

Bureau Update

Missouri Department of Health & Senior Services
Bureau of Home Care & Rehabilitative Standards

Lisa Coots, RN, Bureau Administrator

Whoa, Maybe it is Time to Put on the Brakes!

Objectives

- Identify the Top Five Home Health Deficient Practices in Missouri
- Describe Remedies to Avoid These Deficiencies
- Discuss Changes with the Survey Processes
- Describe Several Trends with HH & HO Agencies
- Identify Hot Topics Noted by the Bureau

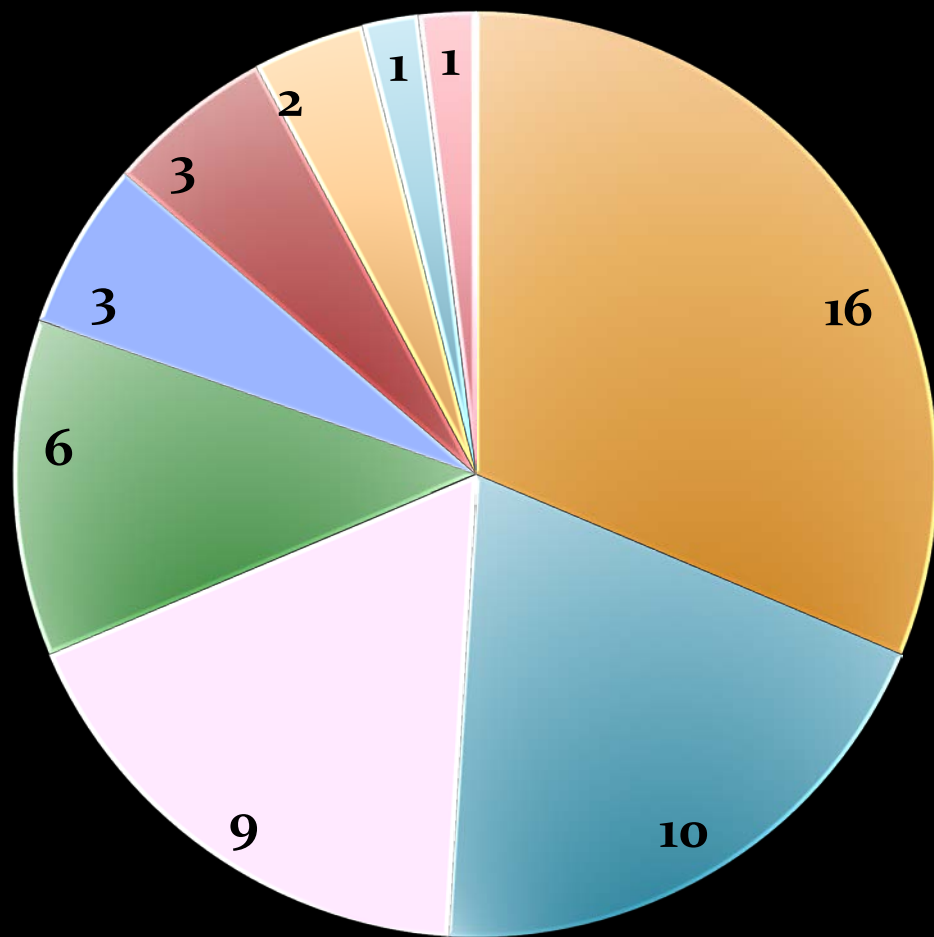
Top Five Cited Deficiencies

- 42 CFR 484.60 (a) (2) Plan of Care (G574)
- 42 CFR 484.75 (b) (1) Ongoing Interdisciplinary Assessment of the Patient (G706)
- 42 CFR 484.55 (c) (5) A Review of All Current Medications (G536)
- 42 CFR 484.105 (f) (2) All Services Provided in Accordance with Current Clinical Practices and Accepted Professional Standards (G984)
- 42 CFR 484.80 (g) (1) Aide Assignment and Duties (G798)

Steps to Remedy Deficient Practices

- Assess timely, thoroughly, & accurately
- Report these assessments to the physicians & collaborate with other disciplines
- Follow the plan of care as ordered (if too general – call physician for more specifics) (if too confusing – call for clarifications)
- Document everything you observe, everything you do & all information you communicate
- Provide all care following acceptable standards of practice
- Meet the patient's needs

