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

*Some complaints may have more than one allegation*
HOSPICE
COMPLAINT ALLEGATIONS
CALENDAR YEAR 2018

- Resident/Patient/Client Rights: 31
- Quality of Care/Treatment: 8
- Nursing Services: 13
- Administration/Personnel: 2
- Admission/Transfer & Discharge Rights: 1
- Falsification of Records/Reports: 1
- Missappropriation of Property: 1
- Resident/Patient/Client Abuse: 2

*Some complaints may have more than one allegation*
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

- Home Health
- Hospice

<table>
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Revisions to Appendix Q
Guidance on Immediate Jeopardy (IJ)

- Quality Safety & Oversight Group, (QSO) 19-09-ALL
- Dated March 5, 2019, Effective Immediately
- 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

- Standard Surveys: 47
- Follow up Surveys: 20
- Complaint Surveys: 30
- C/O Substantiated: 18
- C/O Unsubstantiated: 12
- New HH Agencies: 9
- Pending Applications: 0

(Chart showing the statistics for various categories of surveys and actions taken in 2018.)
Home Health
Unduplicated Admissions

2017
123,834

2018
126,882
Closed Agencies

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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
HH Administration Turnover

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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