



Branch Offices/Multiple Locations and Corporate Entities: Survey Implications for Home Health and Hospice

March 28, 2019

ACHCU Upcoming Events

Home Health Accreditation Workshops

- April 10 in Dallas, Texas
- April 16 in Orlando, Florida

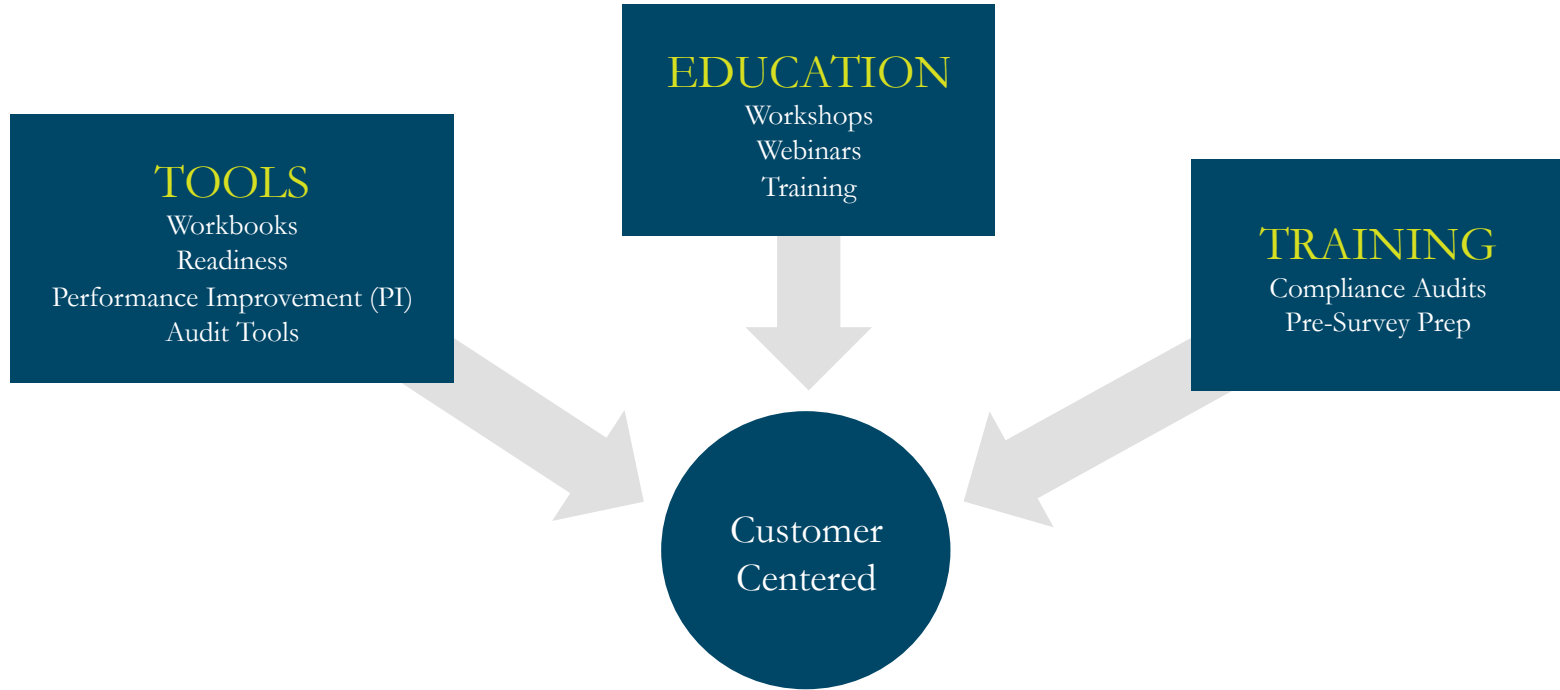
Hospice Accreditation Workshops

- April 9 in Dallas, Texas



For more information about ACHCU workshops and registration, visit [ACHCU.com](https://www.achcu.com)

ACHCU



Branches and Multiple Locations

MUST BE APPROVED!

CMS Online Internet Manuals – State Operations Manual

Chapter 2

Home H: Section 2182.4

Hospice: Section 2088

Survey Data

- Since 12/2017 ACHC has seen an increase in the deficiencies cited due to the parent/branch relationship in home health and hospice, primarily due to the increased CMS focus.

