

Michigan Homecare and Hospice Association Annual Conference
Home Health Agencies

*Preparing for Federal Surveys –
5 Top Deficiencies*

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1

The Bureau of Survey & Certification (BSC)

- Federal and State oversight separated in August of 2022.
- State Licensing continues to be housed in the Bureau of Community and Health Systems.
- Functions of BSC include:
 - Recertification and complaint surveys.
 - Monitoring and enforcement of federal regulations.
 - Federal complaint investigations.
- WHY?
 - To protect the health, safety, and quality of care received by Michigan residents.

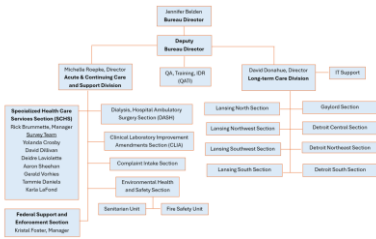
2

BSC Mission, Vision, Values

- **Mission**
Ensuring Michiganders receive quality healthcare with federal regulations as our guide using a collaborative and respectful approach.
- **Vision**
Achieving national recognition through innovative collaboration with health care providers to improve the quality of life for Michigan residents.
- **Values**
Collaboration, Reliability, Fairness, Authenticity, and Knowledge

3

BSC Organizational Chart



4

What's New in BSC

- Egress Secure Workspace
 - Secure electronic drop box.
 - Cuts down on printing and handling of PHI.
 - Multiple staff can access shared documents.
 - Documents uploaded will be deleted from Egress shortly after survey exit.
- Development and implementation of standardized forms for surveys
 - Ensure consistency with surveys.
- New Quality Assurance, Training, and Informal Dispute Resolution (QATI) division
 - Assist with training and quality within our bureau.

5

Bureau of Survey and Certification Website

- State Licensure
 - Not required for HHAs
- Bureau of Survey and Certification (BSC) website is designed to assist:
 - Initial Federal certification
 - Resources to maintain compliance
- Federal certification/recertification website information:

<https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hha>

6

BSC Resources for Home Health Agencies (HHA)

- Important links to CMS and [State Operations Manuals \(SOM\)](#)
- Administrative and Leadership [Change Request Form](#)
- Information and links regarding:
 - Initial certification of HHA's
 - Address change
 - Branch site applications
 - Change in ownership (CHOW)
 - Informal Dispute Resolution (IDR) process
- Bureau contact information: <https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hha>

7

Actions Requiring Federal Approval

- Initial certification
- Re-certification
- Change of Ownership (CHOW)
- Change of Information (address, name, etc.)
- Change of Administrator/Leadership
 - Can be done at our website: <https://www.michigan.gov/lara/bureau-list/bsc/admin-leadership-change-form>
 - Submitted form is sent to: LARA-BSCSupport@michigan.gov.
- Branch Site Approval/Relocations

8

Preparing for your Federal Survey

Federal recertification surveys are done to verify you meet the federal conditions of participation.

1. Each federal recertification survey occurs at least every 3 years
 - For deemed agencies- your survey will be conducted by your accrediting organization.
 - For non-deemed agencies- your survey will be conducted by the State agency.
2. To be prepared for the survey, review:
 - Electronic Code of Federal Regulations website: [eCFR: 42 CFR Part 484- Home Health Services](#)
 - Centers for Medicare and Medicaid (CMS): [State Operations Manual, Appendix B](#) which describes the survey process and tasks we will be completing when we are there.

9

Survey Process Overview

- Entrance Conference- introductions with administrator, area for us to work, expected time frame of survey, and the following:
- Request for items needed for survey (Egress secure workspace)
- Medical Record Review
- Home Visits
- Emergency Preparedness
- Home Health Aide Competencies
- Policy and Procedure Reviews
- Interviews
- Exit Conference- quick summary of the visit and what will happen next

**Non-cooperation could end the survey process and require SA to recommend termination to CMS

10

Top 5 Most Frequently Cited HHA Tags in 2024

- E-0039: Testing of emergency plan.
- G-0434: Right of patient to participate in care.
- G-0514: Initial Assessment Visit.
- G-528: The comprehensive assessment must accurately reflect the patient's status.
- G-0536: The comprehensive assessment must include review of all medications

Electronic Code of Federal Regulations (eCFR) for Hospice Care: eCFR: 42 CFR Part 484 – Home Health Services

CMS State Operations Manual (SOM): Appendix B Home Health Care Providers

CMS SOM: Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types

11

E-0039: Testing of Emergency Plan

The Home Health Agency (HHA) must conduct exercises to test the emergency plan at least ANNUALLY.

The HHA must:

- (i) Participate in a **full-scale exercise** that is community-based; or
 - (A) When a community-based exercise is not accessible, conduct an annual individual, **facility-based functional exercise** every 2 years; or
 - (B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.
- (ii) Conduct an additional exercise every 2 years, **opposite the year the full-scale or functional exercise** under paragraph (i)(2)(i) of this section is conducted, that may include, but is not limited to the following:
 - (A) A **second full-scale exercise** that is community-based or an individual, facility-based functional exercise; or
 - (B) A **mock disaster drill**; or
 - (C) A **tabletop exercise or workshop** that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- (iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed

12

E-0039: Testing of the Emergency Plan (Cont.)

