



Michigan Homecare and Hospice Association Annual Conference

May 8, 2024
Hospice

Preparing for Federal Surveys – Top 5 Deficiencies

Michelle Roeple, BS, MT (ASCP) Director, Acute & Continuing Care and Support Division
Rick Brummette, RN, BSN, Manager, Specialized Health Care Services Section
Kristal Foster, Manager, Federal Support and Enforcement Section
David Dillivan RN, BSN, Health Care Surveyor

1

The Bureau of Survey & Certification

- 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.



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

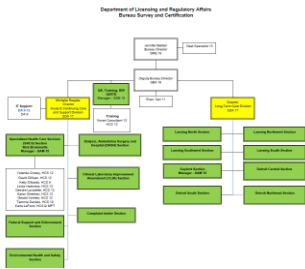
Bureau of Survey & Certification Regulatory Oversight

- 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



4

BSC Organizational Chart



5

What's New in BSC

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



6

General Overview

- **State Licensure**
 - Required for Hospice.
 - <https://www.michigan.gov/lara/bureau-list/bchs/providers/hospice>
- **Federal Certification**
 - **Initial Certification**
 - Visit: <https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hha>
 - 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



7

CMS – Tier Workload FY 2024

| Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|--|--|--|
| Non-Deemed Providers 36-9 Month Maximum Interval | Complaint Investigations Triaged Non-II High (within 45 days) | Complaint Investigations Triaged Non-II Medium (next survey) | 24-9 Month Maximum Interval |
| Complaint Investigations Triaged as High or Immediate Jeopardy/II (within 48 hours) | | | Complaint Investigations Triaged as Non-II Low (next survey) |
| Deemed Providers | | | Branch location application review |
| Validation Surveys (8) | Complaint Investigations Triaged Non-II High with RD approval (w/ 45 days) | | Branch location application review |
| Complaint Investigations Triaged as Immediate Jeopardy/II with RD approval (w/ 48 hours) | | | |



8

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)

Home Health & Hospice MAC Jurisdictions as of June 2021



9

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
 - facility name, address, email address, provider #, new administrator full name, effective start date
- Multiple-site questionnaires (approvals/relocations) the newest versions are on our website;
 - <https://www.michigan.gov/lara/bureau-list/bsc/accs-division/hospice>



10

Hospice Informal Dispute Resolution

- IDR protocol will be included in the cover letter sent with the 2567 (survey report). It basically aligns with the similar process for HHA's
- Only applies to Condition level citations.
- State specifically what tag is disputed and submit documentation supporting your contention.
- Submission of supporting documents will be through Egress secure workspace. Directions for its use will be included with the survey report's cover letter.
- IDR review is an informal process and is not an evidentiary hearing.



11

Survey Process Overview

- Entrance Conference
- Request for Documents (Egress secure workspace)
- 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



12

Top 5 Hospice Citations 2023

- L-548 Measurable outcomes anticipated from implementing and coordinating the plan of care.
- L-625 Hospice aide assignments and duties.
- L-626 Hospice aide assignments.
- L-545 Content of the Plan of Care.
- L-552 Review of the Plan of Care



13

L-548 Content of the plan of Care

- 418.56 (c) (3) Measurable outcomes anticipated from implementing and coordinating the plan of care.
- Outcomes should be based on data elements from the plan of care.
- Data elements are collected for each individual patient from the comprehensive assessment. (418.54 (e)).
- The hospice must measure and document data elements the same for all patients.
- Example: outcomes of pain treatment, dyspnea, nausea, vomiting, constipation, emotional distress, and spiritual needs within given timeframes.



14

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.....

Entails the RN's responsibility for identifying and including all aspects of care on the aide care plan including; allergies, activity permitted, bathing considerations, interventions, precautions, etc.



15

L-626 Hospice Aides provides services.....

§418.76 (g) (2) A hospice aide provides services that are:

- Ordered by the Interdisciplinary Group
- Include in the plan of care
- Permitted to be performed under State law
- Consistent with hospice aide training

Entails the hospice aide's responsibility for implementing the tasks ordered on the hospice care plan, the hospice aide's responsibility for notifying the RN of changes in condition and/or untoward observations not addressed by the care plan.



