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Overview of the Hospice Survey Process

Wednesday, June 17, 2015

Hospice Agencies/Residences Preparing for State and Federal Onsite Survey/Inspections

Presenters:

Kristal Foster & Deb Jaquette, Rick Brummette, RN; Darlene Fuller, RN; Kellie Edwards, RN; Linda Harkness, RNC; Linda VanGansbeke, RN; Deirdre Laviolette, RN; Marian Clore, RN; Health Care Surveyors, BCHS

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State Organization Structure

Bureau of Community & Health Systems (BCHS)

Effective Date June 2015

- State Licensing of Health Facilities, Agencies and Programs
- Federal Certification of Providers and Suppliers on Behalf of the Centers for Medicare and Medicaid Services (CMS)
- State Licensing of Child Care Centers
- State Licensing of Adult Foster Care/Homes for the Aged
- Construction Permits of State Licensed Health Facilities

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Michigan Covered Providers

(As of April 2015)

No. of Providers	Type
10,058	Child Care Centers
8,348	Clinical Laboratory Services
4,291	Adult Foster Care Homes
1,284	Substance Use Disorder Programs
646	Home Health Agencies
452	Nursing Homes/LTC Facilities
218	Homes for the Aged
197	Dialysis Centers (ESRD)
169	Hospitals
162	Outpatient Physical Therapy (OPT)/Speech Pathology
160	Rural Health Clinics (RHC)
133	Freestanding Surgical Outpatient Facilities/ASC
131	**Hospice Agencies**
59	Inpatient Psychiatric Hospitals/Units
30	Psychiatric Partial Hospitalization Programs
18	**Hospice Residences**
9	Organ Transplant Facilities
9	Portable X-Ray Providers
6	Comprehensive Outpatient Rehab Facilities (CORF)

** Some federal oversight for organ procurement organizations (1) and federally qualified health centers (196).*

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BCHS State/Federal Oversight of Covered Providers

State	Federal	Type
YES	YES	Child Care Centers
YES	YES	Clinical Laboratory Services
YES	NO	Adult Foster Care Homes
YES	NO	Substance Used Disorder Programs
NO	YES	Home Health Agencies
YES	YES	Nursing Homes/LTC Facilities
YES	NO	Homes for the Aged
NO	YES	Dialysis Centers (ESRD)
YES	YES	Hospitals
NO	YES	Outpatient Physical Therapy (OPT)/Speech Pathology
NO	YES	Rural Health Clinics (RHC)
YES	YES	Freestanding Surgical Outpatient Facilities/ASC
YES	**YES**	**Hospice Agencies**
YES	YES	Inpatient Psychiatric Hospitals/Units
YES	NO	Psychiatric Partial Hospitalization Programs
YES	**YES**	**Hospice Residences**
NO	YES	Organ Transplant Facilities
NO	YES	Portable X-Ray Providers
NO	YES	Comprehensive Outpatient Rehab Facilities (CORF)

** Some federal oversight for OPO and FQHC.*

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Regulatory Overview

Sample of Events Requiring State/Federal Approval:

- Initiation/renewal of a state license (required)
- Initiation/recertification for federal certification to participate in Medicare/Medicaid (voluntary)
- Change of ownership (change in licensee)
- Relocation
- Multi-Site Locations
- Increase or decrease in hospice residence beds
- Change in information (administrator/agency name)

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Regulatory Overview

Sample of State Agencies Involved:

- Certificate of Need - DHHS (Hospice residences w/ LTC beds)
- Construction Permit - Health Facilities Engineering, BCHS, LARA (Hospice residences)
- Fire Safety Certification – Bureau of Fire Services (BFS), LARA (Hospice residences)
- Bureau of Community and Health Systems (State Licensing/Federal Certification), LARA
- Health Professional Licensing, Bureau of Professional Licensing, LARA

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Certified vs Voluntary Hospice

Kellie Edwards, RN
Health Care Surveyor

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Certified vs Voluntary

What is the difference between Certified Hospice and Voluntary Hospice?

