

# HARDWIRE COMPLIANCE: A STRATEGIC IMPERATIVE

## SURVEY READINESS

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**HCP** | NYS Home Care Providers  
**FOUNDATION**  
Research & Educational Resources for Home and Community-Based Care

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## PROGRAM GOALS



- Identify recent New York State survey trends for Licensed Home Care Providers.
- Discuss compliance pathways that mitigate survey risks.
- Detail operational and clinical practices that support survey success.
- Quick Reference Take Aways
  - NYS DOH Updated LHCSA Survey Tool
  - NYS DOH Audit Tool Packet
  - NYS DAL Cybersecurity

***Perform a Self-Assessment. Are You Ready for Survey?  
How Do You Hardwire Compliance?***

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## PROGRAM NOTES

- This information is intended for informational purposes only and is updated for information up to June 21, 2024.
- Note that CMS, CDC, the New York State Department of Health, New York State Medicaid and all regulatory bodies update official information on a regular basis.
- Please reference the resources listed on the last slides to continue to track and update on all relevant provider developments on this topic.
- This information is not intended to render medical, legal, financial, accounting or other professional advice. *Seek expert relevant assistance as needed.*

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## POST WEBINAR 1 QUESTIONS

- *Where Do We Find the EVV Regulations & Requirements for Policies, Education & Audits?*
- 21 Century Cures Act
  - Medicaid.gov
    - EVV Requirements
    - EVV FAQs
    - Additional EVV Guidance & Updates
  - NYS DOH EVV Requirements
    - NYS DOH EVV Requirements
    - NYS DOH EVV FAQs
  - EVV Audits
    - Focus on the EVV Agency Requirements
    - Audits Focus On
      - Reason EVV Not Used
      - Documentation to Verify non-EVV Visits
- Agency Audit Thresholds & Benchmarks



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## OMIG ON EVV STANDARDS

- **Provider Response for EVV Data**
  - ✓ **Response Detailed Provider's Initiatives**
- **Ensure EVV Transmission from VO**
  - ✓ **Verification Organization: Vendor Review**
- **Ensure Documentation for All Non EVV Visits**
  - ✓ **Reason for EVV Not Used**
  - ✓ **How Was Visit Verified**
  - ✓ **Is Timesheet/Activity Sheet Enough**
  - ✓ **Other Provider Feedback**
- **Ensure Documentation of Re-Education for All Aides Not Consistently Using EVV**
  - ✓ **Barriers to Use**
  - ✓ **Corrective Actions**
  - ✓ **Monitoring & Tracking Going Forward**



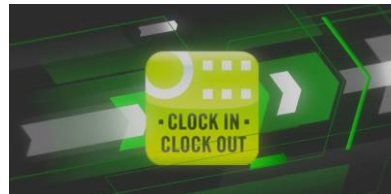
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## EVV REMINDERS

- **Specific Policy for EVV Training**
  - **Required Elements**
    - What is EVV
    - Data Fields to Complete for Submission
    - Start Date for EVV
    - Services that Required EVV
    - How & When to Collect Data
    - How to Submit Data
    - EVV Security
    - Prevention of Fraud & Abuse
- **Can You Locate This is Your Admission Packet?**
- **EVV Fact Sheet in Admission Packet**
  - **Consent Considerations**
- **Documentation of EVV Training**
- **EVV Attestations**



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## EVV COMPLIANCE AUDITS

- **Provider EVV Audit Periods**
- **Non EVV Documentation to Support Billing**
  - Reason EVV Not Used
  - Verification of Aide Visit
  - Complete Documentation in Vendor System
  - Timesheets/Activity Sheets
- **Documentation Complete Before Submission of Bill**
- **Corrective Actions Taken**
  - Trends for Non Use of EVV
  - Focused Aide Re-education Documentation
- **Compliance Committee Audit Summaries**
- **Compliance Committee Minutes**
  - Discussion & Recommendations: Thresholds & Benchmarks



