CHAP

Compliance Flashpoints: Top Survey Findings for 2026

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Objectives

- Upon completing this session, participants will be able to:
  - Describe the current survey and regulatory environment impacting home health agencies.
  - Identify the top survey issues impacting home health agencies.
  - Discuss strategies for facilitating compliance with number one deficiency for all agency types: Individualized care planning.
  - Describe survey readiness and compliance strategies that can be utilized by agencies to implement an ongoing, organization-wide survey compliance.
  - Q and As

Brief Government/Regulatory Review and Update

Government Landscape: Focus on Home Health

- Operation Restore Trust (1995)
- Prior moratorium (2013): Miami/Chicago
  - 9th Extension in 2018 and expansion statewide FL, IL, MI, and TX:
  - Prohibited enrollment of home health agencies (HHAs) into the Medicare, Medicaid, and the Children's Health Insurance Programs (CHIP)
- Enforcement remedies implemented in 2013 for HH.
- Increased OIG federal government scrutiny-fraud and abuse
- Continues auditing and oversight by MAC and other CMS contractors.
- Updated HH CoPs January 13, 2018
  - Home Health: CMS State Operations Manual Appendix B updated with new/changed survey guidance (April 2024)

Government/Survey Landscape in 2026

- Provider Enrollment changes for Hospices and Home Health (i.e. 36-month rule, categorical risk screening/high risk designation, deactivation timeframes, etc.)
- Targeted multi-state CMS contractor surveys
- Increased scrutiny and CMS denials post survey

- Strengthen Oversight of AOs:
  - Direct Observation Validation Surveys (DOVS) for Deeming Organizations
  - SA approval prior to initial deemed surveys
  - CMS AO Oversight Final Rule -Strengthening Oversight of AOs"
    - Published in the Federal Register on June 16, 2026
    - 2026-12069.pdf

Government Landscape: CRUSH

NEW: Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH) CRUSH: February 25, 2026

- CRUSH is CMS's coordinated initiative to strengthen anti-fraud, waste, and abuse measures across federal health programs
- Builds on prior anti-fraud actions
- Aims to expand CMS's detection, prevention and enforcement capabilities across all major federal programs and providers (including home health and hospice)
- Key Components:
  - Request for Information (RFI)
  - Provider and Supplier Oversight
  - Beneficiary Protections
  - Collaboration with states and Law Enforcement
  - Crushing Fraud, Waste, & Abuse | CMS

CMS Home Health and Hospice Moratorium

- Effective May 13, 2026
- Published in the Federal Register
  - Announcement of Nationwide Temporary Moratorium on Enrollment of Hospices
  - Announcement of Nationwide Temporary Moratoria on Enrollment of Home Health Agencies (HHAs)
- Part of CMS overall strategy to combat fraud and abuse
- Applies to all applications for initial Medicare enrollment and certain changes in majority ownership,
- DMEPOS is also currently under 6-month moratorium
- CMS Memo QSO-26-11-HHA & Hospice Released 5/20/26: Center for Clinical Standards and Quality

Home Health Survey Enforcement/Sanctions

- State Operations Manual Chapter 10 – Survey and Enforcement Process for Home Health Agencies
- State Operations Manual Chapter 10 - Home Health Agency Survey and Enforcement | Guidance Portal (hhs.gov)

YES there are enforcement/sanctions for home health!

CMS Internet-Only Manuals

- Medicare Benefit Policy Manual:
  - Chapter 7-Home Health Agencies
- Medicare Claims Processing Manual:
  - Chapter 10-Home Health Agencies
- Medicare Program Integrity Manual
- CMS State Operations Manual (CoPs/Survey):
  - Appendix B-Home Health Agencies
- For current manuals: Check CMS website:
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

Survey Process Overview and Top Survey Findings

Survey Process: Overview

- The Survey Focus:
  - Patient outcomes
  - Implementation of requirements
  - Provision of care/services
- Surveyor addresses CoPs/Standards/Regulations in the most efficient manner possible
- Surveyor considers the inter-relatedness of the regulations while evaluating compliance through:
  - Observation
  - Interviews
  - Home Visits
  - Record Reviews (clinical and personnel records).
  - Other documentation (Policies/procedures, QAPI, EP/Pandemic Plans, Governing Body minutes, Contracts, Personnel files, etc.)

