring General Counsel to meet the majority of the Board's legal needs

Corrective Action Plan-Partially Implemented

On July 15, 2016, at a properly noticed meeting of the Board listed as Agenda Item 4(c)(iii), the Board considered Recommendation #9 regarding the merits of contracting with outside counsel versus hiring General Counsel to meet the majority of the Board's legal needs. The Board assigned this recommendation to the Budget & Finance Committee to discuss and make recommendations to the Board. The meeting of the Budget & Finance Committee is scheduled for August 18, 2016.

Recommendation #11

Develop and document guidance for investigations including procedure checklist and expected documentation

Corrective Action Plan- Fully Implemented-Exhibit B

The Board developed a Disciplinary Screening Officer (DSO) checklist outlining the tasks and documents which is maintained in the investigators work file

Recommendation #12

Develop a standardized filing organization method

Corrective Action Plan- Fully Implemented-Exhibit C & D

The Board has created individual files for each licensee/complainant and is maintained in chronological order (current date on top). A complaint file checklist is maintained in each file. The information generally contained in the licensee/complainant file is, notice of complaint, complaint filed by patient, verification of complaint form, authorization for records release, response from licensee, dental records of patient, subsequent treating dentist records, supplemental information and remand letters. The file is assigned a Class Number/Subclass Number.

If the complaint is noticed for an Informal Hearing an informal hearing file is created with a different subclass number. An informal hearing checklist is maintained in each file. The information generally contained in the informal hearing file is, notice of informal hearing, subpoena duces tecum, preliminary findings, proposed or executed stipulation agreements, letter of approval/rejection of stipulation agreement by the Board and monitoring of the terms and conditions of the stipulation agreements.

Recommendation #13

Prepare a file checklist that details all routine documentation related to the disciplinary process needed to substantiate the Board's action and compliance.

Corrective Action Plan- Fully Implemented-Exhibit C

The Board has developed a complaint file checklist form. (See Exhibit C)

Recommendation #14

Ensure all records are obtained and retained by the Board to support disciplinary activities

Corrective Action Plan-Fully Implemented

The Board maintains all documents to include transcripts

Corrective Action Plan

Recommendations Rejected

Nevada State Board of Dental Examiners

Recommendation #3-Rejected

Refund licensees amounts that were overcharged

Corrective Action Plan-Partially Implemented

The Board has requested the Budget & Finance Committee review the audit report to include, Appendix A and Appendix B and make recommendations to the Board regarding refunds to licensees. The meeting of the Budget & Finance Committee is scheduled for August 18, 2016.

Recommendation #10-Rejected

Institute an independent review process regarding complaint investigation and resolution

Corrective Action Plan-No Action

The Board is not opposed to an independent review process but believes to avoid violating the due process rights of the licensee and to avoid potential litigation this would require a statute change to incorporate the independent review process into the investigative process

EXHIBIT A



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6010 S. Rainbow Blvd., Bldg. A, Ste. 1
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DSO EXPENSE FORM

Date	Licensee Name	Complainant Name/Authorized Invest.	Mileage*	Mileage. Total	
				\$	
Review File/ Pending <input type="checkbox"/>	Contact patient/licensee <input type="checkbox"/>	Evaluation <input type="checkbox"/>	Remand <input type="checkbox"/>	Total Hrs	Salary Total
Preliminary Findings <input type="checkbox"/>	Informal Hearing <input type="checkbox"/>	Findings & Rec. <input type="checkbox"/>	Formal Hearing <input type="checkbox"/>		\$
				\$	
Date	Licensee Name	Complainant Name/Authorized Invest.	Mileage*	Mileage. Total	
				\$	
Review File/ Pending <input type="checkbox"/>	Contact patient/licensee <input type="checkbox"/>	Evaluation <input type="checkbox"/>	Remand <input type="checkbox"/>	Total Hrs	Salary Total
Preliminary Findings <input type="checkbox"/>	Informal Hearing <input type="checkbox"/>	Findings & Rec. <input type="checkbox"/>	Formal Hearing <input type="checkbox"/>		\$
				\$	
Date	Licensee Name	Complainant Name/Authorized Invest.	Mileage*	Mileage. Total	
				\$	
Review File/ Pending <input type="checkbox"/>	Contact patient/licensee <input type="checkbox"/>	Evaluation <input type="checkbox"/>	Remand <input type="checkbox"/>	Total Hrs	Salary Total
Preliminary Findings <input type="checkbox"/>	Informal Hearing <input type="checkbox"/>	Findings & Rec. <input type="checkbox"/>	Formal Hearing <input type="checkbox"/>		\$
				\$	
Date	Licensee Name	Complainant Name/Authorized Invest.	Mileage*	Mileage. Total	
				\$	
Review File/ Pending <input type="checkbox"/>	Contact patient/licensee <input type="checkbox"/>	Evaluation <input type="checkbox"/>	Remand <input type="checkbox"/>	Total Hrs	Salary Total
Preliminary Findings <input type="checkbox"/>	Informal Hearing <input type="checkbox"/>	Findings & Rec. <input type="checkbox"/>	Formal Hearing <input type="checkbox"/>		\$
				\$	
Misc. Expense (Postage/Etc.) Description: <i>(If Applicable)</i>			Misc. Total	Mileage Total=	\$
			\$	Misc. Total=	\$
				Salary Total=	\$
				Amount=	\$

Submitted by: _____

Signature: _____

*Mileage @ \$0.54 a mile
 *Salary @ \$50.00 an hour

Approved By: _____

Date: _____

- Please staple all original receipts, copies of receipts and bills to this claim
- Expense claims must be made within 30 days and not exceed 6 weeks per form

EXHIBIT B

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DSO File Check list

Please check when task is completed

Review Complaint _____

Review Response to Complaint _____

Review Patient Dental Records _____

Evaluation Conducted: Yes or No

If no, why: _____

Remand Case: _____ Date of Remand: _____

Preliminary Findings and Recommendations Drafted: _____

Informal Hearing Schedule: _____ Date: _____

Draft Stipulation Agreement: _____

Board Approval of Stipulation Agreement: _____ Date: _____

EXHIBIT C

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Complaint File Check List

Licensee Name: _____ Complainant's Name: _____

Notice of Complaint _____ Date Sent _____

Response to Complaint _____ Date Received _____

Patient Dental Records _____ Date Received _____

Authorized Extension: Yes or No _____ New Response Date: _____

Attorney Name: _____

No Answer Letter Sent: _____

DSO Assignment: _____ Date Assigned: _____

Additional Information Received: _____

Remand Case: _____ Date of Remand: _____

Preliminary Findings and Recommendations Received: _____

Informal Hearing Schedule: _____

Draft Stipulation Agreement: _____

Board Approval of Stipulation Agreement: _____ Date: _____

Monitoring/Probation: _____ Yes _____ No

EXHIBIT D

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INFORMAL HEARING File Check list

Please check when task is completed

Patient(s) Names: _____

Informal Hearing Notice _____

Subpoena Duces Tecum _____

Stipulation Agreement _____

Findings & Recommendations _____

Stipulation Approved Notice Letter _____

Calendar Report _____

Stipulation Agreement Fulfilled Letter _____