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## MLTC EVV AUDIT UPDATES

- **Expanded MLTC/MCO Compliance Audits**
  - Per OMIG & NYS OHIP Requirements
- **MLTC EVV Audits**
  - **Select Member/Caregiver Audits**
    - CDPAP Focus
  - **Documentation Requirements**
    - Member/Caregiver Demographics
    - Timesheets
    - Provider Documentation with Reason(s)
- **Validation Compliance Audit Follow-ups**
  - Same as Previous Select Members/Caregivers
  - Remediation Education Documentation for EVV
  - EVV Goal Progression
- **Ensure Your Documentation is Comprehensive & Complete**



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## MORE ON WEBINAR 1 QUESTIONS

- Can you review when caregivers do not need to do EVV?
- Reference NYS DOH EVV Guidelines (Page 12)
  - EVV-Exempt Live-In Caregiver
    - Medicaid member & Caregiver have the same permanent place of residence
    - Residence status must be verified for both the Medicaid member and the caregiver
  - Examples of Caregivers Who are NOT EVV-Exempt Live-In
    - Caregivers who live with members for only a short period of time, such as 2 weeks
    - Caregivers who work 24-hour shifts but whose permanent residence is not the same as the Medicaid member
  - Verification of Live-In Status
    - Documents that verify address
      - NYS ID
      - Multiple: Bank Statements; Utility Bill; Medicaid
- Maintain & Validate All Records for EVV-Exempt Status

## MORE POST WEBINAR 1 QUESTIONS

- What Regulations Require the Health Requirements for CDPAP PAs? Specifically the 2 Forms of ID's, Hepatitis Vaccination or Declination & the Influenza Vaccination or Declination on the Audit Form You Provided.
- The CDPAP Regulations require all Personal Assistants (PAs) to have the same health requirements pre-employment and annually during employment.
  - Reference the Title 10 Section 766.11 Personnel Regulations for these specific requirements
  - The items listed on the Sample CDPAP Personnel Audit Tool are Detailed in those Regulations
- OSHA Requirements for All Healthcare Providers including LHCSAs require that Providers Offer the Hepatitis B Vaccine during the pre-employment process and provide the Declination if indicated.
- **Bottom Line: Ensure Your PAs have all the Health Requirements Mandated for FIs & LHCSAs.**

## ONE MORE WEBINAR 1 QUESTION



- *We Cannot Locate the Directive & Poster on the Cybersecurity Information You Provided in Webinar 1.*
- NYS DAL 19-01 (See Tool Packet) & NYS DAL 21-32
  - Notification Protocol for Cyber Event
    - Contact Regional DOH Office
    - Post Signage in Agency Locations
  - Attempted or Successful Unauthorized Access, Use, Disclosure, Modification and/or Destruction of Data OR Interference with an Information System Operations
    - Note Regional Office Numbers
  - NYS DOH Duty Officer for After Hour Emergencies
    - 866-881-2809
- Ensure Your Agency Malware and/or Cybersecurity Policy is Up to Date with All Required Contact Numbers
  - Law Enforcement Contact Numbers
    - FBI Field Office Cyber Task Force
    - US-CERT & FBI Internet Crime Complaint Center

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## OTHER INDUSTRY UPDATES

- NYS 2024-2025 Budget Updates
- NYS DOL Updates
  - Policy & Practice Updates
- U.S. Department of Labor & OSHA Updates
  - Released Citation & Penalty for Elara Home Care
    - Did not protect employees from serious injury and/or death
    - Did not perform a risk assessment and implement a written workforce prevention program to protect employees against injury or harm.
  - OSHA Act Requires:
    - Employers furnish a place of employment and adequate measures to prevent serious injury and/or death
    - Employers must develop & implement adequate measures to protect employees from hazards including physical assaults.
- Workplace Prevention Program
  - Workplace Safety Committee



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## HARDWIRE COMPLIANCE

- **Cultivate a Culture of Compliance**
  - Commitment by Governing Authority, Senior & Middle Management
  - Autonomy & Resources
  - Well Designed Program
  - Staff Engagement
  - Incentives for Compliance
- **Consequences for Non-Compliance**
  - Integrate with Job Descriptions
  - Performance Evaluation Impact
- **Integral with Quality & Safety Programs**
  - Aligns Regulatory Oversight with Operational Programs
- **Integration with Daily Activities & Actions**
  - **How Do You Make This a Daily Priority?**



