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 A presentation slide with a light blue background. The title "Iris' pain management" is in teal, underlined with a yellow line. The text describes Ms. Iris Wood's hospice care and pain management challenges. The slide is framed by a teal border on the left and a yellow border on the right. The CHAP logo is in the bottom left corner.

Iris' pain management

Ms. Iris Wood has been under the care of Angel Watch Hospice for four weeks. The daughter left to return home last week to ensure her family is set up for her to remain with her mother throughout the remainder of her hospice care. Iris's husband is having difficulty with managing the changes that are occurring to gain control of Iris' pain management. When admitted, the patient's pain was being controlled with Tramadol and the use of Dilaudid 2mg for breakthrough pain, in week two of her hospice episode, her pain medication plan was changed to oxycontin SR every 12 hours with Dilaudid 8mg for breakthrough pain. In week three Fentanyl patches with Actiq lozenges were unable to provide her acceptable relief.

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GIP Decision

The decision was made to admit her to GIP for pain management. This decision was very difficult for the husband to agree to but after discussion with the social worker, he admitted he felt hopeful in that his wife may be able to get some pain relief. It was noted by members of the IDT that the husband appeared exhausted and had not had a good night's sleep in 3 weeks. In addition, the personal care needs of his wife were growing more complex each day and without his daughter's help, he was overwhelmed with his wife's needs.

Ms. Iris was admitted to a Medicare Certified Skilled Nursing Facility that the hospice had contracted with for their provision of GIP services.

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Standard Review (1)

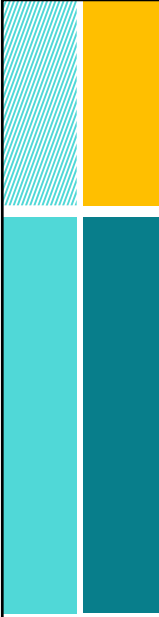
HSIC1.I - HSIC 4.I General inpatient standards

- Eligibility
- Pain and symptom management control
- Medicare certified facility



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Standard Review (2)


HSIC 5. Required elements of the written agreement for provision of inpatient care by arrangement

- Hospice responsibilities
- Facility responsibilities



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Standard Review (3)

HSIC 6.I – HSIC 34.I Related to directly owned hospice inpatient facility

- Staffing
- Emergency preparedness
- Life Safety Code
- Facility specifics
- Infection control program
- Medication administration



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Standard Review (4)

HSIC 35.I HSIC 46.I – Restraint and seclusion in a hospice owned inpatient facility

- Use of
- Plan of Care
- Policies and procedures
- Responsible staff
- Training



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Direct or Under Arrangement

Under Arrangement

- Written Agreement
- Ensuring facility complies with Life Safety Code
- Infection control as per hospice policy
- Complies with restraint/seclusion requirements

Direct

- Appropriate staffing/24 Hour Nursing
- Responsible for Emergency Preparedness compliance: policies/testing/communication
- Life Safety Code Compliance
- Facility specific infection control
- Policies related to restraint/seclusion

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Agreement Requirements

Hospice:

- Plan of Care
- Inpatient clinical record
- Discharge summary
- Training
 - Documented
- Compliance

Inpatient Provider:

- Policies
- Clinical Record
- Inpatient record available
- Designated individual

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Top Findings in HSIC

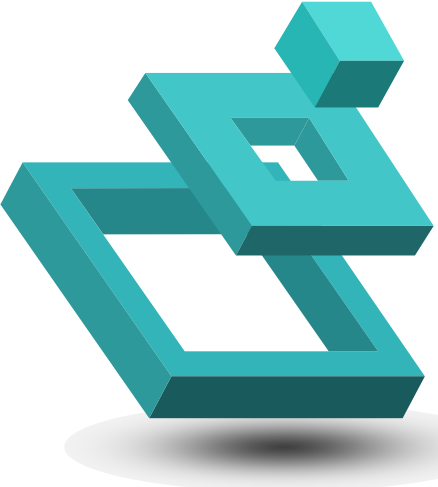
Standard	Content	CMS Tag	% Cited
HSIC 15.I	Documented and dated Life Safety Code fire drills	E0039	50%
HSIC 28.I	Preparation/delivery/storage of meals	L736	33%

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Tips for Success

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- All agreement elements are present
- Review Plan of Care elements
- Directly owned
 - Plan fire drills for the year
 - Mock survey of life safety code components
 - Life Safety Code addressed through quality program

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Hospice Care to Residents in a Facility

HSRF

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Similarities

- Written agreement
- Financial responsibility
- Hospice standards of care
- Hospice Plan of Care

Differences

- Bereavement responsibilities
- Training responsibilities
- Provision of 24-hour Nursing

CHAP GIP Versus Care to a Facility Resident

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When poll is active, respond at pollev.com/chapinc2
 Text **CHAPINC2** to **22333** once to join

What percentage of patients that your organization provides hospice services for is a resident of a facility?

0-24%
 25-49%
 50-74%
 75-100%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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Hospice Responsibilities

Assessment	Provision of:
Coordination <ul style="list-style-type: none"> • Interdisciplinary team • RN 	<ul style="list-style-type: none"> • Supplies • DME • medications related to the terminal illness
Provision of care	
Consultation with facility staff	Determining e level of care
Aide Services	Arranging for necessary transfers in consultation with facility staff.
Financial management	

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Written Agreement

Agreement signed prior to provision of hospice services

- Communication
- Documentation
- Notification of hospice
 - Significant change
 - Clinical complications
 - Need for potential transfer
 - Patient's death
- Hospice determines need to change level of care

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Written Agreement

Facility Responsibilities:

- 24-hour room and board
- Meeting usual personal care and nursing needs care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home, at the same level of care provided before hospice care was elected by the patient/resident.

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Written Agreement

Hospice Responsibilities:

The hospice may use the SNF/NF or ICF/IDF nursing staff, where permitted by state law and as specified by the SNF/NF or ICF/IDF, to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family.

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Written Agreement

The hospice's responsibilities include, but are not limited to:

- Medical direction and management of the patient;
- Nursing/Counseling/Social work
- Provision of medical supplies, durable medical equipment, and drugs
- All other hospice services related to terminal illness
- Reporting of mistreatment or abuse
- Provision of bereavement services

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Whose Responsibility

Iris has been admitted to a skilled facility for care following her inpatient stay until her daughter is able to return and provide care for her mother. The hospice will continue to provide care to Ms. Iris in the facility. The RN is explaining to the facility staff the differences in their roles and has decided to provide examples to reinforce their different responsibilities.

