

**Survey Readiness is NOT Optional:
What Can Providers Do?**

Driving Results-


home care
association of washington
ADVANCING HOME CARE SERVICES THROUGH COLLABORATION

Presenter:
Kim Skehan, RN MSN
Director of Compliance, Regulatory and
Quality Consulting

March 2021

Simione Healthcare Consultants advances quality
and cost efficiency, providing reliable experts,
technology and tools to grow and improve home-
and community-based services.



1

Key Expertise & Services

Consulting <ul style="list-style-type: none">• Clinical Operations• Finance• Compliance• Growth Solutions• Information Technology	Talent Management <ul style="list-style-type: none">• Recruiting• Executive Search• Non-Executive Search• Interim Management• Advisory Services (compensation & retention)	Outsourced Services <ul style="list-style-type: none">• Billing• Coding & OASIS Review• QAPI Solutions
Cost Reporting <ul style="list-style-type: none">• Home Health Cost Report• Home Office Cost Report• Hospice Cost Report• Hospice CAP Analysis	Data Analytics <ul style="list-style-type: none">• Simione Financial Monitor (financial benchmarking)• PDGM Analysis Tool• Market Intelligence	Mergers & Acquisitions <ul style="list-style-type: none">• Financial & Clinical Due Diligence• Quality of Earnings• Business Valuation• Workflow & Process Review• Market Assessment• Strategic Planning• Leadership Talent Services


Markets Served
Home Health · Hospice · Palliative Care · Private Duty
Behavioral Health/ABA · Pediatrics · DME · Infusion Therapy



2

Objectives

- Identify the top survey issues impacting home health and hospice agencies and the current federal regulatory/survey environment.
- Discuss strategies for establishing an ongoing, agency-wide survey readiness program that is integrated into daily operations for optimal compliance and demonstrate the provision of quality of care to patients and families.
- Q & A's



3

CMS SURVEY PROCESS OVERVIEW




4

4

**Medicare Survey Agency:
State Survey vs. Deemed Status**

- State Survey
- Deemed Status Accreditation Survey:
 - Accreditation Commission for Health Care (ACHC)
 - Community Health Accreditation Partner (CHAP)
 - Joint Commission (TJC)
- CMS Validation Survey



5

5

Preparing for Surveys: CMS Survey Types

- Initial Surveys
- Standard Surveys
 - Every 36 months at minimum
 - Review of select numbers of standards (Level 1)
- Extended Survey
 - When any condition level deficiency is found
- Complaint Survey
- Validation Survey

6

6


**Preparing for Surveys:
Understanding Survey Process**

- Pre-Survey Preparation
- Entrance Interview
- Information Gathering
- Information Analysis
- Exit Conference
- Statement of Deficiencies
- Plan of Correction
- Informal Dispute Resolution
- Appeal

→ Before the Survey

During the Survey

After the Survey




7

7

CMS State Operations Manual Resources

- Appendix M-Guidance to Surveyors: Hospice:
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf
- Appendix B-Guidance to Surveyors: Home Health
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_b_hha.pdf
- All CMS surveys are unannounced




8

8

Survey Process Overview

- Home Health and Hospice agencies are surveyed separately but may have similar issues identified (i.e., Governance, QAPI).
- Preliminary Data Review
- Surveyor verifies compliance with all regulatory requirements with applicable CoP's.
- Surveys conducted at multiple locations especially if additional locations added since last survey.
- Deficiencies found at any location are applicable to the entire home health or hospice.




9

9

Survey Process Overview


- The Survey Focus:
 - Patient outcomes
 - Implementation of requirements
 - Provision of care/services
- Surveyor addresses CoPs in the most efficient manner possible
- Surveyor considers the inter-relatedness of the regulations while evaluating compliance through:
 - Observation
 - Interviews
 - Home Visits
 - Record Reviews (clinical and personnel records)
 - Other documentation (i.e., policies, QAPI, EP, IC, etc.)

10 

10

Survey Activity: Clinical Record Review

- Comprehensive Assessments:
 - Timeliness and Updates
- Patient Rights Documents
- Plan of Care Development/Updates
- Coordination of Care
- Professional Management (Hospice)
- Clinical Notes:
 - Service Provision
 - Follow Up/Status Changes
 - Frequency of Visits
 - Consistency with Comprehensive Assessment/POC
 - Home Health/Hospice Aide Supervision/Documentation

11 

11

Survey Activity: Home Visits

- Key Considerations for Home Visits:
 - Bag Technique
 - Medical Waste Disposal
 - Hand Hygiene
 - COVID-19 Screening*
 - Trunk Supplies
 - Medications
 - Patient/Family Rights and Communication
 - Interdisciplinary Group/Care Coordination
 - Admission Paperwork/Emergency Plan
 - SNF/ALF Coordination

