

Understanding the Home Care Survey Landscape in 2024

MICHIGAN Home Care & Hospice ASSOCIATION

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Community Health Accreditation Partner (CHAP)
Wednesday, May 3, 1:00 PM-2:30PM

1

Objectives

- Describe the current home care survey environment including the accreditation mandate outlined in the MI Auto No Fault Insurance (ANF) Amendment.
- Identify key survey processes and top survey issues impacting home care agencies.
- Describe survey readiness strategies that can be utilized by home care agencies to implement an ongoing, organization-wide survey compliance.

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2

HOME CARE REGULATORY ENVIRONMENT: UPDATE

IN 2019, THE LEGISLATURE AMENDED THE NO-FAULT AUTO INSURANCE SYSTEM'S FIRST-PARTY PERSONAL INJURY SECTION. IT IMPOSED REIMBURSEMENT LIMITS FOR FAMILY-PROVIDED ATTENDANT CARE AND ESTABLISHED PROVIDER FEE SCHEDULES.


WHILE THE MICHIGAN SUPREME COURT HAS [RULED](#) THAT THESE CHANGES WOULD NOT APPLY TO INDIVIDUALS WHO WERE INJURED BEFORE THE BILLS BECAME LAW, ADVOCATES SAY THEY CONTINUE TO LIMIT ACCESS TO SERVICES FOR PEOPLE INJURED AFTER GOV. GRETCHEN WHITMER SIGNED THE BIPARTISAN LAW IN 2019.

MICHIGAN ASSOCIATION FOR Home Care

3

HOME CARE REGULATORY ENVIRONMENT: UPDATE (cont.)


SENATE BILLS 530 AND 531 WERE PASSED BY THE SENATE IN MARCH 2024 AND AWAIT THE FULL LEGISLATURE APPROVAL AT WHICH TIME THEY BECOME LAW. THESE BILLS BUILD ON THE CHANGES IN THE 2019 LEGISLATION TO IMPROVE ACCESSIBILITY TO AFFORDABLE POST-ACUTE AND HOME CARE AND ADDRESS HOME CARE LIMITATIONS. THE PROPOSED CHANGES AIM TO ESTABLISH CONSISTENT RATES AMONG PROVIDERS, ISSUE A NEW NON-MEDICARE FEE SCHEDULE, CREATE A "FAIR AND REASONABLE" RATE STRUCTURE TO ENSURE SPECIALIZED CARE IS READILY AVAILABLE, REQUIRE ACCREDITATION FOR HOME CARE AGENCY PROVIDERS AND EXPAND OPPORTUNITIES FOR FAMILY-PROVIDED CARE.



4

HOME CARE REGULATORY ENVIRONMENT: UPDATE (CONT.)


The Michigan Home Care and Hospice Association also backed the bills, with Barry Cargill, the association's president and CEO, thanking senators for the package "to fix auto no fault to provide medically necessary care for all crash survivors, no matter when they are injured. "We urge the legislature to act quickly to fix the mistake made by the previous legislature by restoring reasonable reimbursement for medically necessary care for our most vulnerable citizens to stop the growing care crisis," Cargill said.



5

SB 530 Key Provisions-Home Care

- A provider that rendered home care or residential services would not be entitled to payment for a treatment or training unless the provider was accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Community Health Accreditation Partner Program, the Accreditation Commission for Health Care, or a similar organization recognized for accreditation by the DIFS Director.
- This provision would not apply to a provider that was in or was beginning the process of accreditation, as verified by the accrediting body, within one year after the bill's effective date unless three years had passed and the provider was still not accredited. The accreditation requirement would not apply to a personal caregiver.
- For care rendered by a personal caregiver, the insurer would only be required to pay benefits for a maximum of 16 hours per day per individual but could contract to pay more. A personal caregiver could not seek payment from an insurer for care rendered to more than two injured persons at the same time.