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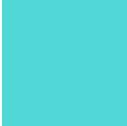

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Whose Responsibility?

1. Provision of meals
2. Calling the physician upon worsening of symptoms
3. Providing a chair bath 3 times per week
4. Assisting the patient with incontinence in the middle of the night
5. Determining the bowel regimen for a patient on opioids
6. Implementing the bowel regimen
7. Determines a need for changing the level of care
8. Financial responsibility for incontinence supplies
9. Financial responsibility for medications addressing the terminal illness

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Yes, or No?

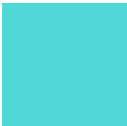

Hospice:

- Calling the physician upon worsening of symptoms
- Determining the bowel regimen for a patient on opioids
- Determines a need for changing the level of care
- Financial responsibility for medications addressing the terminal illness

Facility:

- Provision of meals
- Providing a chair bath 3 times per week
- Assisting the patient with incontinence
- Implementing the bowel regimen
- Financial responsibility for long term incontinence supplies

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Top Findings in HSRF

Standard	Content	CMS Tag	% Cited
HSRF 6.I	Hospice plan of care is in place/coordination occurs with facility	L 774	71%
HSRF 9.I	Clinical record required components	L781	23%

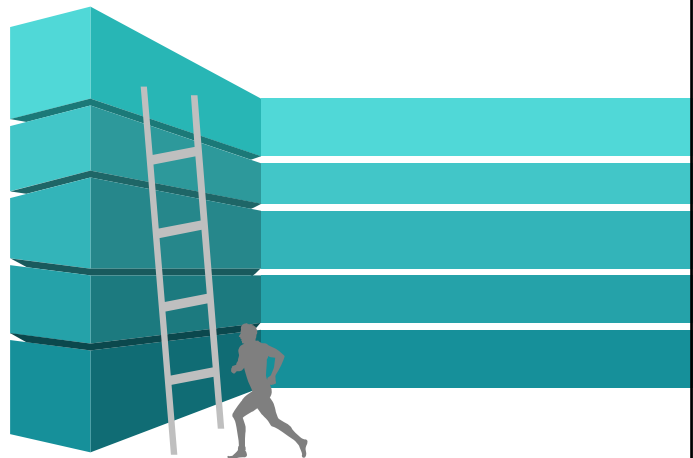
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Tips for Success



- ✓ Each intervention is assigned
- ✓ Documentation reflects coordination and agreement
- ✓ Audit record for required hospice elements:
 - Plan of care and any addition orders
 - CTI
 - Advance directives
 - Contact information for hospice staff
 - 24-hour call direction
 - Hospice medication
 - Hospice physician and attending physician



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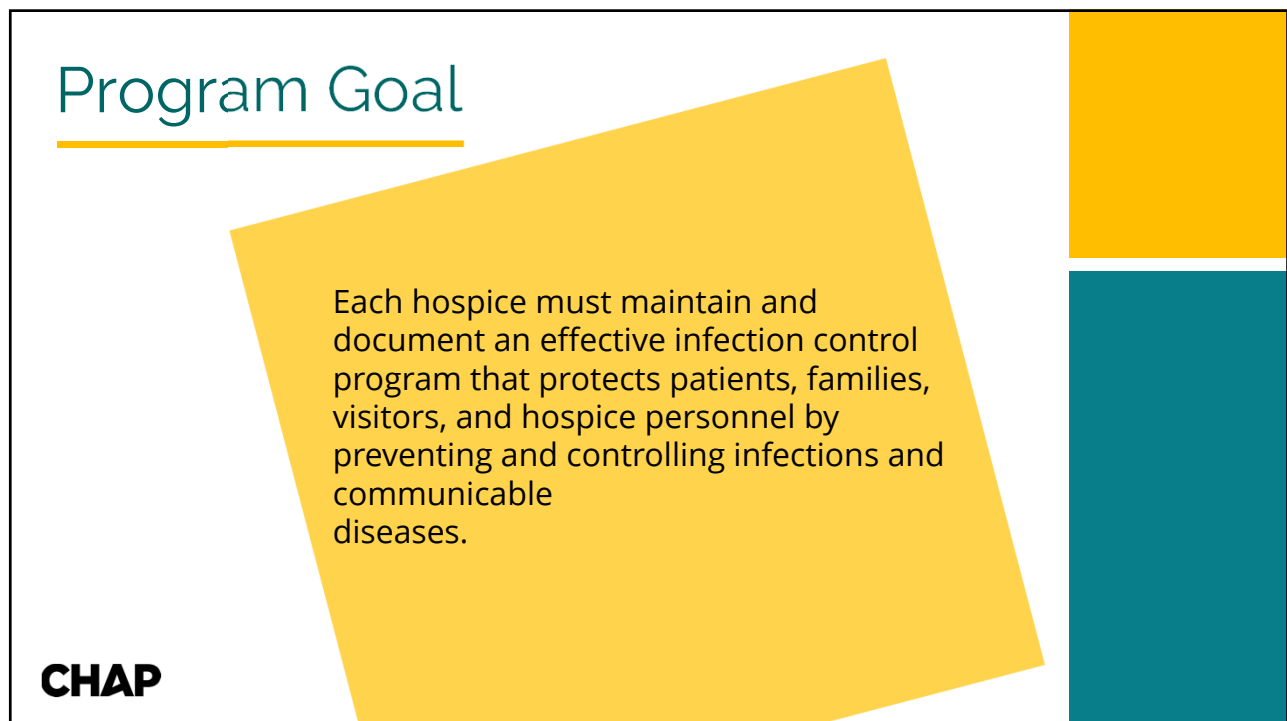
24

A presentation slide with a teal background. The title "Hospice Infection Prevention and Control (HIPC)" is centered in white. On the left, there is a vertical teal bar and a grey bar at the bottom containing the text "CHAP". On the right, there is a vertical yellow bar and a teal bar at the top with diagonal white lines.

Hospice Infection Prevention and Control (HIPC)

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A presentation slide with a white background. The title "Program Goal" is in teal and underlined with a yellow line. A large yellow parallelogram contains the text: "Each hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases." On the right, there is a vertical yellow bar and a teal bar. In the bottom left corner, there is a grey bar containing the text "CHAP".