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## SURVEY UPDATES

- **Survey Protocols**
  - Entrance Conference Updates
  - Document Request & Copies
  - Panel Review
  - SOD Updates
  - Focus Items
- **Pre-Survey Protocols**
  - Last Survey Results: SOD & POC
  - Complaints: Alleged; Confirmed; Follow-up
  - HCS: Updated Personnel List
  - HCR: Employee List
  - CHRC: Employee List
  - LHCSA Statistical Report: Annual
  - Participation in required DOH Emergency Drills: Annual
- **On Site Survey Process**



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## NYS SURVEY TOOLS

- **Standardized Survey Protocols**
  - All Surveyor Worksheets & Standards
  - LHCSA Pre-Survey Worksheet
  - LHCSA Entrance Conference
  - LHCSA Document Request (See Tool)
  - LHCSA Home Visit Protocol
  - LHCSA Quality Assurance Surveillance Tool
  - LHCSA Contract Surveyor Tool
  - LHCSA Clinical Record Review Tool
  - LHCSA Personnel Record Review Tools
  - LHCSA Emergency Preparedness Surveyor Worksheet
  - HCR & Criminal Background Surveillance Protocol
- **Other: DAL Updates; OMIG; DOL; MLTC/MCO Updates**
- **Centralize & Easy Access to All Regulations & DALs**



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## NYS SURVEY TOOLS

- **Pre-Survey Protocols**
  - Last Survey Results: SOD & POC
  - Complaints: Alleged; Confirmed; Follow-up
  - HCS: Updated Personnel List
  - HCR: Employee List
  - CHRC: Employee List
  - LHCSA Statistical Report: Annual
  - Participation in required DOH Emergency Drills: Annual
- **On Site Survey Process**
  - Entrance Conference
  - Survey Document Request Changes
- **Prepare Now for Survey Success**



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## PRE-SURVEY CONSIDERATIONS

- Surveyors Come Armed With:
  - Your Last Survey Results
  - Your Reported Complaints & Complaint Investigation Results
  - Your History of Access to HCS/HPN (7 days per week)
  - Your Employee List on HCR
  - Your Employee CHRC Negative Determination List
  - HHATP Surveillance Information (if applicable)
  - Your Compliance with Statistical & Cost Reporting
  - Your Compliance with Required NYS DOH Emergency Drills & HERDs Reports
- **Where Do You Stand with These Survey Items?**

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## NYS LHCSA SURVEY GOALS

- Assess Agency's Compliance With All Regulations & Standards
  - Reference Document Request Guide
    - Can you readily produce an active patient roster?
    - Can you quickly produce a patient visit schedule for survey dates?
    - Can you provide a discharge list of patients for the last 12 months?
    - Admission Packet with Bill of Rights
    - Current employee list by discipline
    - Required policies & procedures
    - Governing Authority Minutes for the past 12 months
    - Quality Committee Meeting Minutes for the past 12 months
    - Contracts
    - Complaint Log
- Be Organized, Responsive & Ready

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## Do's & DON'TS

### ○ Be Organized, Responsive & Ready

- Confirm Credentials & Provide Private Setting
- Quickly provide requested documents
- If uncertain of request, clarify surveyor needs
- Be readily available through-out the survey
- Confirm surveyors have all required documents
- Clarify questions
- Assign a clinical person to answer clinical record review questions



### ○ Challenges

- Timely Response for Requested Documents

### ○ Train Staff on How to Greet Visitors & Surveyors ( How To Notify Staff in Building)

## SURVEY & AUDIT TRENDS

### ○ Practices & Policies

- Updated COVID-19 Policies
- COVID-19 Screens
- HCS Updates: Security Updates
- CHRC: Forms 102 & 105 (Properly Executed)
  - No Electronic Signatures
- Timely HCR Updates
- Clinical Supervision
- Discharge Practices & Documentation
- Quality Minutes & Attendance



