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PROVIDER INSIGHTS

Roadmap for Hospice NEW Survey Process

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Why the 2023 Survey revisions?

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf

Revisions to Appendix M of the State Operations Manual (SOM)

- OIG reports in 2019 attacked the hospice industry, reporting:
  - Plan of care
  - Aide services
  - Not providing levels of care needed
- Other survey tools released in 2021- including CMPs, mandated assigned administration, education and the Special Focus Group
- CMS had to respond with updates to training, SOM, guidance to AOs

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Revised Appendix M of SOM

- Effective immediately
- All changes are in red and italics
- Part I – Survey Protocol:
  - Completely in red italics
  - --Provides specifics regarding observation, interview and record review
  - Only Task 7 – Post-Survey Activities remains unchanged

Home Visit Observations

Verify that the care provided during observation is consistent with the plan of care. Examples include:

- *Observing treatments to confirm if the care is provided according to the current plan of care;*
- *Determining the patient's understanding of the purpose of the hospice services, and if they had input into setting the goals or objectives that were established for their care;*
- *Determining if written instructions were provided to the patient or caregiver;*
- *If education was conducted, did the hospice staff provide education and training to the patient and any caregivers, when appropriate, and according to the plan of care?*
- *Whether a pain assessment is included in the plan of care and is completed as indicated;*
- *If equipment, supplies, and assistive devices were indicated in the plan of care, determining if the patient received the items timely; and*
- *Investigating medication discrepancies in the comprehensive assessment, the plan of care, and the written information to the patient.*

Patient/Caregiver Interview

Consider the following interview questions:

- *What are the purposes of the hospice services you are receiving?*
- *What is your experience with contacting the hospice team during evenings, weekends, or holidays with questions or concerns?*
- *How often do you get the help you need from the hospice team during evenings, weekends, or holidays?*
- *Do you receive the care and support that you need to manage your illness?*
- *When you call with an urgent need, how long does it take for someone from the hospice team to respond?*
- *How does the hospice team keep you informed about when they will arrive to care for you?*

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What's Changed: the process, not the rules

Previous structure	New structure
Task 1—Pre-Survey Preparation.	**Task 1**—Pre-Survey Preparation.
Task 2—Entrance Interview.	**Task 2**—Entrance Conference.
Task 3—Information Gathering.	**Task 3**—Sample Selection.
Task 4—Information Analysis.	**Task 4**—Information Gathering. • Phase I. • Phase II.
Task 5—Exit Conference.	**Task 5**—Information Analysis.
Task 6—Formation of the Statement of Deficiencies.	**Task 6**—Exit Conference.
	Task 7—Formation of the Statement of Deficiencies.

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Task 1: Pre-survey preparation

Surveyor homework before their visit to your agency!

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The survey team

- Surveyors must:
  - Must complete Hospice Surveyor Training Course
  - Include at least one RN with hospice survey experience
  - A team of more than one surveyor must be multidisciplinary, representing other professionals typically on a hospice interdisciplinary team
  - No surveyor may have conflict of interest with the hospice being surveyed

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Pre-survey preparation: Homework!

- Most recent certification and surveys
  - Complaint investigations
- Change of ownership or additional multiple locations, documents or information
- Media reports about the hospice
- Other publicly available information about the hospice
  - Hospice's website
  - CMS Care Compare – Hospice
  - HIS, HCI, CAHPS
  - Information from the Quality, Safety and Oversight Reports (QCOR)

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Task 2:
Entrance Conference

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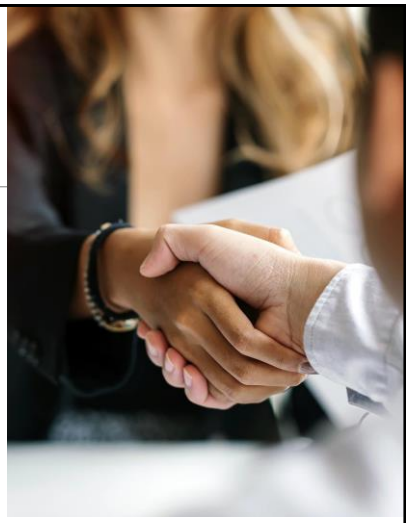
Task 2: Entrance Conference



- Inform administrator or designee of the survey's purpose
- Explain the survey process and the estimated duration
- Request patient and agency information
- Request a private space to work and access to an assigned staff person from the hospice to assist with questions and requests for information

- Separate additional instructions for hospices providing inpatient care directly

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Entrance Conference Report Requests!

- Information gathering continues here
- Request the following patient information for all payer sources, parent, and all multiple locations:
  - The number of unduplicated admissions for the entire hospice during the last 12 months
  - A complete list of current patients, including, at a minimum, the following information for each patient:
    - Name
    - Date of hospice benefit election
    - Terminal diagnosis
    - Location of care —home, including assisted living facility (ALF), SNF/NF, or ICF/IID, or inpatient facility on a short-term basis
    - Current level of care (routine or continuous home care, general inpatient care, or respite)