Home Health Agencies

- New Medicare Conditions of Participation, CoPs, for HHAs required the conversion of sub-units to a separate parent or a branch under the parent

Hospice Agencies

- See similar issues related to the day-to-day operations and supervision of multiple locations and inpatient units

Requirements

Home Health Branch (BR)/Hospice Multiple Location (ML)

- The “parent” is responsible for supervision and administrative control
- Deficiencies found at any BR/ML are those of the entire agency
- Must notify SA of the BR/ML

CMS - HHA

“Direct support and administrative control” of a branch requires that the parent agency maintains responsibility for:

- The governing body oversight of the branch;
- Any branch contracts for services;
- The branch’s quality assurance and performance improvement plan;
- Policies and procedures implemented in the branch;
- How and when management and direct care staff are shared between the parent and branch, particularly in the event of staffing shortfalls or leave coverage;
- Human resource management at the branch;
- Assuring the appropriate disposition of closed clinical records at the branch; and
- Ensuring branch personnel training requirements are met.

CMS - Hospice

§418.100(f)(1)(ii)

The multiple location must be part of the hospice and must share administration, supervision, and services with the hospice that issued the certification number.

CMS - Hospice

§418.100(f)(1)(iii)

The lines of authority and professional and administrative control must be clearly delineated in the hospice's organizational structure and in practice, and must be traced to the location which was issued the certification number.

CMS - Hospice

- §418.100(f)(2) The hospice must continually monitor and manage all services provided at all of its locations to ensure that services are delivered in a safe and effective manner and to ensure that each patient and family receives the necessary care and services outlined in the plan of care, in accordance with the requirements of this subpart and subparts A and C of this section.

Corporate Offices

Various types:

- Home health agency owns multiple HHAs and/or hospices
- Hospice agency owns multiple hospices and/or HHAs
- Corporate entity owns multiple HHAs and/or hospices

Corporate Offices

- Each provider number must meet its conditions of participation *independently*
- Cannot combine provider types

Survey Considerations

- Organizational chart
- Key staff at the following locations *understand* **and** *can speak to* the legal relationship between:
 - HHA branch and parent office
 - Hospice multiple location and “central” office
 - Provider number and corporate office

Survey Considerations

- Governing body
 - ONE per provider number
 - HHA
 - §484.105(b)(1)(i) The administrator must: Be appointed by and report to the governing body.
 - §484.105(b)(2) When the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator. The pre-designated person may be the clinical manager as described in paragraph (c) of this section.

Survey Considerations

- Governing body
 - Hospice
 - §418.100(b) Standard: Governing body and administrator. A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.

Survey Considerations

- Job descriptions
- Staff list
- Hiring/firing and orientation/training
- Personnel files
- Policies and procedures
- Patient records

Survey Considerations

- QAPI
 - Both home health and hospice have a condition of participation
 - Hospice: 418.58
 - Home Health: 484.65

Survey Considerations

Be able to explain how the parent/central office administers the branch/multiple location:

- How does the governing body ensure all requirements are met in all offices
- How does the administrator supervise all the locations
- Medical director (hospices) and IDG participation

Survey Considerations

Be able to explain how the parent/central office administers the branch/multiple location:

- QAPI Coordinator manages all sites
- QAPI data from BR/ML feeds into the overall plan
- Emergency preparedness
- Communication
- Policies and procedures disseminated

Survey Considerations

Be able to explain how the parent/central office administers the branch/multiple location.

- Clinical services
- Quality of care
- IDG meetings (hospice)
- Scheduling, etc.

Summary

- Each provider must meet all conditions of participation *independently*
- A branch/multiple location must be administered by the office assigned the CCN
- Key staff must *understand* **and** *be able to speak to* legal structure



Upcoming Webinars

An Overview of PDGM: Preparing for 2020

- Thursday, April 4, 2019
- 2:00-3:00 PM EDT
- [Learn More](#)

Current Trends in Regulatory & Legal Issues:

An Update on Private Duty

- Thursday, April 11, 2019
- 2:00-3:30 PM EDT
- [Learn More](#)

For more information and to register, visit: nahc.org/webinars

Upcoming Events

2019 March on Washington

- April 1-2
- Washington, DC

2019 Financial Management Conference

- July 14-16
- Chicago, IL

2019 Home Care and Hospice Conference and Expo

- October 13-15
- Seattle, WA

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WEBINAR Q&A



HOME HEALTH



HOSPICE



→ How would you recommend changing “charting station location” to a multiple location for hospice?