Program Goal

Each hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

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Prevention (CDC Healthcare Infection Control Practices Committee)

Six Standard Precautions


- Hand Hygiene
- Environmental Cleaning and Disinfection
- Injection and Medication Safety
- Appropriate use of Personal Protective Equipment
- Minimizing Potential Exposures
- Reprocessing of reusable medical equipment between each patient and when soiled.

Foundation Needed

- Policies and Procedures
- Protocols for education of staff/patients/caregivers
- Monitoring for compliance

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Control

Coordinated agency-wide program

- Surveillance
- Identification
- Prevention
- Control
- Investigation of infectious and communicable diseases

QAPI

Includes:

- Identifying infectious and communicable disease problems;
- A plan to result in improvement and disease prevention.

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Education

- Employees
- Contracted providers
- Patients
- Family members
- Caregivers

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Review the Handouts



Handwashing



Bag Technique

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IPC Focused Survey Tool



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Focus- Operational Elements


- Infection Prevention and Control Plan
- Communication
- PPE Availability
- Staffing in Emergencies
- Handling Staff Exposure or Illness

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Focus- Agency Location

- 
- Screening process for those entering location
 - Internal office staff/visitor processes
 - General standard precautions
 - Transmission Based Precautions

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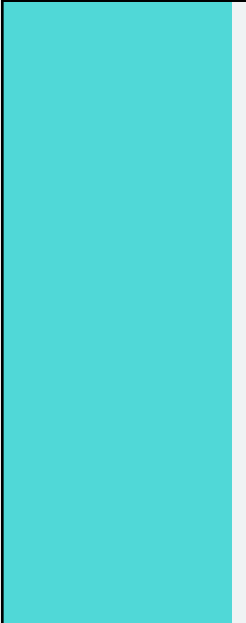


Focus- Field Practices

- Screening
- Hand Hygiene
- Use of PPE appropriately
- Aerosol-generating procedures
- Education

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QSO-22-07-ALL
QSO-22-09-ALL
QSO-22-11-ALL

**Guidance for the Interim Final Rule -
Medicare and Medicaid Programs;
Omnibus COVID-19 Health Care Staff
Vaccination**

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Summary of QSO-22-07-ALL Compliance

Dates

Which group does your organization fall into?

Group One

All organizations who receive federal funding and did not have an injunction against mandatory vaccination in place

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Group Two

Injunction states- AL, AK, AZ, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, MT, NE, NH, ND, OH, OK, SC, SD, UT, WV, WY. Texas is not affected by the QSO memo that addresses the injunction states

Group Three

Texas now required to comply with the CMS vaccination regulation

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Summary of QSO-22-07-ALL Compliance

Dates

Which group does your organization fall into?

Compliance requirements for 30, 60, and 90 days are the same, but compliance dates are different.

Group One

January 27, 2022

Group Two

February 14, 2022

Group Three

February 19, 2022

30 Days

60 Days

90 Days

February 26, 2022

March 22, 2022

March 16, 2022

April 15, 2022

March 21, 2022

April 20, 2022

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Overview

Requirements are the same for each group

30 Day Requirements:

- Policies and procedure developed and implemented
- 100% of staff
 - Received at least one dose of vaccine OR
 - Have a pending request or been granted a qualifying exemption OR
 - Identified as having a temporary delay

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Overview

Requirements are the same for each group

60 Day Requirements:

- Policies and procedure developed and implemented
- 100% of staff
 - Received necessary doses to complete vaccine series OR
 - Been granted a qualifying exemption OR
 - Identified as having a temporary delay

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Overview

Requirements are the same for each group

90 Day Requirements:

- Policies and procedure developed and implemented
- 100% of staff
 - Received necessary doses to complete vaccine series OR
 - Been granted a qualifying exemption OR
 - Identified as having a temporary delay

Organizations failing to reflect 100% compliance may be subject to enforcement action

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Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

CDC – December 23, 2021

Due to concerns about increased transmissibility of the SARS-CoV-2 [Omicron variant](#), this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections.

Key Points

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have received all COVID-19 vaccine doses, including booster dose, as recommended by [CDC](#) and do not develop symptoms or test positive for SARS-CoV-2.
- The duration of protection offered by booster doses of vaccine and their effect on emerging variants are not clear; additional updates will be provided as more information becomes available.

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

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Evaluating Healthcare Personnel with Symptoms of SARS-CoV-2 Infection

- HCP with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays.
 - Ensure that SARS-CoV-2 testing is performed with a test that is [capable of detecting external icon](#) SARS-CoV-2 even with currently circulating variants in the United States.
- When a clinician decides that testing a person for SARS-CoV-2 is indicated, negative results from at least one [COVID-19 viral test](#) indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected.
- A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating clinician, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists.

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CDC – December 23, 2021

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Conditions of Participation

CHAP Standards of Excellence

CMS CFR (§ 418.60)

- Added regulation - §418.60(d)

CHAP - Infection Prevention and Control (IPC)

- Posted on website (HIPC.11 – HIPC.18)

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New Hospice Standards

HIPC.11 – HIPC.18

Standard	Content Summary
HIPC.11	Who the vaccination requirement applies to
HIPC.12	Process elements defined in policy for those eligible to be fully vaccinated
HIPC.13	Policies related to request for exemption
HIPC.14	Acceptable reasons for delay in vaccination
HIPC.15	Two acceptable job responsibility exemptions
HIPC.16	Policy and procedure addressing process for medical exemption and/or spiritual exemption
HIPC.17	Documentation evidence
HIPC.18	Requirement to ensure nationally recognized IPC guidelines are followed

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HIPC.1

1

Organization policy and procedure establish the individuals eligible to be fully vaccinated for COVID-19.

The following individuals are eligible to be fully vaccinated for COVID-19 regardless of their clinical responsibility or patient contact:

1. Home health agency (HHA) employees;
2. Licensed practitioners;
3. Students;
4. Trainees;
5. Volunteers; and
6. Those who provide care, treatment, or other services for the HHA and/or its patients, under contract or by other arrangement.