12 

12

Survey Activity: Home Visits


- Additional Information for Hospice:
 - Provision of Drugs, Treatments, Services and DME
 - Hospice Aide Training/Competency
 - Volunteer Utilization
- Additional Information for Home Health:
 - Written Information Provided to the Patient/Representative
 - Home Health Aide Training/Competency
 - Governance and Administration
 - Patient Representative designation and timeframes
 - Discharge/Transfer summary requirements

13 

13

Information Analysis


- Surveyors must review and analyze all information gathered during the survey from all areas:
 - Record Reviews
 - Document Review
 - Staff Interviews
 - Home Visits
 - Patient/Family Interviews
- Analysis of Findings Based On:
 - Effect or potential effect on the patient(s)
 - Degree of severity
 - Frequency of occurrence
 - Impact on the delivery of services

14 

14

Staff/Manager Involvement in Survey


- Check surveyor identity upon entrance
- Provide workplace
- Work with staff in identification of patients, schedules and records.
- Determine and provide information needed in a timely manner.
- Keep list of records and visits
- Communicate with staff/managers ongoing regarding potential findings.
- Clarify any identified issues immediately during survey
- Plan with surveyor for exit conference

15 

15

Exit Conference

- Informs Agency of Observations and Preliminary Findings
- Conducted with Agency Administrator, Supervisors and Agency-Invited Staff.
- Describes Regulatory Requirements that the Home Health/Hospice Does Not Meet and Findings.



16

16

**Top Survey Deficiencies:
Home Health CY 2019-2020**

CoP/Standard	G Tag	Tag Description
484.55(a)	G512	Standard: Initial Assessment Visit
484.55(c)	G526	Standard: Content of the Comprehensive Assessment
484.60(a)(1)	G572	Standard: Plan of Care
484.60(b)	G578	Standard: Conformance with Physician Orders
484.60(c)	G586	Standard: Review and Revision of the Plan of Care
484.60(c)(1)	G590	Element: Promptly Alert Relevant Physician of Changes
484.60(d)	G600	Standard: Coordination of Care
484.60(e)	G612	Standard: Written Information to Patient
484.70(a)	G682	Standard: Infection Prevention
484.80(g)(1)	G798	Standard: Home Health Aide Assignments and Duties

17

**Top Survey Deficiencies:
Hospice CY 2019-2020**

CoP/Standard	L-Tag	Tag Description
418.56(b)	L543	Standard: Plan of Care
418.54 (c)(6)	L530	Standard: Comprehensive Assessment (Drug Profile)
418.78(e)	L647	Standard: Level of Activity
418.56(e)(2)	L555	Standard: Content of Plan of Care (Coordination of Services)
418.76(h)	L629	Standard: Supervision of Hospice Aides
418.56 (c)(2)	L547	Standard: Content of Plan of Care (Scope and Frequency of Services)
418.60(a)	L579	Standard: Prevention
418.56 (c)	L545	Standard: Content of the Plan of Care
418.54(b)	L531	Standard: Comprehensive Assessment (Bereavement)
418.104	L671	Standard: Clinical Record

18

Additional Regulatory Considerations

- State Licensure Regulations
- Accreditation Requirements (JC, CHAP, ACHC)
- Patient Rights
- Governing Body and Administration
- Volunteer Program Requirements (Hospice)
- Medical Director/Hospice Physician (Hospice)
- Quality Assessment/Performance Improvement
- Agency Policies and Procedures
- Emergency/Pandemic Preparedness
- COVID-19 Prep and Response
- 1135 and State Waivers



19

19

Additional Regulatory Considerations

- Contracted Services and Facilities
- Hospice in Skilled Nursing/Nursing Facilities SNF/NF and Assisted Living Facilities (ALF):
 - Professional Management
 - Coordination of Care
- Hospice SNF Education
- Bereavement support for SNF/NF staff




20

20

Standard vs Condition Level Deficiencies

- Standard Level Deficiencies
 - Noncompliance with any single requirement or several requirements within a particular standard.
 - Doesn't substantially limit a hospice's capacity to furnish adequate care or doesn't jeopardize the health or safety of patients if the deficient practice recurred.
- Condition Level Deficiencies
 - Noncompliance with requirements in a single standard or several standards within the condition.
 - Representing an actual or potential severe or critical patient health or safety breach.




