

MEDICARE ACCREDITATION FOR FLORIDA MEDICAID PROVIDERS



PRESENTED BY:

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The image shows four hands holding up four ice cream cones. The cones are green, pink, teal, and purple. Above them is the text "Here's the Scoop" in a playful, colorful font. The background is white.

The Florida Agency for Health Care Administration's (AHCA) announcement last fall to revise the Medicaid provider enrollment requirements is still in development.

Under 42 CFR 438.602(b)(1), providers participating with a Medicaid managed care plan are federally required to enroll in Florida Medicaid.

AHCA has stated that providers should start the process **immediately!**

Providers that fail to complete full or limited enrollment will be terminated from the program in the near future.

A black signpost stands against a blue sky with white clouds. It has several white directional signs pointing in different directions. The signs are labeled: "LOST", "CONFUSED", "UNSURE", "UNCLEAR", "PERPLEXED", "DISORIENTED", and "BEWILDERED".

NOW WHAT???

We Can Help

This session will provide next steps and guidance to Skilled Private Duty agencies on how to achieve Accreditation and comply with Medicare Conditions of Participation

History of Home Care for the 21st Century Health Care Consulting Services

Founded in 1996 by Rosina McFadden, RN
Former Administrator of largest HHA in New York
A Founder Of Long-Term Home Health Care Program—Nursing Home Without Walls
Former Senior Site CHAP surveyor (15 years)
Member of CHAP Board of Review



Initially 21st Century only assisted in start ups for HHA's

Successfully assisted over 5000 agencies receive accreditation

Currently, we assist with not only Home Health Start up and Accreditation, Home Care, Hospice, Staffing Agencies, and DME start ups but also do Re-accreditation, Licensing Initial/Renewals, ADR's/Denials, Due Diligence, Plans of Correction, Policies & Procedures, and Provider Enrollment.

QAPI Program...CHAP Certified 4 Tier Program to meet your agency needs as well as A-la-carte

CHAP History

- Created in 1965 as a joint venture between the American Public Health Association and the National League for Nursing
- CHAP was the first accrediting body for home and community-based health care organizations in the United States
- CMS deeming authority for home health, hospice, home infusion therapy, and DMEPOS

Celebrating over 55 years of providing accreditation to community-based organizations.



Why CHAP?

- CHAP's goal is to be the first choice for accreditation
 - Approach to customer service
 - Readiness calls - timeframe to survey 30 days
 - Updates throughout 3-year accreditation cycle
 - Consistency of site visits
 - Knowledgeable site visitors
 - Educational approach
 - Access to CHAP LinQ
 - All accreditation documents
 - Accreditation findings
 - Plans of correction

CHAP Home Health Standards

The Core of CHAP

Key Performance Areas

The Home Health Standards of Excellence are organized into one of the following Key Performance Areas (KPAs).

- Patient-Centered Care
- Assessment, Planning & Coordination
- Care Delivery & Treatment

Patient Centered Care

- Infection Prevention & Control
- Emergency Preparedness

Safe Care Delivery

- Human Resource Management
- Financial Stewardship
- Continuous Quality Improvement
- Information Management
- Leadership & Governance

Sustainable Organizational Structure

CHAP Standards

The Core of Our Business

A **Key Performance Area (KPA)** is the central topic evaluated by the standards. Each KPA includes:

- **Standards** that identify the set of requirements CHAP uses to make accreditation determinations. CHAP evaluates compliance with each standard and bases the accreditation decision on the organization's total performance across all standards evaluated.
- **Evidence Guidelines** that provide additional detail about how each standard is assessed, as well as approaches organizations may consider in demonstrating compliance with the standard.

CHAP Standards of Excellence

Standards	Evidence Guidelines
<p>Standard → IPC.1.1</p> <p>Infection prevention and control (IPC) policies and procedures are implemented as designed to minimize the risk of infection and communicable disease.</p> <p>Applicable Regulations: 6680-484.70</p>	<p>Evidence ← Guidelines</p> <p>Interview: Interview the key leader responsible for managing the IPC program. Clarify the ways in which the program is implemented, validate that implementation reflects documented policies, processes, and procedures.</p> <p>Guidance: Specific standards related to infection surveillance, reporting, and personnel and patient education are addressed in other standards within this Key Performance Area (KPA). This standard is broad in scope and would be cited as deficient if multiple standards within the IPC KPA are not met.</p>

Patient-Centered Care

- Patient rights & responsibilities
- Patient's legal representative
- Patients and caregivers have access to care 24/7
- Complaint process
- Reporting abuse and neglect