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HIPC.12 For those individuals eligible to be fully vaccinated for COVID-19, Organization policy and procedure define:

1. The process for tracking and documenting each individual's receipt, at a minimum, of a single dose COVID-19 vaccine, or the first dose of a COVID-19 primary vaccination series of a multi-dose vaccine prior to providing any care, treatment or other services for the HHA and/or its patients;
2. The process for tracking and documenting an individual's completion of a COVID-19 primary vaccination series;
3. The process for tracking and documenting an individual's receipt of COVID-19 booster doses, per CDC guidelines;
4. What vaccination documentation is accepted;
5. Who receives the vaccination documentation, reviews it, and accepts or rejects it; and
6. How each individual's vaccination information is securely maintained.

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HIPC.1 Organization policy and procedure define:

3

1. The process for an individual to request:
 - a) a temporary delay in being fully vaccinated for COVID-19 per CDC guidelines;
 - b) an exception to being fully vaccinated for COVID-19 due to job responsibilities; or
 - c) a medical or spiritual exemption per state and federal law and regulation;
2. Who receives and reviews the documentation, and accepts or declines the vaccination delay, the job responsibility exception, or the medical exemption or spiritual belief exemption;
3. The process to track the documentation received and each individual's vaccination status, including the acceptance or denial of any request as noted in 1(a-c) above;
4. The contingency plan(s) for an individual who is not fully vaccinated for COVID-19 and its documentation;
5. A process for ensuring the implementation of additional precautions intended to mitigate the transmission and spread of COVID-19 for individuals who are not fully vaccinated for COVID-19;
6. How each individual's information is securely maintained.

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HIPC.14

Organization policy and procedure state a temporary delay in receipt of a COVID-19 primary vaccination series may be accepted, per CDC guidelines, upon receipt of documented clinical precautions and considerations, including, but not limited to:

1. Individuals with an acute illness secondary to COVID-19; and
2. Individuals who received monoclonal antibodies or convalescent plasma treatment.

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HIPC.15

Organization policy states two (2) exceptions to being fully vaccinated for COVID-19 due to job responsibilities, per federal regulation. These are:

1. Individuals who provide exclusively telehealth or telemedicine services
 - a) outside of the settings where home health services are directly provided to patients/families, and
 - b) who do not have any direct contact with patient, families and caregivers, or other individuals eligible to be fully vaccinated for COVID 19.
2. Individuals who provide support services for the home health agency
 - a) that are performed exclusively outside of the settings where home health services are directly provided to patients; and
 - b) who do not have any direct contact with patients, families and caregivers, or other individuals eligible to be fully vaccinated for COVID-19.

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HIPC.16

Organization policy and procedure states the requirements for a medical or a spiritual exemption to being fully vaccinated for COVID-19 per state and federal law and regulation. A **medical exemption** from being fully vaccinated for COVID-19 includes:

1. Documentation of information specifying which of the authorized COVID-19 vaccines is clinically contraindicated for the individual to receive, and the recognized clinical reasons for the contraindications; and
2. A documented statement by the authenticating practitioner recommending that the individual be exempted from the home health agency requirement to be fully vaccinated for COVID-19 based on the recognized clinical contraindications; and
3. A statement signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local law and regulation.

A **spiritual exemption** from being fully vaccinated for COVID-19 includes documentation of the organization's defined criteria of an individual's sincerely held religious belief, practice, or observance per federal law and regulation.

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HIPC.1

7 The home health agency demonstrates the vaccination status of each individual eligible to be fully vaccinated for COVID-19.

At a minimum, the home health agency has evidence of an individual having received a single-dose of COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to providing any care, treatment, or other services for the home health agency and/or its patients.

Or there is evidence of an individual having a pending request for, or having been granted a medical or spiritual vaccination exemption, or a job responsibility exception, or a temporary COVID-19 vaccination delay due to clinical precautions and considerations per policy and procedure.

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HIPC.18

The Organization defines a process to ensure that nationally recognized infection prevention and control guidelines intended to mitigate the transmission and spread of COVID-19 are implemented and followed.

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Top Findings in HIPC


Standard	Content	CMS Tag	% Cited
HIPC 9.I	Addressing risk for occupational exposure to TB	NONE	44%
HIPC 2.I	Appropriate use of standard precautions	L 579	31%
HIPC 4.I	Bag technique	L579	11%

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Tips for Success


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Conduct Observation in the field




Infection control should be an important part of your quality program



Include the trunk and field bag in the review



Teach your RN's best observation practices for Aides



Know what your state specific requirements are

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Hospice Information Management (HSIM)

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Required Elements of Patient Record

- Plans of Care
- Assessments
- Clinical notes
- Patient rights
- Hospice Election of Benefit
- Responses to interventions
- Outcome measure data elements
- Physician certification
- Advance Directives
- Inpatient discharge summary
- Physician orders

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Hospice Election Of Benefit

Patient Information:

- Hospice Philosophy
- Effects of a Medicare Hospice Election
- Financial responsibility
- Notice of Hospice non-covered Items, Services, and Drugs
- Right to choose attending physician
- Acceptance of Hospice Medicare Coverage

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<https://www.cms.gov/files/document/model-hospice-election-statement-and-addendum.pdf>

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Patient Notification of Non-Covered Items, Services, and Drug Examples

- ✓ Diagnosis related to terminal illness and related conditions
- ✓ Diagnosis unrelated to terminal illness and related conditions
- ✓ Non-Covered items, services and drugs determined by hospice as not related to terminal illness and related conditions

<https://www.cms.gov/files/document/model-hospice-election-statement-and-addendum.pdf>

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Certification of Terminal Illness

Timeframe

Verbal or written no later than 2 calendar days after the start of each benefit period.

- Written must be signed and dated prior to billing Medicare

Initial certification and recertifications may be completed up to 15 days prior to the start of the next benefit period

Certifying Physician only

Contents

- Medical prognosis
- Narrative
- The benefit period dates

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Common Errors

Narrative

- missing
- No attestation statement

Verbal Certification

- If applicable, missing one or both the Medical Director and/or attending

Signature and date

- No physician signature
- Illegible signature
- Predating physician signature
- Signature not dated
- Lack of both Medical Director and Attending signatures as applicable

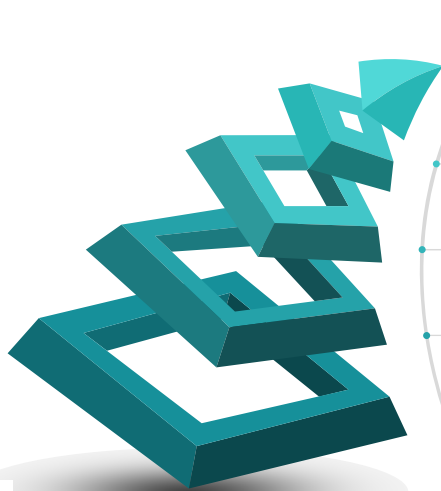
Certification Dates

- Not clearly stated

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Narrative



Written by the certifying physician

Clinical findings that support six months or less life expectancy

If part of the form, above the physician's signature.