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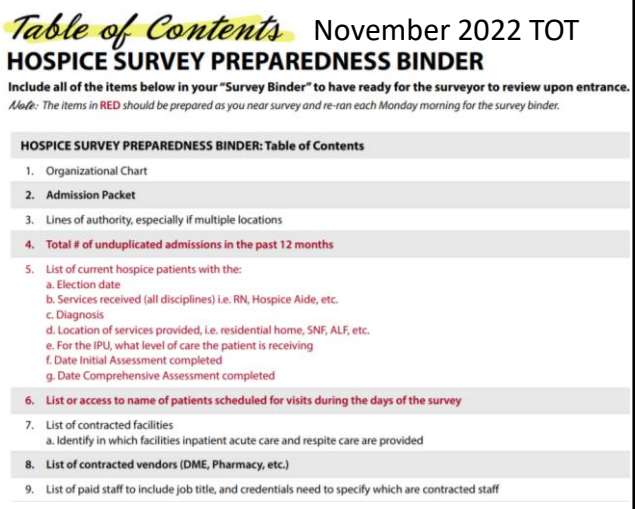
More Reports

- Request the schedule of home visits scheduled during the survey for all locations, including parent and the multiple locations:
  - Lists of patients who, in the last 12 months;
    - Revoked the hospice benefit (live discharges)
    - Died while receiving hospice care (and provide access to bereavement records for those patients)



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HOSPICE SURVEY PREPAREDNESS BINDER

Include all of the items below in your "Survey Binder" to have ready for the surveyor to review upon entrance.

Note: The items in RED should be prepared as you near survey and re-ran each Monday morning for the survey binder.

HOSPICE SURVEY PREPAREDNESS BINDER: Table of Contents

1. Organizational Chart
2. **Admission Packet**
3. Lines of authority, especially if multiple locations
4. **Total # of unduplicated admissions in the past 12 months**
5. List of current hospice patients with the:
   a. Election date
   b. Services received (all disciplines) i.e. RN, Hospice Aide, etc.
   c. Diagnosis
   d. Location of services provided, i.e. residential home, SNF, ALF, etc.
   e. For the IPU, what level of care the patient is receiving
   f. Date Initial Assessment completed
   g. Date Comprehensive Assessment completed
6. **List or access to name of patients scheduled for visits during the days of the survey**
7. List of contracted facilities
   a. Identify in which facilities inpatient acute care and respite care are provided
8. **List of contracted vendors (DME, Pharmacy, etc.)**
9. List of paid staff to include job title, and credentials need to specify which are contracted staff

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Other Documents Requested

- Organizational chart
- Complaint log
- Contracts/agreements as applicable
- Long-term care facilities agreements
- CLIA Certificate of Waiver
- Emergency Preparedness Plan
- Admission information patients receive
- Policies and training documentation on preventing abuse, neglect, and patient harm
- QAPI program activities and performance improvement projects including infection control
- Documentation of hospice aide training and/or competency evaluations and in-service training

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Task 2: Policies and Procedures

- Policies and procedures related to:
  - Advanced directives
  - Plan of Care
  - IDG coordination of services
  - Infection Control
  - Training
  - Clinical records
  - Management and disposal of controlled drugs
  - Use and maintenance of equipment and supplies
  - Pain and symptom management
  - Emergency preparedness

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Task 3: Sample selection

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By the Numbers

Sample Size Minimums

Table 1. Survey Sample Table

Number of Admissions (Past 12 Months)	Closed Records (live discharges)	Closed Records (Bereavement Records)	Record Review-No Home Visit (RR-NHV)	Record Review with Home Visit (RR-HV)	Total Minimum Sample	Inclusion of Records from Multiple-Location(s)
< 150	2	2	7	3	14	The number of records from each multiple location should be proportionate to the size of the location relative to other locations. At least one RR-NHV or RR-HV from each multiple location along with the parent should be included in the minimum sample required[1]
150-750	2	3	10	4	19	
751-1250	2	3	12	6	23	
1251 or more	3	4	14	6	27	

[1] Example. For hospices with < 150 admissions, if there are three locations and 50% of patients are from location A, 25% from location B, and 25% from location B, then, from the total minimum number of 14 records, 7 records should come from location A, 3-4 records from location B and 3-4 records from location C. If there is a large number of multiple locations, the surveyor should distribute the total minimum sample across the locations as most feasible.

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Getting a variety in the sample

Include a variety of terminal diagnoses in the sample to assess the care and services provided to patients with a variety of diagnoses, including but not limited to:

- *Dementia*
- *Circulatory/Heart*
- *Cancer*
- *Respiratory*
- *Stroke*
- *Chronic Kidney Disease*

Use the following criteria for the active patient sample selection for both record review only as well as home visits to include patients who receive clinically complex services or treatments:

- *Infusion therapies including infusion pumps delivering patient controlled analgesia;*
- *Wound and ulcer care, including negative pressure wound therapy;*
- *Dementia care;*
- *Complex pain and symptom management unique to hospice patients, such as intractable nausea, pain, anxiety/agitation;*

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More sample variety

- Patient sample guidance added, including instructions for and clarity on:

  How to select samples:

  - Multiple setting types and multiple locations, providing multiple levels of care
  - Documents and information surveyors will use to select a sample
  - Substituting patient records for home visits if the required number of home visits cannot be performed
  - Selecting patients for the sample using both open and closed records
  - Reviewing bereavement and live discharge records as part of closed record review

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Task 4: Information Gathering

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Task 4 – Information gathering phases

- Now divided into two phases to build discovery
  - (NOTE) all hospice surveys still include all COPs and standards equally
- Protocol phases are sequential
  - "Surveyors should initially gather information for Phase I CoPs that entail the predominant level of effort/priority, before CoPs where administrative elements are considered in the Phase 2 CoPs."
  - "Phase 1 findings regarding direct care services can inform Phase 2 in terms of pointing to potentially systemic issues/deficiencies."