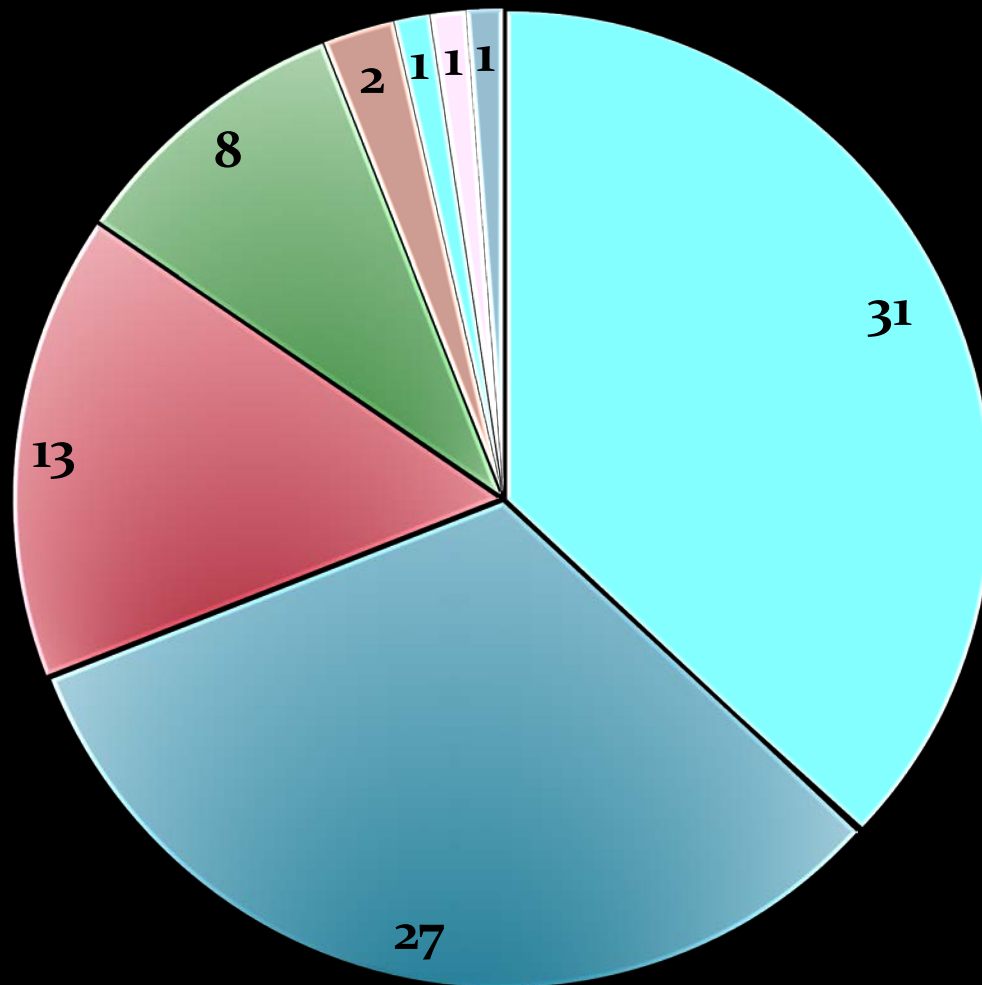
HOME HEALTH COMPLAINT ALLEGATIONS CALENDAR YEAR 2018



- Quality of Care/Treatment
- Resident/Patient/Client Rights
- Administration/Personnel
- Nursing Services
- Resident/Patient/Client Neglect
- Rehabilitation Services
- Falsification of Records/Reports
- Fraud/False Billing
- Resident/Patient/Client Abuse

***Some complaints may have more than one allegation**

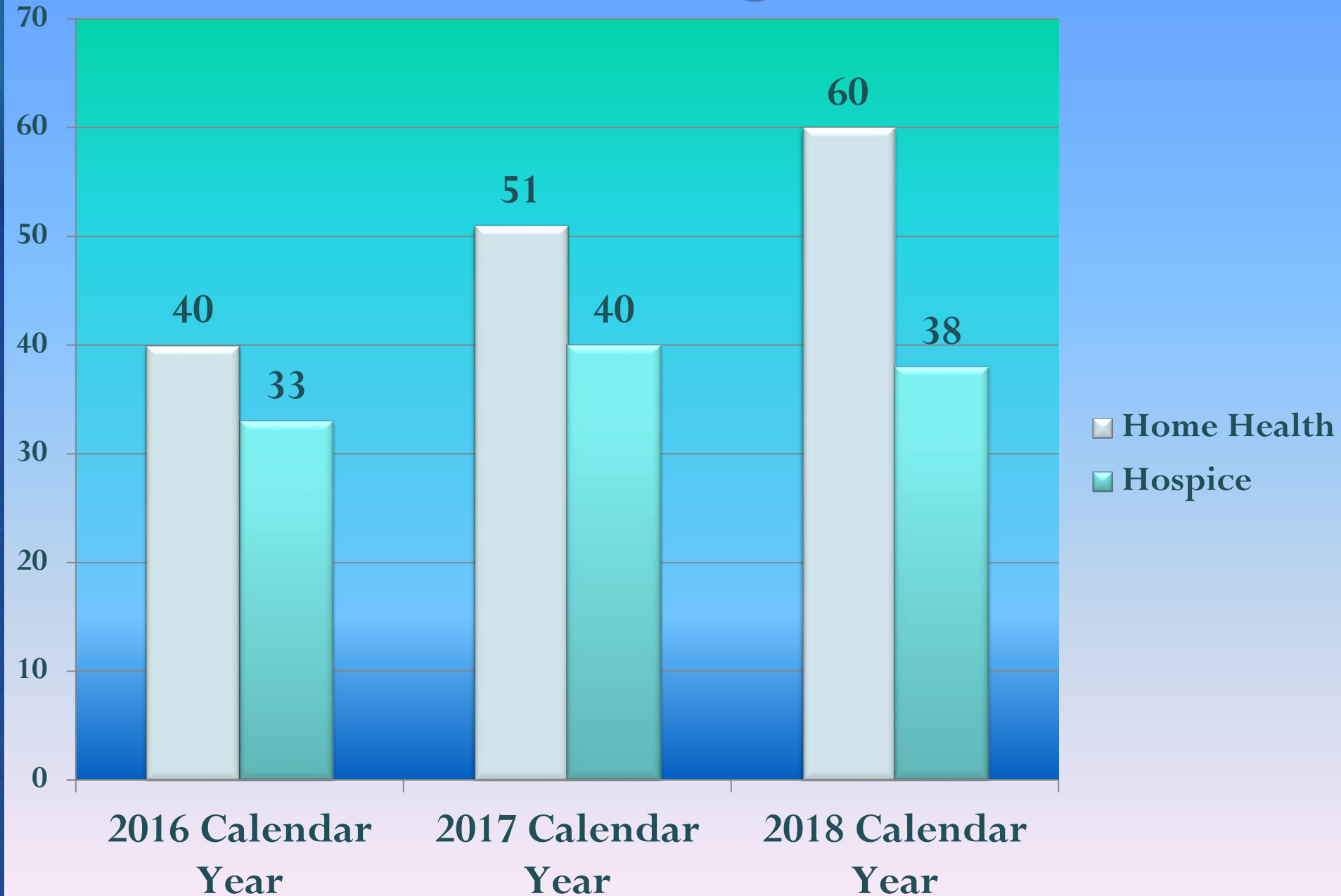
HOSPICE COMPLAINT ALLEGATIONS CALENDAR YEAR 2018



- Resident/Patient/Client Rights
- Quality of Care/Treatment
- Nursing Services
- Administration/Personnel
- Admission/Transfer & Discharge Rights
- Falsification of Records/Reports
- Missappropriation of Property
- Resident/Patient/Client Abuse