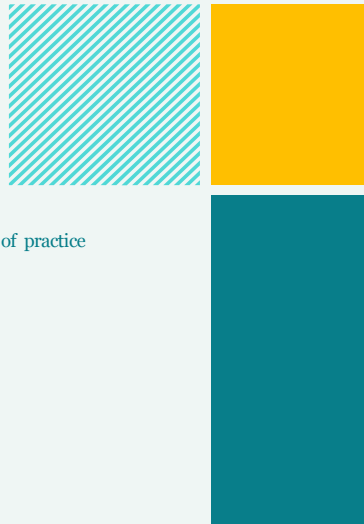
Assessment, Planning & Coordination

- Clinical Manager oversight
- Care coordination
- Intake and determination of eligibility
- Patient assessments (initial and comprehensive)
- Plan of care
- Written instructions
- Transfer/discharge



Care Delivery & Treatment

- Services provided (nursing and at least one other service)
- Services provided within clinical guidelines and standards of practice
- Waived testing
- Physician (or other authorized practitioner) orders
- Care and services follow plan of care
- Skilled professional services
- Outpatient PT and ST
- Home health aide services
- Patient/caregiver education
- Remote monitoring or telemonitoring



Human Resource Management

- Personnel policies and procedures
- Job descriptions
- Hiring criteria (health screenings, criminal background checks, I-9s, OIG)
- Verification of licensure
- Aide training/competency
- Ongoing staff education/in-service program
- Staff competency
- Staff supervision
- Staff evaluations



Continuous Quality Improvement

- Data-driven continuous quality improvement program
- Organization-wide and covers all services and programs offered
- Skilled professionals participate in CQI program
- Includes measures derived from OASIS
- Selects quality indicators, including adverse patient events and other aspects of performance (focus on high-risk, high-volume or problem-prone areas)
- Focuses on emergent care services; hospital admissions & readmissions; and performance across the spectrum of care, including prevention and reduction of medical errors
- Analysis of performance improvement activities
- Track performance to sustain



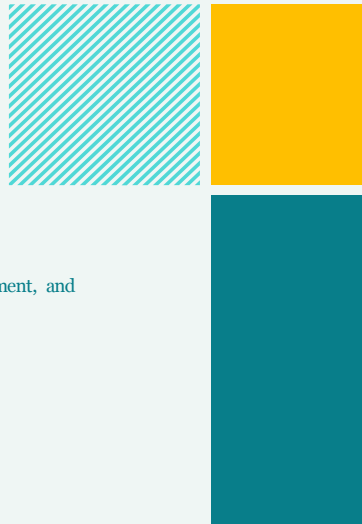
Infection Prevention & Control

- IPC program based on identified and prioritized risks for acquiring and spreading infections (hand hygiene; PPE; standard precautions; etc.)
- Follow standards of practice
- Agency-wide program for surveillance, identification, prevention, control, and investigation
- Supplies and equipment- bag technique
- Storage and disposal of medical waste products
- Patients, caregivers, and personnel are instructed on infection prevention/control
- Staff TB screening/testing per state requirements
- Hepatitis B vaccination
- Occupational exposures
- COVID mandate for all Medicare funded agencies



Emergency Preparedness

- Emergency preparedness plan
- Communication plan
- Integrated emergency prep plan
- Policies/procedures based on emergency plan, risk assessment, and communication plan
- Staff training
- Testing program
- Analysis of emergency response



Leadership and Governance

- Manages and administers resources; responsible for care delivery
- Care/services in compliance with regulations
- Licensed per state regulations
- CLIA waiver
- Full legal authority and responsibility
- Appoints a qualified Administrator
- Ensures quality improvement and patient safety is defined, implemented, and maintained
- Clinical Manager
- The Administrator or a predesignated person is available
- Support and administrative control of branches
- Organizational structure
- Contractual arrangements



Financial Stewardship

- Annual budget
- Budget reviewed and updated at least annually
- Capital expenditures are budgeted



Information Management

- Policies/procedures on collecting, protecting, sharing, and retaining information
- Record retention, including notification of state if agency discontinues operations
- Disclosure of information
- Confidentiality of information, including OASIS
- Standardized collection and documentation of patient data
- Accurate patient record; record content
- Entries are legible, clear, complete, and appropriately authenticated, dated, and timed
- OASIS transmission
- Discharge/transfer summaries

The Accreditation Process





Provider Step One:

Accreditation Agreement

STEPS:

- Go to chapinc.org and click "Apply Now" from the home screen. Please have the following available:
 - Applicable service license (as required by state)
 - Employee ID Number (EIN)
 - National Provider (NPI)
- Execute contract and pay fees.