21

21

Post Survey: Statement of Deficiencies

- Form CMS 2567 Sent to Home Health and Hospice Agencies within 10 Working Days.
- Plan of Correction must be Submitted within 10 Calendar Days of Receipt of Statement of Deficiencies (Form CMS-2567).
- Onsite re-visit is required within 45 days for a condition level deficiency (with 90 day-termination cycle):
 - Assess the agency's correction of the deficiencies previously cited on the CMS Form 2567.
 - Re-evaluate specific care and services cited during survey
 - Nature of deficiencies dictates the necessity for and scope of visit
 - Home visits may be required
- Uncorrected or additional deficiencies require another CMS 2567 and Plan of Correction.
- CMPs and Enforcement Action




22

22

Plan of Correction Implementation Reminders

- Must ensure oversight of Plan of Correction to ensure it is implemented as noted.
- Incorporate into agency QAPI Program priorities
- Quarterly review of the Plan of Correction to address any areas not meeting deadlines or achieving improvement.
- Report to Governing Body at least quarterly regarding progress
- Include previous deficiencies in survey readiness program
- Hold staff accountable



23

23

TOP SURVEY AND REGULATORY ISSUES: 2021



24

24

Blanket 1135 Waivers-Home Health

Blanket Waivers:

- **Comprehensive Assessment:**
 - Extending the 5-day completion requirement for the comprehensive assessment to 30 days.
- **Waiving the 30-day OASIS submission requirement**
 - Reminder: HHAs must submit OASIS data prior to submitting their final claim in order to receive Medicare payment.
- **Initial Assessments**
 - CMS is waiving the requirements at 42 CFR §484.55(a) to allow HHAs to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review.
- **Initial and Comprehensive Assessments by PT/OT/SLPs**
- **Detailed Information Sharing for DC Planning for Home Health Agencies**
 - Still maintaining all other DC planning requirements
- **Clinical Records:**
 - Extending the 4 business-day requirement to provide a patient a copy of their medical record at no cost to 10 business days (when requested by the patient).

Simione
HEALTHCARE CONSULTANTS

25

25

Blanket 1135 Waivers-Home Health

Blanket Waivers: Home Health Aides

NOTE: All HHA Waivers are applicable to Hospice as well

- **Training and Assessment of Home Health Aides**
 - Postponing annual onsite supervisory visit by an RN or other appropriate skilled professional (direct observation) for each aide that provides services on behalf of the agency.
 - All postponed onsite assessments must be completed by these professionals no later than 60 days after the expiration of the PHE.
- **Waive onsite visits for HHA Aide Supervision**
 - Virtual supervision is encouraged during the period of the waiver
- **12-hour Annual In-service Training Requirement for Hospice Aides**

Simione
HEALTHCARE CONSULTANTS

26

26

Blanket 1135 Waivers-Home Health

Blanket Waivers:

- **Plans of Care and Certifying/Recertifying Patient Eligibility:**
 - Allows a Medicare-eligible home health patient to be under the care of a nurse practitioner, clinical nurse specialist, or a physician assistant who is working in accordance with State law.
 - These physicians/practitioners can:
 - (1) order home health services;
 - (2) establish and periodically review a plan of care for home health services (e.g., sign the plan of care);
 - (3) certify and re-certify that the patient is eligible for Medicare home health services.
 - These changes, effective March 1, 2020, provide the flexibility needed for more timely initiation of services for home health patients, while allowing providers and patients to practice social distancing. Specifically, for Medicare, these changes are effective for Medicare claims with a "claim through date" on or after March 1, 2020.
- **CMS has made this permanent in 2020 with the CARES Act, however, need to check State Practice Acts and Regulations.**


Simione
HEALTHCARE CONSULTANTS

27

27

Blanket 1135 Waivers-Home Health

- **Homebound Status:**
 - If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.
- **REMINDER: The patient must still meet other eligibility requirements.**
- Eligibility for non-Medicare payers may vary from Medicare requirements.




28

28

Blanket 1135 Waivers - Telehealth

1135-Waiver-Telehealth

- Medicare Telehealth-Home Health and Hospice F2F Encounter:
 - Face To Face Encounter by Qualifying Physician or NPP may be performed by 2-way audio/visual telehealth visit.
 - The requirements for the F2F encounter have not changed, timeframe, relate to the primary reason for home health and hospice services, and conducted by an allowed practitioner.
 - There is no requirement that the HH or Hospice staff be present in the home while the encounter via telehealth is being conducted.
 - Physician documentation of the visit should reflect what is typically required for telehealth visits.




29

29

Blanket 1135 Waivers - Telehealth

- **Reminders:**
 - Must be included in the plan of care
 - Meet the requirements for HH and Hospice CoPs re: care planning, and coordination of services.
 - Tied to the patient specific needs as identified in the comprehensive assessment.
 - Plan of care must include a description of how the use of such technology will help to achieve the goals outlined in the plan of care.