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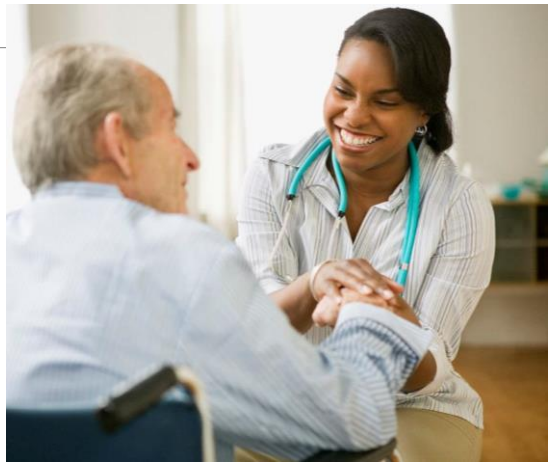
First step…

Phase 1: 3 core COPs and six associated to most closely assess quality of care using home visits, observations, interviews and record review

- §418.52 Condition of participation: Patient's rights
- §418.54 Condition of participation: Initial and comprehensive assessment of the patient
- §418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services



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Next step…

- Phase 2: 418.58 QAPI + 13 associated COPs
- Measures overall hospice quality and performance improvement capabilities
- Assessed by review of hospice documentation, interviews (not home visits)

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Information gathering strategy

- Both phases focuses on standard approach, including:
  - Observation
  - Interview
  - Record review
- Additional guidance also added to Task 4:
  - Prioritization of information gathering
  - Examining the hospice's bereavement counseling and services program
  - Separate survey instructions for in-patient hospice settings

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Phase One…

SURVEY PROTOCOL PHASE I CORE REQUIREMENTS COPS

- §418.52 Condition of participation: Patient's rights
- §418.54 Condition of participation: Initial and comprehensive assessment of the patient
- §418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services

SURVEY PROTOCOL PHASE I ASSOCIATED QUALITY OF CARE COPS

- §418.60 Condition of participation: Infection control
- §418.76 Condition of participation: Hospice aide and homemaker services
- §418.102 Condition of participation: Medical director
- §418.108 Condition of participation: Short-term inpatient care
- §418.110 Condition of participation: Hospices that provide inpatient care directly
- §418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID

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Information gathering: Phase I

- Emphasis for gathering information for each CoP through:
  - Observation (at patient homes)
    - Care and staff-to-patient interactions
  - Interview
    - Hospice staff providing direct patient care
    - Hospice interdisciplinary group members
    - Patient interview
  - Record review
    - Before a visit to identify events and concerns to investigate and after to corroborate

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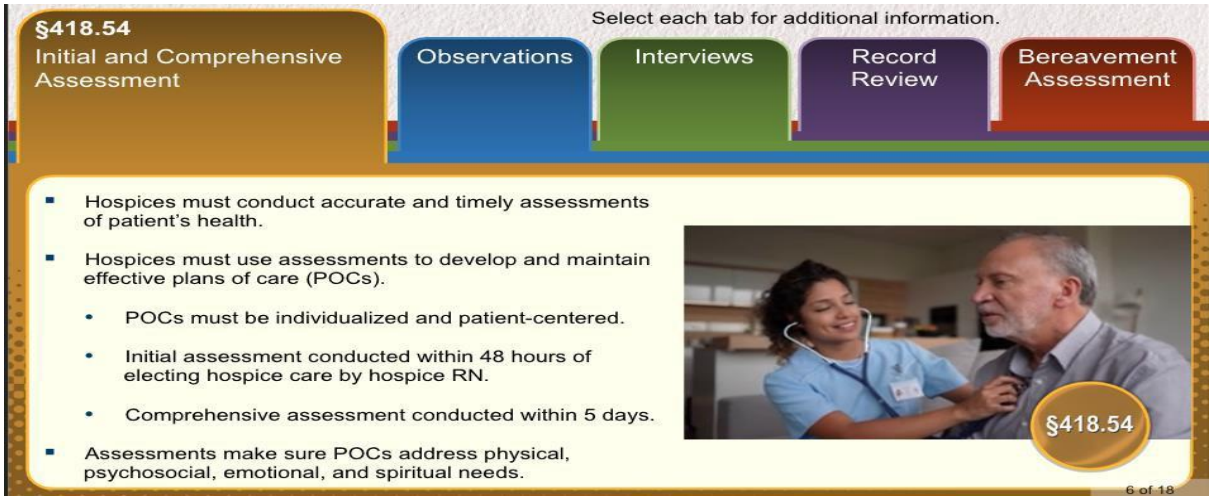
Surveyor training