If an addendum, signature follows the narrative.

The physician attests by signing, the narrative was composed based on review of the patient's medical record or his/her examination of the patient.

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Top Finding in HSIM

Standard	Content	CMS Tag	% Cited
HSIM 3.I	Elements of the clinical record	L 678 L 674	72%
HSIM 4.I	Record entries are legible, authenticated, and dated	L 679	22%

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Tips for Success



Conduct Observation in the field



Infection control should be an important part of your quality program



Include the trunk and field bag in the review



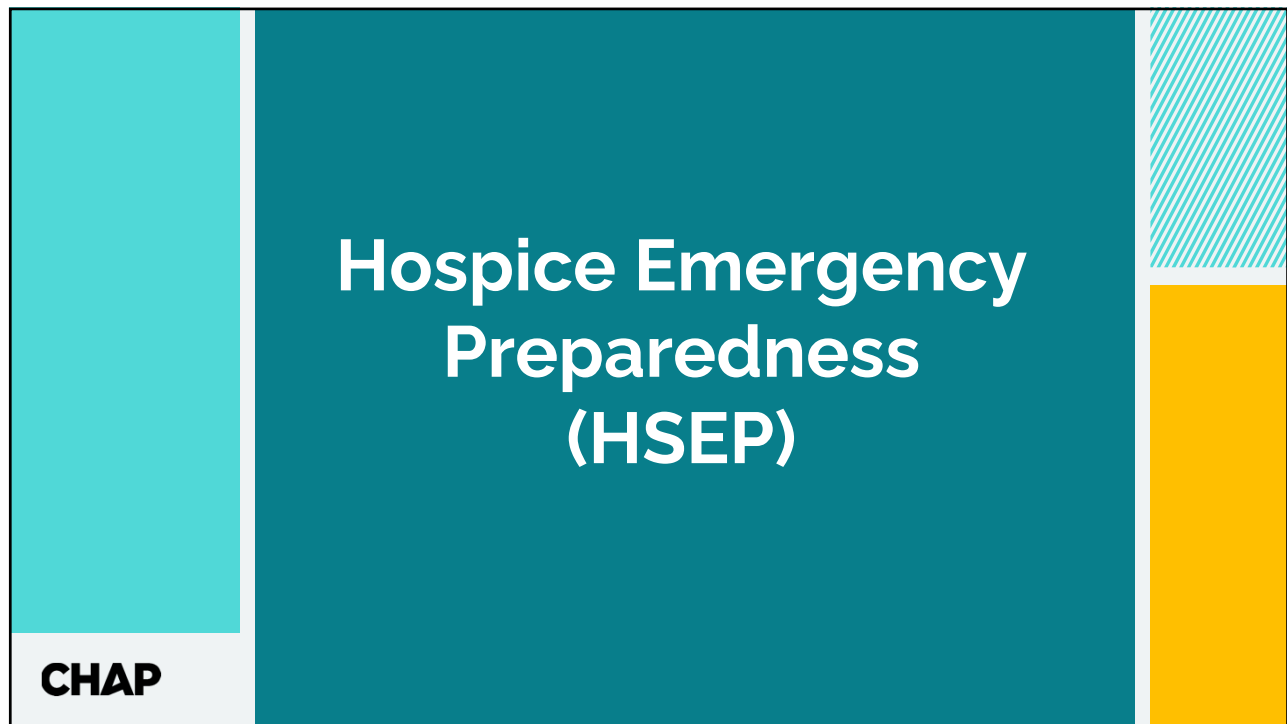
Teach your RN's best observation practices for Aides



Know what your state specific requirements are

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A presentation slide with a white background. The title "Emergency Preparedness Program" is in teal, underlined with a teal line. On the left, there is a vertical yellow bar and a teal bar at the bottom containing the text "CHAP".

Emergency Preparedness Program

- Utilize all-hazard approach
- Documented facility and community-based risk assessment
- Include strategies to address emergency events identified
- Reviewed and updated every two years
- Address patient population
- Include process for cooperation and collaboration with local/tribal/regional/state/federal emergency officials for an integrated response

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Policies and Procedures

- Based on emergency plan/risk assessment/communication plan
- Reviewed and updated at least every 2 years
- Policies address:
 - Plans for each HHA patient during a man-made or natural disaster
 - Part of the comprehensive assessment
- Procedure to inform officials of patients in need of evacuation
- Follow up with on-duty staff and patients to determine needs
- A system of medical documentation
- Use of volunteers or other emergency staffing strategies

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Communication Plan

- Reviewed and updated every 2 years
- Name and contact information
- Primary and alternate means of communication
- A method for sharing information and medical documentation
- A means of providing information about the general condition and location of patients
- A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee

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Training

- Training based upon emergency plan/risk assessment/communication plan
 - Reviewed and updates every 2 years
 - Initial training to all new staff
 - Emergency training every 2 years
 - Documentation of training
 - Staff demonstrate knowledge of emergency procedures
- CHAP** • Training on updated policies and procedures

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Text **CHAPINC2** to **22333** once to join

Our organization is due to conduct the following testing this year.

Full-scale community-based or functional facility-based event

Second full-scale, mock disaster drill or tabletop exercise/workshop

None

I have no clue

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Testing

Annual testing is to be conducted

- Full-scale, community-based exercise every 2 years OR
 - Facility-based functional every two years if full-scale not available
 - If an actual event occurs requiring activation of the plan, the agency is exempt from the next required community-based facility based functional exercise.
- Additional exercise every 2 years, opposite the full-scale or functional
 - A second full scale OR
 - Mock-disaster drill OR
 - Tabletop exercise or workshop
- Analysis of response and documentation required

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Integrated Healthcare Systems



BW 1

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BW1 include a picture representing
Bobbie Warner, 7/20/2021

Top Findings in HSEP

Standard	Content	CMS Tag	% Cited
HSEP 5.D	Elements and updating of the EP training program	E0037	39%
HSEP 3.D	Required policies and procedures of the emergency plan	E0013, E0019	37%

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- Identify the individual responsible for oversight of the Emergency Preparedness program
- Schedule annual tasks at the beginning of the year so they aren't missed
- Keep staff and patient lists updated with current information
- Validate the current contact information for your emergency officials
- Build community relationships before a disaster occurs.

