EXPERIENCE THE ACHC DIFFERENCE
Preparing for an Initial Medicare Certification Survey
HOSPICE AGENCY REQUIREMENTS

- General Requirements
  - *State Operations Manual, Chapter 2, Section 2080*
- Is primarily engaged in providing care and services to terminally ill individuals
- Is licensed in accordance with state requirements
INITIAL MEDICARE CERTIFICATION

- First step is to obtain a license by your state to operate as a hospice agency, if applicable
- Complete and submit an 855A application to CMS, once approved submit approval letter to ACHC
  - This is your application for Medicare Enrollment
  - [https://www.cms.gov](https://www.cms.gov)
  - Once the 855A is approved, you will receive notification that your next step is to have an on-site survey completed
INITIAL MEDICARE CERTIFICATION

- Develop your patient caseload
  - 5 patients served with 3 active at time of survey
  - If in a medically underserved area only need to have served 2 patients with 1 active
Must be able to provide core services, with the exception of physician services, substantially by hospice employees
- Physician services
- Nursing
- Medical social services
- Counseling
  - Spiritual care
  - Bereavement
  - Dietary
INITIAL MEDICARE CERTIFICATION

- Must be able to provide non-core services, either by employees or under arrangement
  - Hospice aide services
  - Homemaker services
  - Therapy services
    - Physical therapy
    - Occupational therapy
    - Speech-language pathology
  - Volunteers
  - Medical supplies
  - Durable medical equipment
INITIAL MEDICARE CERTIFICATION

- Must be able to provide all levels of care:
  - Routine
  - General in-patient
    - Short-term pain and symptom management
    - Respite
  - Continuous home care
HOSPICE REQUIRED SERVICES

- The hospice is required to make nursing services, physician services, drugs, and biologicals routinely available on a 24-hour basis, 7 days a week.
- The hospice also has to make all other covered services available on a 24-hour basis, 7 days a week, when reasonable and necessary to meet the needs of the patient and family.
INITIAL MEDICARE CERTIFICATION

- Must be able to meet the Medicare Conditions of Participation
  - §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
  - §418.58 Condition of Participation: Quality Assessment and Performance Improvement
  - §418.62 Condition of Participation: Licensed Professional Services
  - §418.70 Condition of Participation: Furnishing of Non-core Services
  - §418.72 Condition of Participation: Physical Therapy, Occupational Therapy, and Speech-Language Pathology
  - §418.76 Condition of Participation: Hospice Aide and Homemaker Services
  - §418.78 Condition of participation: Volunteers
INITIAL MEDICARE CERTIFICATION

• §418.100 Condition of Participation: Organization and Administration of Services
• §418.102 Condition of Participation: Medical Director
• §418.104 Condition of participation: Clinical Records
• §418.106 Condition of Participation: Drugs and Biologicals, Medical Supplies, and Durable Medical Equipment
• §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
• §418.114(d) Standard: Criminal Background Checks
• §418.116 Condition of Participation: Compliance with Federal, State, and Local Laws and Regulations Related to the Health and Safety of Patients
• §418.113 Condition of Participation for Hospices: Emergency Preparedness
ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK
Hospice
GUIDE TO SUCCESS WORKBOOK

- Essential Components
  - Each ACHC standard contains “Essential Components” and that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints

- Other Tools
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process

- Section Index
  - Quickly locate important information for successfully completing the ACHC accreditation process
STANDARD HSP2-3A: (SERVICES APPLICABLE: HIC, HSP)

Written policies and procedures are established and implemented by the hospice in regard to the reporting and investigation of all violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice.

P&P ESSENTIAL COMPONENTS

- P&P must describe but not be limited to:
  - The process for reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the hospice
  - Allegations reported immediately to the Administrator or appropriate designee
  - The action taken to prevent further potential violations while the alleged violation is being verified
  - Established time frames for reporting verified violations
  - Verified violations reported to ACHC, state, and local bodies within five working days of becoming aware of the verified violation, unless state laws are more stringent

**HINT** The agency should provide documentation detailing the investigation of incidents and resolutions for each incident for Surveyor review.

The hospice must intervene immediately as indicated by the circumstances if an injury is the result of a hospice employee’s actions. Hospice agencies must immediately remove staff from patient care if there are allegations of misconduct related to abuse or misappropriation of property.

If interviewed, staff should be able to discuss proper incidents to report and agency procedure for reporting.
PREPARATION

- Helpful tools in the *ACHC Accreditation Guide to Success*
- Mock Surveys
  - Interview questions - Survey Process
  - Home visits - Section 4
  - Medical chart audits - Section 5
  - Personnel file audits - Section 4
  - Observation of the environment - Survey Process
  - Items Needed for the On-Site Survey - Survey Process
  - Medicare CoP Checklist - Standards download
SURVEY PREPARATION TOOLS
ITEMS NEEDED FOR ON-SITE SURVEY

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ITEMS NEEDED FOR ON-SITE SURVEY

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STANDARD- & CONDITION-LEVEL DEFICIENCIES

- Standard-level deficiencies are ACHC-only deficiencies and individual L tags
  - Not as “severe”
  - Individual, random issue vs. a systemic issue
  - Requires the development of a Plan of Correction (POC)

- Condition-level deficiencies result when either an entire condition is out of compliance, multiple L tags under a single condition are out of compliance, or the deficiency is severe
  - Requires a full survey for hospice providers seeking initial Medicare certification
FOCUS AREAS

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education
- Implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey
Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!
INITIAL MEDICARE CERTIFICATION

- Recommended Reading:
  - State Operations Manual Chapter 2: The Certification Process
  - Medicare Benefit Policy Manual Chapter 9: Hospice Services
  - State Operations Manual Appendix M
  - ACHC Hospice Standards
THANK YOU

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