***Some complaints may have more than one allegation**

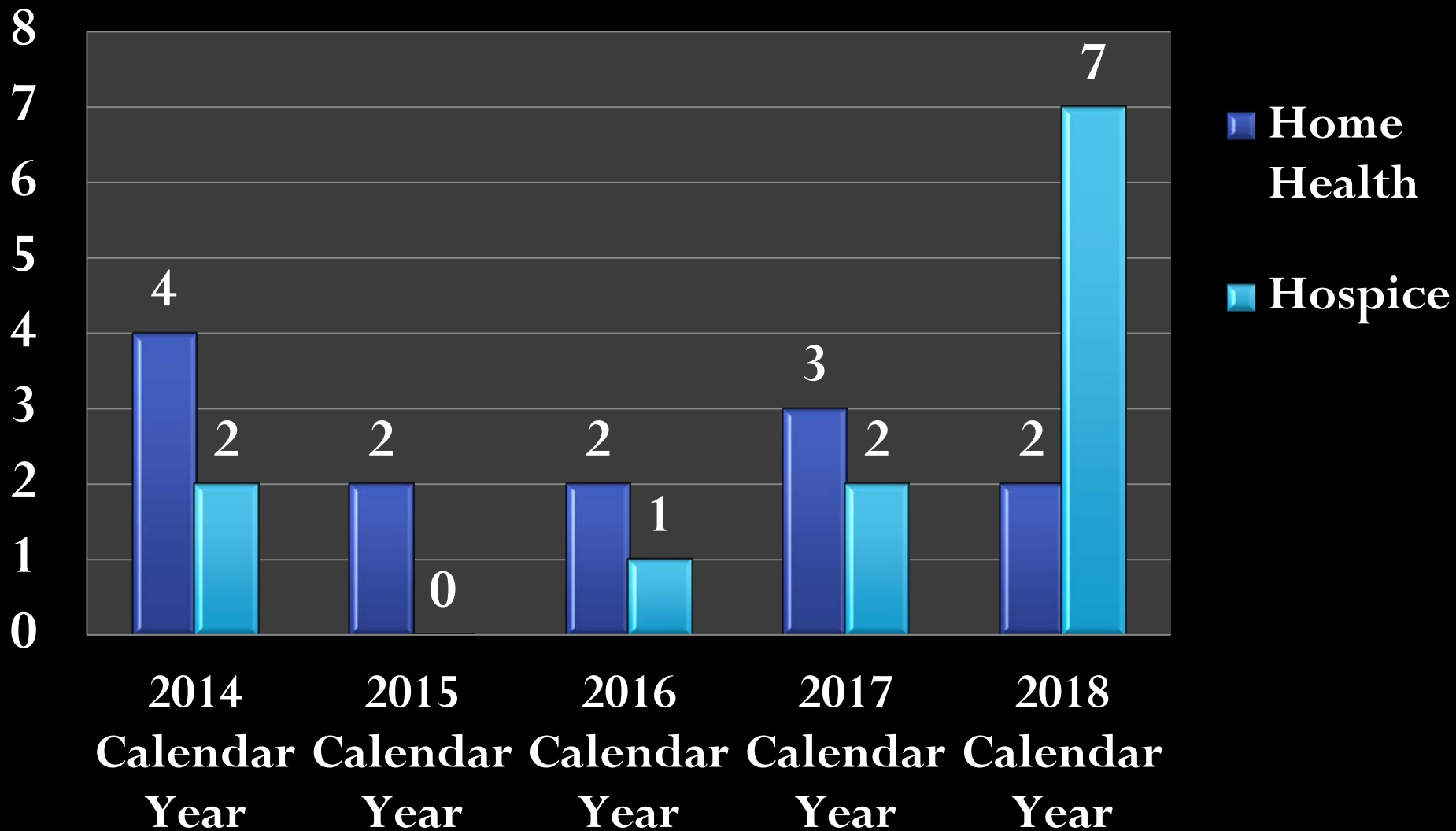
Condition Level Tags Cited



Immediate Jeopardy (IJ)

- A situation in which an agency's non-compliance with a Condition of Participation (CoP) has placed the health & safety of patients at risk for serious harm, serious injury, serious impairment or death
- It represents the most severe and egregious threat to the health and safety of the patient
- It carries the most serious sanctions for the providers

Surveys with Immediate Jeopardy Cited



Revisions to Appendix Q Guidance on Immediate Jeopardy (IJ)

- Quality Safety & Oversight Group, (QSO) 19-09-ALL
- Dated March 5, 2019, Effective Immediately
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-09-ALL.pdf>
- Gives Surveyors Guidance for Identifying an IJ & When to Cite the Immediate Jeopardy

Key Components of an IJ

1. Non-Compliance: An entity has failed to meet one or more federal health, safety, and/or quality regulations.

And

2. Serious Adverse Outcome or Likely Serious Adverse Outcome: As a result of the identified non-compliance, serious injury, serious harm, serious impairment or death has occurred, is occurring or is likely to occur.

And

3. Need for Immediate Action: The non-compliance creates a need for immediate corrective action by the provider to prevent serious injury, harm, impairment or death from occurring or reoccurring.

Definitions Used in Appendix Q

- Likely/Likelihood – means the nature and/or extent of the identified non-compliance creates a reasonable expectation that an adverse outcome resulting in serious injury, harm, impairment, or death will occur if not corrected.
- Psychosocial – refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.
- Removal Plan/Immediate Action – includes all actions the entity has taken or will take to immediately address the non-compliance that resulted in or made serious injury, serious harm, serious impairment or death likely.

Definitions Used in Appendix Q (Cont.)

- Serious injury, serious harm, serious impairment or death – are adverse outcomes which result in, or are likely to result in:
 - Death
 - A significant decline in physical, mental, or psychosocial functioning, (that is not solely due to the normal progression of a disease or aging process); or
 - Loss of limb, or disfigurement; or
 - Avoidable pain that is excruciating, and more than transient; or
 - Other serious harm that creates life-threatening complications/conditions.

