

Record Reviews and Home Visits

POLICY:

CHAP follows a consistent process for record review and home visits to ensure an adequate case mix and stratified sample of records for accreditation/certification determination. The selection of records and home visits is determined by the site visitor, in accordance with this policy.

PROCEDURE:

The procedures listed below are specific to the service line being accredited/certified and/or the type of visit conducted. The guidance to state surveyors conducting federal Medicare surveys provided by the Centers for Medicare & Medicaid Services in the State Operations Manual (SOM) is the foundation for the methodology used by CHAP site visitors conducting home health, hospice, and home infusion therapy site visits.

1.0 Sampling Requirements for Home Health Clinical Record Reviews and Home Visits

1.1 Sampling requirements for the number of home health record reviews and home visits are listed in Table 6A and further described below.

Table 6A: Deemed Home Health Home Visits and Clinical Record Reviews

Unduplicated* skilled admits in recent 12-month period	Minimum # active patient record reviews without home visit	Minimum # of active patient record reviews with home visit	Minimum number of discharged patients (closed) record review	Total record reviews
Less than 300	2	3	2	7
301-500	3	4	3	10
501-700	4	5	4	13
701 or more	5	7	5	17

* Unduplicated means that an eligible person/admission is reported only once, although he/she may have had more than one period of eligibility during the year

1.2 For all deemed initial home health site visits without a CCN, the organization should have served at least ten (10) patients requiring skilled care in the most recent 12-month period, at least seven (7) of which are receiving skilled care (active) and one other service at the time of the site visit.

Home care aide services only patients cannot be counted in the unduplicated admissions.

1.3 For all renewal home health site visits, the home health organization should have at least two (2) active patients at the time of the site visit. Renewals with less than two active patients should be determined by the Director of Accreditation.

1.4 If the Organization is located in a medically underserved area, as defined by the Centers for Medicare & Medicaid Services Regional Office (RO), CHAP may reduce the minimum number of patients from ten (10) to five (5). In such situations, at least two (2) of the five (5) patients must be receiving skilled care from the Organization at the time of the initial site visit.

- 1.5 Selection of the sample of clinical records is stratified to include:
- Patients recently admitted, as well as long-term and discharged patients;
 - Patients receiving different types of services (e.g., skilled nursing, aide, therapy);
 - Patients with different diagnoses representative of the case mix of patients the organization serves;
 - Patients served across all locations, including branches;
 - Patients from all payer sources (e.g., Medicare, Medicaid, private insurance, private pay); and
 - At least one patient, where possible, receiving a “high tech” service (infusion therapies such as artificial nutrition and hydration, chemotherapy, mechanical ventilation, tracheotomy care, etc.).
- 1.6 If the number of patients receiving skilled care is not adequate, the site visitor should include patients receiving home health aide or personal care services to complete the site visit sample. If the site visitor is unable to draw the required sample size for home visits, he or she should increase the clinical record reviews without home visits by one for each home visit not made.
- 1.7 If patients refuse visits, the site visitor must review additional records, so the total number of records reviewed is met. The site visitor contacts the Director of Accreditation (DA) and documents the reason the required number of home visits were not met in a written addendum to be provided to CHAP accreditation staff. Completion of less than the required number of in-person home visits could result in the organization not being eligible for a valid survey. When circumstances warrant, a telephone visit is conducted, and additional record review is required.

2.0 Sampling Requirements for Hospice Clinical Record Reviews and Home Visits

2.1 Sampling requirements for the number of hospice record reviews and home visits are listed in Table 6B and further described below.

Table 6B: Deemed Hospice Home Visits and Clinical Record Reviews

Number of Unduplicated* Admissions (Past 12 months)	Closed Records (Live Discharges)	Closed Records (Bereavement records)	Record Review-No Home Visit (RR-NHV)	Record Review W/ Home Visit (RR-HV)	Total Minimal Sample	Inclusion of Records from Multiple Location(s)
<150	2	2	7	3	14	The number of records from each multiple location should be proportionate. Include at least 1 RR-NHV or RR-HV from each location ¹
150-750	2	3	10	4	19	
751-1250	2	3	12	6	23	
1251 or more	3	4	14	6	27	

* Unduplicated means that an eligible person/admission is reported only once, although he/she may have

had more than one period of eligibility during the year.