Survey Process Overview: Multiple Provider Types and Locations

- Providers with multiple service lines/licenses/CCNs are surveyed separately but may have similar issues identified (i.e., Governance, QAPI)
- Surveys conducted at multiple locations especially if additional locations added since last survey
- Deficiencies found at any location under the parent CCN/License are applicable to the entire agency

Home Health

Home Health-Non-Skilled Services and Medicaid Waiver/State Plan

- **Non-Skilled Services and Medicaid Waiver/State Plan**
  - Application of Home Health Agency Conditions of Participation to Patients Who Do Not Receive Skilled Services
    - Two standards in the HHA CoP home health aide services, at 42 CFR §484.80, apply to beneficiaries who receive non-skilled services only:
      - 42 CFR §484.80(h)(2) - see also G814
      - 42 CFR §484.80(i) - see also G828
- **Medicare certified HHA providing skilled care services** to non-Medicare beneficiaries under a Medicaid Waiver or State Plan must meet all HH CoPs
- **REMINDER:** Effective July 1, 2025: OASIS data collection and submission are required for patients with any pay source who are not exempt from OASIS data collection, and who begin receiving home health care services with an OASIS SOC M0090 data on or after July 1, 2025.

Survey Readiness

- Top 10 Deficiencies and 3-year comparisons and strategies for compliance can be found on our website for all service lines, including but not limited to Home Health and Home Care:
  - https://chapinc.org/blog-news/category/top-defeciencies/
- Top deficiencies for all service lines are related to
  - Care planning
  - Assessment (including medication reconciliation and updates)
  - Coordination of Care
  - Infection Prevention and Control
  - Aide Services
  - Organization/Administration/Clinical Manager

TOP 10 **HOME HEALTH** DEFICIENCIES-2025

Click for help with standards or accreditation

CHAP Community Health Accreditation Partner

	Standard	G Tag	Standard Content
1	APC.10	G574	Content of the individualized plan of care
2	APC.14	G614	The organization provides the patient and caregiver(s) with a copy of written instructions including a visit schedule, including frequency of visits by HHA personnel and contractors
3	APC.23	G1022	Clinical record includes transfer and/or discharge summaries within the required time frame with evidence of date sent
4	APC.8	G536	The comprehensive assessment includes a medication regimen review
5	PCC.2	G442	Patients have the right to receive written notice in advance of care being furnished, if there is possibility of not-covered care, or in advance of reducing or terminating ongoing care
6	CDT.9	G710	Skilled professionals follow plan of care including following physician orders
7	IPC.6	G682	Hand hygiene performed when indicated
8	APC.12	G572	The individualized plan of care is periodically reviewed and revised by the physician or allowed practitioner who is responsible for the home health plan of care and the home health organization as frequently as the patient's condition or needs require, but no less frequently than once every 60 days, beginning with the start-of-care date
9	IPC.8	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
10	CDT.6	G580	CDT.6 - Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner

Care Planning: Top Survey Issue

Home Health: §484.60 Condition of Participation: Care planning, coordination of services, and quality of care

- Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence.
- Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care.
- The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice.

§484.60(a)(2) G574 Content of the Individualized Plan of Care

- Each patient will have an individualized plan of care. It includes the following:
  i. All pertinent diagnoses;
  ii. The patient’s mental, psychosocial, and cognitive status;
  iii. The types of services, supplies, and equipment required;
  iv. The frequency and duration of visits to be made;
  v. Prognosis
  vi. Rehabilitation potential
  vii. Functional limitations
  viii. Activities permitted
  ix. Nutritional requirements

§484.60(a)(2) G574 Content of the Individualized Plan of Care

- Each patient will have an individualized plan of care. It includes the following:
  - x. All medications and treatments
  - xi. Safety measures to protect against injury
  - xii. A description of the patient's reis for emergency department visits and hospital readmission, and all necessary interventions to address the underlying risk factors
  - xiii. Patient and caregiver education and training to facilitate timely discharge
  - xiv. Patient-specific interventions and education, measurable outcomes and goals identified by the HHA and the patient
  - xv. Information related to any advance directives; and
  - xvi. Any additional items the HHA or physician or allowed practitioner may choose to include.