https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSHOSPC_SPU2023



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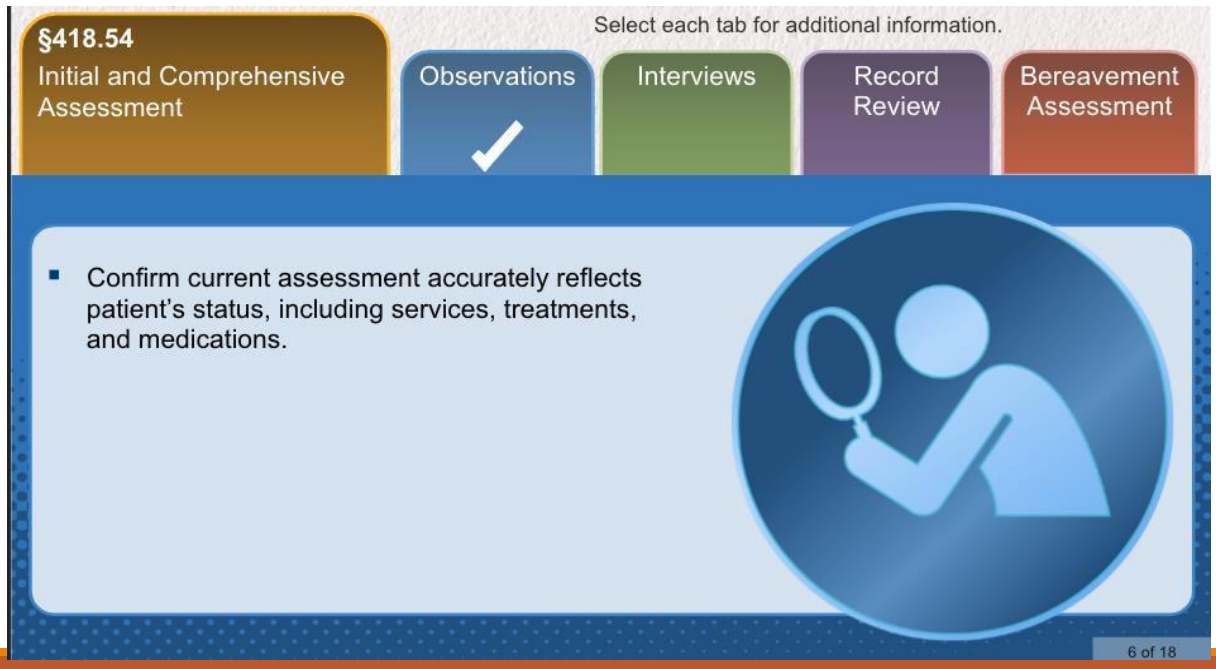

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Questions under POC condition

- What are the purposes of the hospice services you are receiving?
- What is your experience with contacting the hospice team during evenings, weekends, or holidays with questions or concerns?
- How often do you get the help you need from the hospice team during evenings, weekends, or holidays?
- Do you receive the care and support that you need to manage your illness?
- When you call with an urgent need, how long does it take for someone from the hospice team to respond?
- How does the hospice team keep you informed about when they will arrive to care for you?
- When there is an unexpected delay or re-scheduling of a visit, how does the hospice notify you? How often do either of these situations occur?
- Are you aware of the IDG?

NOTE: See ties to HCI and HCAHPS?

