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Preparing for A Hospice Medicare Survey

Steps for a Successful Survey

Presenter:
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Manager, Clinical Compliance Education

Objectives

- Review the ACHC Accreditation process for an initial Medicare certification and recertification survey
- Learn how to prepare an organization for the ACHC accreditation survey
- Establish expectations for the on-site survey and strategies for survey success
- Brief review of the ACHC Accreditation Standards

Hospice Accreditation

- Earned CMS Deeming Authority in 2009
- Accredits more than 2,400 locations nationally
- Program-specific standards include Medicare Conditions of Participation (CoPs)
- Life Safety Code regulations
- Accreditation for both in-home and facility-based services, including:
  - Hospice Care
  - Hospice Inpatient Care
  - Distinction in Palliative Care
  - Distinction in Telehealth

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Hospice Survey Reform

Hospice Survey Reform

- Public reporting of survey results on CMS's website
- Required use of the CMS-2567 to report survey deficiencies
- Comprehensive training and testing of all Surveyors
- Conflict of interest requirements
- The use of a multidisciplinary team, only use members of the IDT as Surveyors
- Requires each SA/AO establish a toll-free hotline
- Enforcement remedies

Enforcement Remedies

- Hospice Survey Reform
- §488.1200 Statutory basis
    - Section 1822 of the Act authorizes the Secretary to take actions to remove and correct deficiencies in a hospice program through an enforcement remedy or termination or both
    - The purpose of remedies is to ensure prompt compliance with program requirements in order to protect the health and safety of individuals under the care of a hospice program

Enforcement Remedies

- Available enforcement remedies:
    - Civil monetary penalties
    - Suspension of payment for all new patient admissions
    - Temporary management of the hospice program
    - Directed plan of correction
    - Directed in-service training

Recent Changes

- CMS released an advanced copy of the State Operations Manual Appendix M on January 27, 2023
  - Provides specific guidance to all state agencies and accrediting organizations for the survey process
  - Minimal changes to the Conditions of Participation
  - Increase in the number of home visits, active medical records, and closed medical records to be completed based on the unduplicated admissions

Revised Record Review/Home Visits

Unduplicated Admissions for a Recent 12 months	Closed Records Live Discharges	Closed Records Bereavement	Minimum # of Record Reviews Without Home Visit	Minimum # of Record Reviews With Home Visit	Total Record Reviews
<150	2	2	7	3	14
150-750	2	3	10	4	19
751-1,250	2	3	12	6	23
1,251 or more	3	4	14	6	27

New Record Review for Inpatient

Number of Patients in the Inpatient Facility	Minimum Number of Record Reviews
1-4	2
5-16	3
17+	4

1,000
Q1
Q2
Q3
Q2
Q3
Q4

Revised Survey Focus

- Increased emphasis on Phase 1 CoPs
- 418.52 Patient Rights
- 418.54 Initial and Comprehensive Assessment
- 418.56 Care Planning

1,000
Q1
Q2
Q3
Q2
Q3
Q4

Revised Survey Focus

- Phase 1 Associated CoPs
- 418.60 Infection Control
- 418.76 Hospice Aide and Homemaker Services
- 418.102 Medical Director
- 418.108 Short-term Inpatient Care
- 418.110 Inpatient Care Directly
- 418.112 Hospice Care in an SNF/ICF or NF/IID

1,000
Q1
Q2
Q3
Q2
Q3
Q4

Revised Survey Focus

- Increased focus on bereavement
- Increased focus on interviews with Administrator or designee, patients, and care givers
- Increased focus on Medical Director

1,000
Q1
Q2
Q3
Q2
Q3
Q4

Revised Survey Focus

- Increased emphasis on Phase 2 CoPs
- 418.58 QAPI
- Associated CoPs
- 418.62 Licensed professional services
- 418.64 Core services
- 418.66 Waiver for nursing services
- 418.70 Non-core services
- 418.72 Physical, occupational, and speech therapy services
- 418.74 Waiver for physical, occupational, speech therapy, and dietary services
- 418.78 Volunteers

1,000
Q1
Q2
Q3
Q2
Q3
Q4

Revised Survey Focus

- Phase 2 Associated CoPs
- 418.100 Organization and administration
- 418.104 Clinical records
- 418.106 Drugs, biologicals, supplies and DME
- 418.113 Emergency preparedness
- 418.114 Personnel qualifications
- 418.116 Compliance with regulations and state laws

Hospice Requirements

Initial Certification Requirements

- Required number of patients prior to survey:
  - Served 5 patients for hospice care and 3 active at time of survey.
  - Unless in a medically underserved area: 2-1 (as determined by the Regional Office).
- Hospice providers must have the ability to provide all core and non-core services as well as all levels of care:
  - Core services
  - Non-core services
  - Medications, supplies, biologicals, and Home/Durable Medical Equipment (DME)
  - All four levels of care

Recertification Requirements

- No required number of active patients or patients served
  - Will base medical record reviews on the unduplicated admissions for the past 12 months or longer in order to review at least 14 medical records

Hospice Core Services

- Core services:
    - Physician services
    - Nursing services
    - Medical Social Services
    - Counseling (including, but not limited to bereavement, dietary, and spiritual counseling)
- With the exception of physician services, substantially all core services must be provided directly by hospice employees on a routine basis

Hospice Non-Core Services

- The following services must be provided by the hospice, either directly or under arrangements, to meet the needs of the patient and family:
  - Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)
  - Hospice Aide services
  - Homemaker services
  - Volunteers
  - Medical supplies, durable medical equipment, supplies, and drugs and biologicals

Hospice Required Services

- The hospice is required to make nursing services, physician services, drugs, and biologicals routinely available on a 24-hour basis, 7 days a week
- The hospice also has to make all other covered services available on a 24-hour basis, 7 days a week, when reasonable and necessary to meet the needs of the patient and family

Hospice Required Levels Of Care

- Routine care
- Inpatient care:
  - Short-term inpatient care (including respite care and interventions necessary for pain control) in a Medicare/Medicaid-participating facility.
- Continuous home care provided during a period of crisis:
  - Nursing care may be covered on a continuous basis for up to 24 hours a day during periods of crisis and as necessary to maintain the patient at home.
  - The care provided must require at least 8 hours of care in a 24-hour period, and the care must be provided predominantly by a licensed nurse (RN, LVN, LPN).
  - Homemaker or hospice aide services or both may also be covered, if needed.
  - An agency can not contract exclusively for continuous care

Hospice Required Levels Of Care

- 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, Skilled Nursing Facility, or Medicaid-certified nursing facility
    - 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. 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

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Pre-Survey Process

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What's Your Risk Level for Condition Level Deficiencies?

- Deficiencies are cited at two levels:
  - Standard level
  - Condition level
- Standard level will require an approved Plan of Correction (PoC)
- Condition level will require another on-site survey
  - Initial certification-full survey
  - Recertification-survey within 45 days to determine the L tags that were elevated to the condition level have been abates

Standard- and Condition-Level Deficiencies

- Standard-level deficiencies are ACHC-only deficiencies and individual L tags:
  - Not as “severe”
  - Individual, random issue vs. a systemic issue
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple L tags under a single condition are out of compliance, or the deficiency is severe

Regulations

- Medicare Conditions of Participation
  - State Operations Manual Appendix M
- State specific regulations
- Scope of practice
- ACHC Standards of Accreditation
- Agency policies and procedures

Focus Areas

- Any deficiencies identified during preparation for survey, implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey.

Survey Success

Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!

Preparation

Educate key staff:

- Clinical staff (employees, contract, and volunteers)
- Administrative
- Governing body
- Patients

Prepare the agency:

- Human Resources
- IT/EMR
- Office space
  - Walk around your agency

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On-Site Survey Process

On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/ patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency’s implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Infection Control
- Exit conference

Opening Conference

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
  - CMS 417 and CMS 643
- KEY REPORTS
  - Unduplicated admissions for previous 12 months (number) for the parent and any additional locations associated with the Medicare provider number
  - Current census and current schedule of visits:
    - Name, diagnosis, start of care date, disciplines involved, level of care, where care is provided
  - Discharge, transfers, revocation, and death for past 12 months
  - Individuals receiving bereavement services for past 12 months

Opening Conference

- Discussion with the Administrator or designee regarding the operations of the agency
  - How is inpatient care provided?
  - How is continuous care provided?
  - Is care provided in SNF/NF or ICF/IID?
  - Does the hospice have multiple locations?
  - What is the agency's service area?
  - Does the agency have a wavier for nursing or non-core services
- Schedule for interdisciplinary group meetings
- Any previous survey results from past 12 months
- Patient admission packet and education materials
- Complaint/Incident or variance log

Opening Conference

- Any internal PoCs developed to correct identified deficiencies
- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
- Provide access to agency policies and procedures
- Appoint a liaison