6

OIG Work Plan 2024

- ◆ *Medicaid Personal Care Services Audit (A-02-19-01016; W-00-19-31536)*
- ◆ Personal care services (PCS) is a Medicaid benefit for the elderly, people with disabilities, and people with chronic or temporary conditions. It assists them with activities of daily living and helps them remain in their homes and communities. Examples of PCS include bathing, dressing, light housework, money management, meal preparation, and transportation. Prior OIG reviews identified significant problems with States' compliance with PCS requirements. Some reviews also showed that program safeguards intended to ensure medical necessity, patient safety, and quality, and prevent improper payments were often ineffective. We will determine whether improvements have been made to the oversight and monitoring of PCS and whether those improvements have reduced the number of PCS claims not in compliance with Federal and State requirements.
- ◆ Expected issue date: 2024

Source: <https://www.oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-000368.asp>




7

Centers for Medicare & Medicaid Services (CMS)

- ◆ *Vulnerabilities and Mitigation Strategies in Medicaid Personal Care (Feb. 2018):*
- ◆ The purpose of this paper is to provide and disseminate a compendium of the program integrity vulnerabilities and mitigation strategies in PCS shared by Medicaid Integrity Institute (MII) participants to inform Medicaid programs nationwide.

Source: <https://www.cms.gov/medicare-medicare-coordination/fraud-prevention/fraudabuseforprofs/downloads/vulnerabilities-mitigation-strategies.pdf>




8

CMS Compendium Key Recommendations

- ◆ Ensure only screened and qualified providers oversee or provide care to beneficiaries
- ◆ Approve eligible beneficiaries for services appropriate to their needs
- ◆ Ensure services are fully and accurately documented
- ◆ Require claims to include complete specifications regarding services
- ◆ Optimize prepayment review to prevent improper payments
- ◆ Improve data analytics to reveal billing anomalies
- ◆ Improve investigations and audits to identify and recover improper payments
- ◆ Use administrative actions to sanction bad actors
- ◆ Streamline referral and investigation of suspected fraud
- ◆ Implement parallel safeguards in managed care contracts

Source: <https://www.cms.gov/medicare-medicare-coordination/fraud-prevention/fraudabuseforprofs/downloads/vulnerabilities-mitigation-strategies.pdf>




9

CMS Personal Care Services Fact Sheet


- ◆ *Preventing Medicaid Improper Payments for Personal Care Services*
- ◆ *Improper Payments for Personal Care Services*
 - ◆ Audits of State Medicaid programs identified five common types of improper PCS Payments:
 - Claims without supporting documentation;
 - Services not eligible under State Medicaid policy;
 - Services provided without required supervision;
 - Services provided without State verification of PCA qualifications; and
 - Care provided while a beneficiary was in an institution (not including payments made to a PCA to retain services or during a period the individual is receiving covered respite care).

Source: <https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/pcs-prevent-improperpayment-factsheet.pdf>



10


HOME CARE SURVEY PROCESS AND TOP ISSUES



11

CHAP Home Care Standards: Survey Process Overview


- ◆ CHAP Home Care Standards are written broadly in recognition of the most frequent type of care/services provided in the home. The varying parameters of state law and regulation for these services are taken into account.
- ◆ The intent of the CHAP Home Care Standards and accreditation is to distinguish organizations that have an established organizational structure in place and standardized processes to ensure the quality delivery of these care/services to individuals in their homes.



12

CHAP Home Care Standards: Survey Process Overview

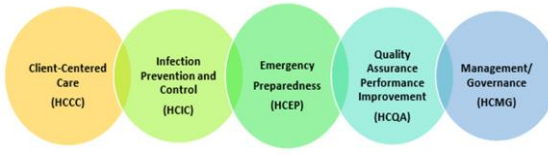

- ◆ CHAP Home Care Standards recognize the scope of support services provided by organizations and paid for by a variety of funding sources.
- ◆ CHAP Home Care Standards speak to the quality of care and services delivered to support functions of daily living typically provided to clients long-term over days, months, or years.
- ◆ The first five chapters of the CHAP Home Care Standards address areas of quality performance that apply to all organizations seeking Home Care Accreditation. The three chapters that follow address the unique quality standards in the delivery of professional healthcare services, personal care services, and companion/environmental services.



13

CHAP Home Care Standard: Survey Process Overview


- ◆ A Home Care organization seeking initial or renewal accreditation is reviewed using the following five chapters.