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Lunch Time!

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Hospice Leadership and Governance (HSLG)

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Key Points

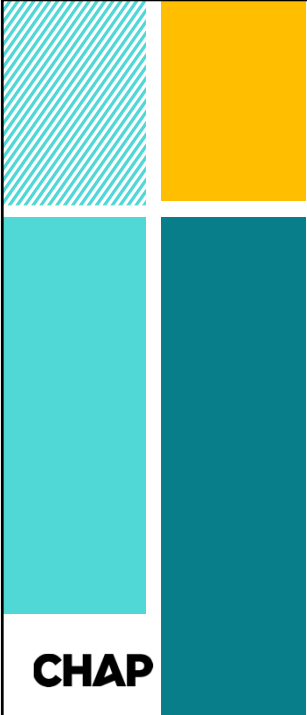
- Organization Operations
- Governance
- Leadership
- Provision of Services through agreements

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Governance

Governance

- Overall management and operation
- Provision of care and services
- Fiscal operations
- Ongoing performance improvement



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Governance

Governance

- Overall management and operation
- Provision of care and services
- Fiscal operations
- Ongoing performance improvement

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Agreements

- Scope of services
- IDG oversight and coordination
- Communication
- Care authorized by hospice
- Qualified personnel
- Safe and effective care
- In accordance with Plan of Care
- Hospice may contract with medical director services
 - Self employed physician
 - Physician employed by professional entity or physician group

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Multiple Locations

A hospice operating multiple locations [alternative delivery sites (ADS)]


- Complies with federal regulation regarding disclosure of ownership and control information;
- Ensures hospice multiple locations are approved by Medicare and licensed in accordance with state licensure laws;
- Ensures that each location is approved by Medicare
- Clearly delineates lines of authority Shares administration

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Volunteers

- Day to day administrative
- Direct patient care
- Time equals 5% of total patient care hours
- Cost savings is document
- Documentation:
 - Position held by volunteer
 - Work time spent by volunteer
 - Dollar estimate if same time spent by paid employee



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Top Finding in HSLG

Standard	Content	CMS Tag
HSLG 7.I	Use of hospice volunteer – 5% of total patient care hours	L 647
HSLG 14.D	Required elements of written agreement to furnish services	L 655

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Customer Relations

- 6 Accreditation Specialists, divided by geographic territory
- 1 Manager of Accreditation Operations
- 1 Senior Scheduling Manager
- 1 Vice President
- The customer service "hub"
- Contact with a live person
- Reducing the work and rework

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Accreditation Clinical Support

- 4 Directors of Accreditation divided by geographic territory
- 1 Senior Director of Accreditation
- 3 Senior Accreditation Managers
- 1 Vice President of Accreditation
- 1 Vice President of Corporate Accounts and Governmental Affairs
- Clinical expertise with years of experience in the industry
- Contact with a live person

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Steps

- Step 1:
Accreditation Agreement
- Step 2:
Site Visit Preparation
- Step 3:
On Site Survey and Review
- Step 4:
Accreditation Determination

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CHAP LinQ

Apply for Accreditation and/or Certification

Simple
To begin your CHAP application, simply sign in to your CHAP LinQ account. If this is the first time you are applying, select the Create an Account button.

Account
Your CHAP LinQ account will guide you through every step of the accreditation process and provide access to all your accreditation information.

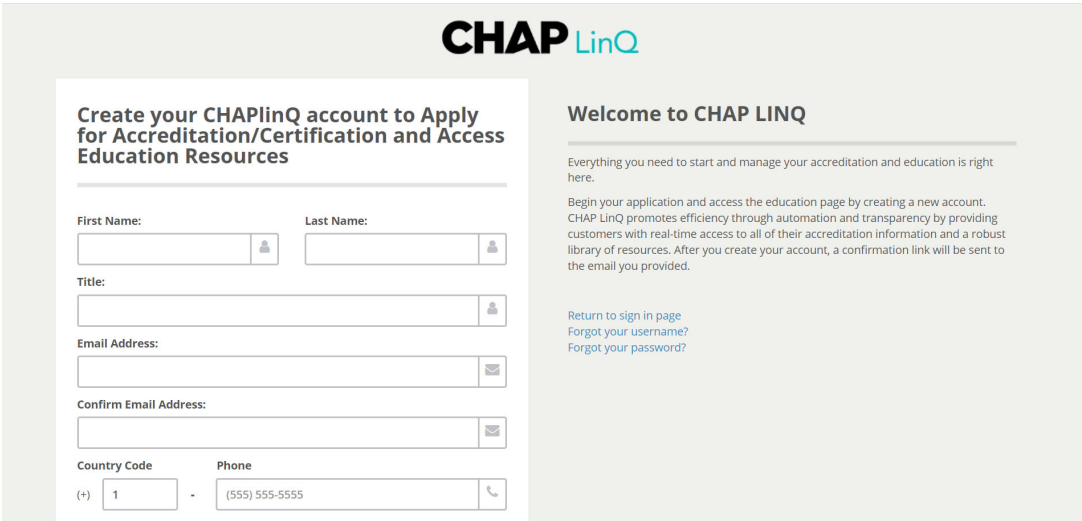
Questions
For any questions regarding your CHAP LinQ account, call (202) 862-3413 or email customerservice@chapinc.org.

[Create an Account](#)

CHAP LinQ



www.chaplinq.org
www.chapinc.org and click on "Your CHAP LinQ Account"
❖ **Create An Account**


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CHAP LinQ

Create your CHAPlinQ account to Apply for Accreditation/Certification and Access Education Resources


First Name:  **Last Name:** 

Title: 

Email Address: 

Confirm Email Address: 

Country Code **Phone**

(+) 1 - (555) 555-5555 

Welcome to CHAP LINQ

Everything you need to start and manage your accreditation and education is right here.