§484.60(a)(3) G576 Patient Care Orders

- All patient care orders, including verbal orders, must be recorded in the plan of care:
  - Medical orders are required for all care, treatment and services provided to the patient
  - Includes updates to the plan of care

Care Planning: Top Survey Issue

- Plan of Care Should be a Roadmap
  - Of patient and family goals
  - Of goal progress and symptom management
  - Of current care, treatment and services being provided

- Care Planning
  - The plan of care must be individualized
  - Reflect on patient goals
  - Include interventions for problems identified throughout the assessment process
  - Include all services necessary for achieving positive outcomes and symptom management under skilled home health/home care services
  - Interdisciplinary Group/Team involvement in care planning

Care Planning: Top Survey Issue

- Up-to-date care plans provide and/or promote:
  - Communication with all members of the team
  - Excellent continuity of care
- Age-Friendly Care at Home- 4Ms Framework to individualize plan of care
- Specific information
- Current interventions such as:
  - Wound care
  - Infusion/Catheters/Feeding Tubes
  - New Problems (i.e., UTI, increased pain)
  - Medications/doses
  - Additional team members' involvement in care and interventions

Common Deficiencies Related to POC Implementation

- POC not individualized
- POC not reflective of current/updated comprehensive assessment
- Not meeting visit frequency/missed visits
- Documentation of visits didn't meet requirements (for example, wound care)
- Missing physician/allowed practitioner notification and orders regarding changes/updates to the POC.
- POCs were incomplete (for example, not inclusive of all needed services or required elements per applicable regulation)
- POCs not updated in response to patient status changes or changes in care/treatment/service
- Measurable goals/outcomes not developed or updated for pertinent/new problems

Care Planning: Key Recommendations

- Educate all disciplines on including problems, interventions and goals based on the comprehensive and ongoing assessments
- Continuously assess each patient's and family's needs and effectiveness of care/service being provided based on client/patient outcomes and response to care/service
- Document and revise patient care goals and objectives in a timely manner
- Communicating with the IDT any changes in the delivery of services from the established POC
  - Coordinating exchange of information among IDT staff, patient, and caregiver

Care Planning: Key Recommendations

- Review of POC ongoing (not only at SOC, DC, Recertification):
  - Implement auditing/monitoring processes to ensure complete and accurate POC and ongoing for successful implementation to ensure:
    - Appropriateness of the care/service being provided
    - All care and services are provided as ordered/assigned
- IMPORTANT to ensure documentation in the POC and related notes/assessments to support coverage

Care Planning: Key Recommendations

Personal Care Service Plans:

- Personal care services must align with a documented plan, ensuring consistency and accuracy. Any deviations require clear communication and documentation
- Educate aides to follow the service plan as assigned, notify the responsible staff promptly when changes are needed, and document the coordination of care in the client's record

Coordination of Services: Top Survey Issue

Coordination of Services:

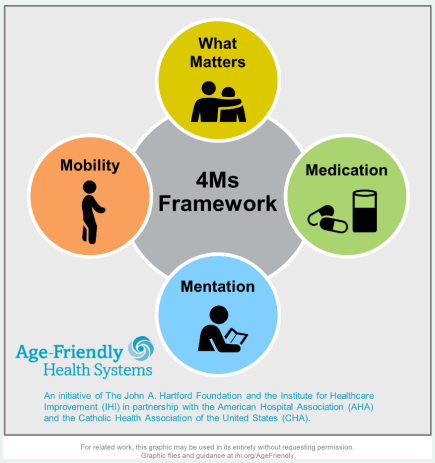
- Sharing information between IDT, all disciplines providing care and services, in all settings, whether provided directly or under the arrangement
- Ensure that coordination and communication between disciplines is documented with each visit by all disciplines (clinical notes, communication/case conferencing/IDT notes in EMR/client record.
  - Including on-call/after hours
- Sharing information with other healthcare providers also furnishing services
- Ensure that all members of the agency team and facility staff (if applicable) have access to the patient's current plan of care and that it is updated in a timely manner.

Age-friendly Care Systems

https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-care

Age Friendly Care Framework

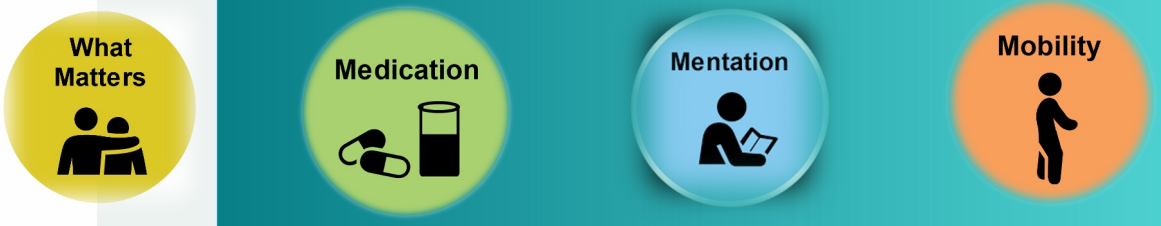
- The 4Ms Framework is not a program, but a shift in how we provide care to older adults
- **The 4Ms are implemented together** (i.e., all 4Ms as a set of evidence-based elements of high-quality care for older adults)
- Use the 4Ms to organize care and focus on the older adult, wellness, and strengths rather than solely on disease or lack of functionality