14

CHAP Home Care Standards: Survey Process Overview

- ◆ Additional standards used during the site visit are based on the type(s) of care/services provided. An organization may be accredited using one, two, or all three of these chapters:
 - **Home Care Professional Services (HCPS):** Care and treatment by healthcare professionals within each discipline's scope of practice and under the orders of a physician or other licensed practitioner.
 - **Home Personal Care Services (HPCS):** Services providing client "hands-on" assistance in activities of daily living such as bathing, dressing, toileting, eating, or meal preparation. Service can include light housekeeping and assistance with medications per state law or regulation.
 - **Home Companion and Environmental Services (HCCE):** Services engaging clients in social, physical, and mental activities, such as conversation, reading, as well as accompanying clients on walks, errands, or to appointments, monitoring their safety and well-being. These services also include providing housekeeping, meal preparation, managing medical appointments, or providing transportation. The services do not include "hands-on" support of the client.



15

CHAP STANDARDS OF EXCELLENCE

Client-Centered Care/Service (HCCC)

Key Areas of Performance:
 Identifying practices in client's home is based on established expectations of rights of the client, as well as the responsibilities of the organization providing the services.

<p>Standards:</p> <p>The organization has a Client Bill of Rights. The Client Bill of Rights includes the following. The client has the right to:</p> <ol style="list-style-type: none"> Be treated in a respectful and caring manner. Receive information about the scope of services, the organization's policies, and the organization's care services. Be kept informed concerning injuries, or verbal, mental, sexual, and physical abuse or neglect, and the consequences of client reporting by means of written services on behalf of the organization. Make the person and service received easily report by person who provides services on behalf of the organization. Have complaints to the organization, CHAP, and state. Be treated with confidentiality per state and federal privacy law and regulations. Be informed of and granted timely access to all care plans and changes to care plans, including care plan, including Be informed of and granted timely access to all care plans and changes to care plans, including care plan, including Be informed of and granted timely access to all care plans and changes to care plans, including care plan, including Be informed of and granted timely access to all care plans and changes to care plans, including care plan, including 	<p>Assessment Question: Review the rights statement. Does it address the standards listed?</p> <p>Response: In reviewing the content of the rights statement, the assessor should identify whether the content meets the intent of the standard to the extent of:</p> <p>Observation/Response: Does the organization have a Client Bill of Rights?</p>
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16

Survey Activities


- ◆ Entrance Conference
- ◆ Client Record Reviews
- ◆ Home Visits
- ◆ Client/Management/Staff Interviews
- ◆ Personnel Record Review
- ◆ Document Review
- ◆ Daily Wrap Up
- ◆ Exit Conference



17

Document Review

- ◆ Infection Control Program
- ◆ Emergency Preparedness
- ◆ Complaint Log
- ◆ Organizational Chart
- ◆ Implementation of State Specific Policies and Procedures
- ◆ Quality Documents
- ◆ Contracts



