Gearing Up for Survey Readiness

...helping hospices become survey ready at any time

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Objectives

• Review steps they should take to become survey ready at any time
• List key CMS survey deficiencies and determine their organization’s need to address potential deficiencies
• Identify tools and resources to assist their organization in becoming survey ready at any time
Survey Readiness Initiative

• This webinar launches the survey readiness initiative
• Intended to highlight the new requirements of the law for hospice surveys every 36 months
• New tools, resources, audit tools for survey readiness
• Best practices for hospices to share with each other for survey readiness

IMPACT Act

• Stands for:
  Improving Medicare Post-Acute Care Transformation Act of 2014 (“IMPACT Act”)
• Impacts post acute providers including:
  – home health agency
  – skilled nursing facility
  – inpatient rehabilitation facility
  – long-term care hospital
Hospice Provisions in IMPACT bill

Three provisions:

- Hospice surveys every 36 months
  - Implementation date: 6 months after enactment (April 6, 2015)
  - Surveys conducted by state survey agency or accrediting organization
  - In place for the next 10 years

- Increased medical review for long lengths of stay
  - Technical correction to the Affordable Care Act
  - Intended for hospices who have a high percentage of patients with a length of stay >180 days
  - What is the “high percentage?”
    - CMS will set the number – in the 40-60% range
  - Implementation date: CMS can begin the process as soon as the bill is enacted (October 6, 2014)

- Hospice aggregate cap
  - Aligns the inflation increase for the aggregate cap and the hospice rate increase
  - Implementation date: FY2017 (Payment year beginning October 1, 2016)

  Example of when cap amount and rates increase at

<table>
<thead>
<tr>
<th>Example</th>
<th>Cap for year ending October 31, 2014</th>
<th>Marketbasket Increase</th>
<th>Example of Cap Amount for Coming Year</th>
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<tr>
<td>10/31/2014</td>
<td>$ 26,725.79</td>
<td>1.70%</td>
<td>$ 27,180.13</td>
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Regulations, Interpretive Guidelines and Standards

- Regulations: Requirements published which provide details for compliance with the law
- Interpretive Guidelines: Translate regulations and standards into practice
- Standards: Voluntary program requirements to ensure quality services and clarify regulations
Why are Regulations So Important?

- Set a standard for care
- Ensure consistency and standardization in broad care concepts
- Ensure quality care
  - Patients/families
  - Colleagues in health care, internal/external payers
- Required to receive Medicare revenue to fund operations

Regulations as Management Tools

- Answer questions about how something should be done.
- Address questions about why something must be done in a particular way.
- Provides a foundation for orientation of new employees and volunteers.
- Guides the development and implementation of quality assessment and performance improvement programs.
Regulations as Management Tools (Con’t)

• Provides assistance for leadership development of organizational structure and operations
• Provides a solid foundation for strategic development and future direction.

Interpretive Guidelines

• Detail on the intent of the CoPs
• Gives guidance to surveyors for the survey process, including entrance and exit interviews
• Used by surveyors to assess compliance with regulatory requirements
• Questions and probes listed and may be used by surveyors to question staff
• GREAT tool to determine intent of a CoP or to get more detailed information
• Appendix M of the State Operations Manual
HOSPICE REGULATIONS, INCLUDING MEDICARE HOSPICE CONDITIONS OF PARTICIPATION

Where are the federal regulations?

Code of Federal Regulations (CFR)
Title 42 – Public Health
– Chapter IV- Centers for Medicare and Medicaid Services
– Department of Health and Human Services
– Part § 418 – Hospice Care – 2013 Edition
Hospice CoPs History and Updates

• Completely new CoPs in June 2008
• Updates allowed with CMS rulemaking
  – Proposed rule published by CMS
  – 60 day comment period
  – Final rule issued several months later
• Most often connected to the Hospice Wage Index
  Proposed and Final Rule for each fiscal year
• Important to check the Code of Federal Regulations to ensure that you have the latest updates.

Hospice Regulations-Subparts

Part §418: Hospice

Subpart A: Statute, General Provision and Definitions
Subpart C: Patient Care
Subpart D: Organizational Environment
Subpart B: Eligibility, Election and Duration of Benefits
Subpart G: Payment for Hospice Care
Subpart F: Covered Services
Subpart H: Coinsurance
Subpart C: Patient Care

- § 418.52 Patient’s Rights
  - Patient/family informed of rights verbally/writing.