Tour

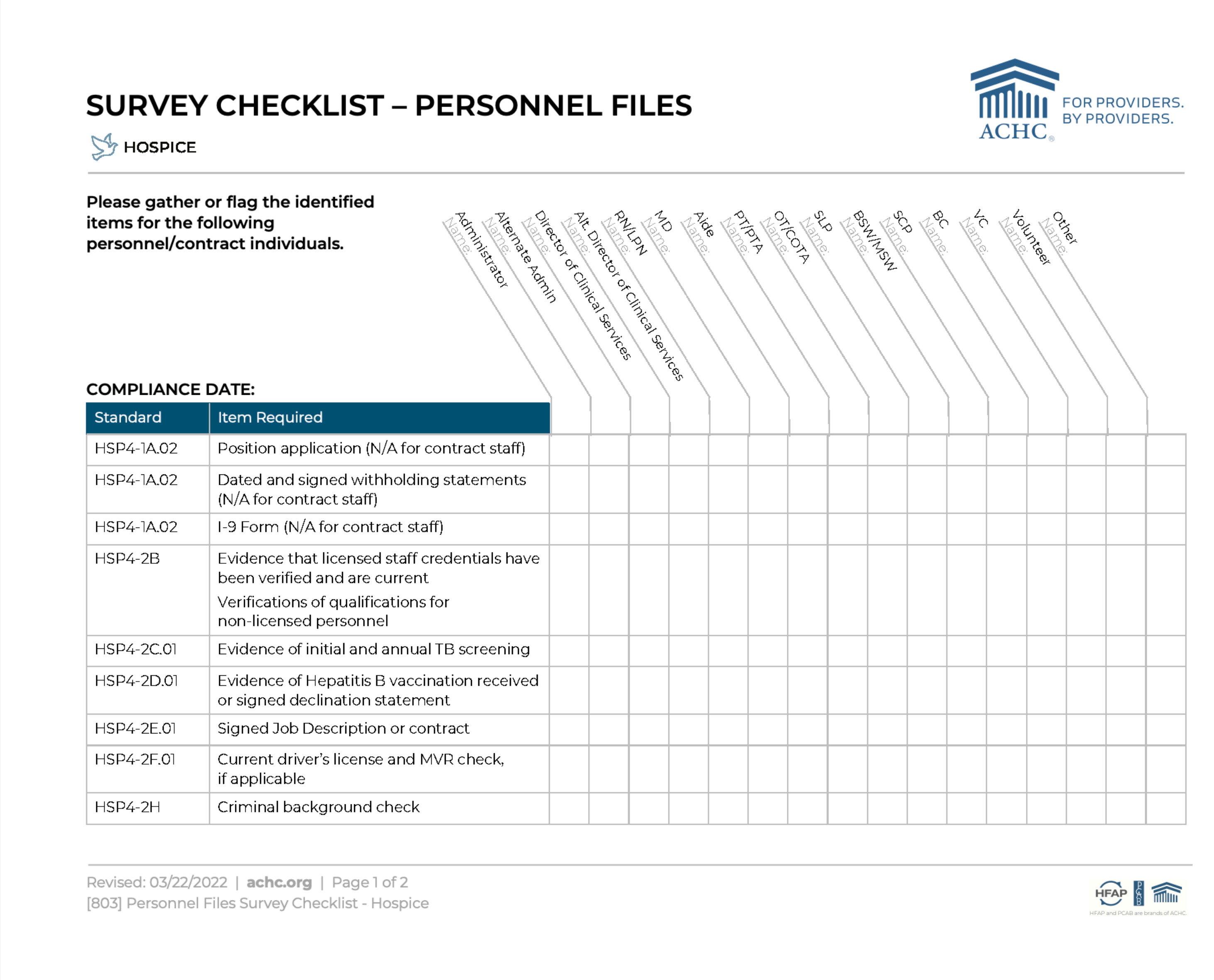
- Brief tour of facility:
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms

Personnel Record Review

- Review personnel records for key staff, contract staff, and volunteers:
    - Application, tax forms, and I-9
    - Job descriptions and evaluations
    - Verification of qualifications
    - Orientation records, competencies, and ongoing education
    - Medical information
    - Background checks
    - State specific requirements

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

Personnel File Review



FOR PROVIDERS.
BY PROVIDERS.

SURVEY CHECKLIST – PERSONNEL FILES

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Please gather or flag the identified items for the following personnel/contract individuals.

COMPLIANCE DATE:

Standard	Item Required	Administrator Name:	Alternate Admin Name:	Director of Clinical Services Name:	Alt. Director of Clinical Services Name:	RN/LPN Name:	MD Name:	Aide Name:	PT/PTA Name:	OT/COTA Name:	SLP Name:	BSW/MSW Name:	SCP Name:	BC Name:	VC Name:	Volunteer Name:	Other Name:
HSP4-1A.02	Position application (N/A for contract staff)																
HSP4-1A.02	Dated and signed withholding statements (N/A for contract staff)																
HSP4-1A.02	I-9 Form (N/A for contract staff)																
HSP4-2B	Evidence that licensed staff credentials have been verified and are current Verifications of qualifications for non-licensed personnel																
HSP4-2C.01	Evidence of initial and annual TB screening																
HSP4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement																
HSP4-2E.01	Signed Job Description or contract																
HSP4-2F.01	Current driver's license and MVR check, if applicable																
HSP4-2H	Criminal background check																

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[803] Personnel Files Survey Checklist - Hospice

HFAP and PCAB are brands of ACHC.

Medical Chart Reviews

- CMS requirement based on unduplicated admissions for the last 12 months
- Includes all locations under the Medicare Provider Number
- Representative of the care provided:
  - Interdisciplinary
  - Pediatric-geriatric
  - Environment served
    - Routine, GIP, Respite, SNF/NF or ICF/IID
  - Medically complex
  - All payors
  - Live discharges, revocations, bereavement
  - Any patients that have received/ are receiving Continuous Care

Medical Chart Reviews

- Sampling of different diagnosis:
  - Dementia
  - Circulatory/Heart
  - Cancer
  - Respiratory
  - Stroke
  - Chronic Kidney Disease

Home Visits

- CMS requirement based on unduplicated admissions for the last 12 months
- Patient's medical record must be reviewed for the home visit
- Sampling of patients receiving complex care:
  - Infusion therapies
  - Wound and ulcer care; including negative pressure wound therapy
  - Dementia care
  - Complex pain and symptom management
- Visits will be with patients already scheduled for visits if census is large enough to accommodate

Home Visits

- Agency's responsibility to obtain consent from patient/family
  - Written consent will be obtained by the ACHC Surveyor upon arrival to the patient's home
- Prepare patients and families for potential home visits
  - Ensure care is being provided in accordance with the plan of care
  - Proper infection control practices are being utilized
  - Discussion with patient or family regarding the care they are receiving
- Surveyor transportation

Interviews

- Governing body/owner
- Administrator or designee
- Clinical Manager/DON/designee
- Core and non-core disciplines
- Medical Director or designee
- SNF/NF or ICF/IID
- Patients and/or caregivers

Exit Conference

- Mini-exit:
    - At the end of each day to identify the deficiencies
- Final exit conference:
    - Present all corrections prior to the exit conference
    - Surveyor cannot provide a score
    - Invite those you want to attend
    - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
    - Seek clarification from Surveyor while still on site

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Understanding The ACHC Hospice Standards

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Review The Standards

- Identifier
    - HSP – Hospice
- Standard
    - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
    - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
    - Items that will be reviewed to determine if the standard is met
- Services applicable:
    - HSP – Hospice services
    - HIC – Agency owns or leases their own in-patient space

Standard Example

Standard HSP1-4B: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b)) (L651).

A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and policies and procedures and are included in the orientation of this individual.

Evidence: Written Policies and Procedures, Alternate Administrator Résumé, Orientation Records

Standard Example

Standard HSP1-8A.02: Service contracts/agreements are reviewed and renewed as required in the contract.

The hospice has an established process to review and renew contract/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement or development of an updated contract/agreement.

Evidence: Written Contracts/Agreements

Most Stringent Regulation

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards:
  - CoPs
  - State requirements
  - Agency policy
  - Scope of practice
  - ACHC Standards

Section 1

ORGANIZATION AND ADMINISTRATION

- The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Tips for Compliance

- Ensure license is current and posted
- Change in ownership/management properly reported
- Governing body
    - Orientation
    - List of members
    - Understand duties
- Conflict of Disclosure statement
- Administrator, Alternate Administrator, Clinical Director, Alternate Clinical Director
- Administrator annual evaluation

Tips for Compliance

- Organizational chart is current
- Any negative outcomes have been properly reported
- Review contracts
  - Direct care personnel-non-core services
  - SNF/NF and/or ICF/IID
  - Inpatient care
  - DME
  - Pharmacy
- Evidence of how contracted care is monitored
- Evidence of how drugs and biologicals are obtained
- Copy of current certificate of waiver (CLIA)
- Evidence of attending and hospice physician licensure verification

Section 2

PROGRAM/SERVICE OPERATIONS

- The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

Tips for Compliance

- Marketing materials and patient education materials
- Patient admission packet
- Complaint log
- Signed confidentiality statements
- Business Associate Agreements
- Education to attending physician regarding responsibilities
- Bereavement program materials

Tips for Compliance

- Evidence staff know how to handle:
  - Complaints
  - Ethical issues
  - Communication barriers
  - Cultural diversity
- Compliance Plan; including identification of the compliance officer and compliance committee
- Evidence agency can provide all core and non-core services
  - PT/OT/ST
    - Call contracted agency prior to survey
- DME company accreditation certificate or letter of accreditation

Section 3

FISCAL MANAGEMENT

- The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

Tips for Compliance

- Budget
- Governing body meeting minutes to demonstrate the development and review of budget
- Medicare Cost Report, if applicable
- Evidence patients are informed of financial liability
- Inpatient CAP report
- List of care/service rates

Section 4

HUMAN RESOURCE MANAGEMENT

- The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

Tips for Compliance

- Utilize the Survey Checklist-Personnel File tool to audit:
  - Personnel files
  - Volunteer files
  - Contracted non-core disciplines files
- Evidence of orientation to personnel of an SNF/NF or ICF/IID
- Evidence of a designated Medical Director and alternate Medical Director
- Evidence of proper supervision of professional assistants
- Volunteer cost savings report
- Volunteer activity report
- Volunteer training, recruitment and retaining activities

