


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





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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


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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


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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)


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Hospice Provisions in IMPACT bill

- **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

Example	Cap for year ending October 31, 2014	Marketbasket Increase	Example of Cap Amount for Coming Year
10/31/2014	\$ 26,725.79	1.70%	\$ 27,180.13

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**REGULATIONS, INTERPRETIVE
GUIDELINES, STANDARDS**

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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


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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


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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.


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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.

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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
 - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_m_hospice.pdf

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HOSPICE REGULATIONS, INCLUDING MEDICARE HOSPICE CONDITIONS OF PARTICIPATION

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Hospice Regulations

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
 - <http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol3/pdf/CFR-2013-title42-vol3-part418.pdf>


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Hospice CoPs History and Updates

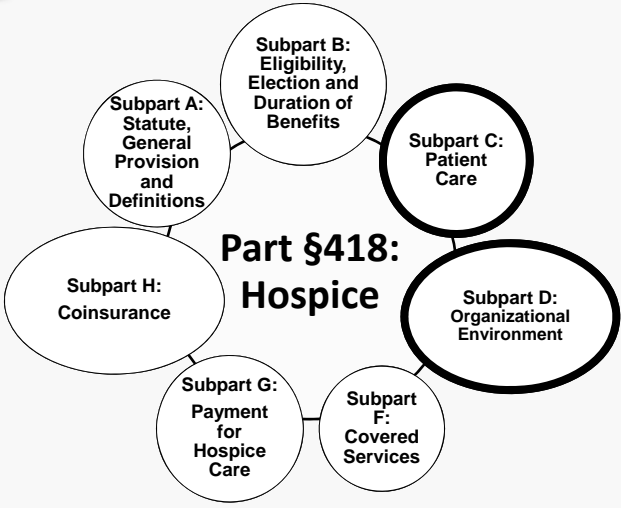



- Completely new CoPs in June 2008
- Updates allowed with CMS rulemaking
 - Proposed rule published by CMS
 - 60 day comment period
 - Final rule issued several months later
- Most often connected to the Hospice Wage Index Proposed and Final Rule for each fiscal year
- Important to check the Code of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

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Hospice Regulations-Subparts





**Part §418:
Hospice**


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



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 **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**

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 **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)


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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


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Subpart D: Organizational Environment


- § 418.100 Organization and administration of services
 - Administrator
 - Manger 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


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 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





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 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 responsibilities
- § 418.114 Personnel qualifications
 - Social worker qualifications
 - Criminal background check





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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)


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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.

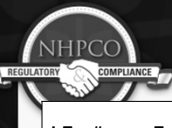
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CMS CY 2013 Top Ten Survey Deficiencies


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


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CMS CY 2013 Top Ten Survey Deficiencies


L Tag #	Tag Description	# of Citations	% Providers Cited	% Surveys Cited
L 543	Plan of Care	85	2.0%	6.5%
L 545	Content of Plan of Care	74	1.8%	5.7%
L 530	Content of Comprehensive Assessment	67	1.6%	5.1%
L 555	Coordination of Services	65	1.6%	5.0%
L 547	Content of Plan of Care	60	1.5%	4.6%
L 591	Nursing Services	47	1.1%	3.6%
L 629	Supervision of Hospice Aides	46	1.1%	3.5%
L 557	Coordination of Services	45	1.1%	3.5%
L 533	Update of Comprehensive Assessment	45	1.1%	3.5%
L 671	Clinical Records	43	1.0%	3.3%


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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


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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.


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Tips for Getting Ready


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


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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)

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Watch for...

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

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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

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