Making the grade for state licensure, Medicare certification and accreditation requires that organizations have well-prepared teams and processes for delivering high-quality care. With so much riding on a survey, it’s no wonder that home health and hospice providers and some private home care providers invest significant time and attention to ensure they demonstrate competency and compliance with regulations and standards. Many organizations find that calling on experienced third-party experts to facilitate and improve survey readiness can be critical. The dynamic of survey readiness is changing among trade associations, accrediting bodies and business consultants, who are urging providers to go beyond the idea of “getting ready” for survey and start thinking about working differently.

Agencies that make survey education a frequent and ongoing exercise can fine-tune policies and procedures based on new requirements and facilitate an “always ready” mindset.

This white paper will review survey preparation and follow-up resources, while outlining the ways home care and hospice organizations can benefit from external expertise and surpass the “ramp up, ramp down” mentality to operate on a higher level through robust performance improvement.

“Simione’s Survey Readiness team maintains a long-term approach to developing relationships with providers before, during and after the survey. The focus is clearly on developing reliability in home care and hospice – a constant state of readiness to transcend the mentality of the survey timetable.”

-Kimberly Skehan
Director of Regulatory and Quality Consulting
Simione Healthcare Consultants
What is Survey Readiness?

Survey Readiness is the collective body of activities that home-based care providers conduct to assess and improve performance with the purpose of earning and maintaining approval from a state survey agency and/or one of the industry’s three accrediting and certifying bodies – Accreditation Commission for Health Care (ACHC), Community Health Accreditation Partner (CHAP), and The Joint Commission.

Surveys fall into three main categories for home health, hospice and private home care providers:

State Licensure: State surveys are typically conducted by the state survey agency, if there are applicable state licensure regulations for the provider type. Most, but not all, states have some form of licensure regulations. State licensure survey timelines vary by state, but typically are conducted every two to three years. State survey agencies may also conduct complaint surveys.

Medicare (CMS) Certification/Recertification: Medicare surveys are mandatory for home health and hospice providers and are conducted minimally every three years. Medicare surveys may be conducted by state survey agencies, or through an accrediting body with deemed status from CMS. Most states encourage deemed status accreditation for initial certification to facilitate timely start-up.

Accreditation: Accreditation is voluntary and can be conducted in conjunction with the Medicare survey (deemed status) a minimum of every three years. A provider may choose to be accredited independently. Some states require deemed status accreditation for initial certification surveys for home health and hospice. In some cases, accreditation can replace state license surveys. Private home care providers and many home health and hospice providers also may choose accreditation to demonstrate organizational excellence and compliance with standards that exceed state licensure regulations and Medicare Conditions of Participation (CoPs).

Simione Healthcare Consultants, in addition to survey agencies, accrediting bodies and national and state trade associations, plays a key role in educating and supporting home health and hospice providers regarding regulation and the adoption of Home Health and Hospice CoPs to ensure high-quality care and utilization of appropriate resources.
Creating Reliability in Home Care & Hospice

Most home health and hospice providers devote an accelerated level of effort to survey preparation in the months before an expected site visit. Kimberly Skehan, RN, MSN, HCS-D, COS-C, Simione’s Director of Regulatory and Quality Consulting, says, “It helps to ‘recharge the battery’ and bring greater awareness of factors that may be impacting the survey experience. Simione’s Survey Readiness team maintains a long-term approach to developing relationships with providers before, during and after the survey. The focus is clearly on developing reliability in home care and hospice – a constant state of readiness to transcend the mentality of the survey timetable.”

Margherita Labson, RN, MSHSA, CPHQ, Executive Director of the Home Care Program at The Joint Commission, says the accreditation process has adopted a more robust performance improvement agenda to educate providers in non-acute care. “We are challenging organizations to abandon the notion of ‘getting ready’ for survey and start thinking about working differently. The old way is very resource intensive and often unsustainable. Leaders and teams cannot work the way they did even two years ago and expect better results without improved training and data analytics to facilitate lasting change,” she says.