Section 5

PROVISION OF CARE AND RECORD MANAGEMENT

- The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

Tips for Compliance

- Utilize audit tools to audit medical records
  - Assessments completed timely and completely
  - Plan of care developed to reflect the problems identified in the assessments
  - Can you clearly identify the issues of the patient and family?
  - Do you see evidence that newly identified problems have interventions and goals developed?
  - Do you see evidence of progress towards goals?
  - Are resolved problems closed?
- Correct any identified issues in the allowable manner per state regulations and agency policy

Section 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

- The standards in this section apply to the organization’s plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

Tips for Compliance

- Review of QAPI materials
  - Job description
  - What is being monitored
  - What are established thresholds
  - Performance Improvement Projects
  - Evidence of governing body involvement
  - Evidence of personnel involvement
  - Complaint logs
  - Incident logs
  - Satisfaction surveys
  - Evidence of chart audits
  - Annual QAPI report

Section 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

- The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

Tips for Compliance

- Infection control plan
  - Staff in-service records
  - Patient education materials
- Evidence of office safety
  - Fire drill results
  - Testing of emergency power systems
- Standardized form for reporting of employee incidents
- Safety and maintenance logs for any agency issued equipment
- Check for expired supplies in the supply closet

Tips for Compliance

- Emergency Preparedness
  - All-hazards risk assessment
  - Communication plan is specific to the contact information for your area
  - Policies address the specific strategies based on the all-hazards risk assessment
  - Evidence of training of all staff, including contract staff
  - Contracts with other healthcare providers
  - One test/drill is conducted annually (In-patient remains 2 drills annually)
    - Community-based drill or facility-based drill if unable to participate in a community-based drill (need documentation to show attempts to participate in a community-based drill) and
    - Community-based drill, facility-based drill, workshop or a tabletop drill that meets the requirements
  - All components of the plan are to be reviewed and updated at least every two years

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Survey Prep Resources

Resources

- Personal Account Advisor
- Clinical Department
- Customer Portal
- ACHCU
  - Workshops
  - Webinars
  - ACHC Accreditation Guide to Success
  - Gap analysis

ACHC Accreditation Guide To Success

- Essential Components
  - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints.
- Other Tools
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process.
- Section Index
  - Quickly locate important information for successfully completing the ACHC accreditation process.

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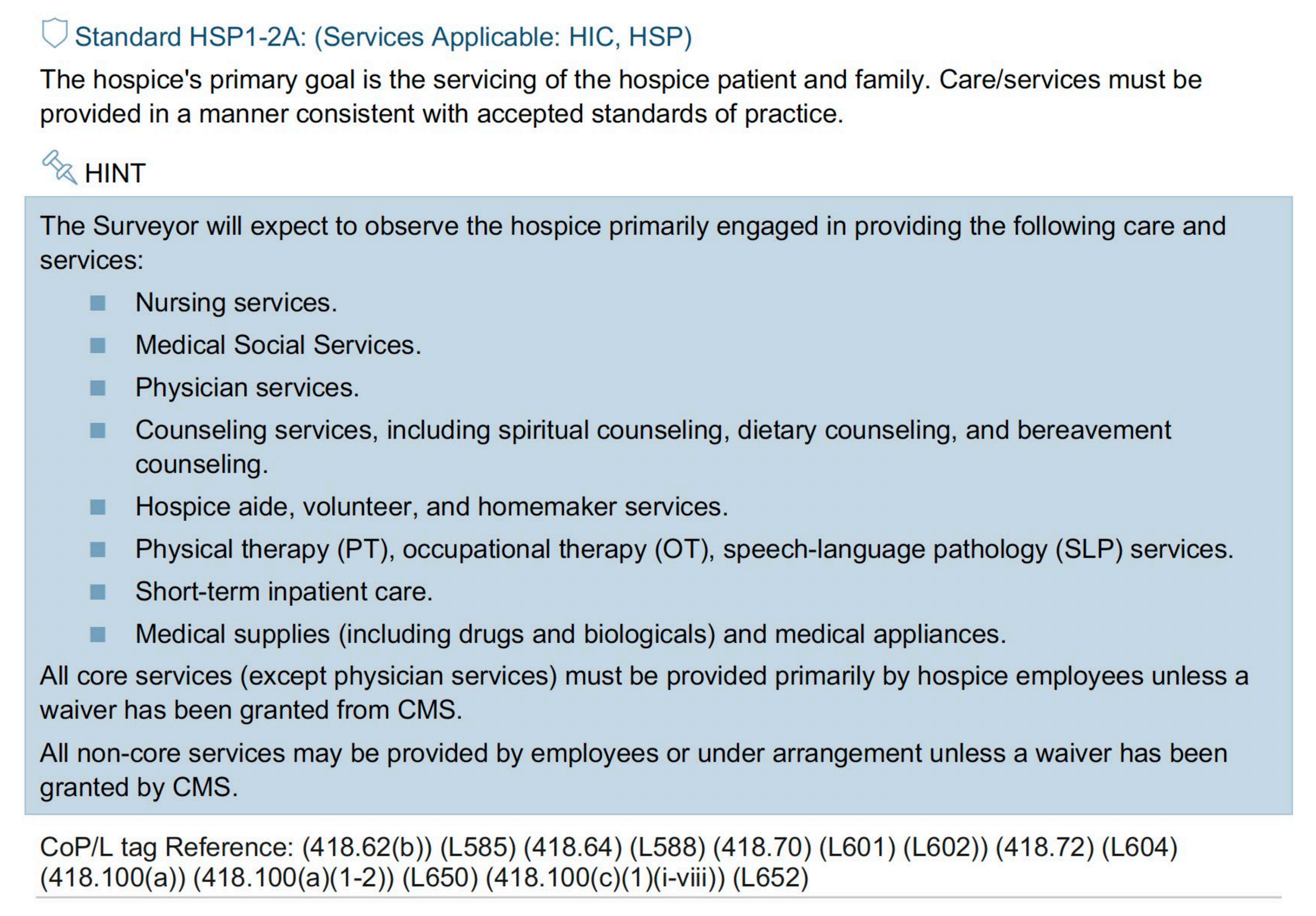
Guide to
Success
HOME HEALTH



Standard HSP1-2A: (Services Applicable: HIC, HSP)

The hospice's primary goal is the servicing of the hospice patient and family. Care/services must be provided in a manner consistent with accepted standards of practice.

HINT

The Surveyor will expect to observe the hospice primarily engaged in providing the following care and services:

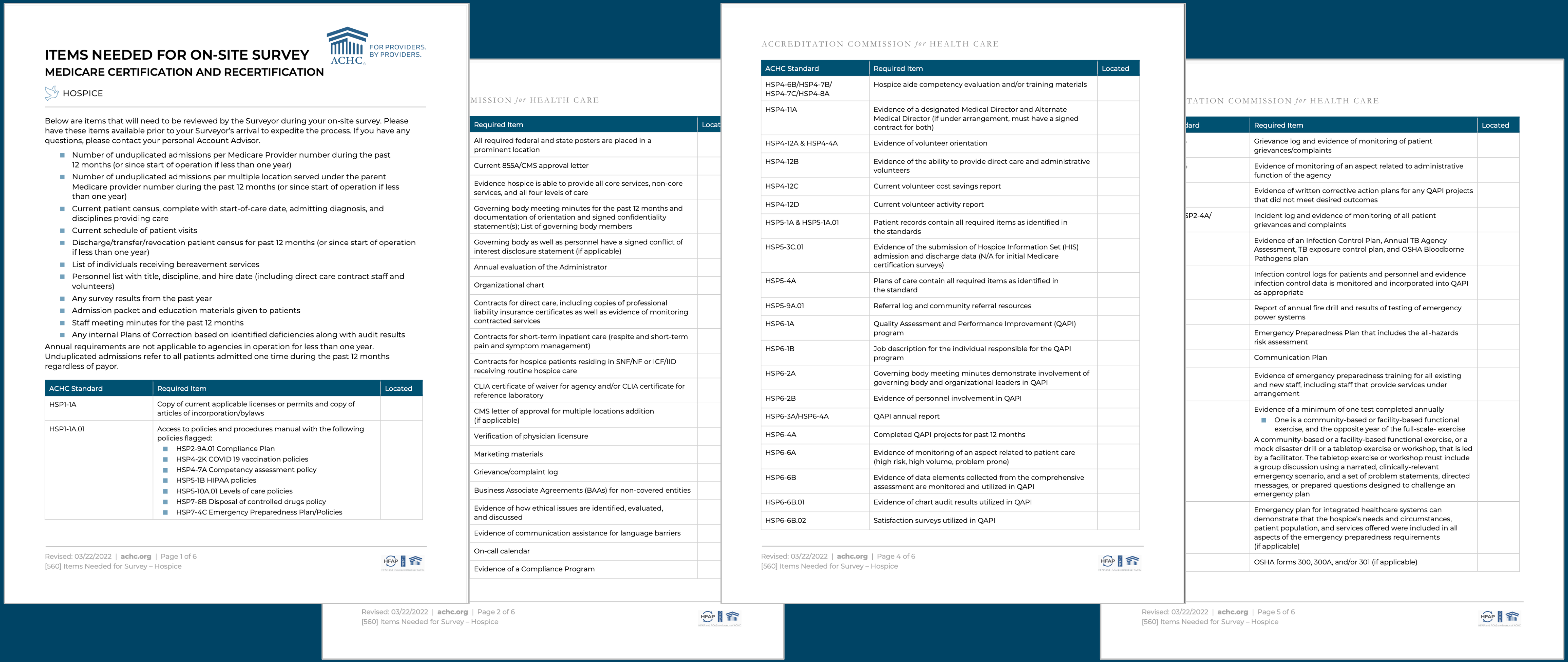
- Nursing services.
- Medical Social Services.
- Physician services.
- Counseling services, including spiritual counseling, dietary counseling, and bereavement counseling.
- Hospice aide, volunteer, and homemaker services.
- Physical therapy (PT), occupational therapy (OT), speech-language pathology (SLP) services.
- Short-term inpatient care.
- Medical supplies (including drugs and biologicals) and medical appliances.

