

Home Health Survey Protocols



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Learning Objectives

At the conclusion of this lesson, you will be able to:

- Identify key landmarks in the evolution of the HHA survey protocols
- Describe the standard survey
- Comprehend what would trigger expanding to a partial extended or extended survey



Home Health Agency (HHA) Survey Process Historical Perspective

- HHAs are unique providers
- Earlier surveys resembled check lists rather than check-ups
- Great policies and procedure manuals and clinical records do not always mean great care



Omnibus Budget Reconciliation Act-1987 (OBRA' 87)

- Mandated an outcome-oriented survey process
- Unannounced **annual** surveys
- Patient Rights
- HH aide training and/or competency evaluations



OBRA '87 Mandates

- Random sampling for home visits and record reviews
- Assessment instrument – (FAI)
- Home health hotline
- Standard, Partial extended and Extended surveys
- Sanctions



OBRA'87 – Regulatory Dilemmas

- How to evaluate “the quality of care and services furnished by the agency as measured by indicators of medical, nursing, and rehabilitative care”
- No consensus at that time on how to measure quality of care for HHA patients



1991 – Survey Process Revised

In response to OBRA 87, survey additions included:

- Case mix stratified random sampling for home visits and clinical record reviews
- Use of the Functional Assessment Instrument (FAI)
- Review of HHA services and aide qualifications



Increased Interest in Measuring Quality in Home Care

Review of Quality of Care Measures:

- Structure
- Process
- Outcome



The President's 1996 Budget Bill

- Provided flexibility in the standard survey cycle for HHAs
- Previously, surveys were required annually
- '96 law required HHAs to be surveyed at least every 36 months



GAO Report – July 1997

“Certification process ineffective in excluding problem agencies”

- Resulted in additional changes to survey process
- Recommendations included:
 - Establish minimal number of patients before first survey
 - Require branch offices to be periodically surveyed
 - Establish targeting criteria for surveys
 - Issue regulations on intermediate sanctions



Balanced Budget Act of 1997

- Mandated the home health prospective payment system by 2000
- In response, CMS began work to publish a portion of the HHA CoPs in final, including requirements for the collection and submission of OASIS



1988 – 1998

- CMS (HCFA) began to develop valid reliable measures to assess and evaluate patient outcomes of home care
- Data items were developed, tested and refined
- These items became the Outcome and Assessment Information Set (OASIS)



1999 – OASIS Rule Published

- **January 25, 1999:** Medicare and Medicaid Programs: Comprehensive Assessment and Use of the OASIS as Part of the Conditions of Participation for Home Health Agencies, HCFA-3007F
- **Effective July 1999** - Medicare HHAs required to conduct a comprehensive assessment using standardized core data set – OASIS
- **2003** – OASIS data collection suspended for non-Medicare/non-Medicaid (i.e., private pay) patients



OIG Report September 2000

- Medicare Home Health Agency Survey and Certification Deficiencies
- Results included:
 - Deficiencies increased from 1997 to 1999
 - Findings inconclusive
 - Increased Federal Involvement
 - Increased survey intervals may have allowed poor care – a general decline in quality
 - Implementation of Interim Payment System
- Major point – “Quality of Care” issues



GAO Report July 2002

- Found inconsistent interpretation of standards and conditions – likely underreporting of serious problems
- Wanted CMS to strengthen guidance on when to cite a condition
- Inconsistent survey processes may result in different deficiency rates among States
- Limited State performance standards
- Criticized CMS for not surveying branches
- Limited sanctions to termination



Survey Process Enhanced in 2003

Designed to help guide the onsite survey:

- New survey protocols
- New Outcome reports from OASIS
- New surveyor worksheet



Survey Process with OASIS

- Patient-focused
- Outcome-oriented
- Data-driven
- Effective and efficient in assessing, monitoring, and evaluating the quality of care delivered by an HHA



Survey Priority Score – 2005

- Targeted approach to provide useful information in determining which HHAs should be prioritized for survey



Survey Priority Score Data Sources

- OASIS risk adjusted outcomes
- OASIS potentially avoidable event outcomes
- Survey deficiencies from most recent survey (standard and condition-level)
- Condition-level deficiencies receive heavier weight
- Survey deficiencies in common with terminated agencies



Selecting HHAs for Survey

CMS provides list to States annually:

- Tier 1 – Triennial survey due (SA surveys all)
- Tier 2 – High priority score (SA surveys ½ from this list)
- Complaints
- Validation



2011 – HHA Survey Process

- Next step in enhancement of survey process



2011 – HHA Survey Process (cont.)

- Follows current survey tasks
- Uses existing data to prioritize HHAs for survey and for pre-survey preparation
- Focuses on specific standards within specific conditions most directly related to the delivery of high-quality patient care



2011 – HHA Survey Process (cont.)

- Emphasizes information from HHA staff interviews, clinical records and home visits
- Minimizes non-clinical record review paper compliance
- Provides guidance for expanding the survey and issuing deficiencies
- More specific guidance on citing standard and condition-level deficiencies



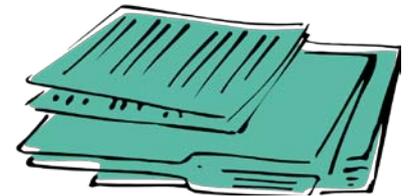
Pre-Survey Preparation

- Offsite preparation helps focus survey
- Identifies key issues
- Identifies patient population
- Identifies unique agency characteristics



Pre-Survey Preparation (cont.)

- Collect and Review:
 - HHA file in the State
 - Compliance data
 - Previous survey data
 - Selected OASIS data and reports
- Complete Surveyor Worksheet



Pre-Survey Preparation (cont.)

