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Michigan Home Care and Hospice Association Annual Conference

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Home Health Agencies
Preparing for Federal Surveys –Top Deficiencies

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1

The Bureau of Survey & Certification

- Announcing the formation of our new Bureau;
- Formerly housed in the Bureau of Community and Health Systems, BSC was established in 2022 to provide sole oversight of the federal survey and certification process for over 20 healthcare provider types. Functions of BSC include federal complaint investigations, routine annual surveys, and monitoring and enforcement of federal regulations which serve to protect the health, safety, and quality of care received by Michigan residents. Bureau of Community and Health Systems will continue to maintain oversight of the state licensing functions.

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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

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BSC Regulatory Oversight

- Federal Certification of Providers and Suppliers on behalf of the Centers for Medicare and Medicare Services (CMS)
- Long Term Care Division
- Acute & Continuing Care Division

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4

BSC Organizational Chart

5

BCHS Regulatory Oversight

- Activities retained by the old Bureau;
- State Licensing
- Health Facilities & Agencies (including Hospice Agencies)
  - -Life Safety Code Inspections of Long-Term Care Facilities & Hospice Residences
  - -Substance Use Disorder Programs
  - -Child Care Homes & Centers
  - -Adult Foster Care Homes/Homes for the Aged
- Nurse Aide Training Programs/Nurse Aide Registry

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What's New in BSC

- Quarterly LTC and ACC Stakeholder Meetings (Quarterly MHHA, et al)
- Appointment of new leadership
- User-friendly external website development
- Development and implementation of standard operating procedures
- Development and implementation of communication expectations
- Creation of quality assurance division

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7

General Overview

- **State Licensure**
  - Not required for HHAs
- **Federal Certification**
  - Initial Certification (Tier 4)
    - Accreditation Organizations (AO): CHAP, JC, ACHC
    - Routine recertification surveys: Conducted by the State Agency (SA) or AO
    - Complaints: SA –CMS authorizes SA (State Agency) to conduct investigations of deemed providers
    - OASIS testing is no longer required for initial certification.
    - The SA no longer issues a state facility ID.

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Medicare Administrative Contractor (MAC)

- Private health care insurer that has been awarded jurisdiction to process Medicare medical claims
- Michigan is in Region J6-
  - National Government Services (NGS)

https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs

- CMS-855A
- Provider Enrollment, Chain, and Ownership System (PECOS)

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CMS – Tier Workload FY 2022

Tier 1 Non-Deemed Providers	Tier 2	Tier 3	Tier 4
36.9 Month Maximum Interval	Complaint Investigations Triaged Non-IJ High (within 45 days)	Complaint Investigations Triaged Non-IJ Medium (next survey)	24.9 Month Maximum Interval
Complaint Investigations Triaged as High or Immediate Jeopardy/IJ (within 48 hours)			Complaint Investigations Triaged as Non-IJ Low (next survey)
			Branch location application review
Deemed Providers			
Validation Surveys (B)	Complaint Investigations Triaged Non-IJ High with RO approval (w/i 45 days)		Branch location application review
Complaint Investigations Triaged as Immediate Jeopardy/IJ with RO approval (w/i 48 hours)			

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10

Actions Requiring Federal Approval

- Initial/Recertification certification
- Change of Ownership (CHOW)
- Change of Information (address, name, etc.)
- Change of Administrator
  - Email; LARA-BSCSupport@michigan.gov
  - Provide: facility name, address, email address, provider #, new administrator full name, effective start date
- Branch sites (approvals/relocations)

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Survey Process Overview

- Entrance Conference
- Request for Documents
- Record Review
- Home Visits
- Policy and Procedure Reviews
- Interviews
- Exit Conference

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

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12

Most Frequently Cited Tags in 2022

- G-0536: Review of all current medications.
- G-1022: Discharge and Transfer Summaries (cited 37 times).
- G-0574: Plan of care must include…. (cited 34 times).
- G-528: The comprehensive assessment must accurately reflect the patient's current health, psychosocial, functional, and cognitive status….. (cited 27 times).
- G-710: (The skilled service provides) services that are ordered by the physician as indicated in the plan of care……(cited 20 times).

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13

G-0536: Review of all current medications.

