



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 18-01-ALL
REVISED 12.08.2017

DATE: October 17, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: FY 2018 Mission & Priority document (MPD) – Action

**** Revisions to Appendix 1- Community Mental Health Centers (CMHCs) Tier 1 to Tier 3 Status and End Stage Renal Disease (ESRD) Tiers 1-4 Status ****

Memorandum Summary

FY 2018 MPD: Enclosed is the final FY 2018 MPD. The final document is improved as a result of the feedback from AHFSA and the Regional Offices. Due to the separate IMPACT funding available, we are requesting each State's FY 2018 Hospice funding requests by November 17, 2017.

Hospice Funding Requests

Funding for hospice surveys will follow the same approach in FY 2018, as in FY 2015, FY 2016 and FY 2017 (communicated via AdminInfo 15-26). In short, all survey and certification work in FY 2018 regarding both non-deemed and deemed hospices is to be funded first by IMPACT funds (after subtracting that portion of costs properly assigned to the State's usual licensure share of the costs). Medicare S&C funds will be used after the State's allocation of IMPACT Act funds have been committed. We are requesting that States send their request for total FY 2017 hospice funding to their RO budget contacts by November 17, 2017 and copy Bary Slovikosky (Bary.Slovikosky@cms.hhs.gov). We have left Column B2 and D2 of Appendix 2 of the MPD blank until we have more time to review requests for hospice funding. We will issue a separate memorandum conveying the IMPACT funds allotted to each State.

S&C Medicare Funding Allocation Process

We have projected a 0.5% increase in Medicare funds as a target for this FY for all States. However, when Congress passes a final budget, we will engage in a process similar to the process used in FY2013-17; that is, we will ask each State to submit a budget request based on the State's needs and amount that the State actually expects to use.

Due to State hiring limitations and the timing of federal appropriations, both we and States have found it more challenging to project funding availability and actual funding use in advance of the FY. We will therefore continue to provide a projected funding target, but will follow up later in the year with a more specific process.

Training Curriculum Catalog: To access the curriculum map for FY18, please refer to <https://projects.aha-llc.com/cms/catalog/v10/index.html>.

Under this revision, we have only updated the FY2018 MPD areas for ESRD and CMHC sections. Please refer back to the MPD version of 10.27.2017 for the complete MPD.

Contact: For questions or concerns, please contact your RO.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

Attachment: FY2018 MPD Revisions to ESRD and CMHC sections ONLY

cc: Survey and Certification Regional Office Management

J. End Stage Renal Disease (ESRD) Facilities

Notable aspects of the ESRD survey responsibilities include:

- **Information Responsibilities: States are responsible for being informed about the ESRD programs by using the following:**

CMS S&C data Web site for ESRD data reports: the State is responsible for assigning a Master Account Holder, and reviewing the State-specific data which is available on the CMS ESRD data Web site at <https://www.dialysisdata.org>. States are responsible for using these data reports to inform the survey process. Each State is expected to use the State rank-ordered Outcomes List with frequency rates; the facility-specific Dialysis Facility Reports (DFR); and the facility-specific pre-populated Pre-Survey DFR Extract for these purposes.

Overall Responsibilities: States are responsible for conducting initial, recertification, complaint and revisit surveys of ESRD facilities.

Survey Priorities

- **Tier 1:**
Complaint investigations triaged as immediate jeopardy.
- **Tier 2:**
Targeted Surveys: Survey 10% of ESRD facilities using the CMS-generated, rank-ordered Outcomes Lists with frequency rates. The Outcomes List identifies the poorest ranked 20% of the facilities in each State based on a composite score of outcome indicators. States are responsible for selecting half of the 20% facilities from their respective Outcomes List to determine the final 10% targeted sample. The Outcomes List is a confidential list for use only within the specific State survey agency for determining survey priorities. This list is distributed to each State through a secure Web site at: <https://www.dialysisdata.org>.
- **Tier 3:**
3.5 Year Max Interval: The Tier 3 priority is an interval measure identifying a maximum period of 3.5 years (42.9 months) between surveys for any one particular facility. Complaint investigations triaged as non-immediate jeopardy. Relocations, expansion of stations/services and initial surveys apply to this tier.

- **Tier 4:**

3.0 Year Average: Conduct additional surveys (beyond Tiers 2-3) sufficient to ensure that ESRD facilities are surveyed with an average frequency of 3.0 years or less.

Requirements for ESRD Surveyors:

- Prior to inclusion on an ESRD survey team (except as an observer or trainee/orientee), the surveyor must complete the following requirements:
 - Visit an ESRD facility to observe the environment and processes involved in dialysis care;
 - Successfully complete the CMS ESRD Basic Surveyor Training Course.

ESRD FACILITIES

Tier 1	Tier 2	Tier 3	Tier 4
Complaint-IJ Investigation of complaint allegations triaged as IJ. If the proposed legislation for deemed status for ESRD becomes final, initial ESRD surveys will become tier 1 and must be completed within 90 days. If the proposed legislation for deemed status for ESRD becomes final,	<i>Targeted Sample (10%): States survey a 10% targeted sample of ESRD facilities, selected from a CMS list that identifies those facilities most at risk of providing poor care. Some of the targeted surveys may qualify to count toward the Tiers 3 and 4 priorities. Complaint Investigation: Complaints not categorized as potential IJ</i>	<i>3.5 Year Max Interval: The Tier 3 priority is an interval measure identifying a maximum period of 3.5 years (42.9 months) between surveys <u>for any one particular facility.</u> Relocations Expansion of Stations/Services Initial Surveys</i>	<i>3.0 Year Average: Conduct additional surveys (beyond Tiers 2-3) sufficient to ensure that ESRD facilities are surveyed with an average frequency of 3.0 years or less.</i>

	Tier 1	Tier 2	Tier 3	Tier 4
6. ESRD	Investigation of complaint allegations triaged as IJ	<p><i>Targeted Sample (10%): States survey a 10% targeted sample of ESRD facilities, selected from a CMS list that identifies those facilities most at risk of providing poor care. Some of the targeted surveys may qualify to count toward the Tiers 3 and 4 priorities.</i></p> <p><i>Complaint Investigations: not categorized as potential IJ</i></p>	<p><i>3.5-Year Max Interval (42.9 months): Additional surveys are done to ensure that no more than 3.5 years elapses between surveys for any <u>one particular ESRD facility.</u></i></p> <p>Relocations Expansion of Stations/Services <i>Initial Surveys</i></p>	<p><i>3.0-Year Avg: Additional surveys are done (beyond Tiers 2-3) sufficient to ensure that ESRD facilities are surveyed with an <u>average frequency of 3.0 years or less</u> (Facilities/Surveys \leq 3.0yrs).</i></p>
13. Community Mental Health Centers (CMHCs)	<p><i>5.0 Year Interval</i></p> <p><i>Complaint investigations triaged as IJ</i></p>	<p><i>Complaint investigations triaged as non-IJ</i></p>	<p><i>Initial certification surveys.</i></p>	