¹Example. For hospices with < 150 admissions. if there are three locations and 50% of patients are from location A, 25% from location B, and 25% from location C, then, from the total minimum number of 14 records, 7 records should come from location A, 3-4 records from location B and 3-4 records from location C. If there is a large number of multiple locations, the surveyor should distribute the total minimum sample across the locations as most feasible. (Source: State Operations Manual Appendix M, Task III)

- 2.2 For all initial Deemed hospice site visits without a CCN, the organization should have served at least five (5) patients and have at least three (3) active at the time of the site visit. Exceptions may be made for medically underserved areas. As defined by the Centers for Medicare & Medicaid Services (CMS) location, CHAP may reduce the minimum number of patients from five (5) to two (2), with at least one (1) active at time of site visit.
- 2.3 For all renewal hospice site visits, the organization should have at least two (2) active patients at the time of the site visit.

If there is a decline to two (2) active patients or less in census (e.g., patient death within the last 72 hours) after a period where census was maintained at or above the required threshold of three (3) active patients, the site visit can proceed after DA consultation/approval. Once the site visit is approved, the site visitor will provide written documentation of rationale and present to necessary entities in the form of an addendum.

- 2.4 Selection of the sample of clinical records is stratified to include:
- Patients recently admitted, as well as discharged and deceased patients;
 - Patients receiving different types of services/levels of care;
 - Patients receiving care in different settings (e.g., routine home care in a private residence or nursing facility, as well as inpatient care provided directly or under arrangement);
 - Patients with different terminal diagnoses and receiving different levels of care (e.g., routine, respite, inpatient symptom management, and continuous);
 - Patients served across all locations, including alternative delivery sites (ADS);
 - Patients from all payer sources (e.g., Medicare, Medicaid, private insurance, private pay);
 - Patients who are no longer in hospice care due to death, revocation of the hospice benefit or transfer (live discharges).
 - After the death of the patient, the focus of the review is on care provided in the final days of life, post-death bereavement counseling and services for the family and caregivers.
 - For live discharges, the focus is on the circumstances leading to the cessation of hospice services.
 - Patients with a transition of care due to relocation, or transitions to another provider type (hospital, nursing home, etc.)
 - Family and caregivers of patients who died who were offered and furnished (if desired) bereavement services counseling, for up to one year following the death of the patient,

using an established plan of care, under the supervision of a qualified professional with experience or education in grief or loss.

- 2.5 Total number of required record reviews and home visits **must** be met. If patients refuse visits, the site visitor must review additional records so the total number of records reviewed is met, contact the DA, and document why the required number of home visits were not met in an addendum to be provided to CHAP home office staff.
 - In the event no home visits available, the site visitor must contact DA to discuss further required action before completing the site visit.

3.0 Sampling Requirements for Home Care Clinical Record Reviews and Home Visits

- 3.1 Sampling requirements for the number of home care record reviews and home visits are listed in Table 6C and further described below.

Table 6C: Home Care Record Reviews and Home Visits

Current Active Census, excludes staffing only patients	Site Visit Days	Minimum # of RR without home visit	Minimum # of RR with home visit	Total Record Reviews
Less than or equal to 400	2	4	3	7
Equal to or greater than 401	3	5	5	10

- 3.2 For initial home care site visits, the Organization should have served at least five (5) total patients and have at least three (3) active patients at the time of the site visit. If an organization is seeking accreditation of all three (3) service areas (Professional Services, Personal Care Services, and Companion and Environmental Services), at least one (1) patient should have received a professional service and/or personal care.
- 3.2 For all renewal home care site visits, the organization should have at least two (2) active patients at the time of the site visit.
- 3.3 For Home Care personnel files, at least one (1) member of management and three (3) records of staff responsible for care are reviewed. The sample includes a review of one (1) record for a staff member providing care or service in each category of service provided, namely Professional Service, Personal Care Services, and/or Environmental Services.

4.0 Sampling Requirements for DMEPOS and Pharmacy Record Reviews and Home Visits

- 4.1 The requirements for record reviews and home visits for DMEPOS and Pharmacy services are listed in Table 6D and further described below.