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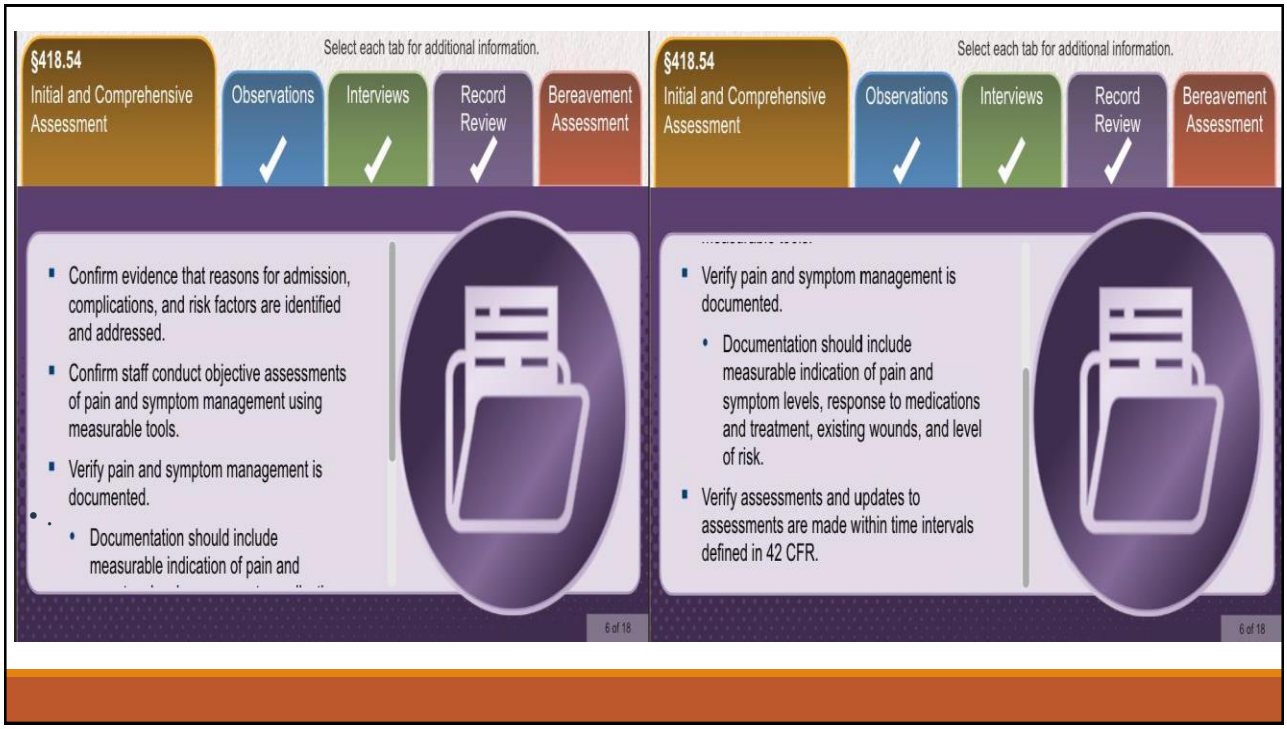
§418.54
Initial and Comprehensive Assessment
Select each tab for additional information.
Observations
Interviews
Record Review
Bereavement Assessment
Confirm evidence that reasons for admission, complications, and risk factors are identified and addressed.
Confirm staff conduct objective assessments of pain and symptom management using measurable tools.
Verify pain and symptom management is documented.
Documentation should include measurable indication of pain and
6 of 18
§418.54
Initial and Comprehensive Assessment
Select each tab for additional information.
Observations
Interviews
Record Review
Bereavement Assessment
Verify pain and symptom management is documented.
Documentation should include measurable indication of pain and symptom levels, response to medications and treatment, existing wounds, and level of risk.
Verify assessments and updates to assessments are made within time intervals defined in 42 CFR.
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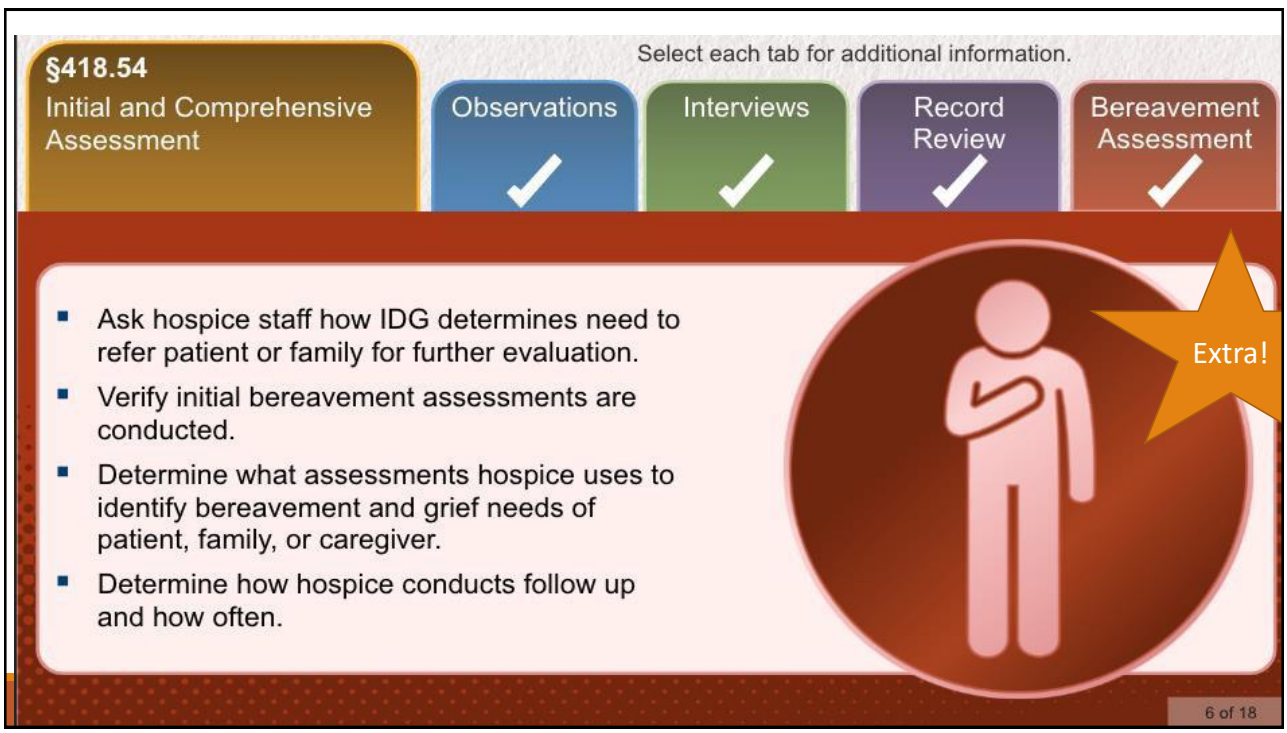
§418.54
Initial and Comprehensive Assessment
Select each tab for additional information.
Observations
Interviews
Record Review
Bereavement Assessment
Ask hospice staff how IDG determines need to refer patient or family for further evaluation.
Verify initial bereavement assessments are conducted.
Determine what assessments hospice uses to identify bereavement and grief needs of patient, family, or caregiver.
Determine how hospice conducts follow up and how often.
Extra!
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Additional tools and resources

Table 1: Medical Director Responsibilities Compared to all Hospice Physicians, Nurse Practitioners and Physician Assistants