Directives Used in Appendix Q

- Psychosocial Harm – Surveyor instructed to use the reasonable person concept to make the determination
- No automatic immediate jeopardy citations – Each citation must be decided independently
- Template – Documentation given to the agency when immediate jeopardy is found. Intended to increase transparency, improve timeliness, improve clarity, and improve communication to providers

Directives Used in Appendix Q (Cont.)

- IJ should be considered when non-compliance causes a patient to experience avoidable pain that is excruciating and more than transient in nature
- Pain is considered avoidable when there is a failure to assess, reassess, and/or take steps to manage the patient's pain
- Culpability has been removed and is no longer a required component to cite an IJ

Directives Used in Appendix Q (Cont.)

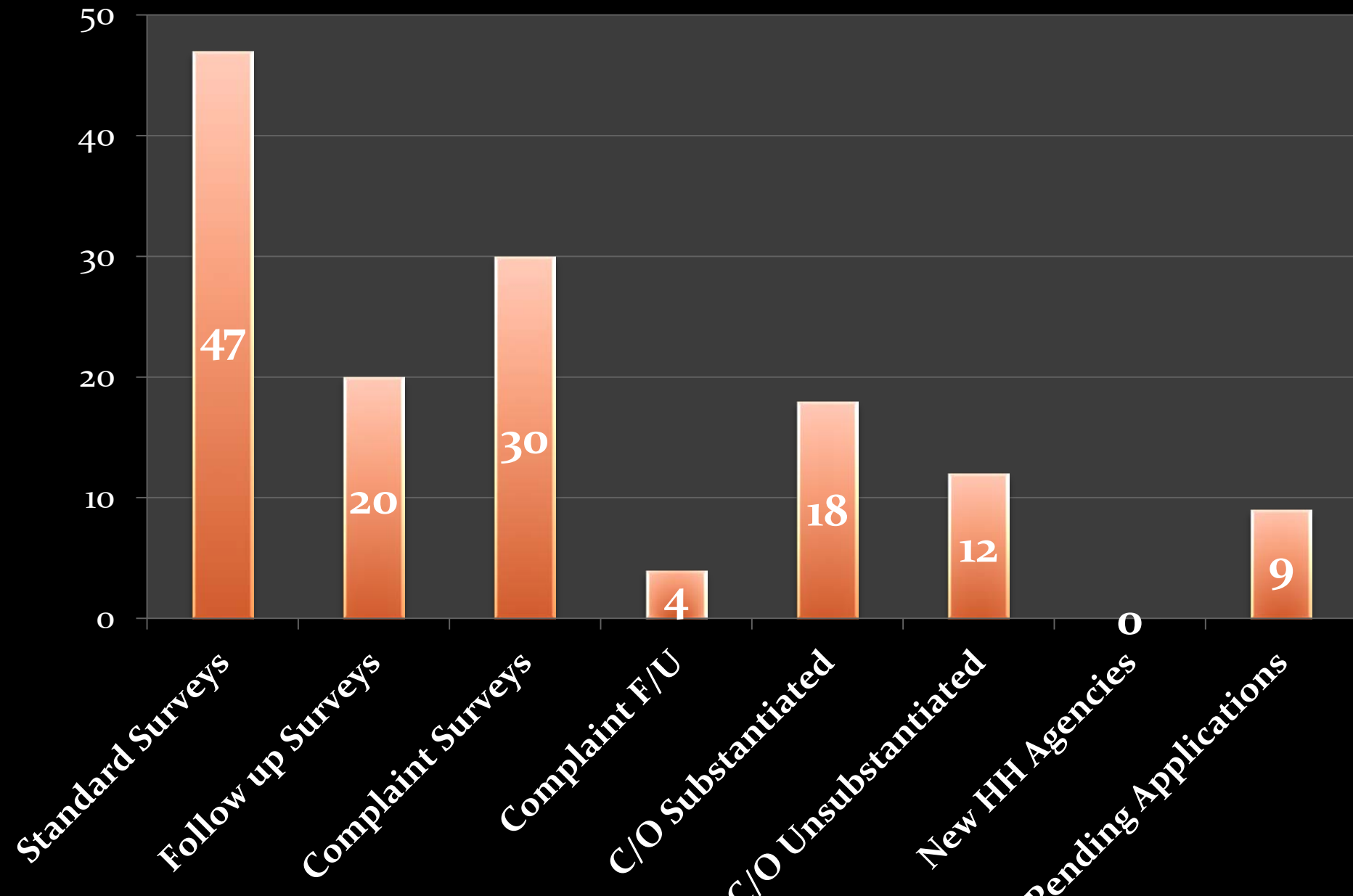
- An agency may state that they properly train and supervise staff and that it was a (Rogue) employee that violated the regulation; however an agency cannot disown the acts of its employees and disassociate itself from the consequences of their actions to avoid a finding of non-compliance.
- Surveyor approving the written removal plan does not mean the IJ is removed.
- If the removal plan cannot be implemented prior to the exit conference, the IJ continues until an onsite revisit is completed.