### ○ Challenges

- Practices Consistent with Policies & Regulations

### ○ Do Not Make Excuses for Lack of Information

## CONSIDER ONGOING READINESS

- Prepare Now: Updated Policies & Procedures
  - Clinical Supervision
  - CHRC
  - HCR
  - Complaint
  - HCS/HPN
  - Health Requirements
  - Infection Control & Prevention
  - Influenza Vaccination
  - COVID-19 Policies: Revised & Archived
- **Organizational Chart**
- Governing Authority Minutes
- Continuous Quality Improvement Minutes
- Complaint/Grievance Log
- Emergency Disaster Preparedness Plan
- Contract Updates



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## MORE ON COVID-19 POLICIES

- COVID-19 Return to Work Policy
  - Policy for Daily Screening of Staff
  - Policy/Protocol for Staff Returning to Work Following COVID-19 Exposure or Infection
  - Policy/Protocol for Screening Patients for COVID-19 Symptoms Prior to Accepting New Admissions & Referrals
  - Records for Infection Control Training & Use of PPE
  - Staffing Plan for COVID-19 Positive or Suspected Patients (PUI)
  - A Copy of Care Plan for Two COVID-19 Positive Patients You are Currently Caring For
- Do You Have Documentation of Employee COVID Screens?
- Do We Still Have to Screen Employees?
- **Return to Work Policies**
- PPE: Storage; Distribution; Protection; Cleaning



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## COMMON SURVEY CHALLENGES



- **HCR & CHRC**
  - **NYS Surveyor List Does Not Match Your Staff Roster**
- **Common Citation**
  - **HCR & CHRC Policies are Not Updated**
  - **Agency has Not Followed Required Protocols**
- **Consider**
  - **Review your current agency HCR & CHRC Policies**
  - **Update as indicated**
  - **Now check if and how your agency is completing these processes**
- **Best Practice: Surveillance Protocols**

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## HCR & CHRC POLICY & PROCESSES

- **HCS/HPN & HCR**
  - **Is the DOH HCS Account & Roles Up to Date?**
  - **Does the policy reflect personnel role changes as soon as they occur and at a minimum on a monthly basis?**
  - **Is the HCR updated for new employees & terminations within 10 days?**
- **CHRC**
  - **Policy reflect 2 CHRC Authorized Persons (APs)?**
  - **Is your Policy updated with termination timeframes?**
  - **Supervision of temporary personnel (weekly supervisions)?**
  - **Procedures for Hold-in-Abeyance, Pending Denials and Final Determination Letters?**
  - **Reporting terminations & separations (no later than 30 days)**
  - **Wet Signatures are Required (No Electronic Signatures)**
- **Check the NYS DOH Updated CHRC Surveillance Protocol**
  - **High Risk Agency Process: OMIG Priority**

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## MORE UPDATES ON HCS POLICY

- DAL 22-11 HCS Roles (2022 Update)
  - Communications Directory Updates
    - As soon as they occur and at a minimum on a monthly basis
    - User Security: 10 business days to update account of changes
  - Primary & Back Up Roles (See Chart on DAL)
    - Administrator & Backup
    - Operator & Backup
  - **After Hours Contact: Must include Cell Phone Numbers**
  - PCATP
    - Two authorized individuals for each role
      - Home Care Registry Certification Printer
      - Home Care Training Program Certificate Printer
      - Home Care Training Program Updater
      - Home Care Program Viewer
- Review Your HCS Policy & Directory for Updates

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## MORE ON SURVEY CHALLENGES

- Personnel Files
  - Access the NYS DOH Personnel Audit Tool
- Common Citation
  - Personnel Files are missing Pre-Employment TBQ
  - Personnel files are not updated with TBQ annually
  - TBQs are NOT Aide Self-Assessments
- Check Your Current Influenza Vaccination Policy
  - Ensure Influenza Vaccine Status is Annual
  - Ensure Influenza Vaccine Declination is Annual



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## AIDE VERIFICATION POLICY UPDATES