- Outcomes for focus
- Clinical records for discharged patients experiencing specific potentially avoidable event outcomes
- Home visits for patients at risk for specific outcomes of interest
- Clinical records or home visits for case mix indicators



HHA Survey Protocols

- Revised protocols developed for the onsite portion of the survey
- Eleven expert surveyors participated in identifying the standards most directly related to high-quality patient care



Revised Standard Survey

- **Level 1 standards**
- Most directly related to the delivery of high quality patient care
- Address 9 of the 15 CoPs



Survey Protocols

- Standard survey – Level 1 standards
- Partial Extended survey – at a minimum, Level 2 Standards:
 - Guidelines for further investigation
 - Condition-level guidance – when to consider citing a condition
 - Related conditions for further investigation
- Extended survey: when condition-level is cited all conditions are examined



484.10 Patient Rights

Standard Survey

Level 1

G107, G109

Partial Extended Survey

Level 2

G101, G108,
G111, G114

Associated
CoPs

484.12
484.14
484.18

Consider citing the condition when:

- The HHA is out of compliance with G107 and G109 and one additional tag within that condition. (G100-G116) or associated conditions*

Standard Survey Protocols

- Focus on standards most directly related to delivery of high quality patient care
- Increased use of interviews
- Minimal need to review non-clinical paper materials

Primary Investigation Methods

- HHA staff/patient interviews
- Home visits to patients
- Clinical records reviews

Standard Survey

- Evaluates HHA compliance with Level 1 Standards
- Includes standards under skilled nursing and therapies
- Includes selected standards under a specific condition (not all)

Standard Survey Ends

- If the HHA is in compliance with all Level 1 standards
- No additional issues/concerns are identified needing investigation
- Survey is finished
- Issue Form CMS 2567



Standard Survey Expands

- Expected outcomes are not met for one or more Level 1 standards
- Other issues are recognized by the surveyor during the standard survey
- When the survey expands, it becomes a partial extended survey



Level 2 Standards

- At a minimum, compliance with Level 2 standards is evaluated if deficiencies are found with Level 1 standards
- This is a partial extended survey
- Surveyors may review additional (non-Level 1 or 2) standards under the same condition or related conditions during a partial extended (PE) survey at their discretion



Entrance Conference

- Follow SOM, Appendix B guidance
- Add specific interview questions regarding HHA processes for Level 1 standards
- Reword, reorder, eliminate or add questions as appropriate (i.e., adapt interview)



Information Gathering for the Standard Survey

- Focus on Level 1 Standards, unless issues/concerns are found
- HHA interviews of various personnel, not just HHA-identified contact
- Home visit observations and interviews
- Clinical record reviews



Worksheets

- Functional Assessment Instrument (FAI) not required
- FAI replaced with HHA Survey Investigation Worksheets
 - Worksheet 1 – Patient Sample (record review/home visit) and calendar
 - Worksheet 2 – Agency summary
- Based on FAI and surveyor workflow



Information Gathering for a PE or Extended Survey

Review appropriate materials for issues/concerns ... for example

- Policies/procedures or other materials related to problematic processes
- Personnel files
- Aide training/competency evaluation
- In-service training
- CLIA waiver



Information Analysis

- One problematic finding for a Level 1 standard: Standard-level deficiency citation and a partial extended survey
- Follow guidelines for proceeding with evaluation of compliance with Level 2 standards
- One problematic finding for Level 2 standard: Standard-level deficiency



Condition-Level Deficiencies

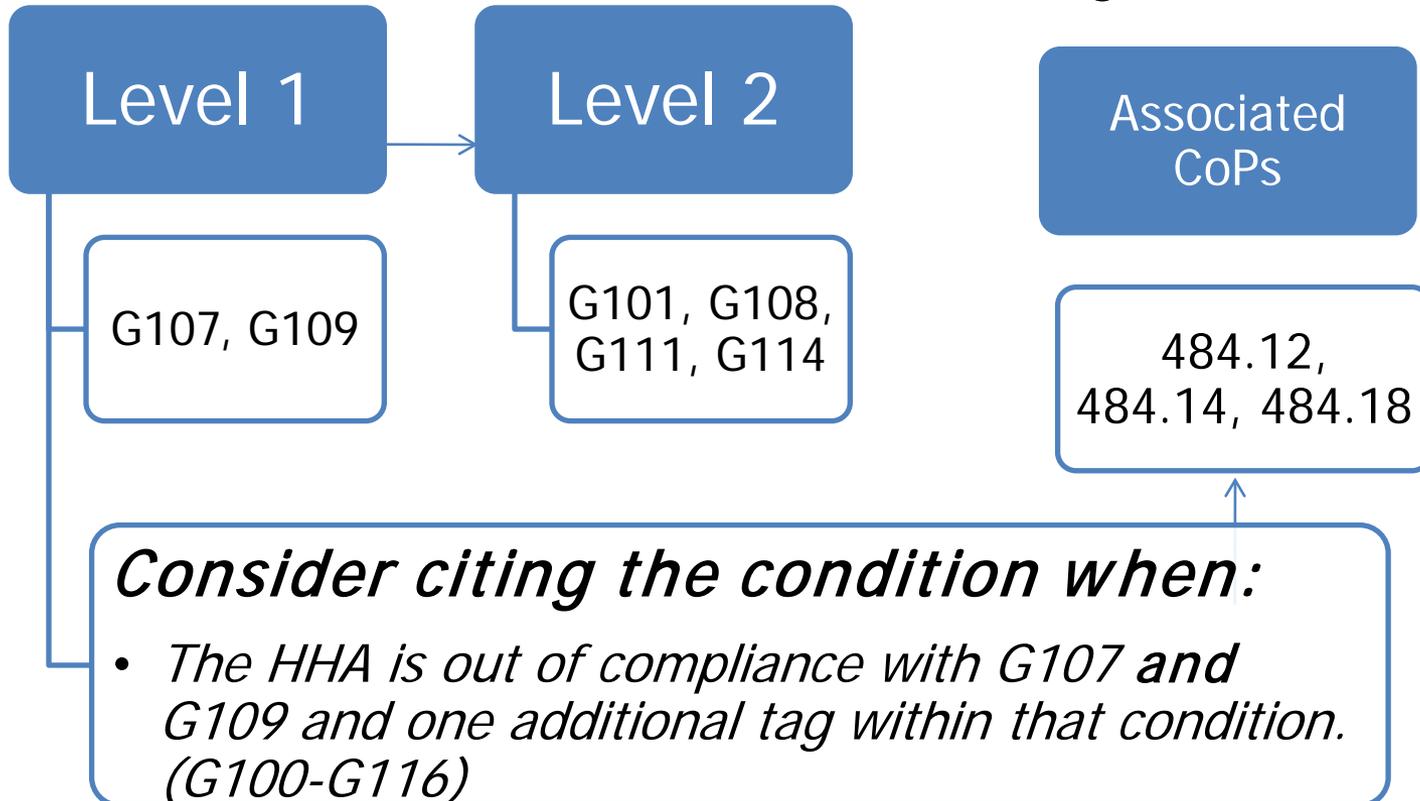
- Reference guidelines for considerations for citing the condition
- Guidelines not requirements
- Condition can be cited for serious findings found during survey unrelated to Level 1 or Level 2 standards
- Immediate Jeopardy is always cited at the condition level
- During an extended survey, all conditions are reviewed