New Federal Home Health Survey Process

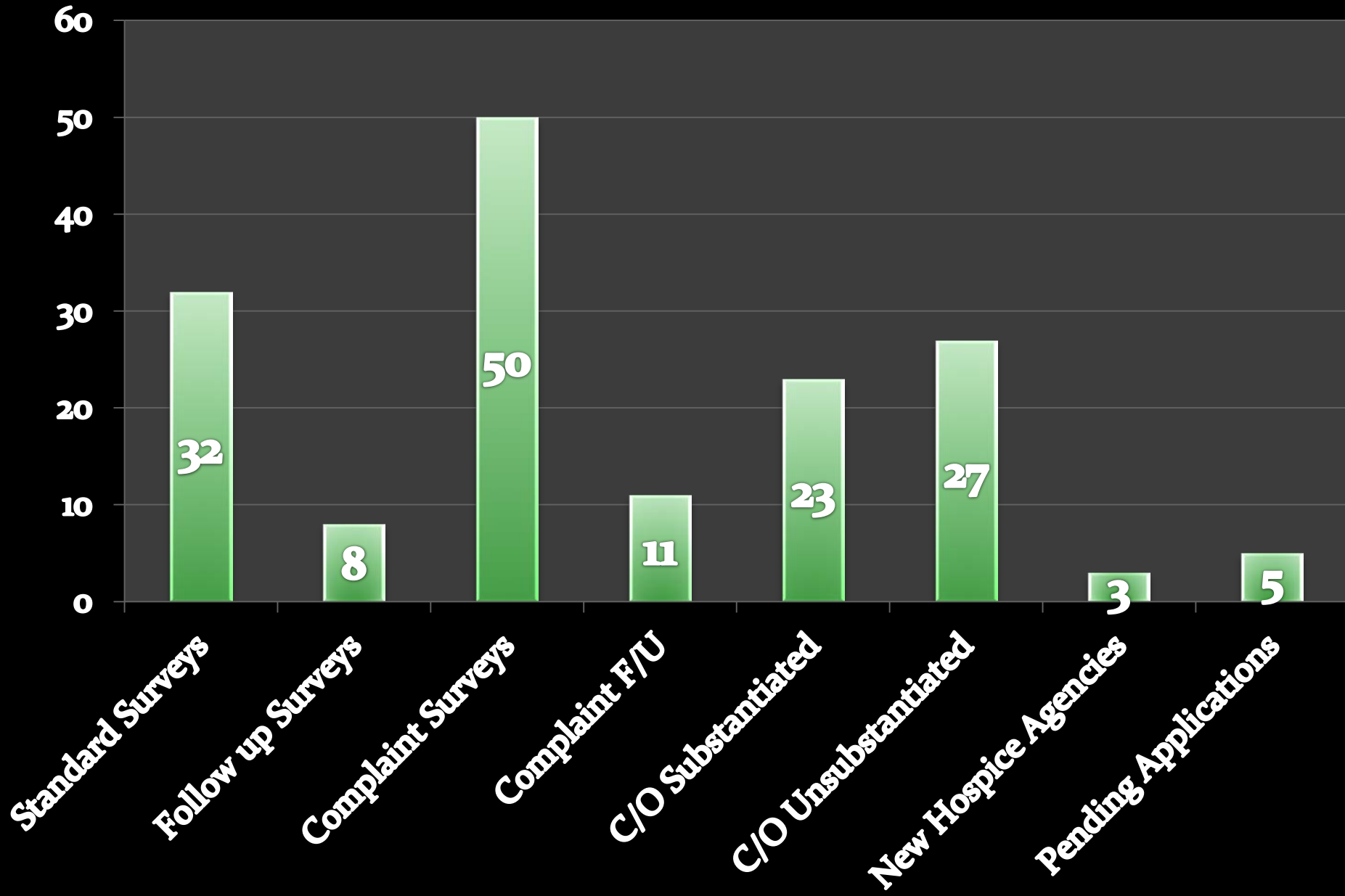
- Draft document not available to share
- Bureau Mentor/Trainer piloted the new version of the survey process and took the online training
- Awaiting the official guidance from CMS
 - Draft removed all the level 2 tags
 - Draft added more level 1 tags
- More prescriptive guidance for observation and interview