Medical Director Only	***Nurse Practitioner (NP) Only***	***Physician Assistant (PA) Only***
The hospice must designate a physician to serve as medical director. *The medical director must be a doctor of medicine or osteopathy who is an employee or is under contract with the hospice. (§418.102). When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.* ***Supervision of all physician employees.*** *All physician employees and those under contract, must function under the supervision of the hospice medical director.* ***Admission to hospice care. The hospice admits a patient on the recommendation of the medical director in consultation with patient's attending physician (if any). (§418.25(a)).*** ***Discharge from hospice care.*** *Prior to discharging a patient, the hospice must obtain a written physician's discharge order from the hospice medical director. (§418.26(b)).*	*NPs may function as the "Attending Physician" and may write orders within the scope of their state practice act. As a hospice employee, NPs may do face-to-face examination required for the 3rd or later hospice benefit period.*	*Functioning as the "Attending Physician," PAs may write orders that are unrelated to the terminal illness, within the scope of their state practice act. PAs who are hospice employees or providing care under arrangement may not write orders pertaining to the terminal illness or the face-to-face assessment for certifying the terminal illness.*
Medical Director/Physician Designee	***NP/PA.***	
Medical component of patient care program. *The medical director or physician designee, in the absence of the medical director, has responsibility for the medical component of the hospice's patient care program.*	*Neither NPs or PAs can function as the physician on the interdisciplinary team or certify terminal illness.*	
Certification and Recertification of Terminal Illness. *Medical director or physician designee, in the absence of the medical director, reviews the clinical information for each hospice patient and provides written certification that the patient's life expectancy is 6 months or less if the illness runs its normal course (§418.102(b)).*		
Physicians		
The hospice medical director, physician employees, and contracted physicians, in conjunction with the patient's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness. (§418.64(a)). If the attending physician is unavailable, the hospice physician, is responsible for meeting the medical needs of the patient.		

- Some great tools are included in the new survey task instructions
  - For example, the Medical Director Responsibilities table here:
    - Clarifies what a medical director vs. a nurse practitioner vs. a physician assistant can do for the hospice

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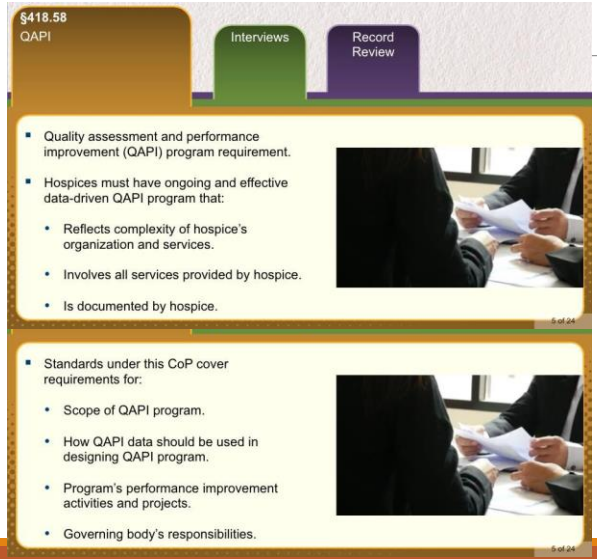
Phase II: QAPI and interviews



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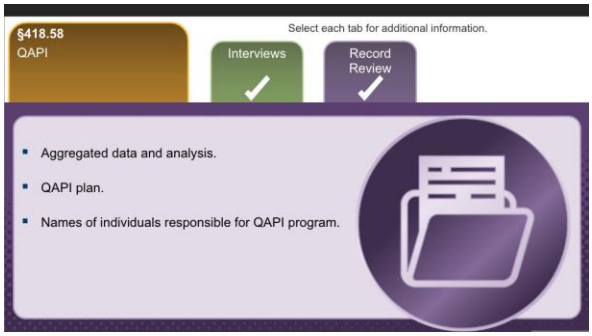
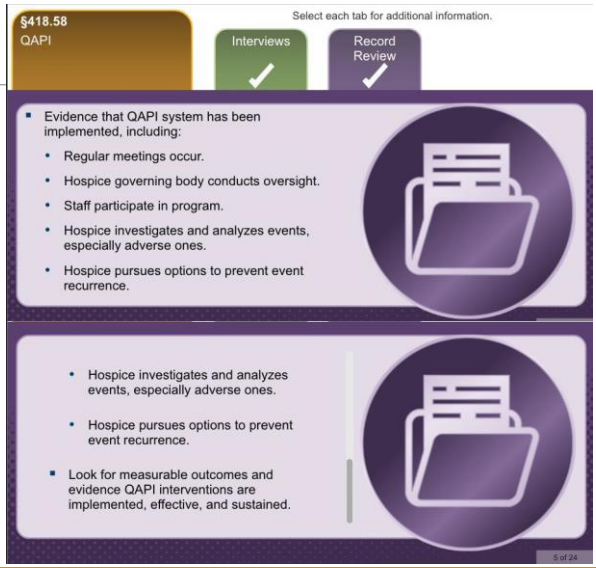
Record Review





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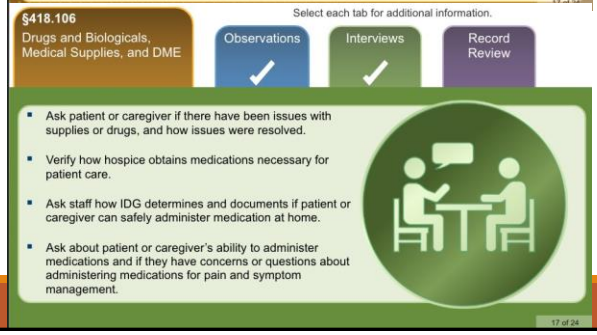
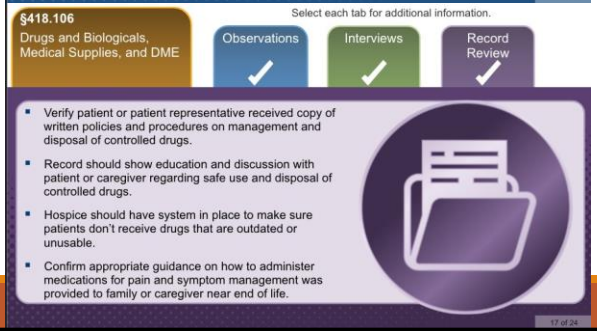
Instructions cross over into coverage





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Task 5: Preliminary decision making and analysis of findings

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Condition or standard?