Provider Step Two:

Site Visit Preparation

STEPS:

- Executed Contract.
- Participate in introductory call with your CHAP Accreditation Specialist.
 - Walk through CHAPLinQ.
 - Download standards.
 - Download optional readiness tools.
 - Prepare for Site Visit.
 - Indicate Readiness.
 - Participate in Readiness Call.
 - Engage with Director of Accreditation as needed.
 - CHAP schedules visit.



Provider Step Three:

On-Site Survey and Review

STEPS:

- Submit Readiness into CHAPLinQ.
- Participate in Site Visit.
- Complete required corrections.
- Board of Review evaluation of the Site Visit and Plan of Correction as needed.



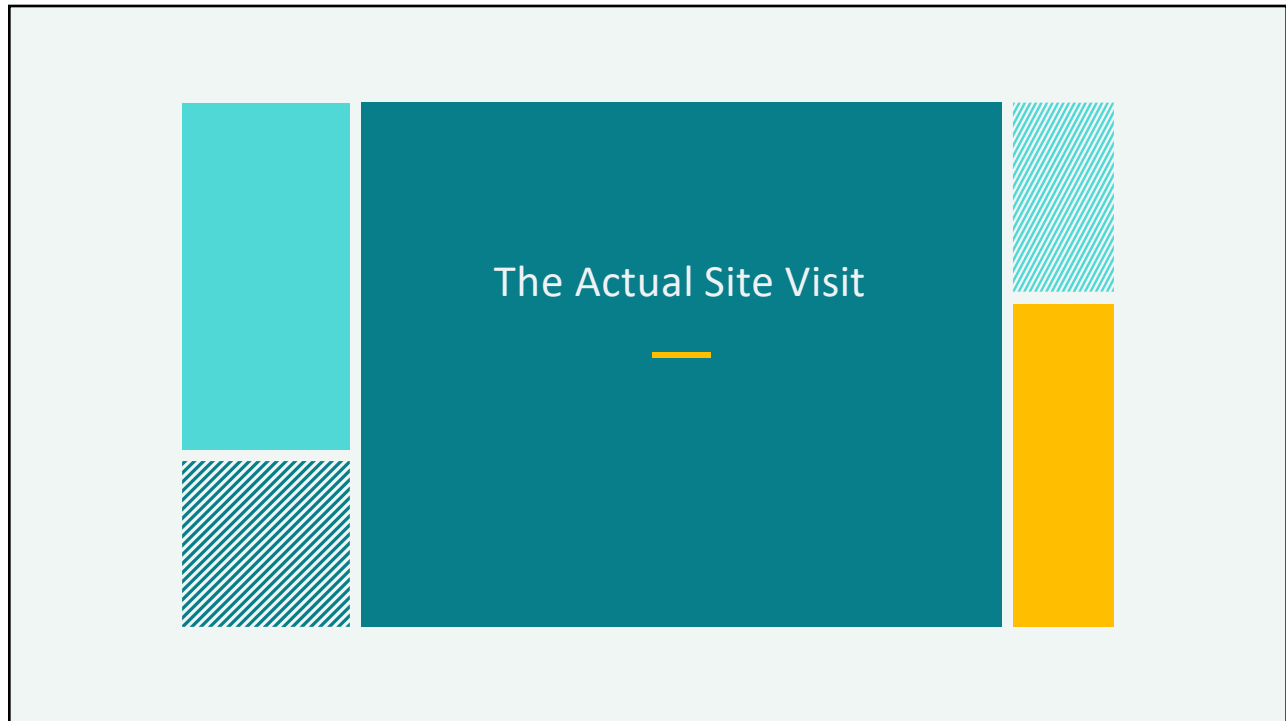
Provider Step Four:

Accreditation Determination

STEPS:

- CHAP Board of Review accreditation decision.
- Receive Accreditation.
- Access CHAP Media Kit.
- Pursue ongoing adherence to Standards of Excellence.





Site Visit Activities

Entrance Conference

- Introductions are conducted between site visitor and agency staff
- Information related to CHAP history is shared
- Activities that can be expected to be conducted during the visit are shared
 - Number of clinical record reviews
 - Number of home visits
- Provision of the document review list and determination of what information is needed first
- Determination of timing for daily wrap up and exit conference
- Currently sharing the steps taken by CHAP to ensure the health of the site visitor and the safety of agency staff and patients.