30

30

Survey and Regulatory Challenges: COVID-19 PHE

- Survey and regulatory challenges in 2020 have been related to the COVID-19 PHE and this will continue into 2021 and likely beyond.
- Key areas include:
 - Focused surveys related to infection control/surveillance, emergency/pandemic planning, and evidence of the organization's COVID-19 response.
 - Will continue for all survey types in 2021 and likely beyond
 - Compliance with 1135 Waivers, if the agency is utilizing the waivers
 - CMS survey prioritization due to COVID-backlogs

34




34

COVID-19 Survey Readiness

- Home Health and Hospice leaders must place a priority on ongoing regulatory compliance and survey readiness.
- Includes designated survey readiness and response staff
- During and after the COVID-19 PHE, ensure infection control/surveillance, emergency/pandemic preparedness and COVID19 response is well documented and implemented.
- Ensure all staff/managers understand their role in survey readiness and response.
- Conduct mock surveys at least annually
- Remember that the focus is primarily on patient care, so a strong concurrent record review process, staff education and supervisory home visits (when allowed/able due to COVID) are key areas.
- **Survey readiness should be an ongoing, agency wide effort**

35




35

CDC Guidance - PPE and Infection Control

- Prepare staff:
 - Provide additional education in infection control
 - How to use personal protective equipment/donning and doffing
 - Handwashing
 - Bag technique
- Educate Patients/Families
- PPE Availability:
 - Consider all sources and all options based on CDC guidance
 - Monitor and manage supply availability
 - Consider requesting PPE from referring facility for COVID-19 positive/pending patients.
- Be aware of transmission timeframes and guidance for community-based HCW.

36



36

COVID-19 Survey Readiness Questions: Additional Areas

- Were missed visits documented in the client's individualized service plan and the attending physician notified, if applicable?
- What actions were taken to update plans if necessary? (due to e.g., consolidating visits, lack of PPE, or lack of available of staff).
- How does the agency address staffing shortages?
- Did the agency implement backup services when indicated? If so, were backup services adequate?
- If the agency has known positive cases of COVID-19, were they appropriately reported to the local or state health department?
- When the agency had a positive COVID-19 case, how did they address possible sources of infection?


Simione
HEALTHCARE CONSULTANTS

37

37

Reminders:

- Review your emergency plans and pandemic response
 - Make any updates required
 - Currently known information – on COVID- 19
 - CDC Guidance
 - Based on YOUR agency's needs and situation
 - Monitor/Report cases as per state requirements
- Evaluate and Update Policies and Procedures
 - Update to address changing in operations/regulations
- Staff Training/retraining (Webex, remote learning)
- Staff communication and support
- Stay updated re: CDC, State/Federal updates
 - State and National Associations
 - State Regulatory and Payer-Specific Updates



Simione
HEALTHCARE CONSULTANTS

38

38

OIG Reports Related to Survey Issues in Hospice

- **OIG Report #1:** July 2019 U.S. DOH OIG Report: Hospice Deficiencies Pose Risk to Medicare Beneficiaries (OEI-02-17-00020).
 - The report focuses on the overall quality of care provided to hospice beneficiaries and the deficiencies found by surveyors.
- **OIG Report #2:** July 2019 U.S. DOH OIG Report: Safeguards Must Be Strengthened To Protect Medicare Hospice Beneficiaries From Harm (OEI-02-17-00021).
 - The report features 12 cases of harm to beneficiaries receiving hospice care.
 - These cases reveal vulnerabilities in the Centers for Medicare & Medicaid Services' (CMS's) efforts to prevent and address harm.

Simione
HEALTHCARE CONSULTANTS

39

39

OIG Report #1: Hospice Deficiencies Pose Risk to Medicare Beneficiaries-Key Study Findings

- Most common deficiencies from 2012 through 2016.
 - Care planning
 - Hospice aide services
 - Patient assessments
- Complaints:
 - 18% of all hospices surveyed in 2016.
 - 313 Hospices identified by OIG as "poor performers".

APPENDIX D: The 10 Most Common Types of Deficiencies

Note: The percentage is based on the number of hospices surveyed from 2012 through 2016 (N=4,540). These categories are based on the GPO, HCFA's Publication of Joint Accreditation for Health Care Organizations, Part 484, Subpart A of part 484.1001, and DME, EOP, Appendix M.

Source: OIG analysis of OIG data, 2018.