Founded in 1951, The Joint Commission entered the community care setting in 1985. Today, the home health, hospice and other community-care provider group constitutes its largest program by volume. The surveyors are all employed by the organization and are Yellow Belt Certified in Robust Process Improvement (RPI), which includes Lean, Six Sigma, Change Acceleration Management and other proprietary tools and skills to help providers achieve sustained performance excellence. Building upon best practices for clinical quality, RPI also works to address leadership practices, communication and human factors that can frequently impact survey results.

Skehan concurs, noting that accountability is about always meeting or exceeding survey standards. Throughout her extensive experience in agency clinical operations/management, regulatory compliance, state association and consulting roles, she has helped numerous home health, hospice and private home care agencies operationalize regulatory changes, prepare for successful survey, and support development and implementation of plans of correction when necessary, often with challenging timetables.

“The Joint Commission’s performance improvement mission calls us to do more than evaluate and tell organizations what they are doing wrong. We're here to educate and inspire service excellence. We support the journey for safety and quality through partnerships with providers, validating risk and offering credible, consultative comments with supporting data to overcome challenges that may impact quality and safety. We need to stop thinking of survey readiness as a certificate on the wall and more of an ongoing process to elevate performance in all healthcare settings.”

-Margherita Labson
Executive Director, Home Care Program
The Joint Commission

From first-time survey to plan of correction and everything in between, providers may lack insight on patterns occurring during survey site visits. An independent assessment and educational resources from experts at Simione, trade associations, and accrediting bodies are beneficial to accelerate the process within an agency,” says Skehan, “Thankfully, resources are plentiful.”
A state-licensed, Medicare-certified home health agency in the Midwest recently received multiple condition-level deficiencies during its triennial Medicare recertification survey after undergoing a series of significant leadership, staffing and organizational changes. The survey resulted in Medicare imposing Civil Monetary Penalties (CMPs) and a hold on Medicare admissions until the agency was able to demonstrate return to compliance with the CoPs. Due to Simione Healthcare Consultants’ significant regulatory and clinical operations expertise, the state survey agency appointed the firm as an Independent Consultant to develop and implement a Plan of Correction, and oversee reporting to the state survey agency regarding:

- Staff Training and Program Development
- Quality Assessment/Performance Improvement (QAPI)
- Clinical Service Delivery and Documentation
- Clinical Management
- Home Health Clinician Case Management Model
- Home Health CoPs Training

Additionally, Simione deployed an interim manager and operations consultants to assist with onsite implementation, provide “boots on the ground” leadership, regulatory guidance, and remote clinical record reviews to ensure progress with the Plan of Correction. The agency has since demonstrated successful compliance with CoPs, and the CMPs were removed. At the agency’s request, Simione continues to provide an annual mock survey and ongoing regulatory support to facilitate a constant state of survey readiness.
Survey Readiness = Ready for Growth

When Riverways of Ozarks Medical Center, West Plains, Missouri, set a path for strategic growth in 2015, the organization embarked on a “soup to nuts” evaluation of its three business lines with a combined census of 400+.

**Holly Isom**, RN, Administrator/Director of the Medicare/Medicaid-certified provider of home health, hospice and support services, engaged Simione for an operations, finance and sales/marketing assessment, which led to a hospice initiative focused on quality improvement and revenue growth in Riverways’ seven-county rural market. “Even when you have a strong organization, you have to recognize when you need outside help to achieve new levels of performance. We had high aspirations for growing hospice, and survey readiness was a primary goal,” Isom says. In 2016 and 2017, Simione completed the operations assessment, additional training and a home health mock survey and hospice plan of correction, all with successful results.

“We wanted to maintain regulatory compliance and accreditation during significant changes in our organization that involved staffing, EMR training and subsequent plans to conduct QAPI, case management and supervisory training. Simione did a tremendous job, working side by side with our staff and building confidence through teamwork. Our experience greatly helped with retention, because team members said they felt engaged in the process that they had helped to improve.”

-Holly Isom, RN
Administrator/Director
Riverways of Ozarks Medical Center, Missouri

“Our hospice program is stronger than ever. We have a clear commitment to continuous improvement and have laid out a plan for success. It’s a journey that never ends, and every day we take a new step in the right direction,” adds Isom.
Teresa Harbour, RN, MBA, MHA, Program Director at Accreditation Commission for Healthcare (ACHC), urges all home health and hospice providers to reach out for support throughout the survey process. Harbour oversees the accreditation of home health, hospice, private duty, behavioral health and ambulatory care – a growing segment among the 18,000 healthcare organizations that ACHC accredits across all provider settings.