BUREAU STATISTICS

Home Health Survey Statistics for Calendar Year 2018



Hospice Survey Statistics for Calendar Year 2018



Home Health Unduplicated Admissions

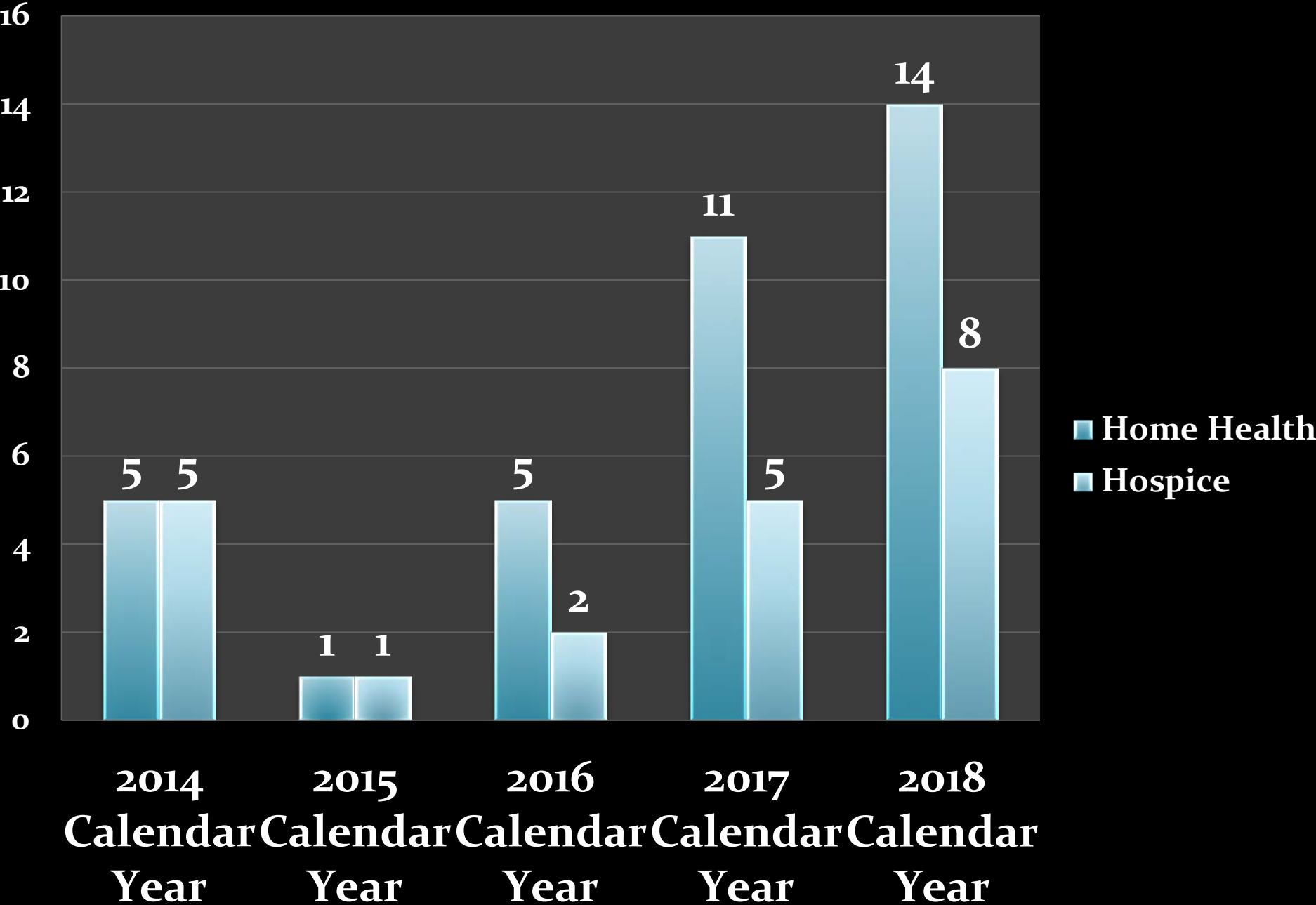
2017

123,834

2018

126,882

Closed Agencies



Home Health

2011

**175 Non-Deemed
Agencies**

8 Deemed

42 Complaints

2018

**161 Non-Deemed
Agencies**

46 Deemed

30 Complaints

Hospice

2011