All core services (except physician services) must be provided primarily by hospice employees unless a waiver has been granted from CMS.

All non-core services may be provided by employees or under arrangement unless a waiver has been granted by CMS.

CoP/L tag Reference: (418.62(b)) (L585) (418.64) (L588) (418.70) (L601) (L602)) (418.72) (L604) (418.100(a)) (418.100(a)(1-2)) (L650) (418.100(c)(1)(i-viii)) (L652)

Items Needed For On-Site Survey



ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION

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Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your personal Account Advisor.

- Number of unduplicated admissions per Medicare Provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per multiple location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer/revocation patient census for past 12 months (or since start of operation if less than one year)
- List of individuals receiving bereavement services
- Personnel list with title, discipline, and hire date (including direct care contract staff and volunteers)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payor.

ACHC Standard	Required Item	Located
HSP1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HSP1-1A.01	Access to policies and procedures manual with the following policies flagged: ■ HSP2-9A.01 Compliance Plan ■ HSP4-2K COVID 19 vaccination policies ■ HSP4-7A Competency assessment policy ■ HSP5-1B HIPAA policies ■ HSP5-10A.01 Levels of care policies ■ HSP7-6B Disposal of controlled drugs policy ■ HSP7-4C Emergency Preparedness Plan/Policies	

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[560] Items Needed for Survey – Hospice

MISSION *for* HEALTH CARE

Required Item	Locat
All required federal and state posters are placed in a prominent location	
Current 855A/CMS approval letter	
Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s); List of governing body members	
Governing body as well as personnel have a signed conflict of interest disclosure statement (if applicable)	
Annual evaluation of the Administrator	
Organizational chart	
Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services	
Contracts for short-term inpatient care (respite and short-term pain and symptom management)	
Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care	
CLIA certificate of waiver for agency and/or CLIA certificate for reference laboratory	
CMS letter of approval for multiple locations addition (if applicable)	
Verification of physician licensure	
Marketing materials	
Grievance/complaint log	
Business Associate Agreements (BAAs) for non-covered entities	
Evidence of how ethical issues are identified, evaluated, and discussed	
Evidence of communication assistance for language barriers	
On-call calendar	
Evidence of a Compliance Program	

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[560] Items Needed for Survey – Hospice

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ACHC Standard	Required Item	Located
HSP4-6B/HSP4-7B/ HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	
HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HSP6-6B	Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI	
HSP6-6B.01	Evidence of chart audit results utilized in QAPI	
HSP6-6B.02	Satisfaction surveys utilized in QAPI	

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[560] Items Needed for Survey – Hospice

TATION COMMISSION *for* HEALTH CARE

dard	Required Item	Located
	Grievance log and evidence of monitoring of patient grievances/complaints	
	Evidence of monitoring of an aspect related to administrative function of the agency	
	Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes	
SP2-4A/	Incident log and evidence of monitoring of all patient grievances and complaints	
	Evidence of an Infection Control Plan, Annual TB Agency Assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	
	Report of annual fire drill and results of testing of emergency power systems	
	Emergency Preparedness Plan that includes the all-hazards risk assessment	
	Communication Plan	
	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
	Evidence of a minimum of one test completed annually ■ One is a community-based or facility-based functional exercise, and the opposite year of the full-scale- exercise A community-based or a facility-based functional exercise, or a mock disaster drill or a tabletop exercise or workshop, that is led by a facilitator. The tabletop exercise or workshop must include a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan	
	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
	OSHA forms 300, 300A, and/or 301 (if applicable)	

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[560] Items Needed for Survey – Hospice

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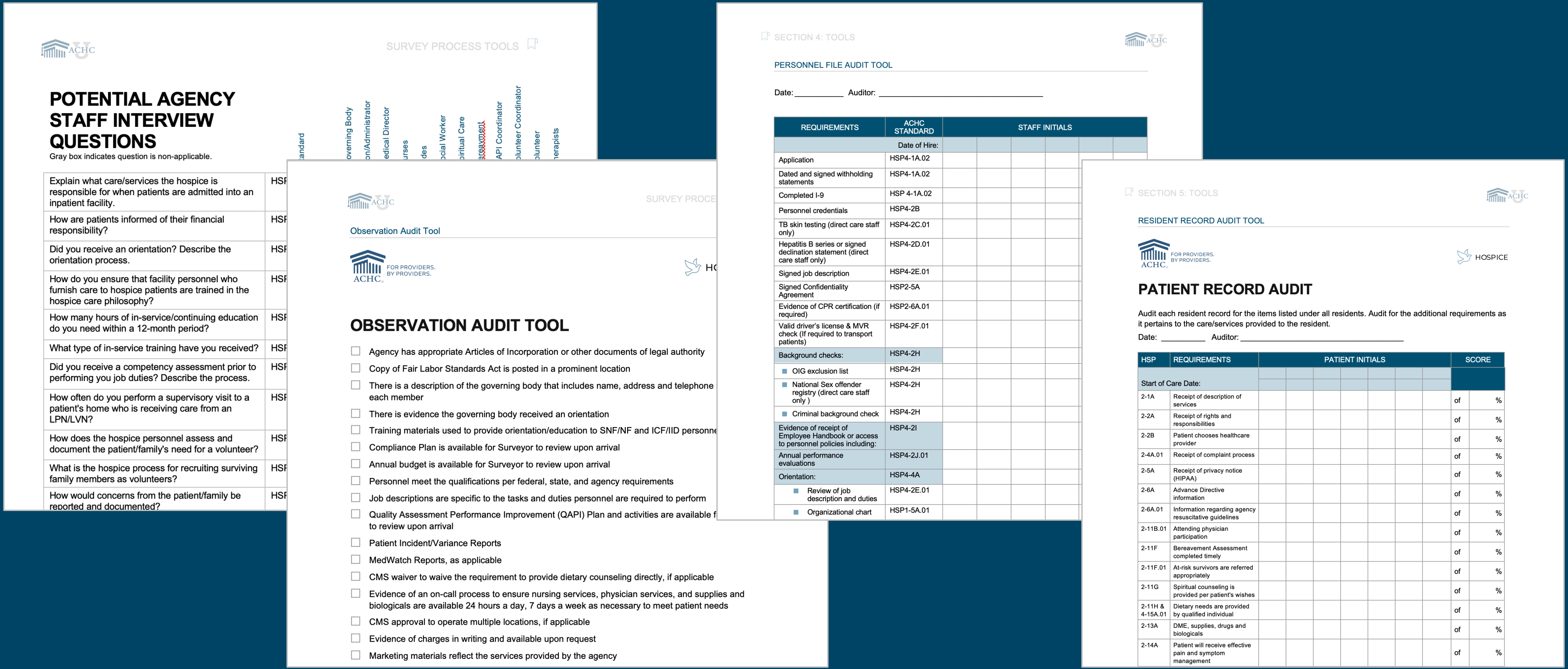
Survey Preparation Tools



SURVEY PROCESS TOOLS

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

tandard
overning Body
on/Administrator
edical Director
urses
des
ocial Worker
piritual Care
ereavment
API Coordinator
olunteer Coordinator
olunteer
nerapists

Explain what care/services the hospice is responsible for when patients are admitted into an inpatient facility.	HS
How are patients informed of their financial responsibility?	HS
Did you receive an orientation? Describe the orientation process.	HS
How do you ensure that facility personnel who furnish care to hospice patients are trained in the hospice care philosophy?	HS
How many hours of in-service/continuing education do you need within a 12-month period?	HS
What type of in-service training have you received?	HS
Did you receive a competency assessment prior to performing you job duties? Describe the process.	HS
How often do you perform a supervisory visit to a patient's home who is receiving care from an LPN/LVN?	HS
How does the hospice personnel assess and document the patient/family's need for a volunteer?	HS
What is the hospice process for recruiting surviving family members as volunteers?	HS
How would concerns from the patient/family be reported and documented?	HS

SURVEY PROCE

Observation Audit Tool

FOR PROVIDERS. BY PROVIDERS.