Key Drivers to Age-friendly Care

1. **Knowing about the 4ms for each older adult in your care ("assess")**
2. **Incorporating the 4ms into the plan of care accordingly ("act on")**

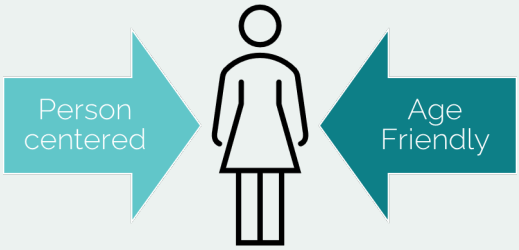
Both must be supported by documentation and communication across settings and disciplines



Benefits of Age Friendly-Plan of Care

- Applicable to HH, Hospice and Home Care
- Aids in better individualization of the patient's and family's plan of care
- IDT/IDG works together with the family to base each discipline's interventions on "What Matters" to the patient and the application of the 4M framework
- IDT/IDG members must go beyond "point & click" to capture the 4M application and show individualization of the plan of care

- Result:
  - A more individualized plan of care
  - Better survey outcomes
  - An engaged and satisfied patient and family who feel they are driving their care

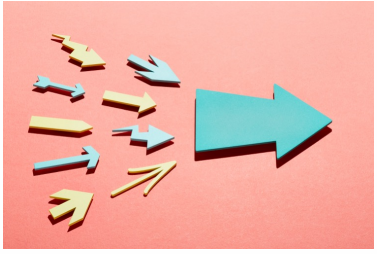


2025 CHAP Home Health
Individualized Plan of Care Findings
YTD:
-Without AFC: 33%
-With AFC: 6%

CHAP Plan of Care Resource and Education

Charting the Course: A Guide to Effective Care Planning in Home Health & Hospice (CHAP on-demand):

https://education.chapling.org/products/charting-the-course-a-guide-to-effective-care-planning-in-home-health-hospice-chap-on-demand



Survey Readiness Strategies

Staff/Manager Involvement in Survey

- Check surveyor identity upon entrance
  - Notify Administrator/Designee
- Provide private space to work and access to an assigned staff person
- Ensure availability of staff knowledgeable about clinical supervision, inservice training and aide supervision
- Provide agency information and orientation to the clinical record or EMR and support.
- Work with staff in identification of patients, schedules and records
- Determine and provide information needed in a timely manner
  - Keep list of records and visits
- Communicate with staff/managers ongoing regarding potential findings
- Clarify any identified issues immediately during survey
- Plan for immediate follow up and Plan of Correction, if applicable

It is the agency's responsibility to be able to demonstrate to the surveyor how the agency meets the applicable CoP/Standard/Regulation

Survey Readiness: Leadership Reminders

- Conduct annual policy and program review to ensure compliance with current regulations and consistency with organization processes
- Ensure sufficient staff, Administrator, DON and Back Up
- Identify survey response lead/team
- Ensure oversight of QAPI with regular reporting to the Governing Body
  - Ensure a strong QAPI process including review of complaints, high acuity patient care delivery
  - Evidence of PIP/Implementation for addressing identified priorities and prior survey findings/plans of correction
- Ensure all regulatory documentation is updated, accurate and approved (CMS 855A, CMS 1572, State Licensure)
  - CHOL: Address changes
  - Geographic Service Area
  - Administrator, DON
  - CHOW
  - Service Lines

Strategies/Recommendations

Education:

- Ensure all staff/managers understand their role in ensuring health and safety of patients., survey readiness and response:
  - Knowledgeable and competent in clinical practice
  - Consistent in assessment and care planning processes, coordination and clinical documentation
  - Include IDT, after hours and weekend staff
- Educating all levels of staff about federal and state regulations, including the federal Conditions of Participation (CoPs) as part of survey readiness, orientation, continuing education

Strategies/Recommendations

Oversight:

- Conduct mock surveys at least annually using CURRENT CMS survey protocols and state regulations:
  - Ensure ongoing review/observation to ensure staff knowledge and implementation of policies and procedures
  - Remember that the focus is primarily on patient care, so a strong concurrent record review process, staff education and supervisory visits are key areas

Accountability:

- Staff, IDT, and Management Accountability for survey and quality of care
- Leadership/Board Accountability

Survey readiness should be an ongoing, agency-wide effort

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Thanks for all You do

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