Two stacked squares are located on the right side of the slide. The top square has diagonal teal lines, and the bottom square is solid yellow.

Site Visit Activities

Record Reviews

- Clinical Record Review
 - Determined by unduplicated admissions
 - A minimum of 7 records will be reviewed
 - Patients receiving multiple disciplines
 - High acuity patients- wounds, IV
- Personnel Record Review
 - Review a cross section of disciplines
 - Review new hires and those with service longer than a year
 - Contract employees also reviewed



Site Visit Activities

Document Review

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



Site Visit Activities

Home Visit Observation

- Patient provides verbal consent prior to the visit
- Site visitor will observe staff interaction and care
- Site visitor will talk with patient and/or caregivers
- A minimum of 3 home visits will be made
 - Plan of care, including medication list, needed for visit
- Pandemic considerations:
 - Site visitors are driving separately to home visits and meeting the clinician outside of the home
 - Will need address, identifying markers for patient home, clinician's car, where to park; phone number of clinician being observed and number of contact in agency
 - Site visitor will have own PPE for use



Site Visit Activities

Interview

- Interview occurs ongoing throughout the visit
- Most "interview" is informal discussion occurring
 - During record review
 - During the daily wrap up
 - Anytime throughout the visit
- Management leaders will be talked with
 - Administrator
 - Clinical Manager
 - Disciplines not observed on home visits



Site Visit Activities

Daily Wrap Up

- Communication occurs throughout the visit
- During the daily wrap up
 - The site visitor shares the findings of the site visit at that point
 - Makes requests for outstanding information
 - Reviews the plans for the next day
 - Provides the attendees time to ask questions or gain clarification

Any area of concern between the organization and the site visitor should be addressed in real time. If needed, the Director of Accreditation who has oversight of the agency should be pulled into the conversation.

Site Visit Activities

Exit Conference

- Formal presentation
 - Review of the activities conducted during the visit
 - Reading of the findings inclusive of the standard and the evidence
 - Including correlating CMS tag(s)
- Review of the next steps and the timeline involved
- Organization can begin working on their action plan upon the exit of the site visitor and be ready when the action plan is requested

After the Site Visit

Site Visit Report Plan of Correction

- Site visit report created by Director of Accreditation based on site visitor findings.
- If deficiencies found, the organization receives a report that includes:
 - A statement of the standard
 - A statement of findings out of compliance
 - Identified deficiencies with the associated relevant regulation, as applicable
- The report is released to the organization within 10 business days from the end of the site visit.
- The organization is requested to respond with a plan of correction.

Board of Review (BOR)

- The BOR is appointed by the Board of Directors with delegated responsibility for decisions
- Industry experts with direct CHAP service line specific provider experience
- Represent high-performing accredited organizations and industry experts
- “Blinded” review of the site visits for final accreditation, licensure, and/or certification decisions
 - The BOR examines the evidence presented for compliance with industry standards
- Considers the recommendation of the Director of Accreditation