Filling out the CMS 855A and notifying your state agency (SA) are the first steps. If you are accredited, you also need to notify the AO. The SA typically has specific instructions they would like for you to follow in applying for a multiple location which may or may not mention the CMS-855A. If not mentioned, just follow the CMS-855A instructions. Beyond the paperwork, you will want to prepare for services to be provided out of the current “charting station location”. This would include ensuring a safe and secure location for medical records, patient supplies (if you house them), staff work stations, telephone/FAX/internet, office equipment, etc. Keep in mind that you will not be able to sign the location or advertise it as a multiple location on any materials (brochures, website, etc.) until it has been approved by CMS. This can be somewhat difficult because you aren’t supposed to house anyone at the office; however, it is best to have someone there (perhaps an administrative volunteer) so that the location is occupied should a surveyor show up. This is an area where the SA may be able to provide some guidance – do you need to have someone there in case of a surveyor or no? In my experience, most of the time you should but that is not always the case and it does seem to vary by region.

Some of the SAs have a questionnaire for applicants to complete that explains how the administration of the multiple location is handled by the main office. This is probably the biggest step other than the logistics of opening a working office. Whether by questionnaire or interview, you should be prepared to explain the following:

- Organizational structure and lines of authority
- Explain how the Administrator will administer both locations – usually looking for the administrator to periodically be in the ML; how will hiring, orientation, training, be handled – expecting to see that this responsibility is with the main office with input from ML manager (if one); etc.
- Governing body – policy that the GB meets its responsibilities for the entity as a whole (may use an advisory group that is an extension of the GB for the ML area, but not necessary), etc.
- QAPI – for the agency as a whole, and for the main office, and ML separately, so that the appropriate performance improvement activities can be prioritized, etc.
- Clinical services – who is responsible, should be same person for the entire agency but can have ML manager, etc.
- Medical direction – be able to show and explain how the medical director maintains and fulfills his/her responsibilities for the entire hospice. Specifically, if there is a physician assigned specifically to the ML, that physician must not also be a medical director – can only be a hospice physician reporting to the agency’s medical director. Be prepared to answer how admission decisions and IDG will be handled – there must be communication between the physicians and oversight from the medical director
- Policies and procedures – do they need to be modified to reflect the ML location; don’t forget emergency preparedness; etc.

These are just the main points. You will want to ensure that you’ve considered all aspects of your operations (volunteer, bereavement, etc.).

WEBINAR Q&A



HOME HEALTH



HOSPICE



→ Can a Hospice program have their IDG meetings at other locations other than the main hospice site, or do they need to get CMS approval to be able to meet at those other office sites? This could be due to lack of office space for many IDG meetings going on at the same time.

If it is just the IDG meeting and there is not “work” being provided from the site, it should not require approval as a multiple location. There definitely should not be any medical records stored at the site where the IDG meeting is being held, and there should not be any signage on this space that would indicate it is part of the hospice. If it is a space housed within a facility, i.e., a conference room in a hospital – it can certainly have temporary signage that is put up on the conference room door to indicate that this is the location for the hospice meeting, but not signage that this is regular Hospice space used for operations.

If the IDG meeting is the only thing occurring at this site, and there is no daily work occurring from there, i.e., not meeting daily there, no staff reporting for work there daily, no training and education, etc., this would not be considered a multiple location.

→ Do branch personnel records need to be kept at the parent location?

I assume this is a home health agency asking since “branch” is used. Yes, branch personnel records should be housed wherever the personnel files for the parent location are housed. Having personnel and other administrative records housed at the branch location may be an indicator that the branch is functioning independently of the parent.

The personnel records can be stored electronically. In so doing, the parent has full control of the record, but it is acceptable for the parent to give the branch manager, if one, access to certain necessary items that are typically part of a personnel file, i.e., disciplinary action forms, attendance forms, education record, etc. Again, the parent office needs to oversee all of these types of forms/actions, but can delegate some responsibility to a branch manager.

→ Who should conduct branch staff evaluations?