484.10 Patient Rights

Standard Survey

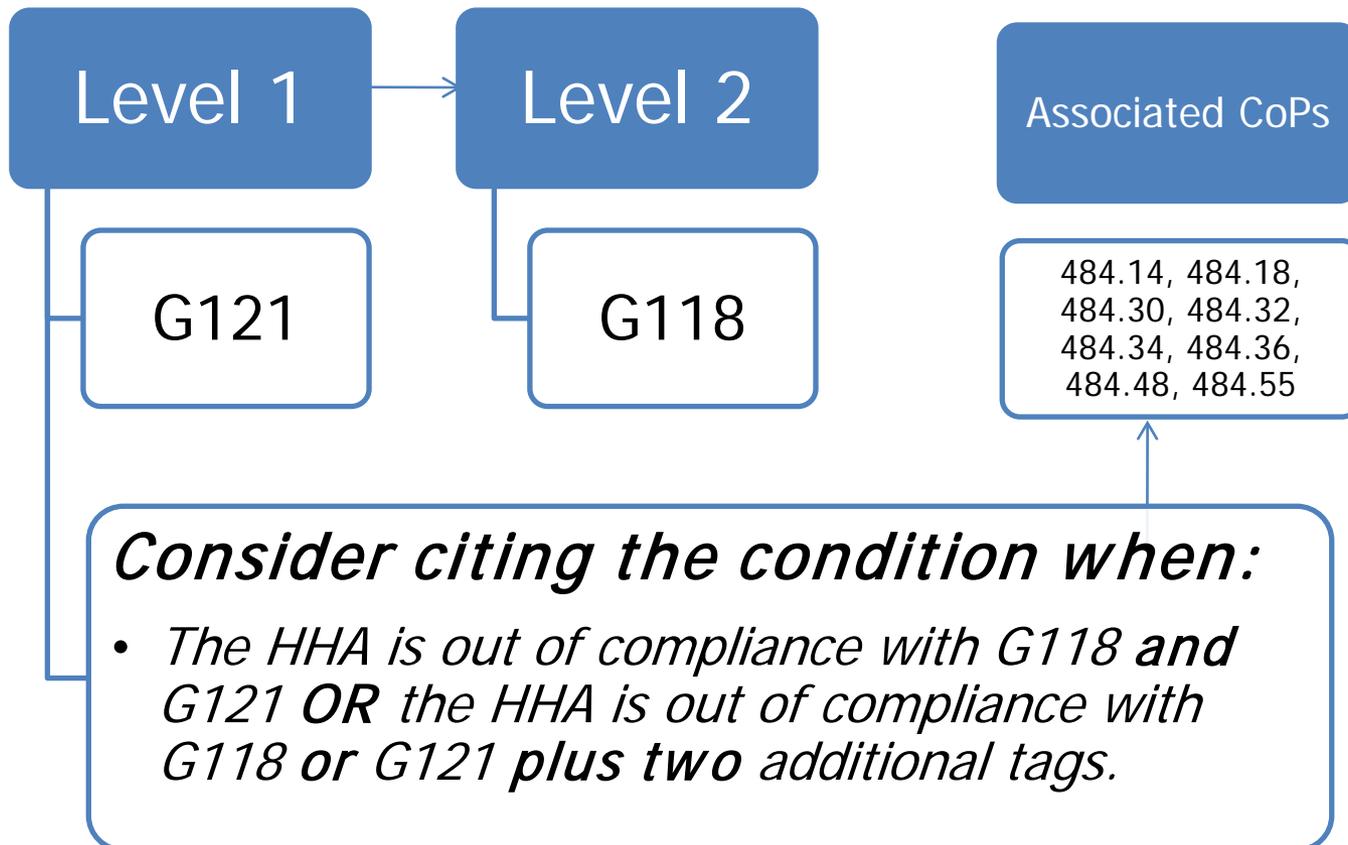
Partial Extended Survey



484.12 Compliance with State, Federal & Local Laws & Ownership Information & Accepted Professional Standards & Principles