HC

OBSERVATION AUDIT TOOL

- ☐ Agency has appropriate Articles of Incorporation or other documents of legal authority
- ☐ Copy of Fair Labor Standards Act is posted in a prominent location
- ☐ There is a description of the governing body that includes name, address and telephone each member
- ☐ There is evidence the governing body received an orientation
- ☐ Training materials used to provide orientation/education to SNF/NF and ICF/IID personne
- ☐ Compliance Plan is available for Surveyor to review upon arrival
- ☐ Annual budget is available for Surveyor to review upon arrival
- ☐ Personnel meet the qualifications per federal, state, and agency requirements
- ☐ Job descriptions are specific to the tasks and duties personnel are required to perform
- ☐ Quality Assessment Performance Improvement (QAPI) Plan and activities are available f to review upon arrival
- ☐ Patient Incident/Variance Reports
- ☐ MedWatch Reports, as applicable
- ☐ CMS waiver to waive the requirement to provide dietary counseling directly, if applicable
- ☐ Evidence of an on-call process to ensure nursing services, physician services, and supplies and biologicals are available 24 hours a day, 7 days a week as necessary to meet patient needs
- ☐ CMS approval to operate multiple locations, if applicable
- ☐ Evidence of charges in writing and available upon request
- ☐ Marketing materials reflect the services provided by the agency

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SECTION 4: TOOLS

PERSONNEL FILE AUDIT TOOL

Date: __________ Auditor: ______________________________

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
	Date of Hire:						
Application	HSP4-1A.02						
Dated and signed withholding statements	HSP4-1A.02						
Completed I-9	HSP 4-1A.02						
Personnel credentials	HSP4-2B						
TB skin testing (direct care staff only)	HSP4-2C.01						
Hepatitis B series or signed declination statement (direct care staff only)	HSP4-2D.01						
Signed job description	HSP4-2E.01						
Signed Confidentiality Agreement	HSP2-5A						
Evidence of CPR certification (if required)	HSP2-6A.01						
Valid driver's license & MVR check (If required to transport patients)	HSP4-2F.01						
Background checks:	HSP4-2H						
■ OIG exclusion list	HSP4-2H						
■ National Sex offender registry (direct care staff only)	HSP4-2H						
■ Criminal background check	HSP4-2H						
Evidence of receipt of Employee Handbook or access to personnel policies including:	HSP4-2I						
Annual performance evaluations	HSP4-2J.01						
Orientation:	HSP4-4A						
■ Review of job description and duties	HSP4-2E.01						
■ Organizational chart	HSP1-5A.01						

SECTION 5: TOOLS

RESIDENT RECORD AUDIT TOOL

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

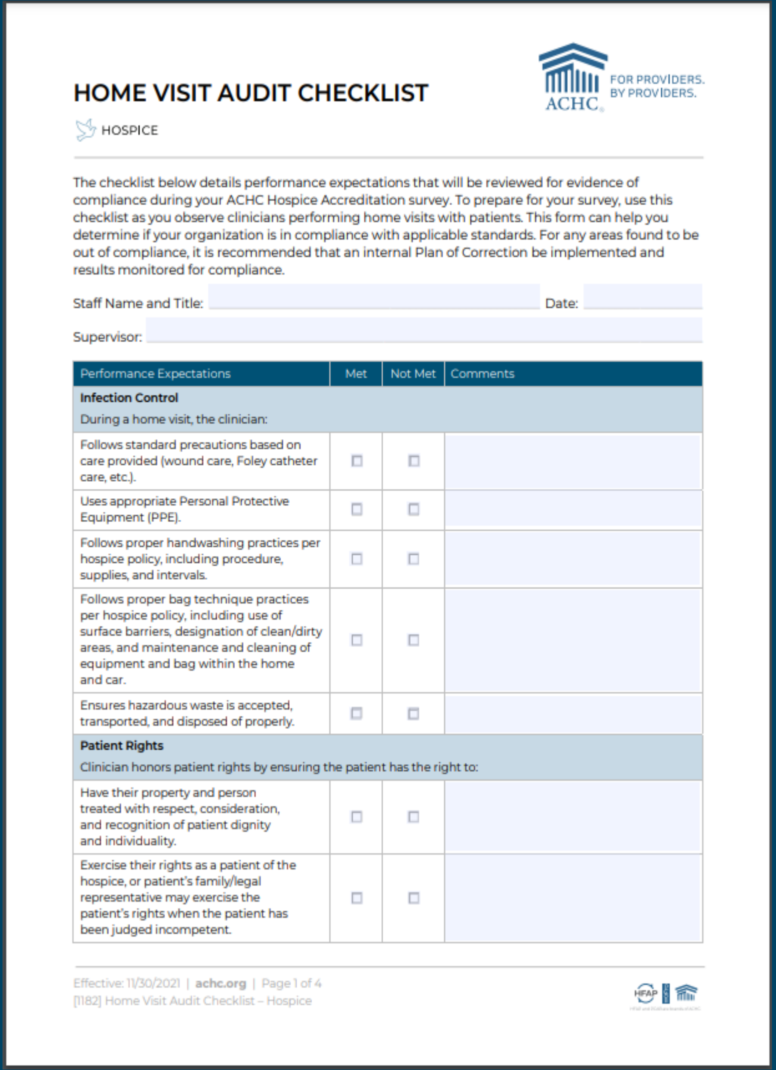
PATIENT RECORD AUDIT

Audit each resident record for the items listed under all residents. Audit for the additional requirements as it pertains to the care/services provided to the resident.

Date: __________ Auditor: ______________________________

HSP	REQUIREMENTS	PATIENT INITIALS							SCORE	
Start of Care Date:										
2-1A	Receipt of description of services								of	%
2-2A	Receipt of rights and responsibilities								of	%
2-2B	Patient chooses healthcare provider								of	%
2-4A.01	Receipt of complaint process								of	%
2-5A	Receipt of privacy notice (HIPAA)								of	%
2-6A	Advance Directive information								of	%
2-6A.01	Information regarding agency resuscitative guidelines								of	%
2-11B.01	Attending physician participation								of	%
2-11F	Bereavement Assessment completed timely								of	%
2-11F.01	At-risk survivors are referred appropriately								of	%
2-11G	Spiritual counseling is provided per patient's wishes								of	%
2-11H & 4-15A.01	Dietary needs are provided by qualified individual								of	%
2-13A	DME, supplies, drugs and biologicals								of	%
2-14A	Patient will receive effective pain and symptom management								of	%

Home Visit Audit Tool



HOME VISIT AUDIT CHECKLIST

HOSPICE

FOR PROVIDERS.
BY PROVIDERS.

The checklist below details performance expectations that will be reviewed for evidence of compliance during your ACHC Hospice Accreditation survey. To prepare for your survey, use this checklist as you observe clinicians performing home visits with patients. This form can help you determine if your organization is in compliance with applicable standards. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Staff Name and Title: Date:

Supervisor:

Performance Expectations	Met	Not Met	Comments
Infection Control During a home visit, the clinician:			
Follows standard precautions based on care provided (wound care, Foley catheter care, etc.).	☐	☐	
Uses appropriate Personal Protective Equipment (PPE).	☐	☐	
Follows proper handwashing practices per hospice policy, including procedure, supplies, and intervals.	☐	☐	
Follows proper bag technique practices per hospice policy, including use of surface barriers, designation of clean/dirty areas, and maintenance and cleaning of equipment and bag within the home and car.	☐	☐	
Ensures hazardous waste is accepted, transported, and disposed of properly.	☐	☐	
Patient Rights Clinician honors patient rights by ensuring the patient has the right to:			
Have their property and person treated with respect, consideration, and recognition of patient dignity and individuality.	☐	☐	
Exercise their rights as a patient of the hospice, or patient's family/legal representative may exercise the patient's rights when the patient has been judged incompetent.	☐	☐	

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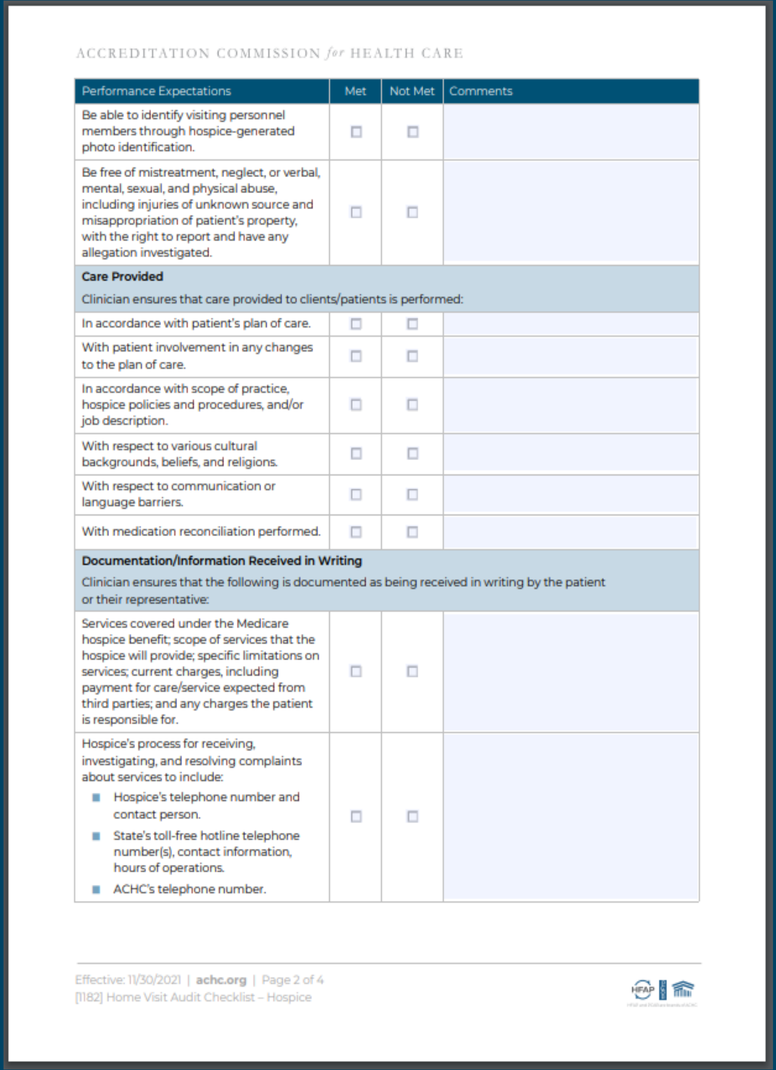
[1182] Home Visit Audit Checklist – Hospice