- Certified and Voluntary hospices both have state licensure requirements (unless they serve not more than 7 patients per month on yearly average, do not charge or receive fees for goods/services and do not receive third party reimbursement).
- Hospice residences have additional state licensing requirements.

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Certified vs Voluntary

(cont)

- Same services provided by both types of hospices (nursing, spiritual care, social work, physician, aide, PT, OT, ST, RD, medications, durable medical equipment).
- Funding: Certified - Medicare/Medicaid, other insurances, private pay and donations; Voluntary – fund raising donations.
- Certified hospice has two surveys, Medicare Certification and State Licensure.
- Voluntary surveyed for state licensing only.

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Hospice Services

Rick Brummette RN, BSN, Manager
Specialized Healthcare Services Section

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Required Services

- Hospice is required to make nursing services, physician services, drugs, and biologicals routinely available on a 24-hour basis, 7 days a week.
- Core Services must be provided directly by hospice employees on a routine basis.

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Interdisciplinary Group

The hospice IDG members include, but are not limited to:

- the hospice physician (Doctor of Medicine or Osteopathy) who must be an employee of or under contract with the hospice.
- registered nurse.
- social worker.
- pastoral or other counselor.

Inpatient Services

- Hospices must make inpatient care available for pain control, symptom management, and respite purposes.
  - Under arrangement must comply with requirements at L 704 and L719

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Federal Certification Process

- Provider submits enrollment application (855A) to fiscal intermediary (FI)/Medicare Administrative Contractor (MAC) – *National Government Services* (NGS)
- Provider submits Medicare paperwork to LARA including OMB 0990-0243, HHS-690, CMS-1561, CMS-417, BHCS-HFD-804
- FI/MAC reviews application and makes recommendation to approve or deny to State Agency (LARA) with copy to CMS Regional Office (RO)
- Approved accreditation organization (AO) conducts initial survey to determine compliance with federal Conditions of Participation and makes recommendation to approve or deny to RO
- RO makes the final decision regarding eligibility and, if approved, provider signs provider agreement

*If not pursuing Medicare Certification notify LARA when ready to be surveyed

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General Survey info

- Initial Certification Survey: Certification must be done by an Accrediting Organization.
- Re-certification Survey: occurs every 36.9 months or sooner.
- All surveys are an evaluation of the COP's
- Complaint Surveys:-must have Region V permission before investigating (Deemed Agencies)

  -Are focused to the COP most related to the complaint.

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Preparing for a Survey

Linda VanGansbeke RN, BSN
Health Care Surveyor

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Preparing for a survey

Have available for review:

- Organizational Chart.
- Information about multi- sites (if any).
- Complete CMS 417 and CMS 643 forms.
- Provide an admission packet & Pt rights disclosure.
- Complaint Log and documentation of resolution.
- List of current, open patients.

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Preparing for a survey

- List of patients presently residing in:
  - Nursing home.
  - Inpatient facility.
- Calculate the average monthly census and the average length of stay for the past 12 months.
- Unduplicated census for the past 12 months including admission date, diagnosis and type of services rendered.
- We will need to schedule home visits.

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Preparing for a Survey

- Personnel records for professional staff.
- List of all in services for professional staff in the last calendar year.
- List of Hospice Aides with date of hire.
- Personnel records for Hospice Aides.
- List of all Volunteers with date of hire.
- List of all current bereavement clients for the past thirteen months, with the name of the deceased and the date of death.

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Preparing for a Survey

- Policy and Procedure manuals, both clinical and administrative.
- List of Job descriptions.
- List of contracts.
- Copy of the CLIA waiver.
- Governing Body Meeting Minutes.
- IDG Meeting Minutes.
- Examples of the assessment tools used.
- QAPI Program.
- Infection Control Program.

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Preparing for a Survey

- Staff Interview's
- EMR's:

  Develop policies, procedures and tools for giving access to Surveyors.

  Designate a helper for the surveyor.

  Provide EMR software instructions and temporary user ID's .

  Make computers available for record review.

  Be able to print portions of the record.

