

Michigan Homecare and Hospice Association Annual Conference

Hospice

Preparing for Federal Surveys –Top 5 Deficiencies

Rick Brummette, RN, BSN, Manager, Specialized Health Care Services Section
 Kristal Foster, Manager, Federal Support and Enforcement Section
 Tammie Daniels, RN, MSN, Health Care Surveyor

1

The Bureau of Survey & Certification

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

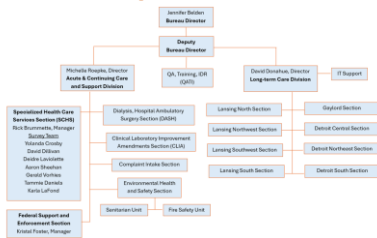
2

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 (QAT1) division**
 - Assist with training and quality within our bureau.

5

CMS – Tier Workload FY 2025

Year 1 Non-Denied Providers	Year 2	Year 3	Year 4
36.5 Month Maximum Interval	Complaint Investigations Triggered Non-I High (within 45 days)	Complaint Investigations Triggered Non-I Medium (next survey)	24.9 Month Maximum Interval
Complaint Investigations Triggered as high or immediate jeopardy(s) (within 48 hours)			Complaint Investigations Triggered as Non-I Low (next survey)
			Branch location application review
Denied Providers			
Complaint Surveys (H)	Complaint Investigations Triggered Non-I High with NO approval (w/ 45 days)		Branch location application review
Complaint Investigations Triggered as immediate jeopardy(s) with NO approval (w/ 48 hours)			

6

Federal Certification/State Licensure Website

1. Bureau of Survey and Certification (BSC) website is designed to assist:
 - Initial State licensing and initial Federal certification
 - Resources to maintain compliance
2. Federal certification/recertification website information: <https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hospice>
3. State licensure website information: <https://www.michigan.gov/lara/bureau-list/bchs/providers/hospice>
4. Website also contains BSC contact information for questions/needs

Actions Requiring Federal Approval

- Initial certification/Recertifications
- Change of Ownership (CHOW)
- Change of Information (address, name, etc.)
- Change of Administrator
 - 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
- Multiple-location and inpatient program applications (approvals/relocations) the newest versions are on our website;
 - <https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hospice>

Federal Certification Surveys

1. Federal recertification surveys are done to verify you meet the federal conditions of participation.
2. 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.
3. To be prepared for the survey, it is helpful for you to review the most recent Centers for Medicare and Medicaid (CMS) [State Operations Manual, Appendix M](#) which describes the survey process and tasks we will be completing when we are there.
4. Survey tasks include:
 - Review of the 23 Hospice Conditions of Participation.
 - Review direct care of patient and family: record review, home visits, observation, interviews.
 - Review administrative and structural matters: Quality Assessment/Performance Improvement (QAPI); Infection Control; Hospice Aide; Medical Director; Residences; Inpatient Care
 - Review Governing Body, Complaints, and Emergency Preparedness.
 - Branch and/or residence tours.
 - Typically, 4 days.

Top 5 Most Frequently Cited Hospice Tags in 2024

- E-0039 Emergency Preparedness Testing
- E-0037 Emergency Preparedness Training Program
- L-523 Timeframe for Completion of Comprehensive Assessment
- L-530 Drug Profile
- L-531 Bereavement

Electronic Code of Federal Regulations (eCFR) for Hospice Care: [eCFR: 42 CFR Part 418 - Hospice Care](#)

CMS State Operations Manual (SOM): [Appendix M, Hospice](#)

CMS SOM: [Appendix Z, Emergency Preparedness for All Provider and Certified Supplier Types](#)

10

E-0039 Emergency Preparedness: Testing

⁽¹⁾[For Hospices at 418.113(d):]

(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:

- Participate in a full-scale exercise that is community based every 2 years; or
 - When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or
 - If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.
- Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:
 - A second full-scale exercise that is community-based or a facility based functional exercise; or
 - A mock disaster drill; or
 - 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.

11

E-0039 Emergency Preparedness: Testing (cont.)

(3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:

- Participate in an annual full-scale exercise that is community-based; or
 - When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or
 - If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.
- Conduct an additional annual exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is community-based or a facility based functional exercise; or
 - A mock disaster drill; or
 - A tabletop exercise or workshop led by a facilitator that 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.
- Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.

12

E-0037 Emergency Preparedness: Training Program

*[For Hospices at §418.113(d):] (I) Training. The hospice must do all of the following:

- (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.
- (ii) Demonstrate staff knowledge of emergency procedures.
- (iii) Provide emergency preparedness training at least every 2 years.
- (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.
- (v) Maintain documentation of all emergency preparedness training.
- (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures.

13

E-0037 Emergency Preparedness: Training Program (cont.)

- Be sure to include all "employees" in the training
 - All persons requiring W-2 form.
 - Any person of an agency or organization who is assigned to the hospice.
 - Volunteers under the jurisdiction of the hospice.
- Must have initial training and ongoing training (2 years).
- Document all staff training.
- Include employees and non-employee staff in reviews and rehearsals.
- If policies/procedures are updated/changed- re-train everyone.

14

L-523 Timeframe for Completion of Comprehensive Assessment

§418.54(b) Standard: Timeframe for completion of the comprehensive assessment The hospice interdisciplinary group (IDG), in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24

- IDG consists of a doctor, nurse, social worker, and spiritual counselor.
- Citation occurs often when these services have not provided comprehensive assessment of the patient within 5 days of election of hospice.
- We look to hospice policy to guide other disciplines.

15

L-530 Drug Profile

§418.54(c)(6) 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.

- Electronic medical record systems may have a way to identify drug interactions.
- The system does not negate the agency's responsibility to document interactions and report them to the physician as appropriate and according to agency policy.
- Due to the nature of hospice:
 - More medications
 - Stronger medications
 - However, hospice patients do not need to suffer unduly because of drug interactions which can be mitigated

16

L-531 Bereavement

§418.54(c)(7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.

- Initial bereavement should be included for individuals who are actively involved in the care of the patient.
- If you're taking about those people in the clinical documentation, its likely that they should have an initial bereavement assessment.

17

After the Survey....

- CMS-2567 is sent to the Hospice approx. 10 business days after exit
 - Deemed agencies receive report from CMS (if accredited through AO). We are noticing that it is taking longer than 10 days to be released by CMS.
 - Non-Deemed agencies receive report from SA (state agency) via email.
- Plan of Correction (POC) is due back to SA no later than 10 calendar days.
 - LARA-BSCSupport@michigan.gov
 - Email is preferable – hard copies are **NOT** required.
- Final Letter recommending recertification to CMS.

18

Where to Find us....



- Contact Info-On the web
 - **State licensing:**
<https://www.michigan.gov/lara/bureau-list/bchs/providers/hospice>
 - **Federal certification:**
<https://www.michigan.gov/lara/bureau-list/bcs/accs-division/hospice>
 - Via email for questions/paperwork:
 - LARA-BSCSupport@michigan.gov
 - Phone- 517-284-0193
 - Fax- 517-763-0214

19

Q & A

20