Standard Survey

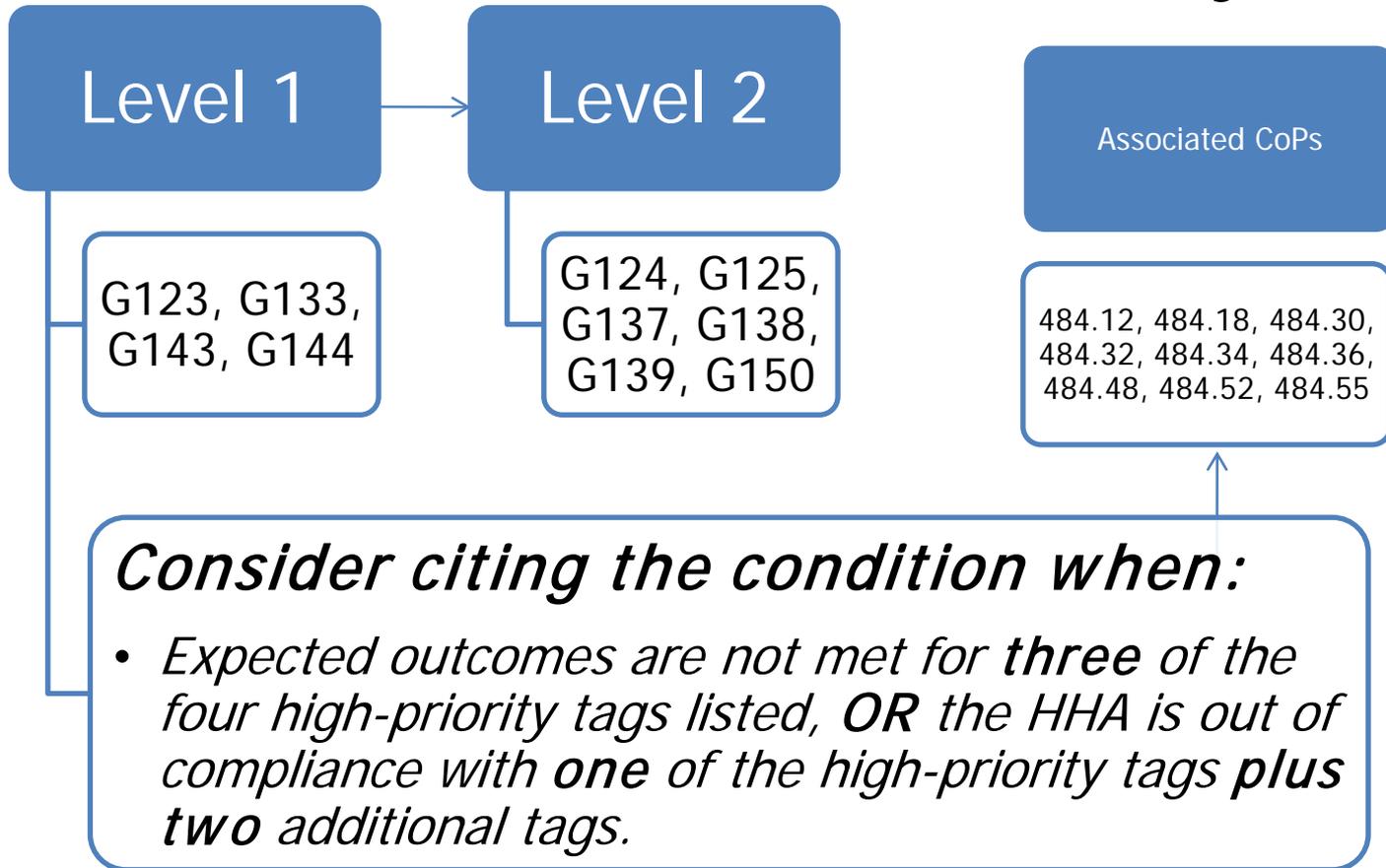
Partial Extended Survey



484.14 Organization, Services, Administration

Standard Survey

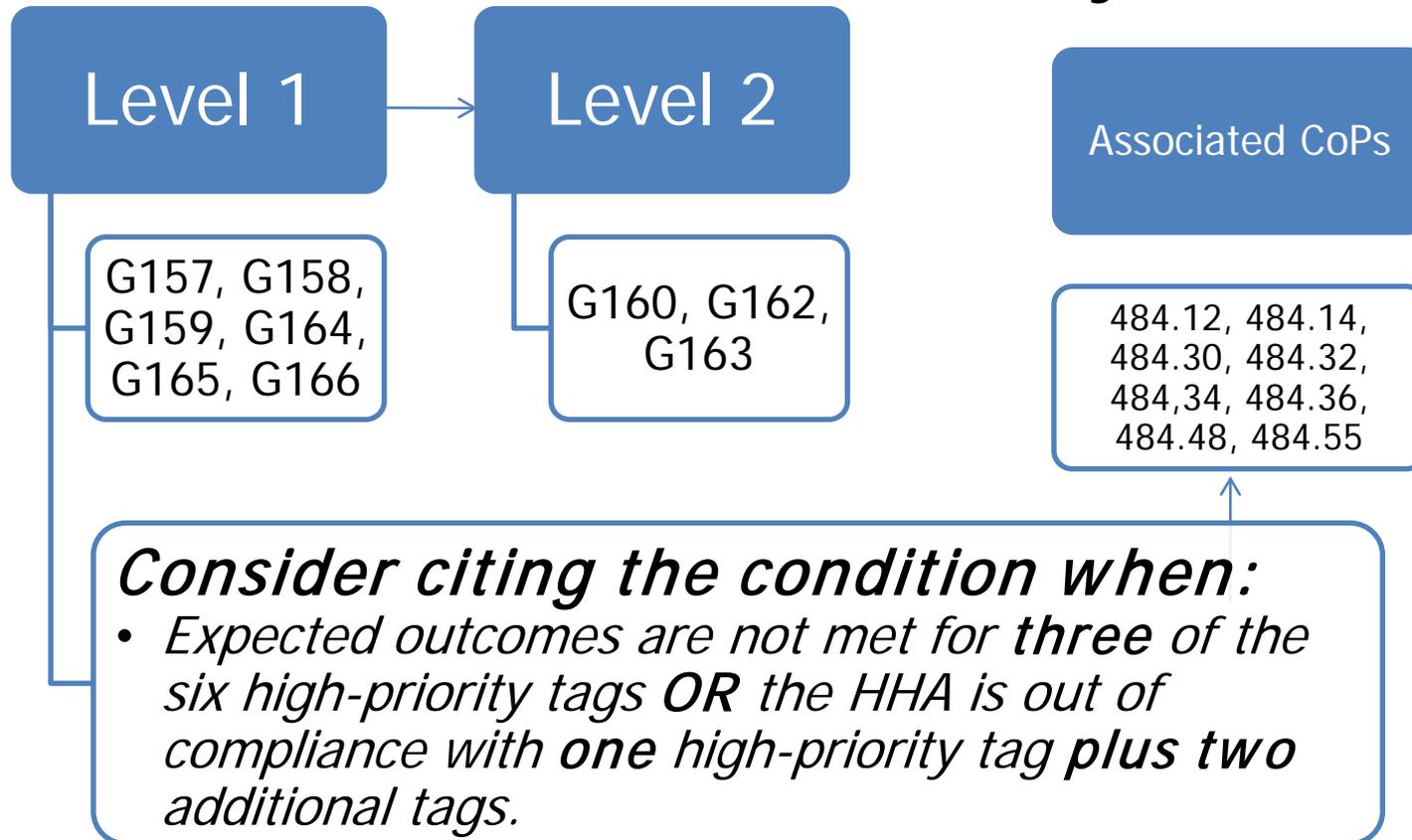
Partial Extended Survey



484.18 Acceptance of Patients, Plan of Care, Medical Supervision

Standard Survey

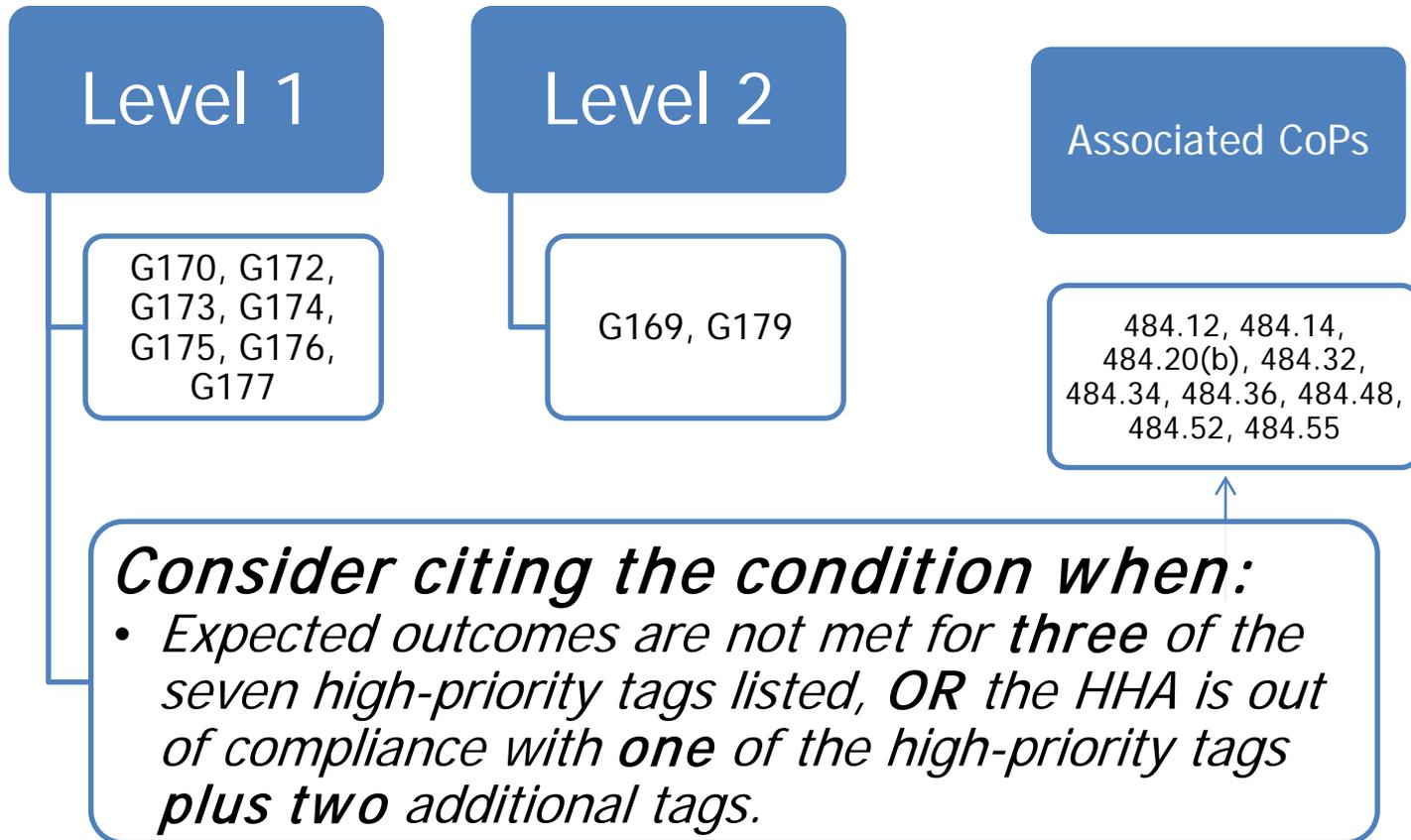
Partial Extended Survey



484.30 Skilled Nursing Services

Standard Survey

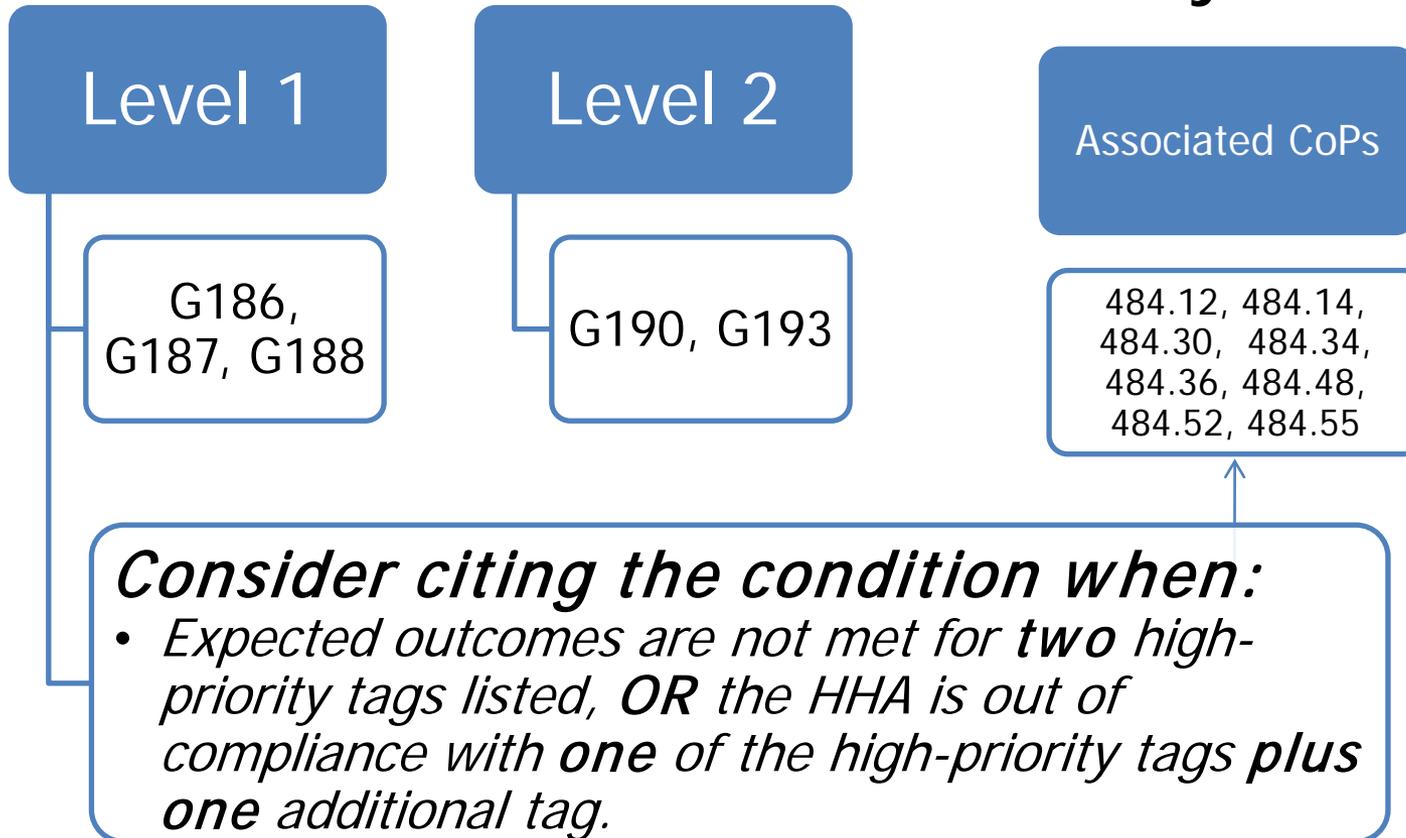
Partial Extended Survey



484.32 Therapy Services

Standard Survey