- DAL 22-07 & 22-10 (April 11 & May 24, 2022)
  - Aide Training & Certificate Clarifications
    - Verify Certificate Validity
      - Policy must include validation based on the date of the aide certificate (HCR on or after 1/6/2011)
      - PCA Certificates do not have an expiration date
      - HHA certificates will lapse if the HHA has not worked for an Article 36 or Article 40 agency within a 24 month period
      - Advanced HHA must complete 18 hours of inservice annually in order to maintain his/her AHHA certification status in HCR
    - Other
  - Hire Requirements
    - Verification of employment history
    - Verification of qualifications for duties assigned
    - Signed & dated application for employment
  - Aide Inservice Clarifications: Condition of Employment
  - HCR Roster Reminders
    - Not listed: Not Employable
- Agency Responsibilities if Certificate is Not Valid
- Guidance Issued March 17, 2022 Details Procedures

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## AIDE REFERENCE REQUIREMENTS

- 766.11 Personnel Minimum Standards
  - (f) (i) that prior to patient contact, employment history from previous employers, if applicable, and recommendations from other persons unrelated to the applicant if not previously employed, are verified;.....
- NYS DOH LHCSA Policy & Procedure Requirements
  - Personnel Policy/Procedure must include employment verification/references (2)
- Survey Citations
  - Lack of two verified references

See NYS DOH DAL 22-10: Verification of Employment Requirement on May 24, 2022

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## MORE SURVEY TRENDS



- **Written Emergency Preparedness Plan**
  - **Lacks identification of types of emergencies;**
  - **Current patient roster does not include all required EP elements;**
  - **Procedure not available for patient's who refuse to evacuate when ordered evacuation;**
  - **Procedure for alternate communication if telephone and/or computers are disabled;**
  - **Lack of updated contact list for community partners;**
  - **Lack of updated staff call down list.**
- **Update Your Plan Annually with the HVA**

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## MORE ON EMERGENCY DISASTER PLAN

- **Specific Agency Ongoing EP Requirements**
  - **Current & Complete Patient Roster with All Required Elements**
    - Patient name & address
    - Classification Level
    - TALs (Check Your Updates)
    - Caregiver Name & contact number
    - Specific care needs
    - Other data for first-responders
  - **Current EDP Staff Call Down List**
  - **Current Community Partner Contact List**
  - **Agency Response if Patients Refuse Mandatory Evacuations**
- **Plan & Policies**
  - **Identifies how the agency keeps all information updated**
  - **Identifies who keeps the information updated for each**



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# MORE ON SURVEY TRENDS



## o Clinical Record Review

- **Complete Consents:** RN & Aide Frequency
- **Comprehensive Assessments**
  - o Vaccination Status (Influenza; Pneumovax; Shingles; COVID)
- **Timely Assessments**
  - o Must be completed prior to Recert 485
- **Updated Aide Plans of Care**
  - o When Aide Should Call RN
  - o Specific Patient Changes (NOT Generic on Every POC)
- **Complete MD Orders & Notify MD with Patient Changes**
- **Update Aide Plan of Care with Patient Changes**
- **Discharge Summaries: Care Summary; MD Contact Date**

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## o Challenges

- Hybrid Clinical Records

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### PATIENT TRANSFER/DISCHARGE PLANNING/SUMMARY

Patient's Name \_\_\_\_\_ Diagnosis \_\_\_\_\_  
 SOC Date \_\_\_\_\_ Discharge Date \_\_\_\_\_  
 Physician \_\_\_\_\_ Date MD Notified of Discharge \_\_\_\_\_

**STATUS ON ADMISSION TO AGENCY:**

_____ Impaired ADL Ability	_____ Impaired Skin Integrity	_____ Altered Cardiac Status
_____ Impaired Mobility	_____ Actual/Potential Infection	_____ Cognitive Dysfunction
_____ Uncontrolled Diabetes Mellitus	_____ Impaired Elimination (GI/GU)	_____ Uncontrolled Hypertension
_____ Self Care Deficit	_____ Fluid/Electrolyte Imbalance	_____ Nutrition Imbalance
_____ Safety/Environment Hazard	_____ Altered Respiratory Status	_____ Pain
_____ Impaired Mental Status	_____ Change in Body Image	_____ Speech Impairment
_____ Ineffective Coping	_____ Impaired Behavior Pattern	_____ Therapeutic Noncompliance
_____ Active Preterm Labor	_____ Knowledge Deficit R/T _____	
_____ Other _____		