- If the HHA is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the HHA may choose to participate in the healthcare system's coordinated emergency preparedness program (see additional guidance in SOM Appendix Z).
- Consider Community Partners: [Healthcare Coalitions](#); [Health Departments](#); [First Responders](#); [Emergency Management Programs](#)

13

E-0039: Helpful Definitions

Facility-Based: We consider the term "facility-based" to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population; facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area.

Full-Scale Exercise: A full-scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. "boots on the ground" response activities (for example, hospital staff treating mock patients). Though there is no specific number of entities required to participate in a full-scale community-based exercise, it is recommended that it be a collaborative exercise which involves at a minimum local or state emergency officials and is robust to develop community-based responses to potential threats.

Table-top Exercise (TTX): A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

14

E-0039: Helpful Definitions

Community Partners: Community partners are considered any emergency management officials (fire, police, emergency medical services, etc.) for full-scale and community-based exercises, however, can also mean community partners that assist in an emergency, such as surrounding providers and suppliers.

Functional Exercise (FE): The Department of Homeland Security's (DHS's) Homeland Security Exercise and Evaluation Program (HSEEP) explains that FEs are an operations-based exercise that is designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions.

15

G-0434: Right of patient to participate in care

- **§484.50(c) Standard: Rights of the patient. The patient has the right to—**
- (4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to –
 - (i) Completion of all assessments;
 - (ii) The care to be furnished, based on the comprehensive assessment;
 - (iii) Establishing and revising the plan of care;
 - (iv) The disciplines that will furnish the care;
 - (v) The frequency of visits;
 - (vi) Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
 - (vii) Any factors that could impact treatment effectiveness; and
 - (viii) Any changes in the care to be furnished.

G-0434: Right of patient to participate in care (cont.)

- Commonly cited for not including the patient when determining:
 - (iv) The disciplines that will furnish the care;
 - (v) The frequency of visits;
 - (viii) Any changes in the care to be furnished.
- This is determined through both record review and patient interview (and home documents) when possible.

G-0514: Initial Assessment Visit

- **§484.55(a) Standard: Initial assessment visit.**
- (1) A **registered nurse** must conduct an **initial assessment** visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held **either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician- or allowed practitioner-ordered start of care date.**

G0514: Initial Assessment Visit (cont.)

- For patients receiving **only nursing services**, or **both nursing and rehabilitation services**:
 - The **Registered Nurse** must make the initial visit.
- The reason this gets cited: the skilled nurse was ordered on the referral, but another discipline makes the initial/comprehensive assessment.
- For patients receiving **rehabilitation therapy services only service** (speech language pathology, physical therapy, or occupational therapy):
 - initial visit may be made by an **applicable rehabilitation skilled professional**.

G-0536: Review of all current medications.

- The comprehensive assessment must accurately reflect...
- §484.55(c)(5) A review of **all medications** the patient is **currently using** in order to **identify any potential adverse effects and drug reactions**, including ineffective drug therapy, **significant side effects**, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.
- Interpretive Guidelines do not say which skilled discipline is required to perform the medication review, however, only RN's, PT's, OT's and SLP are qualified to perform comprehensive assessments.
 - Identify all medications that the patient is taking (both prescription and non-prescription) as well as times of administration and route.
 - HHAs should have a policy in place to guide staff if a medication concern is identified.
 - The clinical record should reflect that each medication was considered during review.

G-0528: The comprehensive assessment must accurately reflect the patient's current health, psychosocial, functional, and cognitive status.....

- §484.55(c)(1) The patient's current health, psychosocial, functional, and cognitive status;
- Completion of the comp assessment should provide the HHA with a complete picture of the patient's status to be used in developing the plan of care and utilizing detailed history and current needs found in the referral for home care.
- Assesses the pt's ability to participate in care, ability to function independently in the home, and ability to implement the plan of care.

Quality, Safety, & Education Portal Training Catalog

- Check out CMS's "Quality in Focus" interactive video series at [OSEP – Driving Healthcare Quality \(cms.gov\)](https://www.cms.gov/medicare/quality)
- The series of videos and files with topics to gain more understanding of the survey process and common citations.
- After watching the videos, you will learn to:
 - Understand surveyor evaluation criteria.
 - Recognize deficiencies.
 - Incorporate solutions into your agency's standards for care.

25

Where to Find us...



Bureau Phone: 517-284-0913
 Bureau Fax Number: 517-763-0214

For help with general questions and for Certification Support email (document submission): lara-bschelp@michigan.gov

Bureau of Survey and Certification:
<https://www.michigan.gov/lara/bureau-list/bsc>

Home Health Agencies:
<https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hha>

Certification paperwork submission and questions: LARA:
BSCSupport@michigan.gov

26

State Operations Manual (SOM)

- [SOM Appendix B](#): Home Health Agencies
- [SOM Appendix Z](#): Emergency Preparedness
- [Chapter 2](#): The Certification Process

27

Q & A