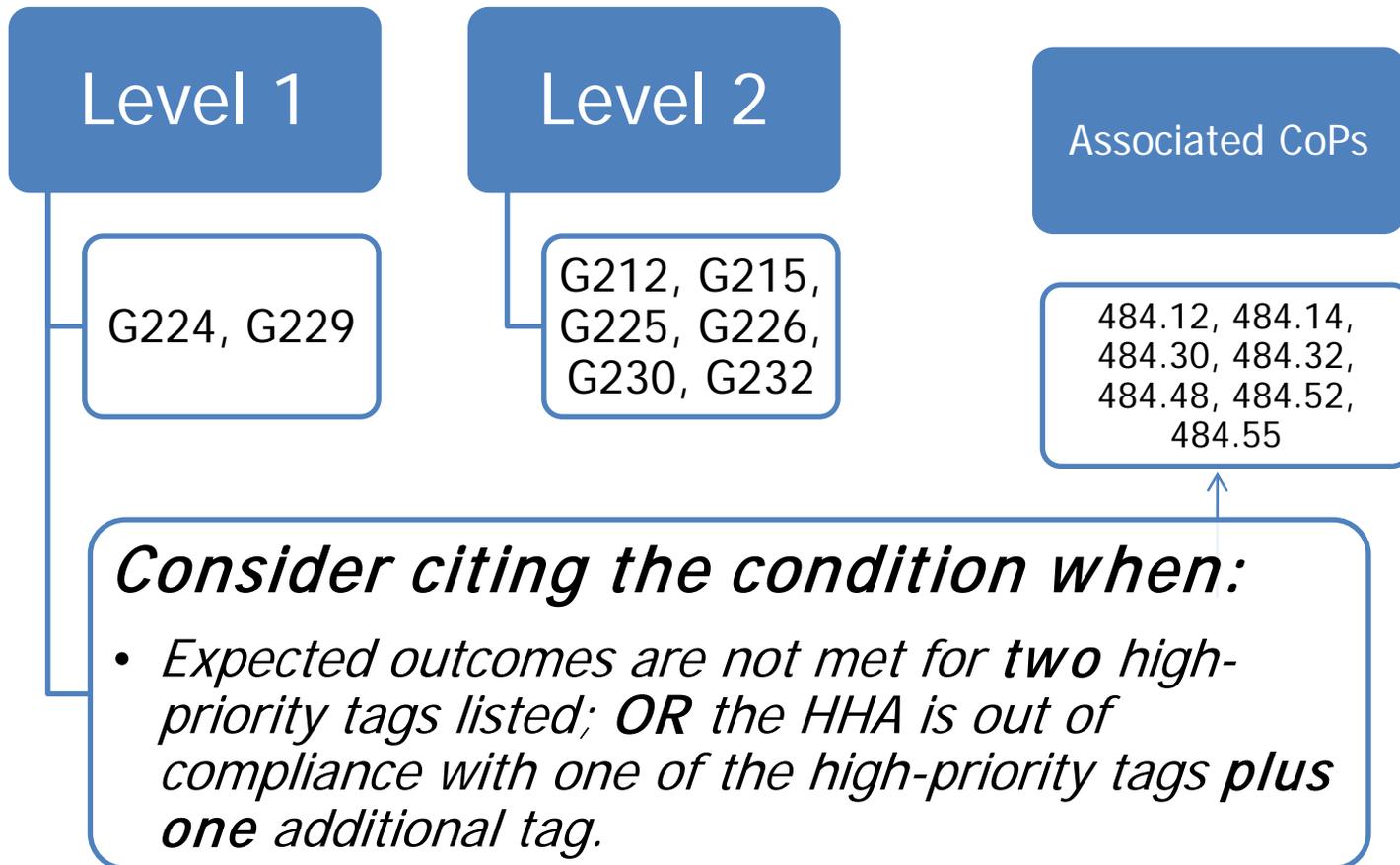
Partial Extended Survey



484.36 Home Health Aide Services

Standard Survey

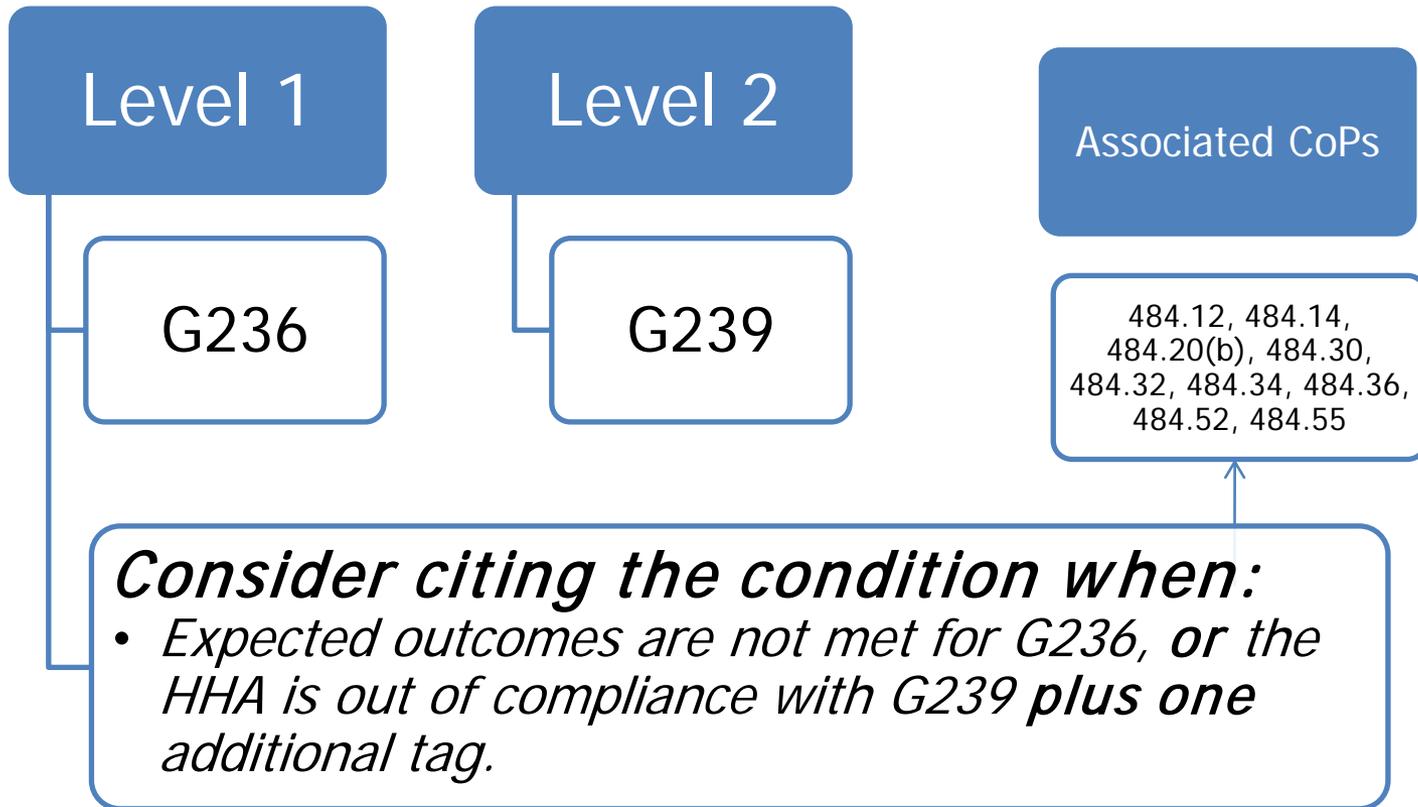
Partial Extended Survey



484.48 Clinical Records

Standard Survey

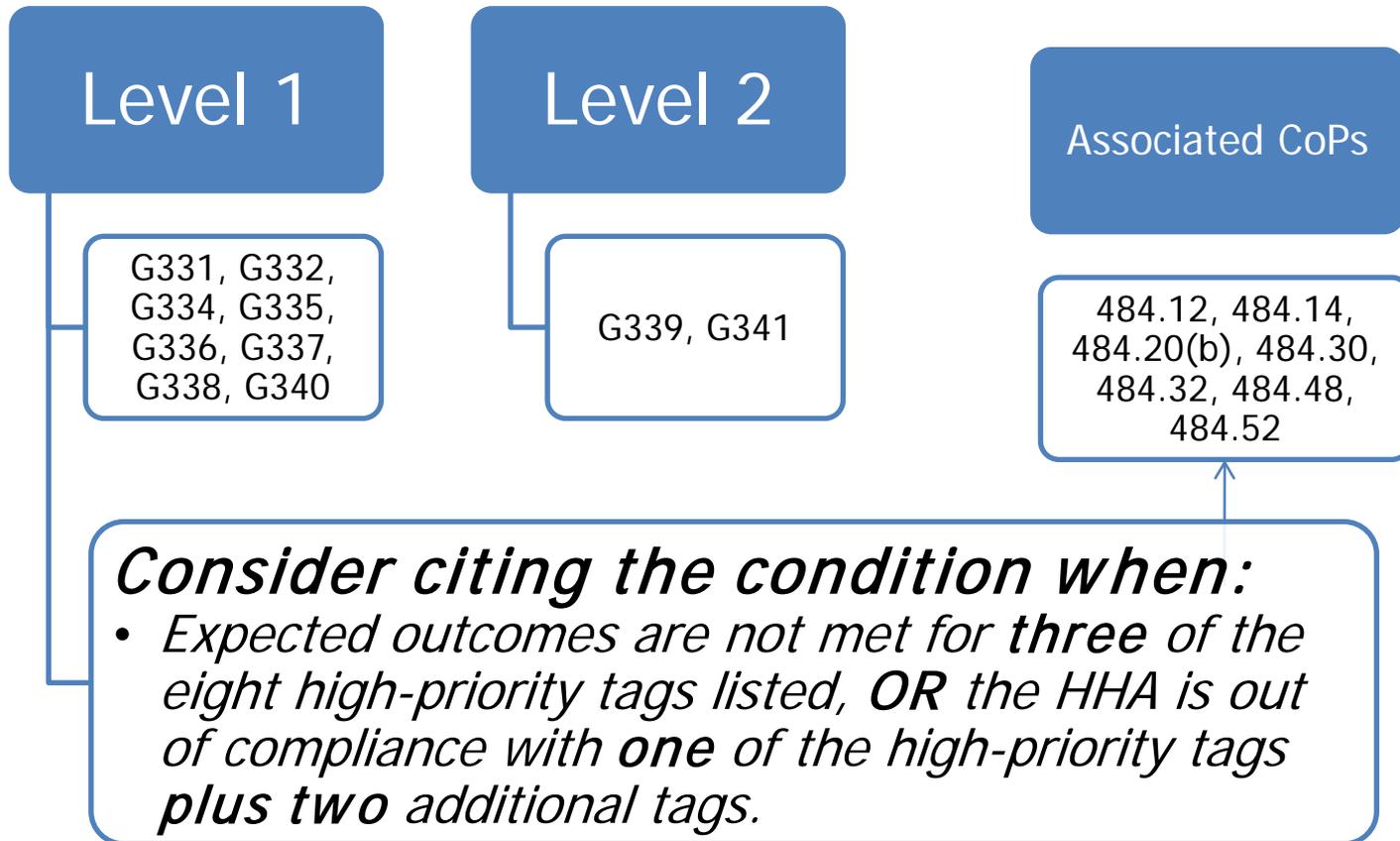
Partial Extended Survey



484.55 Comprehensive Assessment

Standard Survey

Partial Extended Survey



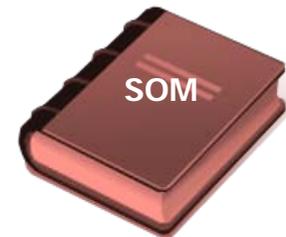
Information Analysis

Appendix B and survey protocols provide specific recommendations for:

- Citing condition-level deficiencies
- Extending the survey
- Related conditions for further investigation
- These are minimum guidelines; surveyors may cite deficient practice that do not meet thresholds listed

Exit Conference

- Follow State Operations Manual (SOM), Appendix B guidelines
- Provide examples based on staff/patient interviews, home visit observations and record review



Formulation of Statement of Deficiencies

- Complete Form CMS-2567 according to SOM Section 2728
- Fewer instances of deficient practice are needed to cite Level 1 standard
- Use staff interviews to support/corroborate findings



HHA Survey Protocols Summary

- Data-driven:
 - HHA selection, pre-survey review of reports
 - Patient-focused, outcome-oriented
 - Limited paper review
 - Level 1 tags most related to patient care processes
 - Review of outcome data prior to survey



HHA Survey Protocols Summary (cont.)

■ **Efficient:**

- Increased use of HHA interview data,
- Paper review limited to PE or extended survey
- Guidelines provide recommendations to cite deficiencies

■ **Effective:**

- More targeted review of standards related to patient care
- Guidelines will increase consistency in deficiency citations



Summary

- Identify key changes in the evolution of the HHA survey protocols.
- Describe the standard survey.
- Understand what triggers expanding a standard survey to a partial extended or extended survey.



Mail box for questions:

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Please include name and phone number



Questions?