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Top 5 Deficiencies

Darlene Fuller RN, BSN
Health Care Surveyor

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Deficiencies Cited (Conditions/Standards)

Top 5 Deficiencies Cited for Michigan Hospices

§418.56(c)(3)/L0548 - Measurable outcomes anticipated from implementing and coordinating the plan of care.

§418.56(d)/L0552 - A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.

§418.76(g)(2)/L0626 - A hospice aide provides services that are:
(i) Ordered by the interdisciplinary group.
(ii) Included in the plan of care.
(iii) Permitted to be performed under State law by such hospice aide.
(iv) Consistent with the hospice aide training.

§418.54(c)(6)/L0530 - Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:
(i) Effectiveness of drug therapy
(ii) Drug side effects
(iii) Actual or potential drug interactions
(iv) Duplicate drug therapy
(v) Drug therapy currently associated with laboratory monitoring.

§418.56(c)/L0545 Content of the plan of care: The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.

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How to Prepare Your Plan of Correction if Needed

Linda Harkness, MSN, BSN, RNC
Health Care Surveyor

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Begin with the Exit Conference

- The Purpose of the exit conference is to informally communicate preliminary survey team findings and provide an opportunity for the interchange of information.
- The surveyor will not cite specific Tag #s during the exit conference.
- You CAN start working on your POC beginning on the survey exit date.

The Plan of Correction

Official findings are presented in writing on Form CMS-2567 and will be forwarded to the provider within 10 working days from the exit date.

Acceptable Plan of Correction

The provider will have 10 Calendar days to submit a Plan of Correction to the State Agency.

- Additional Pages may be attached.
- Form CMS-2567 is not a fillable form-Provider writes corrections in the middle column of the CMS-2567.
- The Administrator must sign and date at the bottom of page 1 of the CMS-2567.
- Designate only one completion date for each tag in the far right column.
- The POC completion date must not exceed the latest acceptable date stated in the notice letter received with the Statement of Deficiencies.

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Acceptable PoC

Must contain the following elements with corrective actions for each tag:

- The Plan for correcting each specific deficiency.
- The Procedure for implementing the POC for each specific deficiency.
- Identify a monitoring procedure to ensure that the plan of correction is effective and that each specific deficiency remains in compliance.
- The title of the person responsible for implementing the acceptable plan of correction.
- A date for completion for each tag cited.

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POC FORMAT

Surveyor

For each requirement not met, the surveyor writes in the left column:

- The Prefix and Data Tag number
- The deficiency that contains the CFR reference and a statement that the requirement is not met.
- The evidence to support the deficiency including a regulatory citation for each tag.

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POC Format

Provider:

For each tag cited, the provider writes in the middle column opposite the deficiency statement & tag.

- The action to correct the deficiency (new policies, in-services, quality assurance).
- Measures to assure no recurrence of underlying problems.
- How the corrective action will be monitored to maintain compliance.

WHO…HOW…HOW OFTEN….HOW LONG?

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What Happens after the POC is Submitted?

- The surveyor makes the determination of the appropriateness of the POC.
- If the POC is not properly completed or if there are questions about the applicability to the deficiency, the surveyor contacts the provider to obtain clarification or an appropriate modification of the plan.
- If the POC is rejected, the surveyor seeks an acceptable POC from the Provider in writing. Changes to the POC must be modified by the provider, signed and dated, and returned to the State Agency.

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Hospice Multi-Site Application Process

Deirdre Laviolette BS,RN
Health Care Surveyor

Process:

If an existing hospice intends to add a multisite that is going to participate in Medicare or Medicaid, you must notify in writing each of the following of the proposed location:

- Notify CMS
- Notify the State Agency
- If deemed, should notify your accrediting organization


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Hospice Agencies
• For initial certification or change of ownership:
◦ Complete Provider Enrollment Application (CMS-855A) and submit to NGS.
◦ Complete and submit to BHCS:
▪ One (1) signed original Civil Rights Clearance for Medicare Provider Certification (OMB No. 0990-0243 and HHS-690)
▪ Two (2) signed originals Health Insurance Benefit Agreement (CMS-1561)
▪ One (1) signed original Hospice Request for Certification in Medicare (CMS-417)
◦ For multi-site applications (one application packet per site):
▪ Complete Provider Enrollment Application (CMS-855A) and submit to NGS.
▪ Complete Multi-Site Questionnaire (BHCS-HFD-804) and submit to BHCS.