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

PATIENT RECEIVED: \_\_\_ RN \_\_\_ LPN \_\_\_ HHA \_\_\_ PCA \_\_\_ HOMEMAKER \_\_\_ OTHER

**INTERVENTIONS PROVIDED:**

_____ Monitored Vital Signs/FH	_____ Prov/Int. Insulin Admin.	_____ Enteral Therapy
_____ Monitored Cardiac Status	_____ Inst. Diabetic Care	_____ Prov/Inst. Technical Procedure
_____ Monitored Respiratory Status	_____ Prov/Inst. Foley Care	_____ Diet Instruction
_____ Monitored Neuro Status	_____ Disimpaction/Enema	_____ Wound Care
_____ Skilled Observations	_____ Bowel/Bladder Training	_____ Personal Care
_____ Prov/Inst. Skin Care	_____ Administer/Inst. Medications	_____ Therapeutic Ex./Strengthening
_____ Prov/Inst. Ostomy Care	_____ Parenteral Treatments	_____ ADL Training
_____ Prov/Inst. Trach Care	_____ Prov/Inst. Hickman/Broviac Care	_____ Gait Training
_____ Treatment for Speech Disorder	_____ Lab	_____ T-Pump Start/Instruction
_____ Self-Palpation Instruction	_____ Other _____	

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

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## MORE ON DISCHARGE SUMMARY

ONGOING SYMPTOMS: \_\_\_\_\_

OUTCOMES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PATIENT/FAMILY ABLE TO SELF MANAGE?    \_\_\_ YES    \_\_\_ NO

REMAINING NEEDS: \_\_\_\_\_  
 \_\_\_\_\_

REFERRALS MADE: \_\_\_\_\_ PROTECTIVE SERVICES (ADULT.CHILDREN)    \_\_\_ DSS  
 \_\_\_ ACS    \_\_\_ LTHHCP    \_\_\_ CHHA    \_\_\_ HOSPICE    \_\_\_ AHCP    \_\_\_ OTHER \_\_\_\_\_

PATIENT:

___ Expired	___ Hospitalized	___ Goals Met	___ Independent in Care
___ Recovered Improved	___ Refused Treatment	___ Unable to Locate	___ Family Independent in Care
___ Moved	___ Other _____		

PATIENT HAS BEEN TRANSFERRED/DISCHARGED TO: \_\_\_\_\_

NURSES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Date forwarded to MD: \_\_\_\_\_ Med Profile Attached: \_\_\_ YES

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## MORE ON SURVEY TRENDS

- Home Visits
  - IDs & PPE
  - Infection Control
  - Confidentiality
  - Updated Aide Plans of Care
- Challenges
  - Staff Well Prepared for Surveyor Visits
  - Interviews & Practice
- Surveyor Reviews
  - Med Orders; Aide Plan of Care
  - Hard Copies
- Prepare for Home Visits




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## RBC RESOURCES

- **Mock Surveys**
- **Updated NYS DOH Survey Policies & Procedures**
- **Updated Workplace Violence Prevention Plan**
- **Quality Management (CQI) Plan**
- **Updated Compliance Plan & Policies**
- **Required Compliance Documents**
  - **Compliance Committee Charter**
  - **Compliance Work Plan**
  - **Compliance Annual Evaluation**
- **Compliance Webinars for Leadership & Staff**

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## RESOURCE WEB SITES

[www.cms.gov](http://www.cms.gov)  
Centers for Medicare & Medicaid Services

[www.health.ny.gov](http://www.health.ny.gov)  
New York State Department of Health  
LHCSA Regulations & DALs

[www.omig.ny.gov](http://www.omig.ny.gov)  
New York State Office of Medicaid Inspector General  
OMIG Work Plan & Corporate Compliance Plan Updates

[www.health.ny.gov/health\\_care/Medicaid/program/update/main.htm](http://www.health.ny.gov/health_care/Medicaid/program/update/main.htm)  
New York State DOH Medicaid Updates

[www.health.ny.gov/health\\_care/medicaid/rredesign/listserv.htm](http://www.health.ny.gov/health_care/medicaid/rredesign/listserv.htm)  
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