According to Harbour, ACHC’s primary approach is education, helping home health and hospice providers prepare and supporting the process through pre-survey calls, tools, workshops, webinars and other resources.

“Our support does not stop with the survey,” says Harbour, “and that is a change in practice from years ago. When I led a home health organization, I would have never picked up the phone and called my accreditation agency to ask a question. We encourage that now. We are a resource throughout the three-year cycle between accreditation surveys. We want to be a partner, sharing new regulatory and industry information as it becomes available to facilitate ongoing awareness, and prevent avoidable stress and survey deficiencies.”

ACHC has experienced a surge in accreditation inquiries from providers since the new Home Health CoPs came out. “The stakes are higher in home-based care, and our clinical department has noted more pressure and a sense of urgency among providers. We have a responsibility to assist them. That is a key part of accreditation – setting expectations around regulatory changes and helping agencies learn and grow over time,” Harbour adds.

An ACHC-Certified Consultant, Skehan leads Simione’s survey readiness efforts using current CMS Survey Protocols and user-friendly tools and templates, coupled with extensive industry insight into survey trends to identify potential compliance issues with applicable regulations. Findings are used to assist agencies in developing work plans to operationalize regulations in the most efficient and cost-effective manner possible.
A large, West Coast home health and hospice provider engaged Simione to facilitate preparation for its deemed status system-wide accreditation surveys. Simione’s assistance included onsite and offsite survey readiness support, including mock surveys, policy review/revision, clinical record and personnel record reviews, and review of QAPI and emergency preparedness. Additional efforts focused on organizational leadership structure and executive responsibilities, contract oversight, and staff/management/leadership training to build consistency and reliability of information disseminated to multi-site operations. Specific work plans were established for the corporate entity and in each location to ensure consistency and sustainability of survey readiness efforts.

**Scenario #2 – West Coast Multi-Site Home Health and Hospice**

**Providers Take Greater Ownership for Survey Readiness**

Fran Petrella, RN, BSN, Senior Vice President of Accreditation for the Community Health Accreditation Partner (CHAP), says the level of engagement with providers has increased with the organization’s expanding educational efforts. CHAP hosts accreditation intensive training to help agency leaders focus on CoPs, as well as ongoing webinars to encourage discussion about what CHAP encounters during site visits. “The trend is that accreditation efforts are no longer a ‘ramp up, ramp down’ approach to survey time. Every organization has its strong points and areas of concern, and most are taking greater ownership of the process than our industry has in the past,” Petrella says, “We find the dialogue is more ongoing, and the questions are deeper. Providers are asking ‘How far does this need to go?’ They are taking more time to learn and find out what to expect. I have a stronger sense that home health and hospice teams are thinking beyond ‘meeting standards’ to achieve and sustain the highest quality of care.”

Founded in 1965, CHAP was the first accrediting body for home- and community-based care organizations in the US and has accredited more than 9,000 sites across the country.
A hospice provider in the Northeast engaged Simione to perform a mock survey and develop a comprehensive QAPI and survey readiness monitoring program to ensure compliance with the Medicare CoPs. The mock survey priorities identified were incorporated into the Hospice’s QAPI performance improvement plan, along with an ongoing survey readiness plan. Simione continues to assist the hospice with its QAPI program and survey readiness plan through scheduled data analysis, remote monitoring and regulatory guidance. As part of a comprehensive survey readiness strategy, Simione will conduct another mock survey when the hospice provider enters the 18-month window prior to its next survey. This ongoing support allows the hospice to continue to focus on patient/family care, while ensuring compliance with regulation and industry standards, and accessing industry expertise and support periodically in a cost-effective manner.

Why Hire an Independent Expert to Prepare for Your Next Survey?