ACCREDITATION COMMISSION *for* HEALTH CARE

Performance Expectations	Met	Not Met	Comments
Be able to identify visiting personnel members through hospice-generated photo identification.	☐	☐	
Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient's property, with the right to report and have any allegation investigated.	☐	☐	
Care Provided Clinician ensures that care provided to clients/patients is performed:			
In accordance with patient's plan of care.	☐	☐	
With patient involvement in any changes to the plan of care.	☐	☐	
In accordance with scope of practice, hospice policies and procedures, and/or job description.	☐	☐	
With respect to various cultural backgrounds, beliefs, and religions.	☐	☐	
With respect to communication or language barriers.	☐	☐	
With medication reconciliation performed.	☐	☐	
Documentation/Information Received in Writing Clinician ensures that the following is documented as being received in writing by the patient or their representative:			
Services covered under the Medicare hospice benefit; scope of services that the hospice will provide; specific limitations on services; current charges, including payment for care/service expected from third parties; and any charges the patient is responsible for.	☐	☐	
Hospice's process for receiving, investigating, and resolving complaints about services to include: ▪ Hospice's telephone number and contact person. ▪ State's toll-free hotline telephone number(s), contact information, hours of operations. ▪ ACHC's telephone number.	☐	☐	

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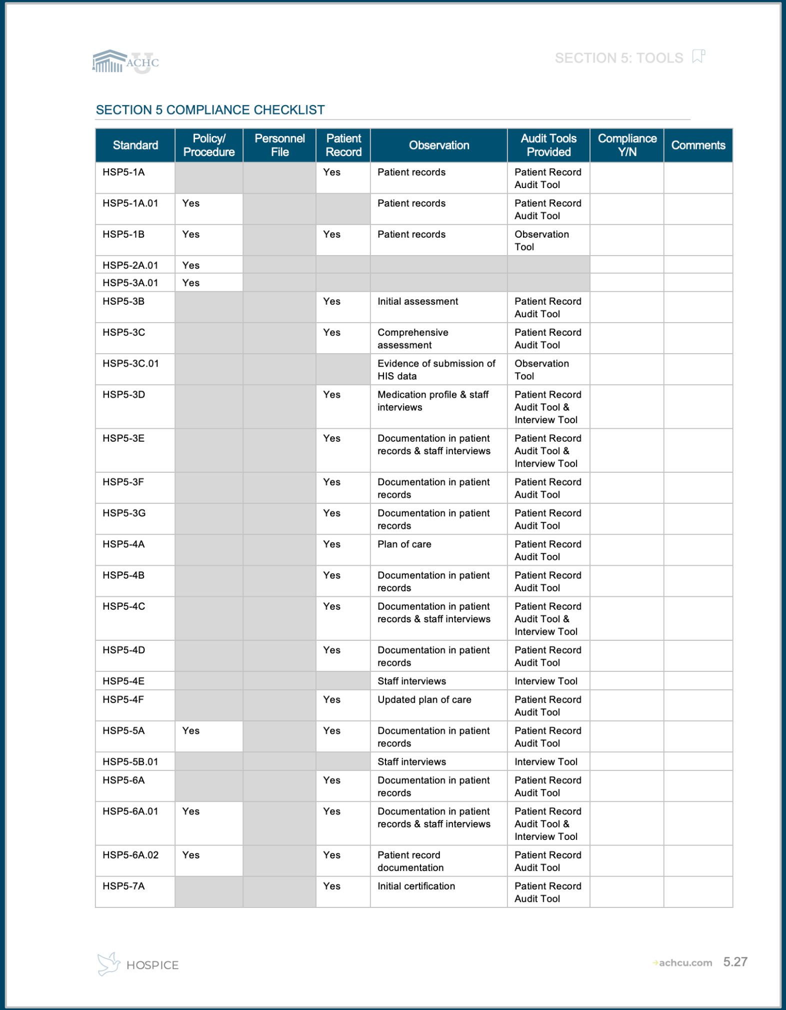
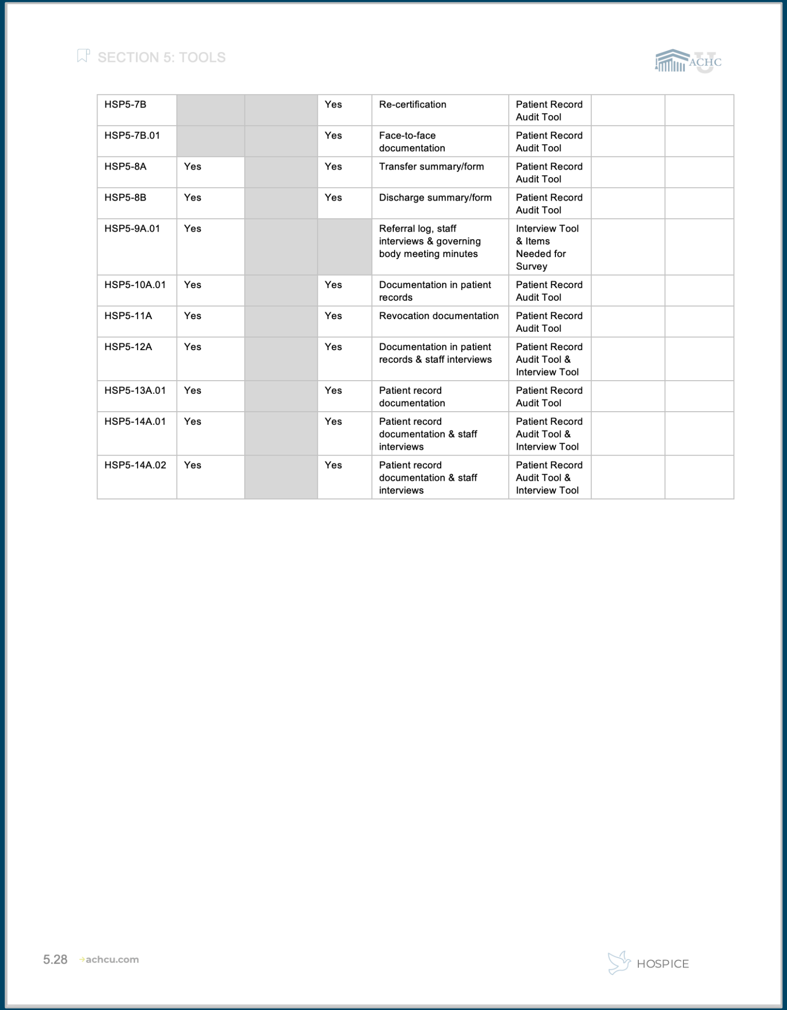
[1182] Home Visit Audit Checklist – Hospice

Compliance Checklist



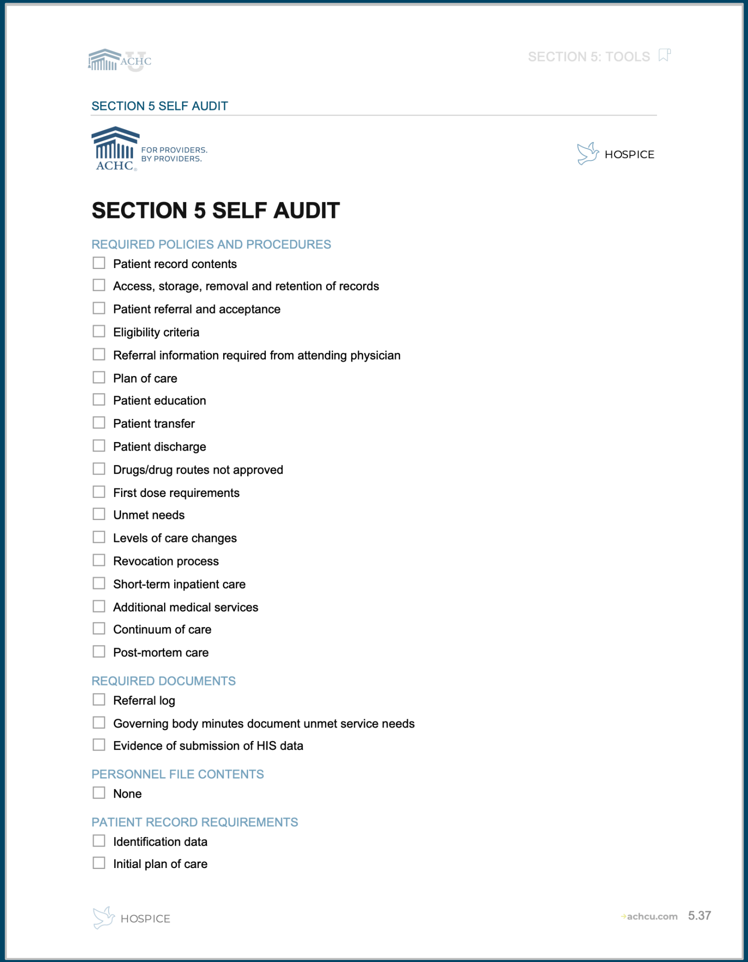
SECTION 5 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HSP5-1A			Yes	Patient records	Patient Record Audit Tool		
HSP5-1A.01	Yes			Patient records	Patient Record Audit Tool		
HSP5-1B	Yes		Yes	Patient records	Observation Tool		
HSP5-2A.01	Yes						
HSP5-3A.01	Yes						
HSP5-3B			Yes	Initial assessment	Patient Record Audit Tool		
HSP5-3C			Yes	Comprehensive assessment	Patient Record Audit Tool		
HSP5-3C.01				Evidence of submission of HIS data	Observation Tool		
HSP5-3D			Yes	Medication profile & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-3E			Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-3F			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-3G			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-4A			Yes	Plan of care	Patient Record Audit Tool		
HSP5-4B			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-4C			Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-4D			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-4E				Staff interviews	Interview Tool		
HSP5-4F			Yes	Updated plan of care	Patient Record Audit Tool		
HSP5-5A	Yes		Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-5B.01				Staff interviews	Interview Tool		
HSP5-6A			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-6A.01	Yes		Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-6A.02	Yes		Yes	Patient record documentation	Patient Record Audit Tool		
HSP5-7A			Yes	Initial certification	Patient Record Audit Tool		



HSP5-7B			Yes	Re-certification	Patient Record Audit Tool		
HSP5-7B.01			Yes	Face-to-face documentation	Patient Record Audit Tool		
HSP5-8A	Yes		Yes	Transfer summary/form	Patient Record Audit Tool		
HSP5-8B	Yes		Yes	Discharge summary/form	Patient Record Audit Tool		
HSP5-9A.01	Yes			Referral log, staff interviews & governing body meeting minutes	Interview Tool & Items Needed for Survey		
HSP5-10A.01	Yes		Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-11A	Yes		Yes	Revocation documentation	Patient Record Audit Tool		
HSP5-12A	Yes		Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-13A.01	Yes		Yes	Patient record documentation	Patient Record Audit Tool		
HSP5-14A.01	Yes		Yes	Patient record documentation & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-14A.02	Yes		Yes	Patient record documentation & staff interviews	Patient Record Audit Tool & Interview Tool		

Self-Audit



SECTION 5 SELF AUDIT

FOR PROVIDERS.
BY PROVIDERS.