This is dependent on the agency's policies and procedures. It is acceptable for a branch manager, for instance, to have some responsibility for the evaluations. The key is that the parent office must oversee this process as it would for any manager. An example of a process that has been acceptable: A branch manager does an evaluation for each of the staff in the branch office and that evaluation also has space for input from applicable parent office staff (i.e., Quality Manager for the branch office quality coordinator, Director of Therapy for the therapy staff, Director of Nursing for the nursing staff, etc.) and is signed off on by the parent individual that the branch manager reports to or the appropriate HR representative.



→ Should the branch managers/directors report directly to the Administrator? Or, can they report to a corporate regional entity such as a VP or area VP?

This is not specified in regulation and is dependent on each organization. If the entity is of the size that there is an Administrator and Regional Director/VP, the branch manager can report to the Regional Director/Area VP, and in this situation, the Regional Director/Area VP layer does not prohibit the branch manager from communicating with the Administrator and receiving instruction from the Administrator as appropriate. There would need to be reporting from the branch manager to the Regional Director/Area VP to the Administrator – the key being the Administrator must have working knowledge of what is happening in the branch. And, the branch manager must have working knowledge of any instruction from the Administrator, the overall organizational policies and procedures, etc.

→ How frequently should the administrator visit the branch location?

The regulations do not specify and we've not experienced a particular expectation for frequency. What we have seen is that this is truly up to the agency to determine how often it is necessary for the administrator to visit – which should be the amount necessary to carry out responsibilities of the position.

→ If a hospice wants to add inpatient beds at their current location, does the hospice have to notify CMS or just notify their state department?

The State Agency (SA) is where the hospice would start. Sometimes the CMS 855 has to be revised to reflect the new location and the SA can guide the hospice on this. There is more information from the CMS State Operations Manual, Chapter 2:

2084A - Hospice Provides Inpatient Care Directly (Rev. 65, Issued: 10-01-10, Effective: 10-01-10, Implementation: 10-01-10)

When the hospice provides inpatient care directly, it may do so either in space that it owns or leases or in space shared with a Medicare certified hospital, SNF, or Medicaid certified nursing facility (NF). If the hospice provides care in its own inpatient facility, the care may be provided in space that the hospice either owns or leases from another facility or building. The inpatient unit may consist of several beds, a group of beds, or a wing and must meet all applicable Federal and State requirements and be surveyed for compliance with Section 418.110 prior to providing inpatient care to patients. This survey includes a Life Safety Code survey (which has currently adopted the 2000 edition of the Life Safety Code of the National Fire Protection Association) that must be done both at the time of initial certification of the inpatient facility and at the time of recertification surveys.

If the hospice provides care directly with hospice staff in space shared with a Medicare-certified Hospital, SNF, or a Medicaid certified NF (for respite care only), the SA reviews the agreement and patient files for compliance with Section 418.110(b) and Section 418.110(e) since the location already meets the remaining requirements of Section 418.110 as a Medicare/Medicaid participating facility.

WEBINAR Q&A



HOME HEALTH



HOSPICE



→ Does the “administrator” need to be present at the location during survey? What if the administrator is the CEO of the hospital that an agency is a department of? During a survey, the CEO cannot physically be in two locations at once. Does this CEO meet the needs of “administrator” by CoP guidelines?

No, the home health agency or hospice administrator does not need to be present at the agency during a survey, nor does the administrator have to physically be present during a survey. The home health regulations require the following:

§484.105(b)(3) The administrator or a pre-designated person is available during all operating hours. Interpretive Guidelines §484.105(b)(3) Available means physically present at the agency or able to be contacted via telephone or other electronic means.

There is not such a regulation for hospice. However, there does need to be a designated person to assume the responsibilities of the Administrator when the Administrator is not available.

It is my experience that, at times, surveyors will show up at the main office as well as the branch/ML and request to speak with the Administrator making it difficult for the Administrator to be available in both locations; however, it is my experience that this does not happen frequently and usually the person filling in for the Administrator meets the needs.

→ Concerning personnel files and a corporate entity, do we have to have personnel files for each provider number?

Each provider number has to have personnel records because each provider number is required to meet all the requirements of a certified entity independently. The records can be accessible electronically if that makes it easier. There are various ways to meet the requirements. Please contact me directly to discuss if you'd like more information for your situation. I can be reached at Katie@nahc.org

→ What if your policy statement states what entities the policy refers to in a large organization? That should suffice I think.

Yes, this should be fine.

→ Does the Organizational Chart need to list specific names or is just the titles Okay?

Just the titles should be acceptable unless names are required by state or accrediting organization requirements.