- Task goal to integrate findings, review, and analyze all information collected from observations, interviews, and record reviews, and to determine whether the hospice meets, or is in compliance with the CoPs.
- An assessment of whether a finding is a standard-level, or a condition-level deficiency should not be made until all pertinent information has been collected

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Considerations…

- Analyze your findings relative to each requirement to determine:
  - Severity of the effect or potential effect on the patient(s);
  - Frequency of occurrence, and
  - Impact on the delivery of services
- An isolated incident that has little or no effect on the delivery of patient services may not warrant a deficiency citation
- Conversely, isolated or not, an incident may be considered deficient if it constitutes a significant or serious problem that adversely affects or has the potential to adversely affect the patient(s)
- In each case, the surveyor must determine if further investigation is warranted. The finding of a deficiency is based on:
  - The applicable statutory or regulatory provision and not on a violation of a guideline
  - The facts and existing circumstances

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Task 6: Exit Conference and Task 7: Post-survey activities

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The exit conference is:

- To informally communicate preliminary survey team findings
- Provide an opportunity for the exchange of information with the hospice's adm designee, or other invited staff
- A courtesy to the hospice- not guaranteed
- A way to expedite the hospice's planning a response to and interventions for th

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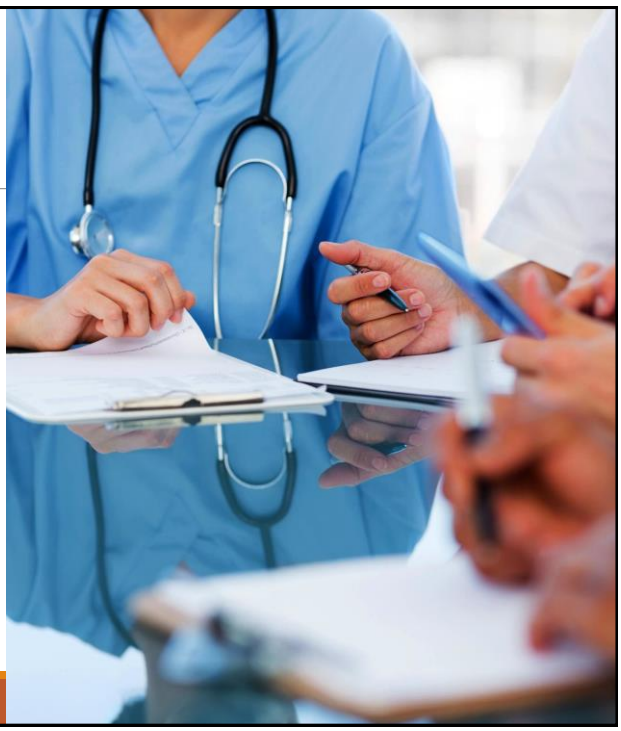
Next Steps

- Post-survey activities by surveyors:
  - Must prepare documents that report their findings and collaborate with their managers for concurrence on survey outcomes
  - Document the outcomes on the Form CMS-2567
  - Communicate the information to the hospice in a timely manner



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Getting to know yourselves…

- Most COPs have expanded interpretive guidelines
  - Study each one carefully
- Familiarize staff will all Phase I CoPs by:
  - Conducting a pre-IDG information session on one COP each week
  - Learn how the agency would answer each question posed in Appendix M regarding that CoP
  - Discussing each person's role regarding that CoP

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Top Deficiency Topics

Concerns from the OIG and discussion on how to avoid them

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1. Failure to appropriately individualize care plans

According to 418.56 of the Code of Federal Regulations, patients must receive a written plan that specifies the care and services necessary to "meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions."

The OIG report indicates that many hospices failed to appropriately tailor care plans to individual patients. As an example, it notes how a patient with dysphagia — difficulty swallowing — but the patient did not receive care that addressed this unique need.

To avoid this deficiency, your interdisciplinary groups (IDGs) need to be methodical in not only assessing patients but also documenting their distinct needs so that staff have a proper record of the care they should deliver

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2. Failure to provide services listed in a patient's care plan

In some cases, even though a hospice properly individualized the care plan, it didn't deliver all of the services in the plan. For example, the report notes how the care plan of one patient called for weekly nurse visits; however, the hospice didn't provide nurse visits for two weeks in a row.

Avoiding this issue depends on the root cause, as it may be related to protocols or staffing shortages. It isn't always feasible to hire more staff, but your hospice should at least have procedures and associated checklists in place that mitigate planned service disruptions or lapses.

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3. Failure to properly train or manage aide staff

Some hospices showcased a lack of care competency among staff members. For example, 75 percent of aides at one hospice didn't have appropriate skills related to "toileting and transfer techniques."

ALSO- Remember these is no more PHE grace for supervisory visits, nor the 12 hours training per year!

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4. Failure to adequately assess patients

The type of care a patient receives directly stems from the patient's assessment. Lack of rigor in assessments can lead to negative patient outcomes. In some example cases, this included a failure to review patients' history of pain and drug profiles for medication effectiveness.