HOSPICE

SECTION 5 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- ☐ Patient record contents
- ☐ Access, storage, removal and retention of records
- ☐ Patient referral and acceptance
- ☐ Eligibility criteria
- ☐ Referral information required from attending physician
- ☐ Plan of care
- ☐ Patient education
- ☐ Patient transfer
- ☐ Patient discharge
- ☐ Drugs/drug routes not approved
- ☐ First dose requirements
- ☐ Unmet needs
- ☐ Levels of care changes
- ☐ Revocation process
- ☐ Short-term inpatient care
- ☐ Additional medical services
- ☐ Continuum of care
- ☐ Post-mortem care

REQUIRED DOCUMENTS

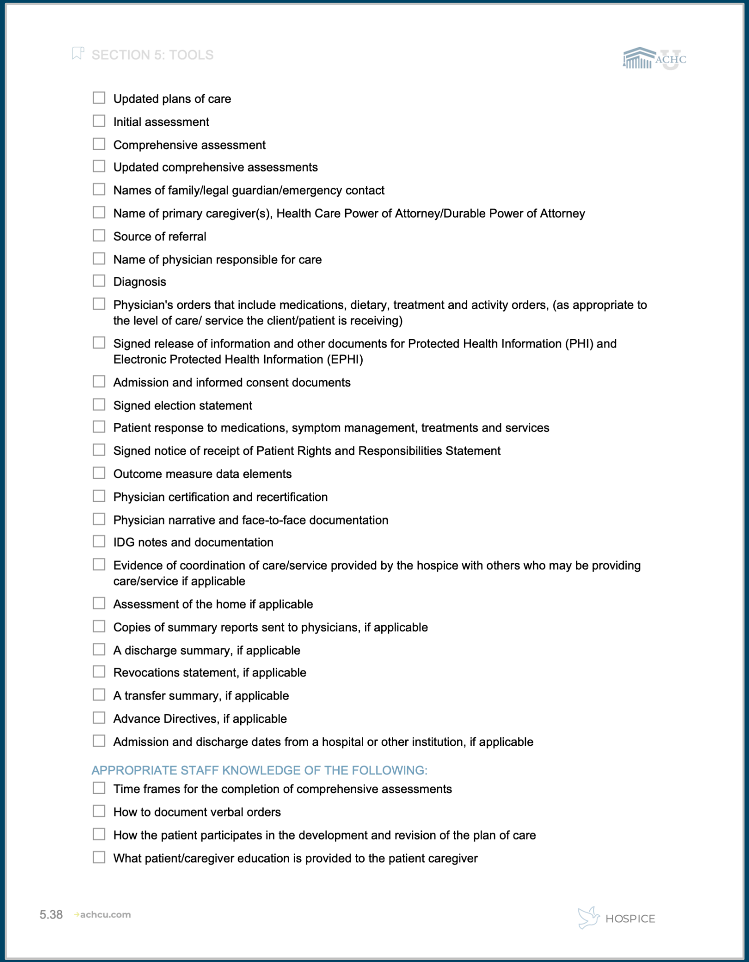
- ☐ Referral log
- ☐ Governing body minutes document unmet service needs
- ☐ Evidence of submission of HIS data

PERSONNEL FILE CONTENTS

- ☐ None

PATIENT RECORD REQUIREMENTS

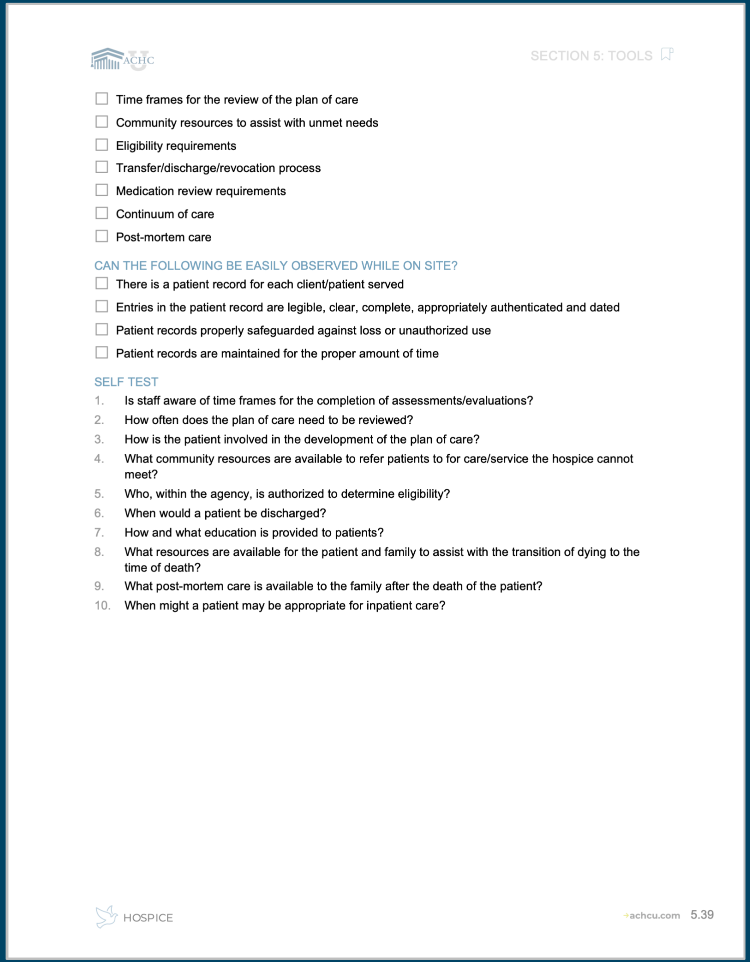
- ☐ Identification data
- ☐ Initial plan of care



- ☐ Updated plans of care
- ☐ Initial assessment
- ☐ Comprehensive assessment
- ☐ Updated comprehensive assessments
- ☐ Names of family/legal guardian/emergency contact
- ☐ Name of primary caregiver(s), Health Care Power of Attorney/Durable Power of Attorney
- ☐ Source of referral
- ☐ Name of physician responsible for care
- ☐ Diagnosis
- ☐ Physician's orders that include medications, dietary, treatment and activity orders, (as appropriate to the level of care/ service the client/patient is receiving)
- ☐ Signed release of information and other documents for Protected Health Information (PHI) and Electronic Protected Health Information (EPHI)
- ☐ Admission and informed consent documents
- ☐ Signed election statement
- ☐ Patient response to medications, symptom management, treatments and services
- ☐ Signed notice of receipt of Patient Rights and Responsibilities Statement
- ☐ Outcome measure data elements
- ☐ Physician certification and recertification
- ☐ Physician narrative and face-to-face documentation
- ☐ IDG notes and documentation
- ☐ Evidence of coordination of care/service provided by the hospice with others who may be providing care/service if applicable
- ☐ Assessment of the home if applicable
- ☐ Copies of summary reports sent to physicians, if applicable
- ☐ A discharge summary, if applicable
- ☐ Revocations statement, if applicable
- ☐ A transfer summary, if applicable
- ☐ Advance Directives, if applicable
- ☐ Admission and discharge dates from a hospital or other institution, if applicable

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- ☐ Time frames for the completion of comprehensive assessments
- ☐ How to document verbal orders
- ☐ How the patient participates in the development and revision of the plan of care
- ☐ What patient/caregiver education is provided to the patient caregiver



- ☐ Time frames for the review of the plan of care
- ☐ Community resources to assist with unmet needs
- ☐ Eligibility requirements
- ☐ Transfer/discharge/revocation process
- ☐ Medication review requirements
- ☐ Continuum of care
- ☐ Post-mortem care