With so many components to survey readiness, home health and hospice agencies and private home care providers will benefit from an ongoing plan to assimilate regulatory changes and create opportunities for team development. Simione Healthcare Consultants recommends that providers develop an infrastructure that includes routine monitoring, periodic training and a “dress rehearsal” every year. “We suggest a focused internal mock survey every six months and an annual external mock survey to ensure current regulations and survey issues are addressed, or at a minimum one year from the survey date,” says Skehan.

The Simione team also conducts mock surveys closer to the survey date upon request, providing comprehensive findings and recommendations with a priority listing for providers to address immediate needs, and long-term recommendations for overall compliance. Additionally, frequent survey readiness work at Simione also involves:

- Policy review and revision
- Initial licensure survey, certification/recertification and accreditation support
- Plan of Correction follow-up and implementation
- CMS and/or state-appointed Independent Consultant services
- Refinement of QAPI, emergency preparedness and other programs/initiatives
- Ongoing monitoring/oversight of survey readiness plan and QAPI program data and reporting
- Regulatory guidance
- Training for CoPs and on best-practice approaches for all areas of operations
Why Survey Readiness Expertise is Critical for Home Health and Hospice Right Now

Survey deficiencies have increased significantly in both home health and hospice, even for providers with no prior issues. The scope of requirements is daunting, especially when an agency has so many daily priorities to address. The advantages of independent survey readiness expertise to home health and hospice providers are many, responding and supporting organizations of every size and scope, whether they are well-established or just starting out. "Whether single agency, multi-site and/or multi-state, providers need to prepare for increasing regulatory scrutiny. Organizations like Simione exist to make sense of all the industry churn. We’re here to crystallize all of the developments and changes into actionable work that promotes progress," says Skehan.

### COMMON SURVEY DEFICIENCIES

<table>
<thead>
<tr>
<th>Home Health Standard Definition</th>
<th>Hospice Standard Definition</th>
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<tbody>
<tr>
<td>Standard: Initial Assessment Visit</td>
<td>Standard: Plan of Care</td>
</tr>
<tr>
<td>Standard: Content of the Comprehensive Assessment</td>
<td>Standard: Drug Profile</td>
</tr>
<tr>
<td>Standard: Plan of Care</td>
<td>Standard: Supervision of Hospice Aides</td>
</tr>
<tr>
<td>Standard: Conformance with Physician Orders</td>
<td>Standard: Timeframe for Completion of Comprehensive Assessment</td>
</tr>
<tr>
<td>Standard: Review and Revision of the Plan of Care</td>
<td>Standard: Content of the Plan of Care</td>
</tr>
<tr>
<td>Standard: Promptly Alert Physician of Any Changes</td>
<td>Standard: Scope and Frequency of Services</td>
</tr>
<tr>
<td>Standard: Coordination of Care</td>
<td>Standard: Level of Activity</td>
</tr>
<tr>
<td>Standard: Written Instructions to Patient</td>
<td>Standard: Coordination of Services</td>
</tr>
<tr>
<td>Standard: Infection Prevention and Control</td>
<td>Standard: Prevention</td>
</tr>
<tr>
<td>Standard: Home Health Aide Assignments and Duties</td>
<td>Standard: Bereavement</td>
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Source: CMS
Simione Healthcare Consultants provides leading industry expertise and comprehensive survey readiness and follow-up support, including:

- Expert Regulatory Guidance
- Policy Manual Review & Development
- Comprehensive Mock Surveys: Licensure, Certification, Recertification, Accreditation
- Plan of Correction Development, Follow-up & Implementation
- State/CMS Independent Consultant Oversight
- CoPs Training & Readiness Assessment
- Survey Readiness Training
- QAPI & Emergency Preparedness Program Review, Development & Support
- Initial Certification/Startup Assistance

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**ACCREDITING ORGANIZATIONS**

- Accreditation Commission for Health Care (ACHC) achc.org
- Community Health Accreditation Partner (CHAP) chapinc.org
- The Joint Commission jointcommission.org

**TRADE ASSOCIATIONS**

- National Association for Home Care & Hospice nahc.org
- National Hospice and Palliative Care Organization nhpco.org
- ElevatingHOME elevatinghome.org

For additional resources, programming and expertise, contact your state association for home care and hospice. These organizations pay close attention to state-specific issues related to licensure, accreditation and survey readiness.