**98 Non-Deemed
Agencies**

5 Deemed

37 Complaints

2018

**74 Non-Deemed
Agencies**

36 Deemed

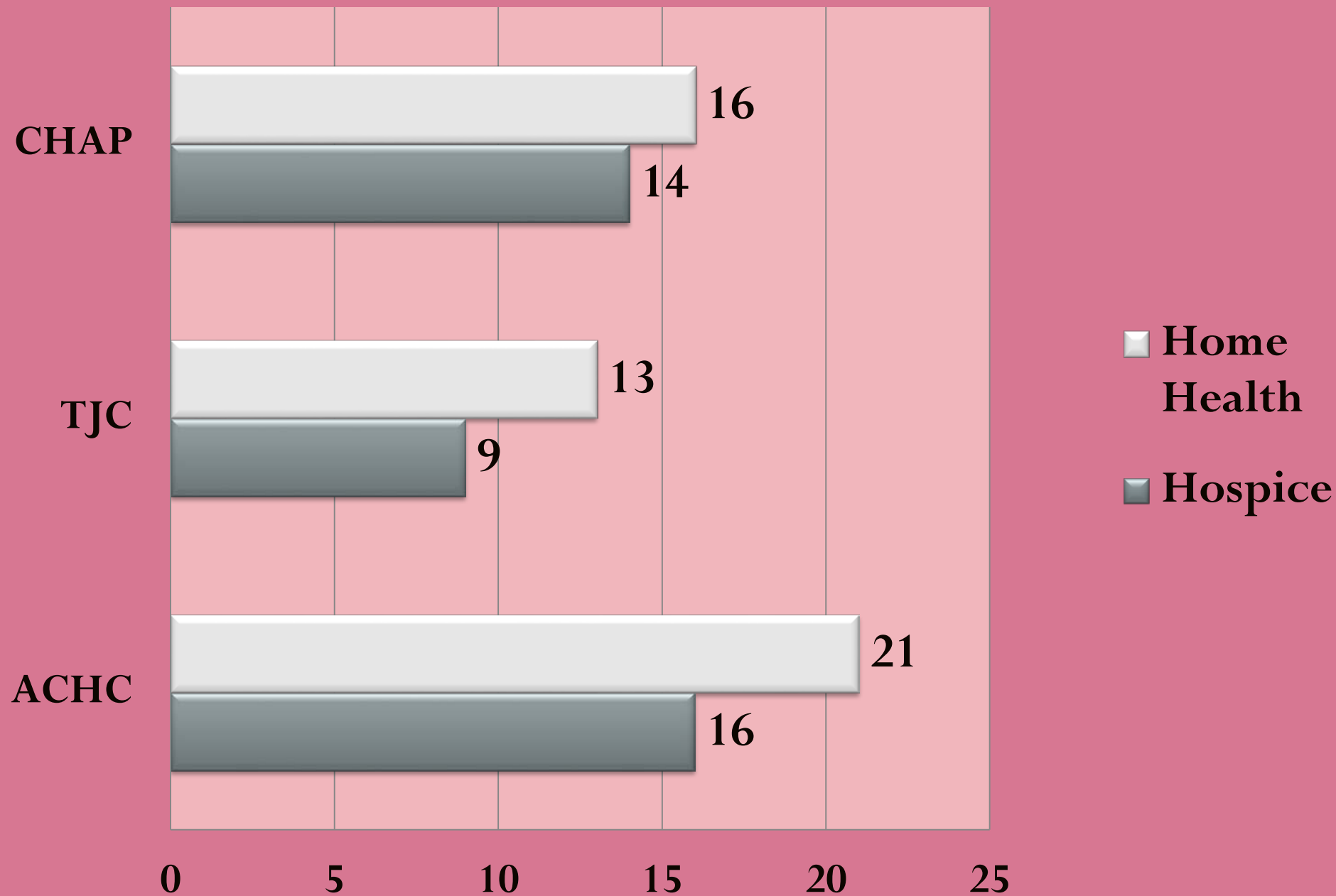
50 Complaints

Initial Surveys

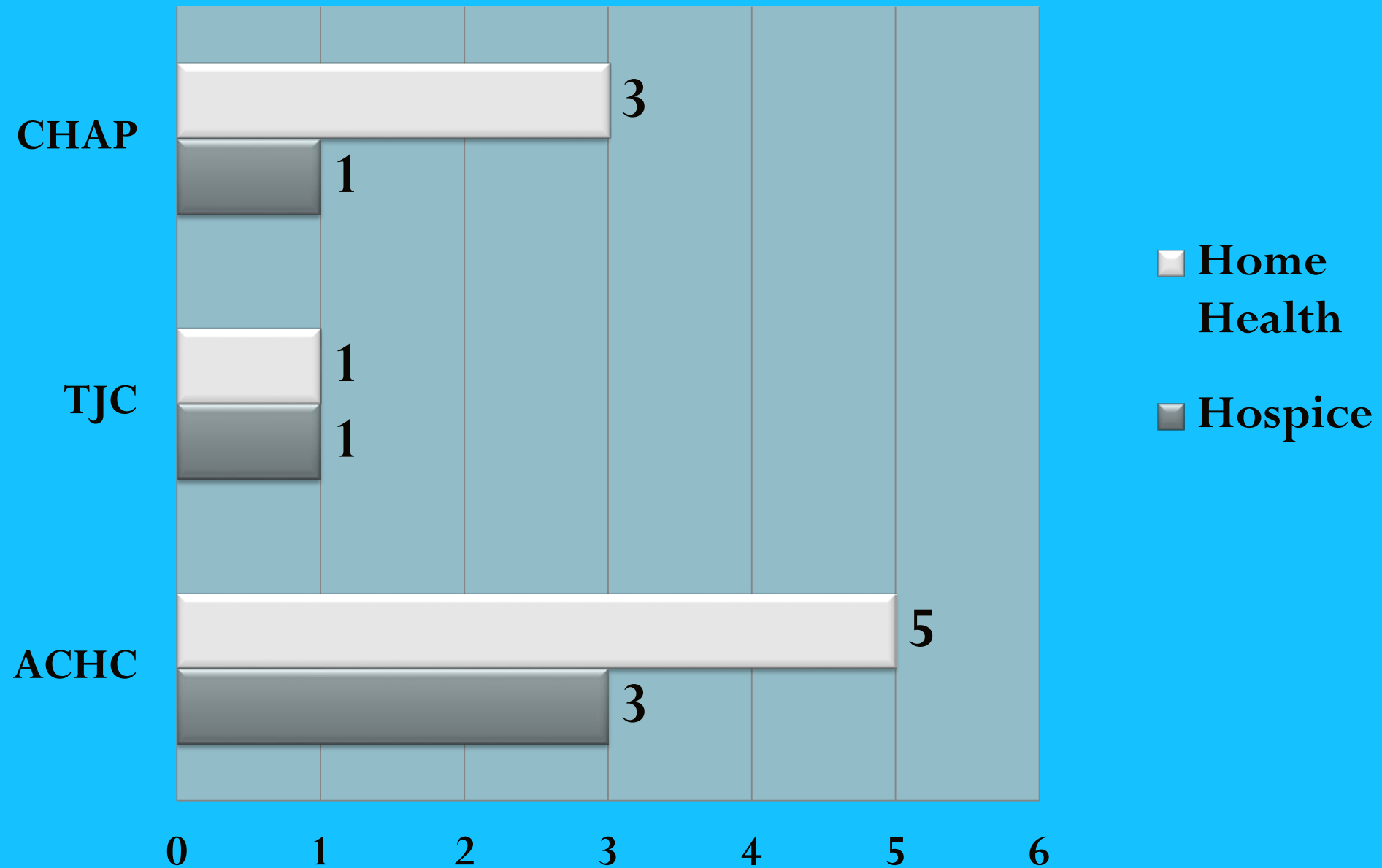
- 2011 – 2018
 - 44 Home Health Agencies Entered Program Through Deemed Process
 - 7 of these have closed

- 2011 – 2018
 - 37 Hospice Agencies Entered Program Through Deemed Process
 - 6 of these have closed