Patient care should be a top priority for everyone, especially for the physicians and IDGs who create care plans. Be sure to provide them with the proper tools (e.g., standardized assessments) to capture objective data that can drive the plan of care, as well as help ensure we are meeting our goals with the interventions provided. .

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5. Failure to update assessments in a timely manner

Patient assessments aren't a one-time occurrence — a hospice must ensure an RN performs a comprehensive assessment at least every 15 days to keep the patient's care plan up to date. At some hospices, patients went several months without receiving an updated comprehensive assessment.

Use a system that keeps track of and reminds the RN when it's time to conduct assessments for each patient so you can avoid human error.

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Special Focus Program

How agencies are gaining extra attention of extra surveys

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Special Focus Program (SFP)

After hospice has had such poor press, OIG, etc it was determined CMS needed to set up a program to ensure the poorest performers get the additional oversight to improve or be terminated

A technical expert panel (TEP) weighed in on this process

Published in the 2024 Home Health Proposed Rule

18-month cycle when agency lands in SFP (or longer if CMS deems necessary)

- Surveys every 6 months
- Terminate or graduate
- State agencies
- Enforcement remedies

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How do I get on (or avoid!) SFP

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Bottom Box

Data Source	Hospice Surveys	Hospice Quality Reporting Program (HQRP)	
		Claims Data	CAHPS® Hospice Survey Measures
Indicators	Quality-of-Care Condition-Level Deficiencies	Hospice Care Index (HCI)	Help for Pain and Symptoms
			Getting Timely Help
	Substantiated Complaints		Willingness to Recommend this Hospice
			Overall Rating of this Hospice

**Condition level deficiencies and/or substantiated complaints in last three years

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The 11 Conditions (out of 23)

Tag	Condition of Participation
§418.52	Patient rights
§418.54	Initial and comprehensive assessment of the patient
§418.56	Interdisciplinary group, care planning & coordination of services
§418.58	Quality assessment and performance improvement
§418.60	Infection control
§418.64	Core services
§418.76	Hospice aide and homemaker services
§418.102	Medical director
§418.108	Short-term inpatient care
§418.110	Hospices that provide inpatient care directly
§418.112	Hospice that provide hospice care to residents of a SNF/NF or ICF/IID

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Add it up… Conditions

Quality of life (QOL) condition level deficiencies (CLD) in the previous 3 years

- Hospices surveyed at least once every 36 months
- CLD – noncompliance with all or part of a condition of participation
- Post-survey revisit or follow-up survey for CLD

PLUS…

Substantiated complaints

- Total number within the previous 3 years
- SA or BFCC-QIO compliants

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Plus- HQRP Claim Measure HCI

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- Hospice Care Index (HCI) – overall score
- Standardized – focus is on how likely the hospice is to receive the score it did if it were an average hospice

NOTE– MOST hospices are an 8, 9 or 10

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And, lastly… CAHPS scores

PROVIDER INSIGHTS

CAHPS hospice survey index, Single score for each hospice using weighted sum of bottom-box scores

- Help for pain and symptoms
- Getting timely help
- Willingness to recommend
- Overall rating

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Timeframes

CMS proposing to begin the SFP in 2024!

Data from the Provider Data Catalog (PDC)

• https://data.cms.gov/provider-data/topics/hospice-care

Data - for CMS review in November 2023- will recommend SFP agencies for 2024

• 2020-2023 survey data

• 2022 HQRP data (HCI from claims, as well as HCAHPS)

• Averaging the total number of data indicators used to derive the score

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The Math…

With HCAHPS:

$$CLDs\ over\ 3\ years + Complaints\ over\ 3\ years - HCI + 2(CAHPS\ Index) = \frac{Score}{5}$$

Without CAHPS:

$$CLDs\ over\ 3\ years + Complaints\ over\ 3\ years - HCI = \frac{Score}{3}$$

Highest scores- top 10 percentile recommended for SFP

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Graduation, or…

Graduation criteria

• The hospice must have no CLDs cited or immediate jeopardy citations for any two 6-month SFP surveys, **and**

• have no pending complaint survey triaged at an immediate jeopardy or condition level,

• **OR** have returned to substantial compliance with all requirements

Termination criteria

• Fails any two SFP surveys by having any CLDs on the surveys, or

• Pending complaint investigations triaged at IJ or condition level

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For all to see…

Hospice Special Focus Program Website

• General education for consumer on SFP

• List of hospices in the 10 percent subset

• List of hospices selected for the SFP

Will also share the SFP status

• Level 1 – in progress

• Level 2 – completed successfully

• Level 3 – terminated from the Medicare program

https://www.cms.gov/medicare/quality-safety-oversight-certificationcompliance/hospice-special-focus-program

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Survey Informal Dispute Resolution (IDR)

- Informal opportunity to resolve disputes related to **condition level** survey findings
- Hospice can dispute surveyor's findings or provide additional information
- Based on IDR process for home health agencies
- Will be implemented by both state agency and accrediting organizations
- Instructions would be included with the delivery of the Statement of Deficiencies (CMS-2567)

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What IDR is NOT…

- Formal hearing
- Available prior to the receipt of the Statement of Deficiencies (CMS-2567)
- Used to refute enforcement remedy/action
- Used to dispute SFP placement

NOTE- goes along perfectly with the updated surveyor trainings, report writing and SOM

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Next Steps…

- 1.) Get to know the updates
- 2.) Practice the probe questions
- 3.) Perform a “mock survey”
- 4.) Ask staff to determine how your agency is compliant

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Questions?

THANK YOU!

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