18

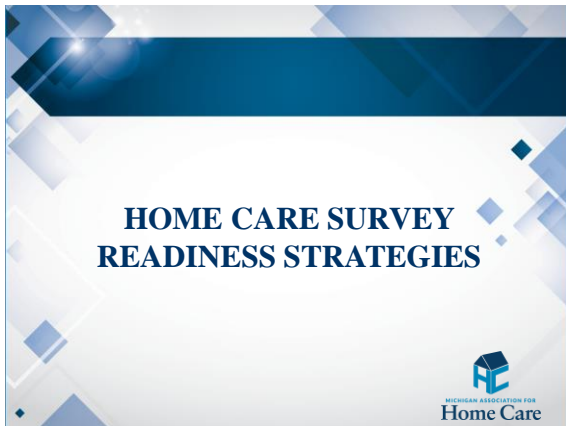


19

TOP 10 HOME CARE DEFICIENCIES

Standard	Standard Content	Tip for Compliance
1 HCIC.3	It is required that staff have access to PPE and use standard precautions as required by the CDC, the Centers for Disease Control and the state or county health department.	<ul style="list-style-type: none"> Check training on compliance by CDC, state health, etc. Check policies for compliance by Michigan, county and state health department. Supervisors have a role in checking for compliance with standard precautions.
2 HCPC.9	Staff provide services and supervision to the service recipient based on the instructions in the service plan or equipment.	<ul style="list-style-type: none"> Check policies for compliance by Michigan, county and state health department. Check training for compliance by Michigan, county and state health department. Check that the staff have fully completed staff training prior to making any changes to service plans and make the necessary plan or equipment changes.
3 HCPC.5	Organization policies and procedure defines, who develops and documents policies and procedures based on regulations, state laws and federal and local laws, current or future state or federal laws, Michigan content include types of personnel and services, number of staff, number of agencies, staff person or service, number of services, and other relevant health requirements based on state or local laws.	<ul style="list-style-type: none"> Check the service plan for compliance with the required standards. Check that the staff have fully completed staff training prior to making any changes to service plans and make the necessary plan or equipment changes.
4 HCMB.8	There is a 180-day plan that requires staff be trained based on local laws, state laws, and federal laws. Michigan content include types of personnel and services, number of staff, number of agencies, staff person or service, number of services, and other relevant health requirements based on state or local laws.	<ul style="list-style-type: none"> Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff.
5 HCIC.4	There is a 180-day plan that requires staff be trained based on local laws, state laws, and federal laws. Michigan content include types of personnel and services, number of staff, number of agencies, staff person or service, number of services, and other relevant health requirements based on state or local laws.	<ul style="list-style-type: none"> Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff.
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7 HCIC.1	The organization has a Chain of Rights addressing the right to: Receive information about the quality of care provided; request information and a list of services for free from individuals, request, or unless otherwise stated, request information or services; and the organization or other priority for people for living services, which is to be: 1. Staff performance evaluation 2. Staff performance evaluation 3. Staff performance evaluation 4. Staff performance evaluation 5. Staff performance evaluation 6. Staff performance evaluation 7. Staff performance evaluation 8. Staff performance evaluation 9. Staff performance evaluation 10. Staff performance evaluation 11. Staff performance evaluation 12. Staff performance evaluation 13. Staff performance evaluation 14. Staff performance evaluation 15. Staff performance evaluation 16. Staff performance evaluation 17. Staff performance evaluation 18. Staff performance evaluation 19. Staff performance evaluation 20. Staff performance evaluation	<ul style="list-style-type: none"> Check organizational policy addresses all components of the standard. Check the ability of all parties to access all components of the standard have been reviewed and addressed.
8 HCMB.7	There is a 180-day plan that requires staff be trained based on local laws, state laws, and federal laws. Michigan content include types of personnel and services, number of staff, number of agencies, staff person or service, number of services, and other relevant health requirements based on state or local laws.	<ul style="list-style-type: none"> Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff. Check the training and competency of the staff.
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20



21

Survey Readiness Strategies


- ◆ Ensure all staff is knowledgeable about the CURRENT Home Care accreditation standards and applicable state and federal regulations.
- ◆ Prepare and keep a Survey Readiness Binder in the office and online in all locations. Make sure all staff knows where the book and the required contents can be found.
- ◆ Identify key members to be available during survey. (Administrator/Supervising Nurse /Survey Lead or alternates).
- ◆ Test ability to compile requested reports timely, timely access to client and personnel records, EMR (if applicable) and identify IT back up
- ◆ Conduct a mock survey at least annually to assess compliance and to determine areas that require improvement.



22

Survey Readiness Strategies

- ◆ Check surveyor identity upon entrance
 - Notify Administrator/Designee
- ◆ Provide private space to work and access to an assigned staff person
- ◆ Leadership: Ensure availability of leaders/designee, survey point person.
- ◆ Work with staff in identification of patients, schedules and records
- ◆ Determine and provide information needed in a timely manner
 - Keep list of records and visits
- ◆ Communicate with staff/managers ongoing regarding potential findings
- ◆ Clarify any identified issues immediately during survey
- ◆ Plan for immediate follow up and POC, if applicable
- ◆ **It is the agency's responsibility to be able to demonstrate to the surveyor how the agency meets the applicable standards/regulations**




23

Survey Readiness Strategies (cont'd)


- ◆ Ensure all staff/managers understand their role in survey readiness and response.
- ◆ Conduct mock surveys and policy reviews at least annually.
- ◆ Remember that the focus is primarily on patient care, so a strong concurrent record review process, staff education and supervisory home visits are key areas
- ◆ Staff and Management Accountability.