Accreditation Decisions

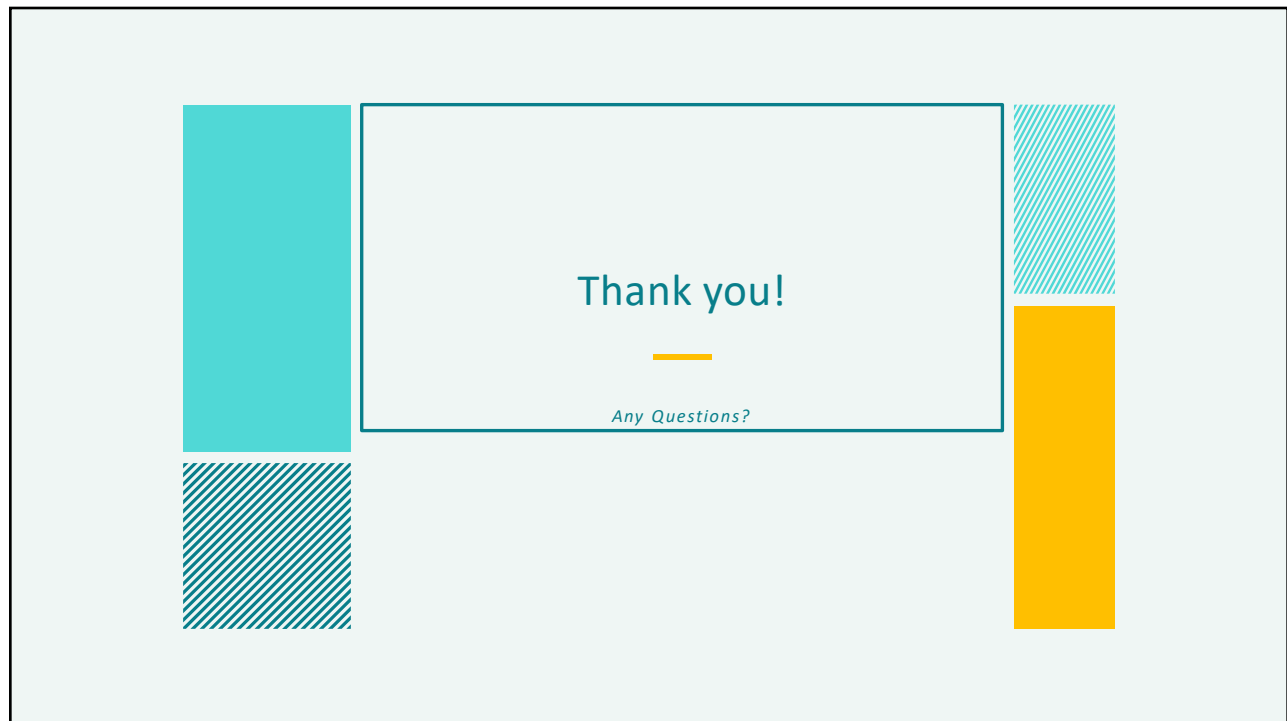
- Decision types (3 years of accreditation/certification):
 - Accreditation/Certification
 - Deferral or denial (applies to initial organizations)
 - Notice of formal warning (renewal organizations)
 - Termination





Top 10 Home Health Findings

CHAP		TOP 10 HOME HEALTH DEFICIENCIES				Copyright: CHAPinc, February 17, 2022
	Standard	CFR G-Tag	Standard Content	Tips For Compliance		
1	PCC.2.1.M1	G446	Patient's Rights include the contact information of the QIO that serves the area where the patient resides	Review QIO contact information given to patients to ensure accuracy. If more than one QIO for Agency territory, ensure you have the correct contact information for where each patient resides.		
2	APC.7.1.M2	G574	Content of the individualized plan of care	Perform final review of Plan of Care for accuracy including allergies, interventions, medications, emergent care and hospitalization risk.		
3	APC.8.1.M3	G614	Visit schedule, including frequency of visits by HHA personnel and contractors	Educate all disciplines, including contractors, that they must complete the visit schedule in the home at SOC and continuing through discharge. Perform home supervisory visits to ensure visit schedule is current and complete.		
4	CDT.7.1.M2	G710	Skilled professionals follow plan of care including following physician orders	Develop process for validation of visits to orders. Implement a quality indicator to perform focused clinical record audits on problematic order types not followed, ex. wound care, missed visits. Provide targeted education to field staff.		
5	APC.11.1.M3	G1022	Clinical record includes transfer &/or discharge summaries- within the required time frame with evidence of date sent	Develop process for tracking days to ensure timeliness. Educate clinicians on elements and time frame. Audit to ensure timeliness.		
6	APC.6.1.M1	G536	Comprehensive assessment includes medication regimen review	Perform home supervisory visits to ensure medication reconciliation in the home is occurring on an on-going basis. Develop PIP for medication management. Educate clinicians with scenarios found in audits.		
7	IPC.3.1.M1	G682	Hand hygiene performed when indicated	Provide frequent infection control in-services and competencies. Perform home supervisory visits to validate compliance.		
8	APC.7.1.M7	G592	Revised Plan of Care include patient's progress toward measurable outcomes and goals	Implement interdisciplinary collaboration of care to identify measurable goals and improve outcomes with the patient. Audit for documentation on an ongoing basis on the patient's progress to goals.		
9	CDT.7.1.M7	G800	Aide provides services as ordered and consistent with the aide's demonstrated competencies	Ensure training to RN and Aide includes communication at minimum every 2 weeks when supervisory visit completed to discuss duties and potential revisions. Ensure that education to Aide includes that Aide must follow the Aide care plan exactly as written and must report any changes to RN or other skilled professional.		
10	IPC.4.1.M1	G682	Bags used to carry equipment or supplies into patient's homes follows agency's policy to prevent the spread of infections and communicable diseases	Provide frequent education and competency to field staff on Bag Technique policies and procedures. Perform frequent home supervisory visits to observe staff in the home in order to assess compliance.		



Let's Talk



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