



Michigan Homecare and Hospice Association Annual Conference

May 3, 2023  
Hospice

Preparing for Federal Surveys – Top Deficiencies

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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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### BSC Organizational Chart



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### What's New in BSC

- Quarterly LTC Stakeholder Meetings
- 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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### 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
  - LARA-BCHS-NLTCLS@michigan.gov
- Nurse Aide Training Programs/Nurse Aide Registry



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### General Overview

- State Licensure
  - Required for Hospice
- Federal Certification
  - Initial Certification (Tier 4)
    - Accreditation Organizations (AO): CHAP, JC, ACHC
    - Routine recertification surveys: Conducted by the State Agency (SA) or AO
    - Complaints: AO or SA if CMS authorizes SA to conduct investigations of deemed providers



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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-U High (within 45 days)	Complaint Investigations Triaged Non-U Medium (next survey)	24.9 Month Maximum Interval
Complaint Investigations Triaged as High or Immediate Jeopardy/2 (within 48 hours)			Complaint Investigations Triaged as Non-U Low (next survey)
			Branch location application review
Deemed Providers			
Validation Surveys (3)	Complaint Investigations Triaged Non-U High with RD approval (w/ 45 days)		Branch location application review
Complaint Investigations Triaged as Immediate Jeopardy/2 with RD approval (w/ 48 hours)			



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



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### 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](mailto:LARA-BSCSupport@michigan.gov)
  - facility name, address, email address, provider #, new administrator full name, effective start date
- Multi-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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### Survey Process Refinements

- Hospice survey process to focus on quality-of-care findings
- Phase I: Identifies CoPs that contribute to understanding the quality of care delivered directly to patients
- Phase II identifies CoPs that focus more on the administrative functions and operations of hospice services



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### Top 5 Hospice Citations 2022

- L-531 An initial bereavement assessment of the needs of the patient's family and other individuals.....(cited 7 times)
- L-625 Hospice aide assignments and duties. (cited 7 times)
- L-530 Drug profile. (cited 5 times)
- L-548 Measurable outcomes anticipated from implementing and coordinating the plan of care. (cited 4 times)
- L-684 The hospice discharge summary as required by (e)(1) and (e)(2) of this section must include..... (cited 4 times)



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### L-531 Initial Bereavement Assessment

- §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.



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**L-625 Hospice aide assignments and duties.**

§418.76(g) Standard: Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide.....



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**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.



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**L-548 Measurable outcomes anticipated.....**

§418.56(c)(3) - Measurable outcomes anticipated from implementing and coordinating the plan of care.

Interpretive Guidelines §418.56(c)(3)

The outcomes should be a measurable result of the implementation of the plan of care. The hospice should be using data elements as a part of the plan of care to see if they are meeting the goals of care.



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**L-684 The Hospice discharge summary must include....**

§418.104(e)(3) - The hospice discharge summary as required by (e)(1) and (e)(2) of this section must include—

- (i) A summary of the patient's stay including treatments, symptoms and pain management;
- (ii) The patient's current plan of care;
- (iii) The patient's latest physician orders; and
- (iv) Any other documentation that will assist in post-discharge continuity of care or that is requested by the attending physician or receiving facility.



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**Hospice Dependent Sites?**

The MHHA prompted question of whether small "office like" work areas a Hospice provider could use within a Long Term Care Facility, Assisted Living Facility or Senior Living Apartment within the Hospice's approved service area that would not have IDG meetings, accept referrals, assign staff, or in any way operate the location as a hospice multiple site, was presented to CMS.

Our Principle Program Representative Captain Gregory Hann passed the question to CMS's Quality Safety & Oversight Group (QSOG) Hospice Team for their interpretation.

Their reply was: "Hospice regulations do not support what is described as 'drop sites' or 'dependent sites'."



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**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
  - <LARA-BSCSupport@michigan.gov>
  - Plan of Correction (POC) is due back to SA no later than 10 days
  - Email is preferable (same email address) – hard copies are **NOT** required
  - Deemed provider reports and correspondence come from CMS Chicago directly
- 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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# Q & A



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## Where to Find us...



- Contact Info-
  - On the web:
  - Michigan.gov/bchs
  - Via email:
    - LARA-BSCHelp@michigan.gov
  - Phone- 517-284-8952
  - Fax- 517-763-0214



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