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Submit a Form CMS-855A change of information request to your Medicare Administrative Contractor…

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Submit Form BHCS-HFD-804, the Hospice Multiple-Site Questionnaire…

Including all supporting documentation

- 8 questions with multiple parts to each question
- Question 4 has parts…… A thru I
- Question 6 has parts…… A thru K

Please answer each question completely and clearly label each part or attachment

Hospice agency must demonstrate:

- Ability of governing body to manage multi-site
- Ability of Medical Director to assume responsibility for medical component of the hospice's patient care at all locations
- Is responsible to the same governing body and central administration
- Shares administration, supervision, services, and participate in QAPI activities
- Clear lines of authority, supervision and control
- Provide all hospice services at the multi-site
- Must monitor and exercise control over services provided by personnel under arrangements or contracts
- Changes in the IDG(s) providing hospice services

The provider must obtain CMS "approval of the new multiple location" before it is permitted to bill Medicare for services provided from the new location.

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State Licensing Survey

Marian Clore RN BSN
Health Care Surveyor

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State Licensure Process

- Issue state licenses for approved applications
  - ✓ State application form (BHCS-HFD-100/Appendix A)
- Conduct initial (pre/post) and annual inspections (surveys) as well as complaints
- State licensing:
  - ✓ Annual licensing required
    - $0 licensing fee for hospice agencies
    - $200 per license + $20 per bed for hospice residences
- Public Health Code and Administrative Rules
  - ✓ MCL 333.20101-20211 and 21401-21420 (Part 214)
  - ✓ R 325.13101-13543
  - ✓ Proposed Changes to Code and Rules

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State Licensure Requirements

- Excerpts of Code requirements:
  - Owner and governing body are responsible for all phases of the operations and for the quality of care rendered
  - Requires appropriate licensing of physicians working with the hospice
  - Shall not discriminate
  - Provides 24-hours nursing services as required under 42 CFR Part 418
  - Requires infection control plan
  - Requires appropriate methods and procedures for storage, dispensing and administering drugs and biologics
  - Requires planned and continuous hospice care – physical, psychological, social, and spiritual needs coordinated through an interdisciplinary team

- Excerpts of Rule requirements:
  - Governing body
  - Hospice administrator
  - Distinct policies and procedures
  - Patient rights
  - Contractual services
  - Physical environment

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State Survey

- Essentially being prepared for a State Survey is the same as being ready for a Federal Medicare Survey, just make sure you also have in addition;
  - Hospice License & Patient Rights prominently posted.

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Common State Deficiencies

- R 325.13111 Quality Assurance Performance Improvement (QAPI) Program
  - Adopt or Develop Professional Standards
  - Collect, Analyze and Report Data
  - Use data gathered to develop further Quality Initiatives

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Common State Deficiencies

- R325.13301 Contractual Services
  - Reviewed annually
  - Ensure the date is on the signature page
- 325.13109 Policies and Procedures
  - If purchased policies are used, ensure agency-specific information is included
  - Review at least annually and revise as needed

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Common State Deficiencies

- 325.13104 Complaints
  - Maintain complaint files (complaint and investigation) for a minimum of 3 years
  - Provide procedure for the patient to file a complaint
  - Procedure should include agencies specific person, the address, phone number and email address to handle complaints.

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Questions & Answers

Bureau of Community and Health Systems

Ottawa Building, 1st Floor

611 W Ottawa Street

Lansing, MI 48909

State Licensure Contact: (517) 241-1970

Federal Certification Contact Number: (517) 241-3830

www.michigan.gov/healthfacilities

(See Licensing & Regulation/Health Care Services)

Thank you for your efforts to provide quality health care to Michigan residents.