- § 418.54 Initial and Comprehensive Assessment of the Patient.
  - Content and timing requirement

- § 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services.
  - The heart of the CoPs; CMS considers the Plan of Care (POC) the most important document and concept in hospice care

Subpart C: Patient Care (Con’t)

- § 418.58 Quality Assessment and Performance Improvement
  - Requirement for patient outcome centered, performance improvement program

- § 418.64 Core services
  - Physicians
  - Nursing
  - Social work
  - Counseling (bereavement, spiritual, dietary)
Subpart C: Patient Care (Con’t)

- § 418.76 Hospice aide and homemaker services
  - Qualifications of an aide
  - Supervision of hospice aides every 14 days

- § 418.78 Volunteers
  - No changes in the CoPs from 1983

Subpart D: Organizational Environment

- § 418.100 Organization and administration of services
  - Administrator
  - Manager of the POC
  - 24/7 physician and nurse coverage

- § 418.102 Medical director
  - Only one for a Medicare provider number

- § 418.106 Drugs and biologicals, medical supplies, and durable medical equipment
  - Review, administration, disposal, DME requirements
Subpart D: Organizational Environment

- § 418.108 Short-term inpatient care (contracted)
  - Respite
  - GIP
- § 418.110 Hospices that provide inpatient care directly
  - Environmental requirements
  - Restraint and seclusion

Subpart D: Organizational Environment

- § 418.112 Hospices that provide hospice care to residents of a SNF/NF or ICF/IID
  - Coordination of care requirements with NF
  - Hospice and NF responsabilités

- § 418.114 Personnel qualifications
  - Social worker qualifications
  - Criminal background check
Assessment of Compliance

• Survey entities:
  – State survey & certification agency under contract with CMS
  – Accreditation organizations (may perform deemed surveys)
    • Approved for hospice surveys
      – The Joint Commission
      – Community Health Accreditation Program (CHAP)
      – Accreditation Commission for Health Care (ACHC)

Assessment of Compliance (Con’t)

• Survey types:
  – Certification and re-certification
  – Complaint
  – Initial certification surveys -- States have been instructed by CMS that initial hospice certification surveys are a “Tier § 4 priority.” Accreditation organizations can complete initial deem surveys as an alternative

Note: State licensure surveys have different regulatory requirements. Check with your state survey agency to see whether they will combine the licensure and certification surveys or will do them separately.
CMS CY 2013 Top Ten Survey Deficiencies

- Active hospice providers (2013) = 3,970
- Total number of recertification surveys = 1,301
- % of active providers surveyed = 33%

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<th>Tag #</th>
<th>Tag Description</th>
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<th>% Surveys Cited</th>
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<td>Clinical Records</td>
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</table>
Preparing for a Survey

- Be survey ready at all times!
  - Develop a culture of compliance in your organization
- Surveys are unannounced
- How to prepare:
  - Annual program review with policy and procedure updates
  - Staff and volunteer education on policies and procedures
  - Conduct a mock survey
  - Use an audit checklist to ensure readiness

Mock Surveys

- Prepares for regulatory survey.
- Prepares for the variability of surveyors.
- Improves standardization throughout organization.
- Prepares for implementation of a plan of correction for deficiencies.
- Helps continue to look at deficiencies until they have sustained improvement.
- Allows you to find your own deficiencies.
- Incorporate outcomes into QAPI Program.
Tips for Getting Ready

- Providers share tips for getting ready for surveys
- What works, what to have available for surveyors

NHPCO Resources

- Go to NHPCO Regulatory and Compliance Center

Survey Readiness Initiative
- Compliance Guides for each section of the Conditions of Participation (CoPs)
- All inclusive documents with regulations and interpretive guidelines for each section of the CoPs
- Top 10 Survey Deficiencies guide (2013)
- Audit tools
  - CoP audit tool
  - Top 10 Survey Deficiencies audit tool (2013)
Watch for….

- Best practices for survey preparedness from hospice providers
- Newsline article
- More information from CMS on the rollout of the survey process

Regulatory/Compliance Team at NHPCO

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Email us at: regulatory@nhpco.org
NHPCO members enjoy unlimited access to Regulatory Assistance
96% of questions received a response in < 24 hours in 2014

Feel free to email questions to regulatory@nhpco.org