Begin your application and access the education page by creating a new account. CHAP LinQ promotes efficiency through automation and transparency by providing customers with real-time access to all of their accreditation information and a robust library of resources. After you create your account, a confirmation link will be sent to the email you provided.

[Return to sign in page](#)
[Forgot your username?](#)
[Forgot your password?](#)

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CHAP LinQ

Helpful Links

S

APPLICATION

1

2

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Organization Profile

Other Locations and Services

Summary

Information | Home Office

Legal Name: *

Sunshine Hearts, Inc

Federal Tax ID (EIN): *

123432678

List all National Associations:

Enter all national associator

DBA:

Operating or Trade Name

Days and Hours of Operation: *

M-F 9-5, S-5 8-8

List all State Associations: ⓘ

(Enter all state association o

Country: *

United States of America

Initial Date of Operation: *

1/14/2000

List all Consultant Codes: ⓘ

(Enter all consultant codes)

Website:

http://

List all Buying Groups:

Enter all buying groups

Phone: *

(+) 1 (555) 555-5555

Save

Initial Application

Page 1

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Address | Home Office

Address Type:

☐ Physical
 ☐ Mailing (Billing)

Country: *

United States of America

Street Address: *

Street Address

Suite/Room Number:

Suite# or Room#

City, State, Zip Code*:

City

- Select State -

Zip Code

Save Reset

ADDRESS	CITY	STATE	ZIP CODE	TYPE
---------	------	-------	----------	------

Contact | Home Office

Contact Type:

☐ CEO
 ☐ Financial Officer
 ☐ Accreditation Contact
 ☐ Signing Contact
 ☐ Consultant

Title: *

Title

Prefix: *

Suffix:

Suffix

First Name: *

First Name

Last Name: *

Last Name

Phone: *

(+) 1 (555) 555-5555

Fax:

(+) 1 (555) 555-5555

Email: *

example@chapinc.com

Need Help...

NAME

PHONE

TYPE

NOTE:

The following contact types are required, even if they are the same person: CEO, Accreditation Contact, Signing Contact, and Financial Officer

NOTE:

Please add a contact for the "Location Manager" of every location you are seeking accreditation for and when adding a location manager contact, do not select any of the contact type checkboxes.

Initial Application

Page 1, continued

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CHAP LinQ

APPLICATION

Organization Profile

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Search...

Sunshine Hearts, Inc

Add New Services

Location Name: Sunshine Hearts, Inc

Address: *

Select all accreditations this location provides:

☐ Home Care ☐ Home Health

☐ Home Medical Equipment ☐ Hospice

☐ Infusion Therapy Nursing ☐ Pharmacy

☐ Public Health

Select all certifications this location provides:

☐ Palliative Care

Cancel Submit

Important Information:

- Home Office:**
The main setting of an organization's governance. It is usually defined by a federal tax identification number (EIN).
- Service Location:**
A place at which care/services are scheduled, employee and patient/client records are housed or centrally managed, and oversight of care/service occurs.
- Dependent Location:**
A location affiliated with a service location that may (e.g. home health branch, hospice ADS) or may not (e.g. HME warehouse) be the location where care/services are scheduled, managed, etc.

← Previous Next →

Version: 1.51.0.21961

Initial Application

Page 2, continued

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1 Organization Profile 2 Other Locations and Services 3 Summary

Application Summary |

NOTE: You're not done!
Your application has not been submitted yet. Please review the information you entered, and check the submit application button located at the bottom left corner of the screen.

Sunshine Hearts, Inc |

Physical Address: Mailing (Billing) Address: Federal Tax ID (EIN): 123432678 DBA: National Association: State Association: None Buying Group: Consultant Code: None

Organization Contacts:

NAME	TITLE	PHONE	FAX	EMAIL	TYPE

Sites & Services:

Name	Physical Address	Manager	Initial Date of Operation	Days & Hours of Operation
Name: Sunshine Hearts, Inc DBA: Federal Tax ID (EIN): 123432678 Customer Id:	*	*	1/1/0001	

Submit Application

Need Help...

Initial Application

Page 3

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Step 2: Accreditation Services Agreement

Fees and terms of payment are based on information provided in application:

- Service line
- # of Service Locations
- Unduplicated Admissions (HH and HO)

Payment Schedule:


- Default – 1 year installment bundle
- Must be paid prior to scheduling of visit**

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Following Contract Execution

- Email with the contract
- Phone call or e-mail from the Accreditation Specialist
- The “What Next” Call
- The “Readiness Call”
 - Verifying the supplied information
 - Validating the Service Line
 - The “game stoppers”
 - The Readiness Resources
- Readiness

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What Happens Next?

- ☐ Readiness Call
- ☐ Submitting Blackout Dates
- ☐ Accepting Readiness
- ☐ Scheduling Site Visit
- ☐ Site Visit posted in LinQ on the morning of the survey

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LinQ Site Visit Posting

Type: **Initial**

- Application
- Contract
- Self-Study / Readiness
- Site Visits**
- Action Plans
- Board Review
- Accreditation

CHAP is currently:

- CHAP is performing the following Site Visit:
Initial Site Visit started on 1/19/2022 - Lead Site Visitor: Deborah Lasater

Completed Items In Accreditation Cycle

- ✓ Your Application was accepted!
- ✓ Contract executed (5/6/2021 8:41:37 AM).

Other Actions

- View Notification Settings
- View Application Summary
- View Contract Document
- Fill out Blackout Dates
- View Self-Studies
- View Site Visit Readiness
- View Site Visits
- View Findings
- View Complaints
- View All Locations
- View Documents
- View Journals
- Pay Outstanding Invoices

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What Happens Next?