Table 6D: DMEPOS and Pharmacy Record Reviews and Home Visits

Services provided	Minimum # of record reviews	Minimum # of home visits
DMEPOS	10 (including patients for any	2**

	specialty areas)*	Home visit reviews can be conducted via phone calls or observation of patient set-ups/ deliveries
Pharmacy	10*	1** Home visit reviews can be conducted via phone calls, deliveries, and/or observation of patient set-ups

* If fewer than 10 records are available, then review 100 percent of available records.

** If no appointments are available, or for internet-only/mail-order organizations, 5 patient interviews must be completed by phone or observation.

- 4.2 For initial DMEPOS site visits, the organization should have served at least five patients (sale or rental) by the time of the site visit and have at least one (1) active patient or have served a patient requesting specialty services in the preceding 12 months. Specialty services include respiratory equipment, complex rehabilitative equipment, or custom fitted orthoses and prosthetic devices.
- If the one (1) active patient census is not met, the organization will receive a focus visit within the preceding six months.
 - If an accredited DMEPOS organization adds a location, that location is reviewed accordingly to CHAP DMEPOS Standards of Excellence and is required to serve two (2) patients.

4.3 For all renewal DMEPOS site visits, the organization should have at least two (2) active patients at the time of the site visit or have served two (2) patients in the preceding 12 months.

5.0 Sampling Requirements for Home Infusion Nursing Therapy Patient Record Reviews and Home Visits/Patient Interviews

5.1 Sampling requirements for the number of home infusion therapy record reviews and home visits are listed in Table 6E and further described below.

Table 6E: Home Infusion Therapy Nursing Home Visits and Clinical Record Reviews

Current Active Patient Census	Minimum # of record reviews without home visit	Minimum # of record reviews with home visit	Total record reviews
Less than 150	2	3	5
150–750	3	3	6
751–1,250	4	4	8
1,251 or more	6	4	10

- 5.2 For all initial home infusion therapy site visits, the organization should have served at least five (5) patients and have at least three (3) active at the time of the site visit. Exceptions may be made for medically underserved areas as defined by the Centers for Medicare & Medicaid Services RO, CHAP may reduce the minimum number of patients from five (5) to two (2), with at least one (1) active at time of site visit.
- 5.3 For all renewal home infusion therapy site visits, the organization should have at least two (2) active patients at the time of the site visit.
- 5.4 Selection of the sample of patient records is stratified to include:

- Patients receiving different drugs and vascular access devices (VADs);
- Patients receiving infusion in different settings (e.g., routine home care in a private residence or alternate site);
- Patients from all payer sources (e.g., Medicare, Medicaid, private insurance);

5.5 Total number of required record reviews and home visits **must** be met. If patients refuse visits, the site visitor must review additional records so the total number of records reviewed is met, contact the DA, and document why the required number of home visits were not met in an addendum to be provided to CHAP home office staff.

6.0 Sampling Requirements for Palliative Care Clinical Record Reviews and Home Visits

6.1 Sampling requirements for the number of palliative care record reviews and home visits are listed in Table 6F and further described below.

Table 6F: Palliative Care Home Visits and Clinical Record Reviews

Current Active Patient Census	Minimum # of record reviews without home visit	Minimum # of record reviews with home visit or interviews	Total record reviews
Less than 300	2	3	5
300 or more	7	3	10

6.2 For initial palliative care site visits, the organization should have served at least five (5) total patients and have at least three (3) active patients at the time of the site visit.

Note: Patients receiving palliative care must be separate from patients reviewed for home health and/or hospice service lines.

6.3 For all renewal palliative care site visits, the organization should have at least two (2) active patients at the time of the site visit.