16

L-545 Individualized Plan of Care

418.56 (c) The Hospice must develop an individualized written plan of care for each patient. Interventions and goals are based on problems identified in the initial and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness.



17

L-552 Review of the plan of care

418.56 (d) the Hospice Interdisciplinary group must review, revise and document the plan of care as frequently as the patient's condition requires, but no less than every 15 days.

- Highlights the IDG's responsibility to address issues arising during a patient's care.



18

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
 - LARA-BSCSupport@michigan.gov
 - Email is preferable – 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, therefore correction dates must be before the 45th day.
 - 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 recommending compliance (to CMS).



19

What Tag Am I???

- Based on record review and interview, skilled nursing (SN) failed to ensure the written plan of care for the assigned Hospice Aide provided specific guidance and care instructions on the needs of the patient, for 4 (MR's 1, 4, 5, 8) of 8 records with Hospice Aide services ordered from a total of 13 records reviewed resulting in the potential for unmet care needs and poor patient outcomes. Findings include:
- MR #8: The plan of care (POC) dated 6/20/2019 stated the patient was admitted with a terminal primary diagnosis of Alzheimer's Disease. Review of the clinical record noted 5 recertification episode periods in which the POC ordered home health aide services twice weekly times nine weeks. The POC documented the patient had aspiration precautions and skin breakdown prevention under "Safety Measures". Upon review of the "Aide Care Plan" for all episodes, all (5 of 5) failed to include the safety measures noted above, all performed by the Case Manager/skilled nursing.



20

L-625

Was This Your Tag?

Hospice aide assignments and duties



21

What Tag Am I???

Based on record review and interview, the Hospice Agency failed to ensure the plan of care included patient specific measurable goals for 11 (MR #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11) of 11 records, from a total of 11 sampled records reviewed, resulting in the potential for unmet patient care needs and goals. Findings include:

Agency Policy: "Interdisciplinary Group Plan of Care" 104.1 (undated) stated, "The POC (Plan of Care) must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Measurable outcomes anticipated from implementing and coordinating the plan of care."

MR's #1-11: During the 7/11/22 through 7/14/22 review of the preceding records, it was noted that the Plans of care (POC) were generic, not individualized and were not quantitative. All 11 patient POC's were not stated in measurable terms that would enable the staff to accurately perform an objective evaluation of the patient's progress toward their goals and outcomes. For example, the POC's included goals such as, "Patient will maintain optimal cardiac function within constraints of disease process; Patient/Caregiver will verbalize understanding of effects of urinary incontinence; Patient will remain safe within home environment."

On 7/13/22 at 3:15 PM, the findings were reviewed with the Administrator and Director of Professional Services, and it was acknowledged the Plans of Care did not include measurable goals.



22



Who Said This??



23

What Tag Am I???

Based on record review and interview, the Hospice agency failed to ensure the plan of care was individualized, accurate and painted a clear clinical status of the patient for 13 (MR's #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13) records, from a total of 13 records reviewed, resulting in the potential for unidentified, untreated health concerns, unmet care needs and poor patient outcomes. Findings include:

MR's #8 through 13: During a review of the identified records, it was noted that all the patients had several admitting diagnoses. It was further noted that all diagnoses had the same date of onset as the date of admission to this Hospice Agency. The plans of care were not specific to meet the individualized needs of the patients and failed to clearly indicate the actual treating diagnosis/diagnoses that the patients were admitted for.



24

Were you right??



Individualized plan of care for each patient.



PROTECT PEOPLE & PROMOTE BUSINESS

25

Q & A



PROTECT PEOPLE & PROMOTE BUSINESS

26

Where to Find us....



Survey & Certification

- Contact Info-
 - On the web:
 - Michigan.gov/bsc
 - Via email:
 - LARA-BSCSupport@michigan.gov
 - Phone- 517-284-0193
 - Fax- 517-763-0214



PROTECT PEOPLE & PROMOTE BUSINESS

27