Introduction to and education about the standards



Comprehensive, internal self-assessment



Preparation tool for the site visit



Optional, but highly encouraged



Organizations may work on the self-study up until the visit

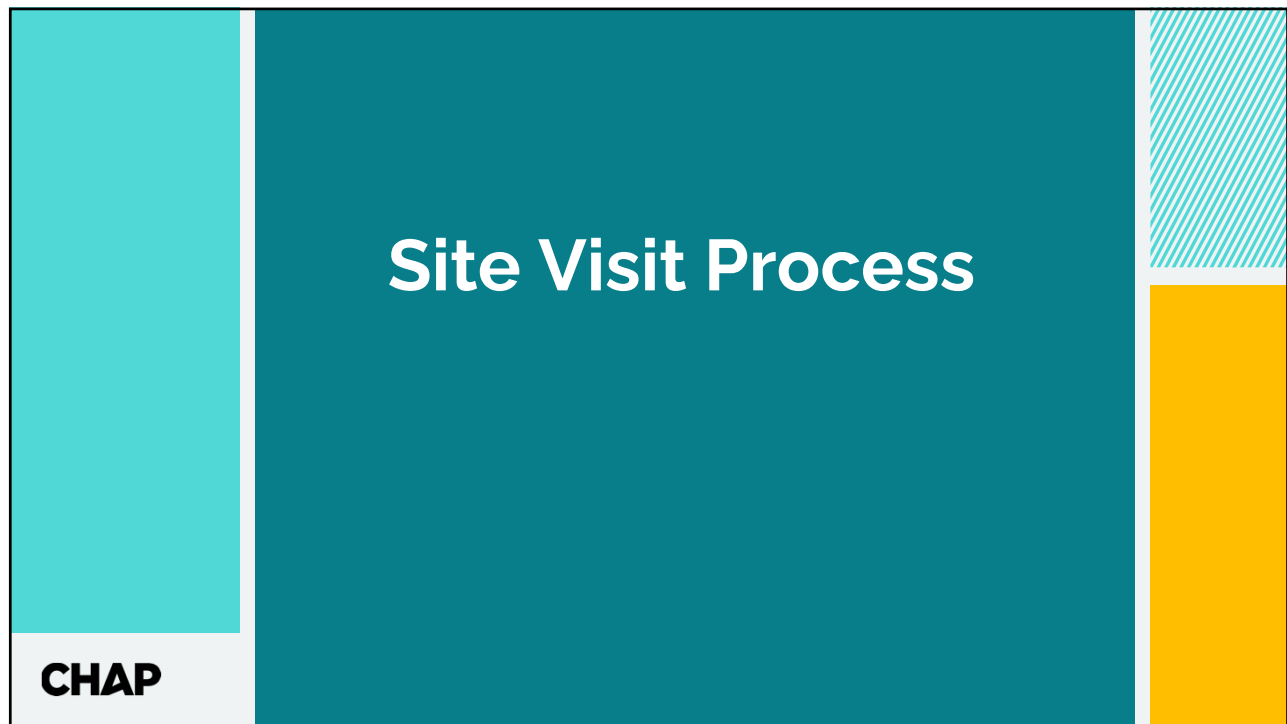
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Site Visit Readiness

Service Line	Required Documents	Required Census	Deemed Status Requirements
Home Health	• Copy of state license(s), if required by state	• 10 served • 7 active at time of survey	Copy of approved 855A letter
Hospice	• Copy of state license(s), if required by state	• 5 served • 3 active at time of survey	Copy of approved 855A letter
Home Medical Equipment (HME/DMEPOS)	• Copy of state license(s), if required by state	• 5 served (sale or rental) • No active patients required at time of survey	
Home Care	• Copy of state license(s), if required by state	• 5 served • 3 active at time of survey	
Pharmacy	• Copy of state license(s), if required by state	• 5 served (sale or rental) • No active patients required at time of survey	
Infusion Therapy Nursing (ITN)	• Copy of state license(s), if required by state	• 5 served (sale or rental) • 3 active at time of survey	
Palliative Care	• Copy of state license(s), if required by state	• 5 served (sale or rental) • 3 active at time of survey	

* How do I submit readiness?
* Black out dates?

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Site Visit Preparation

- Document Request List
- Policy List
- Top Ten Findings per the service line
- Mock clinical record review
 - Multi-discipline
 - High acuity interventions
 - Using top ten
 - Using quality results
 - Consider additions of new services
- Mock personnel record review
 - Utilize self-study
 - Validate compliance with organizational policy

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Timing to Prepare

Work on preparation continuously

Initial organizations

- Visit in 1-30 days of readiness submission
- Deemed – not announced
- Non-deemed – announced
- Only hit **submit** button when ready!!

Renewal organizations

- Visit in 32-36 months of prior comprehensive visit
- Review of entire Accreditation cycle

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Visit Components

- Entrance conference
- Home visit observation
- Personnel and clinical record review
- Daily wrap up
- Exit conference

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Site Visit Activities

- Clinical Record Review
- Personnel Record Review
- Home Visit Observations
- QAPI Review
- Emergency Preparedness Review
- Policy Review
- Communication

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Pandemic Effect on Visit

- Site Visitors
- Home Visits
- Record Reviews
- Communication

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Communication

- Entrance conference
- Daily wrap up
- Exit conference
- "Interview"
 - Home visit
 - Record review
 - Document review

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Handling Conflict

Should occur **during** the site visit

Steps to successful resolution

- Share concern with site visitor
- Each side should explain their point of view

If conflict continues, add the Director of Accreditation

Final opportunity is to appeal the finding

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Action Plan

Action plan to provider within 10 *business* days

- Submission of report by site visitor
- Full review by the Director of Accreditation or Senior Accreditation Manager
- Provider has 10 *calendar* days to submit their plan of correction.
 - PLUS the 10 business days of the DA

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Condition Level Finding

Initial agency – First site visit

- Deferral of accreditation
- 2nd comprehensive visit within 90 days
- If continues – 3rd and last visit within 90 days

Renewal Agency – any visit type

- Follow up visit within 45 days
- One or two days depending on number of CLD's
- The entire condition must be reviewed
- May require a home visit depending on the finding

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Relieving Anxiety

Constant Preparation

- Mock surveys and staff observations
- Education
- Document readiness

Prepare for the site visit

- Documents ready for review – contracts and policies
- Updated lists
 - Active patients
 - Employee listing
 - Discharge listing
 - Unduplicated admission number

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Relieving Anxiety

Site Visit Plan

- Appoint a point-person
 - Designate an alternate
- Methods for Sharing information
 - Records/Documents
 - Onsite/Offsite
- COVID practices sustained
- Workspace determined
- Prepare staff through practice drill

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Relieving Anxiety

- Communication
 - Share difficulty in obtaining information
 - Share your anxiety with the site visitor
 - Ask questions!
 - Take notes at each daily wrap up

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Contact

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 202-218-3700

Denise Stanford

Executive Director
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 org

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