7.0 Sampling Requirements for Personnel Record Reviews

7.1 For home health organizations, the sample of personnel records should include a minimum of one personnel record for each service the organization provides. For hospice organizations, the sample of personnel records should include the following categories to ensure they meet the educational, experiential requirements, and criminal background checks:

- Physicians
- Registered nurses and licensed practical nurses
- Hospice aides
- Physical therapists and assistants
- Occupational therapists and assistants
- Speech language therapists and assistants
- Social workers and assistants

- 7.2 For durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) and pharmacy organizations, the sample should include a review of one record per job role/title and the staff required if respiratory equipment, complex medical rehabilitation, and/or custom orthotics/prosthetic care/services are provided. Records are reviewed for all personnel present on home visits.
- 7.3 For Infusion Nursing Therapy (home infusion nursing therapy) personnel records reviewed include at least two (2) records of staff responsible for infusion administration, one (1) member of clinical management (e.g. supervisor), and staff observed during a home visit.

8.0 Sampling Requirements for Complaint and Focus Visits

- 8.1 Selection of the sample is based on the nature of the previous findings or complaint being investigated. Factors considered when selecting the sample include the scope and severity of the issues being investigated and the nature/type of the investigation. For example, if a complaint is related to complex wound care, the clinical records examined must include discharged and current patients receiving complex wound care.
- 8.2 Site visitors must attempt to review a minimum of five (5) clinical records and five (5) personnel records related to the nature of the complaint or previous citation. If the sampling requirements cannot be met for any reason, the site visitor should consult with the DA to determine if additional sampling or modes of evidence collection are necessary and document the reason the required number of records could not be reviewed.
- 8.3 A site visitor should conduct one or more home visits, if possible, to evaluate the complaint or previous citation. In the case of palliative care and home infusion therapy, in which patients may not be homebound, one or more patient interviews should be conducted. If the sampling requirements cannot be met for any reason, the site visitor consults with the DA to determine if additional sampling or modes of evidence collection are necessary.

9.0 Documenting Citations with Evidence from Record Reviews

- 9.1 Citations that contain evidence from records reviewed during the site visit must specify the universe of records reviewed. The universe refers to the applicable sample, such as patients receiving physical therapy, patients receiving complex wound care, or personnel providing aide services.

Revision	Date	Description of Changes	Last Edited By
Review	1.25.13	Review and formatting. Need to get content finalized	T. Padgett
Minor	9.16.13	Corrected charts to eliminate overlapping ranges	A. Bivens
Minor	1.15.14	Added guidance on how to handle site visit with a recent decline in census	A. Furbach
Minor	11.2.15	Compliance with AO Rule	T.Padgett
Minor	12.22.15	Revision to record reviews for Home Health. Removed 11-149 line and made 10 to 149 line	T.Padgett
Minor	1.14.16	Updated for Compliance with AO Final Rule—Changed working days to business days. Added statements on comparability to CMS Process	T.Padgett
Minor	3.6.2017	Updated to reflect 2016 New Jersey Private Duty Memorandum of Understanding	E. Kopleff
Minor	11.28.2017	Update record reviews for complaints and focus visits	T. Padgett
Major	1.16.2018	Update record reviews for home health per Fran P. and Barbara McCann. HH record review table now consistent with changes to SOM issued on January 12, 2018 by CMS	T. Padgett
Major	8.21.2019	Updated record reviews requirement for home health renewal visits per Fran P. and Barbara McCann. See section 1.3	C. Gee
Major	8.21.2019	Updated Private Duty record reviews requirement per Fran P. and Barbara McCann. See section 3.0-3.3 and 5.3	C. Gee
Major	10/9/2019	Full Edit in Preparation for HIT Application	C.Gee
Major	1/10/2020	Full Review in Preparation for HIT Application	B. McCann
Minor	2/8/2021	Updated terminology for private duty	C.Gee
Major	4/19/2021	Updated record reviews requirement for Infusion Therapy and added Palliative Care section per Barbara, Fran, and Teresa. See section 5 and 6. Note: The grid in table 6E is a recommendation by CMS not a requirement. CHAP's HIT initial application was approved with the original number of record reviews and per CMS guidance, there is no need to send policy changes. However, CMS approved the new grid in 6E on 3/31/2021.	C. Gee
Major	8/23/2021	Full review and edits to readiness requirements.	C. Gee, B. McCann, T. Harbour, F. Petrella, J. Pazun
Major	3/17/23	Full review and edits to survey protocol and requirements.	J. Kennedy, T. Harbour, G. Minner, B. Bokuniewicz