Survey readiness should be an ongoing, agency-wide effort



24

SURVEY READINESS RESOURCES



25

Home Care Document Request List

Policies and Procedures		
HCCC.5 HCCC.6 HCC.1 HCC.4 HCC.6 HCCMG.1 HCCMG.7 HCCMG.8	Policy manual(s) Service Specific Policies Human resources Administrative Operational Clinical	Infection Control, *Hand washing and bag technique policy
Governance Documents		
HCCMG.1	Governing Body-Person(s) who assume full legal authority over the organization.	
HCCMG.2	*Service or Business License per State requirement	
Operational Documents		
HCCGM.5	*Organizational Chart	
HCCMG.7 HCCPS.13 HCCPC.12	Orientation Program	As applicable per state
HCCPC.12 HCCMG.8 HCCPS.13	Clinical Competency Documentation	For each staff type/discipline
HCCFP.1	Emergency Preparedness Plan	All elements of the standard including implementation and testing.

<https://chapinc.org/resources/readiness/>




26

CHAP Community Health Accreditation Partner

Home Care Policy List

Standard	Policy and Procedure that:
HCCC.5	<i>Client-Centered Care/Service</i> Defines expectations for staff reporting of potential abuse
HCCC.6	Defines complaint process
HCC.1	<i>Home Care Infection Prevention & Control</i> Address infection prevention and control processes
HCC.4	Addresses required TB testing/screening
HCC.6	Address staff infectious disease screening and testing
HCC.8	Defines work related staff exposures processes
HCCMG.1	<i>Home Care Emergency Preparedness</i> Emergency preparedness plan either written as a policy and/or as a distinct emergency plan.
HCCMG.2	<i>Home Care Quality Assurance and Performance Improvement</i> Performance improvement plan in policy and/or as a distinct quality plan
HCCMG.5	<i>Home Care Management and Governance</i> Defines Human Resources policies relative to all service lines.
HCCMG.7	Defines clinical record content for each service line
HCCMG.8	<i>Home Care Professional Services</i> Defines intake/admission criteria, assessment timing and place
HCCPS.2	Defines Plan of Care development and coordination with the physician
HCCPS.5	Defines supervision of Healthcare Professionals
HCCPS.11	Defines staff orientation, competency assessment, and instruction
HCCPS.13	Defines processes to end care
HCCPC.1	<i>Home Personal Care Services</i> Defines timing, mode of evaluation and who conducts the evaluation
HCCPC.2	Addresses development of personal care service plan
HCCPC.5	Defines who, how and when staff instruction is provided
HCCPC.12	Defines staff orientation, competency assessment, staff instruction and documentation
HCCPS.15	Defines personal care supervision
HCCPC.15	Defines processes to end care
HCC.2	<i>Home Companion and Environmental Services</i> Defines timing, mode of evaluation and who conducts the evaluation
HCC.5	Addresses development of companion/environmental services service plan
HCC.7	Defines who, how and when staff instruction is provided
HCC.12	Addresses staff orientation, competency assessment, staff instruction and documentation
HCC.15	Defines personal care supervision
HCC.15	Defines processes to end companion and/or environmental services

<https://chapinc.org/resources/readiness/>




27

Resource Links for Home Care

TOPIC	LINK
Elder Abuse Reporting Laws per State	https://www.aimeelcamb.org/content/dam/eha/administrative/aw_6614/2020-elder-abuse-reporting-chart.pdf?Type=Email&ContextId=6614&Id=2378-2020-304-643170&cd
Child Abuse Reporting Laws per State	https://www.dhs.gov/sites/default/files/topic/systemwide/laws-policies/state/
Updated CDC TB Recommendations 2019	https://www.cdc.gov/mmwr/volumes/68/wr/mm6812a3.htm?_id=mm6812a3_w
Orphan Bioterrorism Pathogens and Hazard Communications Standard	https://www.osha.gov/Publications/OSHA3186.pdf
CDC Guidance for Health Care Personnel Hand Hygiene	https://www.cdc.gov/handhygiene/index.html
CDC - Use of PPE PPS - Infection Prevention/Part Sheet/Personal Care Services Checklist	https://www.cdc.gov/nursing/2019/09/09/using-ppe.html
2005 OIG Report on State Requirements for Medicaid-Funded PCS	https://www.cms.gov/Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education/Personal-Care-Services-Checklist
Link to Home Care Site Visit Preparation Documents	https://leg.mh.gov/oei/reports/oei-07-05-00250.pdf

*Appendix B is very helpful. This is the most recent source that could be found.


<https://chapinc.org/services/readiness/>

 Home Care Association

28

Thank You!

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29

The End



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30