40

Simione HEALTHCARE CONSULTANTS

40

Hospice Program Integrity - HOSPICE Act

- Section 407 of Consolidated Appropriations Act, 2021
 - Surveyor education and reporting
 - Accrediting organizations to submit survey findings
 - Intermediate sanctions/remedies
 - Special Focus Program
 - Quality withhold increase

41

Simione HEALTHCARE CONSULTANTS

41

Immediate Jeopardy: CMS SOM Appendix Q REVISED March 2019

- Applies to all Medicare provider types
- CMS QSO Memorandum-Published March 5, 2019
 - Updated July 31, 2019 to reinsert language referring criminal acts to local law enforcement.
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-09-ALL-REVISED.pdf>
- Includes:
 - Core Appendix Q and Subparts
 - Key Components of IJ
 - IJ Template

42

Simione HEALTHCARE CONSULTANTS

42



Survey Readiness Strategies

Simione
HEALTHCARE CONSULTANTS

43

43

Survey Readiness Strategies

- Ensure all staff is knowledgeable about the CURRENT Home Health and/or Hospice Conditions of Participation (CoPs).
 - Build education into orientation program for new staff
 - Include updates/review for current staff
- Keep a Survey Readiness book in the office and online in all locations. Make sure all staff knows where the book and the required contents can be found.
 - Conduct a mock survey to assess CoP compliance and to determine areas that require improvement.
 - Use current CMS survey protocols

Simione
HEALTHCARE CONSULTANTS

44

44

Survey Preparation Documents

- Agency organizational chart (including patient)
- Board/DIDG minutes
- Current licenses, accreditation certificates, CLIA waiver (if applicable)
- List of current contracts and evidence of contract oversight
- List of employees with title
- QAPI Program components and list of QAPI Committee members with projected meeting dates for year.
- Infection Control, Complaints, Quality Monitoring, Incidents
- COVID Response
- In-service calendar and evidence of staff in-service
- Evidence of SNF orientation/in-service (Hospice)
- Hospice Volunteer Program Information including list of active volunteers and personnel records.


Simione
HEALTHCARE CONSULTANTS

45

45

Survey Preparation Documents

- Patient listings:
 - Current patients inc. SOC date, DX, services provided; location of service/level of care (Hospice).
 - Unduplicated census for last 12 months
 - Discharged patients-last 6 months
- Clinical records with all components and instructions re: how to access the information if EMR.
- Admission packet and sample clinical record (if not EMR)
- Marketing materials
- Policies and Procedures
 - Include updates re: 1135/State Waivers
- After hours on call log
- IDG/Team Conference minutes




46

46

Survey Preparation Documents

- Personnel files (including, but not limited to licenses, criminal background checks, PEs for new hires, PPDs, in-service hours, required training/competency, performance evaluations).
- Map of geographical area served
- Emergency/Pandemic Preparedness Plan/Program
- COVID-19 and Waivers
- Hospice Bereavement program information and documentation of bereavement contacts during the past 12 months.
- Additional documents may be requested by accrediting bodies




47

47

Survey Preparation Documents

- Regulatory Resources to Include the Survey Preparation Manual:
 - CMS State Operations Manual:
 - Chapter 2 - Certification Process
 - SOM Appendix M-Hospice (includes 42 CFR 418 Conditions of Participation for Hospice and L-Tags).
 - SOM Appendix B-Home Health (includes 42 CFR 484 Conditions of Participation for HH and G-Tags).
 - Applicable State Licensure Regulations
 - Evidence of surveyor guidance (if applicable)
 - Accreditation Standards (if applicable)




48

48

Developing a Culture of Survey Readiness

- Developing a culture of survey readiness starts at the leadership of an organization and filters down to all staff.
- Compliance with regulatory requirements shapes policies, procedures, job descriptions, performance evaluations, code of conduct, and everyday interaction and behavior of staff within the Agency.




49

49

Developing a Culture of Survey Readiness


- Educating all levels of your staff about the federal and state home health and hospice regulations, including the federal Conditions of Participation (CoPs) should be a part of your survey readiness plan, orientation for new staff, and continuing education for all staff.
- Ensure ongoing review/observation to ensure staff knowledge and implementation of policies and procedures.
- Train staff and managers regarding survey processes and their roles in survey readiness and regulatory compliance.
- Staff/Management Accountability



50

50

Questions?



51

51



Driving Results

Kim Skehan, RN, MSN, Director kskehan@simione.com

800.949.0388 | Simione.com

Corporate Headquarters
4130 Whitney Avenue
Hamden, CT 06518

Massachusetts Office
54 Main Street, Unit 3
Sturbridge, MA 01566

Simione
HEALTHCARE CONSULTANTS

52

52