§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 (IG's)
- Identify all medications that the patient is taking (both prescription and non-prescription) as well as times of administration and route.
- The HHA should have policies that guide HHA clinical staff in the event there is a concern identified with a patient's medication that should be reported to the physician.
- In rehabilitation therapy only cases, the patient's therapist must submit a list of medications to an HHA nurse for review.

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14

G-0536: Review of all current medications (cont)

- The Controversy: the topic of "EMR based med reviews compared with online med reviews resulting in wide discrepancies of results" and "Clinically significant drug interactions and significant side effects" was raised at our last MILARA Liaison Meeting in February.
- The EMR question was sent to the Central Office's "CMS HHA Team" for interpretation. Their response regarding discrepancies in med reviews was; "….citations would be based on whether or not the HHA met the regulatory requirement of conducting a review and ensuring the HHA has evidence this review was conducted and was documented in the clinical record."
- The interpretation for the clinically significant question was the skilled professional has the latitude to make a judgement whether clinically significant side effects and/or interactions exist under the guidance of agency P&P's

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G-0536: Review of all current medications (cont)

- The Caveat: CMS HHA Team went on to say: "HHAs (should) develop policies and procedures (P&P's) to explain how their clinical staff would conduct the medication review and what resources they use, including any updates that are needed to their EMR platforms so they stay up to date."
- Develop P&P's to guide staff in reviewing, reporting and documenting the review.
- Update your EMR's medication regimen review capabilities regularly.

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G-0536: Review of all current medications (cont)

- The Result: The regulatory language of 536 gives the HHA the latitude to make determinations as to what they consider clinically significant and develop policy expectations for reporting those findings.
- The State Survey Agency (SA) will to use the medication reference the agency uses for reviewing current medications.
- The SA has made adjustments to incorporate these CMS positions into our current survey processes.

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17

G-1022: Discharge and Transfer Summaries

- §484.110(a)(6)
- (i) A completed discharge summary that is sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within 5 business days of the patient's discharge; or
- (ii) A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or
- (iii) A completed transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.

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G-0574: Plan of care must include….

- §484.60(a)(2) The individualized plan of care must include the following:
- (i) All pertinent diagnoses;
- (ii) The patient's mental, psychosocial, and cognitive status;
- (iii) The types of services, supplies, and equipment required;
- (iv) The frequency and duration of visits to be made;
- (v) Prognosis;
- (vi) Rehabilitation potential;
- (vii) Functional limitations;
- (viii) Activities permitted;
- (ix) Nutritional requirements;
- (x) All medications and treatments;
- (xi) Safety measures to protect against injury;
- (xii) A description of the patient's risk for emergency department visits and
- hospital re-admission, and all necessary interventions to address the
- underlying risk factors.
- (xiii) Patient and caregiver education and training to facilitate timely
- discharge;
- (xiv) Patient-specific interventions and education; measurable outcomes and
- goals identified by the HHA and the patient;
- (xv) Information related to any advanced directives; and
- (xvi) Any additional items the HHA or physician may choose to include.

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G-528: 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;

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20

G-710: (The skilled service provides) services that are ordered by the physician as indicated in the plan of care……

- §484.75(b)(3) Providing services that are ordered by the physician as indicated in the plan of care;
- Disciplines failed to promptly initiate services.
- Failed to conduct the ordered visit frequency.
- Failed to implement measures ordered in the plan of care.

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21

After the Survey….

- CMS-2567 is sent to HHA apx. 10 business days after exit
  - Deemed HHAs receive report from CMS
  - Non-Deemed HHAs receive report from SA via email
- Plan of Correction (POC) is due back to SA no later than 10 days
  - Email is preferable – hard copies are **NOT** required
  - Compliance Dates-
    - SA **MUST** be able to verify compliance no later than 45 days after exit
    - The administrator **MUST** sign and date page 1
    - Each tag **MUST** have a completion date
    - Each tag **MUST** have a corrective action
      - Address systemic issues
      - Measures to assure no recurrence
      - Monitoring- who will do it? How will they do it? And how often?
- Final Letter

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22

Q & A

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23

Where to Find us….

- Contact Info-
  - On the web:
  - Michigan.gov/bsc
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24