Current Deemed Agencies



Current Pending Agencies



HH Administration Turnover

50

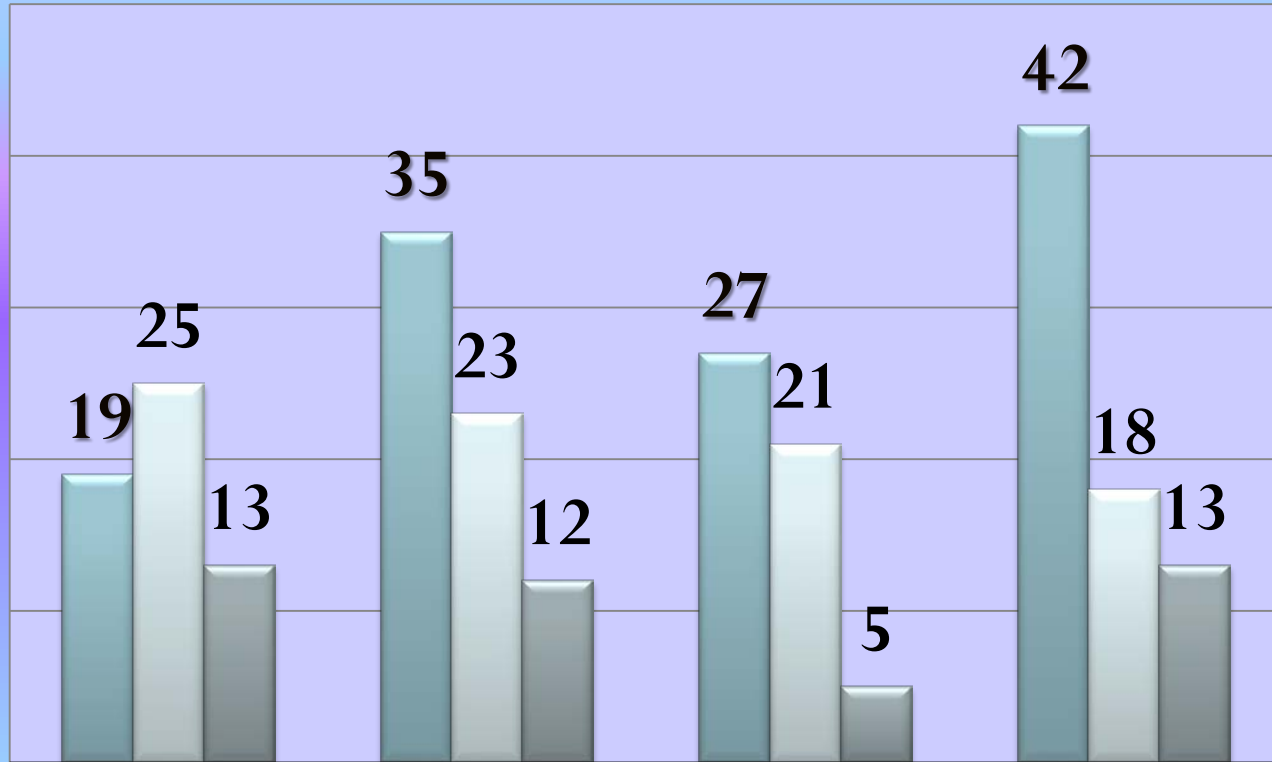
40

30

20

10

0



■ 2016 Calendar Year

■ 2017 Calendar Year

■ 2018 Calendar Year

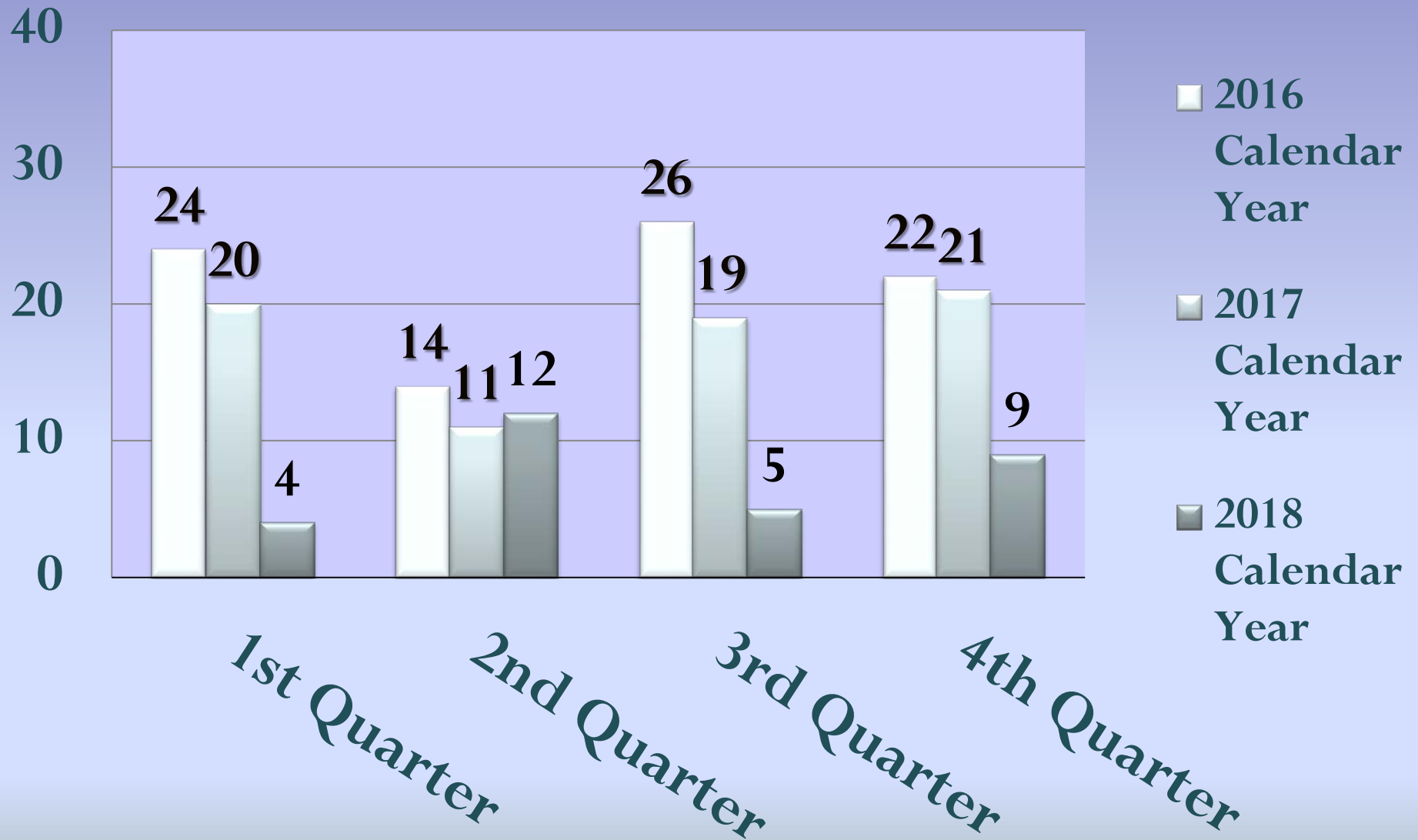
1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

HO Administration Turnover



Bureau Changes

- **Judy Morris, Assistant Bureau Administrator**
– Retired January 1, 2019
- **Robin Mills, Health Facilities Nursing Consultant**
– Retired February 1, 2019
- **Vickie Heuett, Health Facilities Nursing Consultant**
– Retired April 1, 2019
- **Deanna McCarter, Health Facilities Nursing Consultant**
– Retired April 1, 2019
- **Robin Swarnes, Assistant Bureau Administrator**
– Promoted April 1, 2019

Hot Topics

- Community Paramedics
- IJ's – New Appendix Q
- Jet Pay
- List Serve
- New Home Health Survey Process
- OASIS D-1 Effective January 2020
- OIG Reports
- PDGM Effective January 2020
- Provider Meetings on Hold
- Home Health Rule Revisions

Thank You

573/751-6336

www.health.mo.gov/safety/homecare