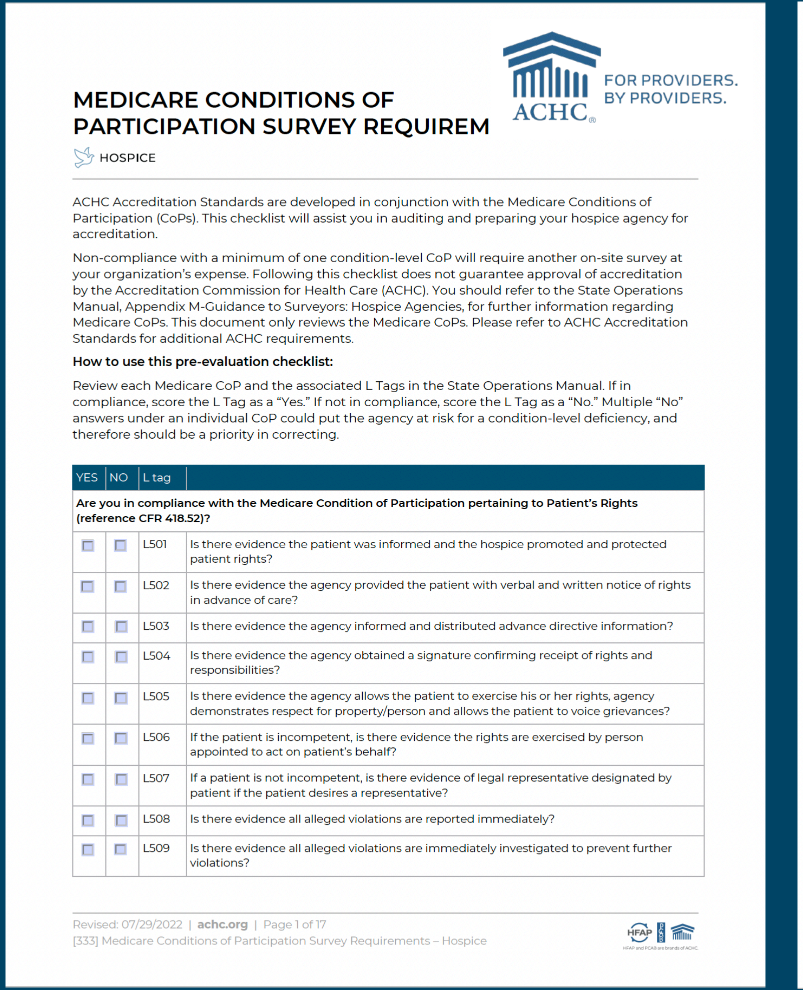
CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- ☐ There is a patient record for each client/patient served
- ☐ Entries in the patient record are legible, clear, complete, appropriately authenticated and dated
- ☐ Patient records properly safeguarded against loss or unauthorized use
- ☐ Patient records are maintained for the proper amount of time

SELF TEST

1. Is staff aware of time frames for the completion of assessments/evaluations?
2. How often does the plan of care need to be reviewed?
3. How is the patient involved in the development of the plan of care?
4. What community resources are available to refer patients to for care/service the hospice cannot meet?
5. Who, within the agency, is authorized to determine eligibility?
6. When would a patient be discharged?
7. How and what education is provided to patients?
8. What resources are available for the patient and family to assist with the transition of dying to the time of death?
9. What post-mortem care is available to the family after the death of the patient?
10. When might a patient may be appropriate for inpatient care?

Medicare CoP Checklist



MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREM

FOR PROVIDERS.
BY PROVIDERS.

HOSPICE

ACHC Accreditation Standards are developed in conjunction with the Medicare Conditions of Participation (CoPs). This checklist will assist you in auditing and preparing your hospice agency for accreditation.

Non-compliance with a minimum of one condition-level CoP will require another on-site survey at your organization's expense. Following this checklist does not guarantee approval of accreditation by the Accreditation Commission for Health Care (ACHC). You should refer to the State Operations Manual, Appendix M-Guidance to Surveyors: Hospice Agencies, for further information regarding Medicare CoPs. This document only reviews the Medicare CoPs. Please refer to ACHC Accreditation Standards for additional ACHC requirements.

How to use this pre-evaluation checklist:

Review each Medicare CoP and the associated L Tags in the State Operations Manual. If in compliance, score the L Tag as a "Yes." If not in compliance, score the L Tag as a "No." Multiple "No" answers under an individual CoP could put the agency at risk for a condition-level deficiency, and therefore should be a priority in correcting.

YES	NO	L tag	
Are you in compliance with the Medicare Condition of Participation pertaining to Patient's Rights (reference CFR 418.52)?			
☐	☐	L501	Is there evidence the patient was informed and the hospice promoted and protected patient rights?
☐	☐	L502	Is there evidence the agency provided the patient with verbal and written notice of rights in advance of care?
☐	☐	L503	Is there evidence the agency informed and distributed advance directive information?
☐	☐	L504	Is there evidence the agency obtained a signature confirming receipt of rights and responsibilities?
☐	☐	L505	Is there evidence the agency allows the patient to exercise his or her rights, agency demonstrates respect for property/person and allows the patient to voice grievances?
☐	☐	L506	If the patient is incompetent, is there evidence the rights are exercised by person appointed to act on patient's behalf?
☐	☐	L507	If a patient is not incompetent, is there evidence of legal representative designated by patient if the patient desires a representative?
☐	☐	L508	Is there evidence all alleged violations are reported immediately?
☐	☐	L509	Is there evidence all alleged violations are immediately investigated to prevent further violations?

Revised: 07/29/2022 | **achc.org** | Page 1 of 17
[333] Medicare Conditions of Participation Survey Requirements – Hospice

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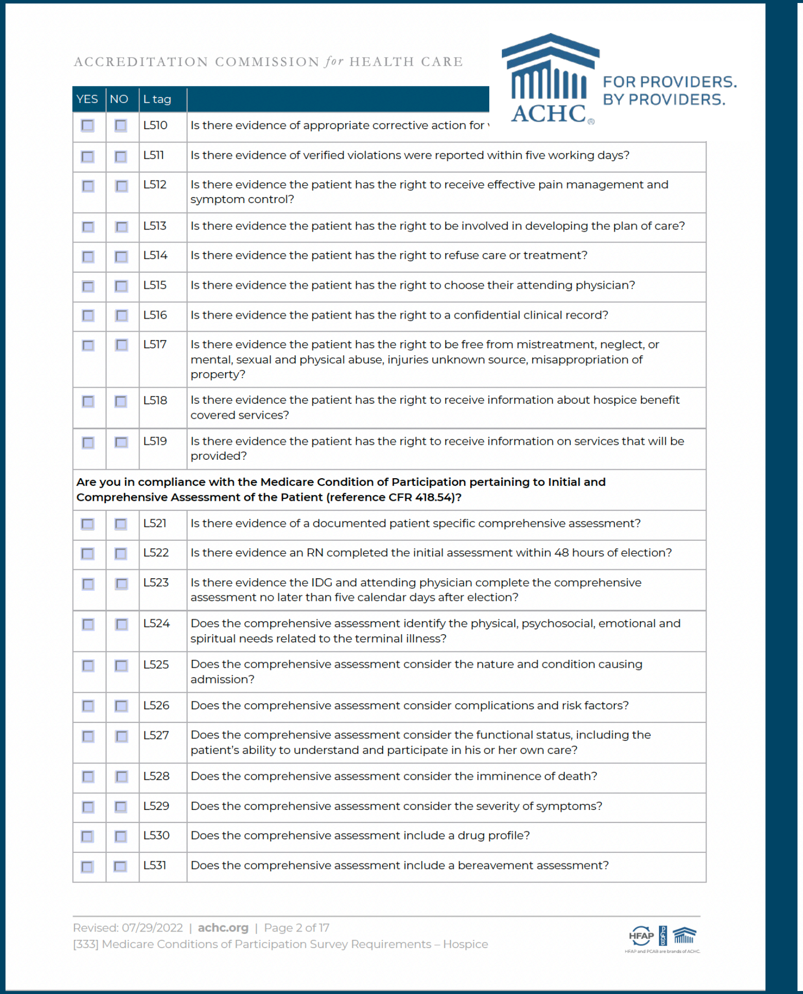

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YES	NO	L tag	
☐	☐	L510	Is there evidence of appropriate corrective action for
☐	☐	L511	Is there evidence of verified violations were reported within five working days?
☐	☐	L512	Is there evidence the patient has the right to receive effective pain management and symptom control?
☐	☐	L513	Is there evidence the patient has the right to be involved in developing the plan of care?
☐	☐	L514	Is there evidence the patient has the right to refuse care or treatment?
☐	☐	L515	Is there evidence the patient has the right to choose their attending physician?
☐	☐	L516	Is there evidence the patient has the right to a confidential clinical record?
☐	☐	L517	Is there evidence the patient has the right to be free from mistreatment, neglect, or mental, sexual and physical abuse, injuries unknown source, misappropriation of property?
☐	☐	L518	Is there evidence the patient has the right to receive information about hospice benefit covered services?
☐	☐	L519	Is there evidence the patient has the right to receive information on services that will be provided?
Are you in compliance with the Medicare Condition of Participation pertaining to Initial and Comprehensive Assessment of the Patient (reference CFR 418.54)?			
☐	☐	L521	Is there evidence of a documented patient specific comprehensive assessment?
☐	☐	L522	Is there evidence an RN completed the initial assessment within 48 hours of election?
☐	☐	L523	Is there evidence the IDG and attending physician complete the comprehensive assessment no later than five calendar days after election?
☐	☐	L524	Does the comprehensive assessment identify the physical, psychosocial, emotional and spiritual needs related to the terminal illness?
☐	☐	L525	Does the comprehensive assessment consider the nature and condition causing admission?
☐	☐	L526	Does the comprehensive assessment consider complications and risk factors?
☐	☐	L527	Does the comprehensive assessment consider the functional status, including the patient's ability to understand and participate in his or her own care?
☐	☐	L528	Does the comprehensive assessment consider the imminence of death?
☐	☐	L529	Does the comprehensive assessment consider the severity of symptoms?
☐	☐	L530	Does the comprehensive assessment include a drug profile?
☐	☐	L531	Does the comprehensive assessment include a bereavement assessment?

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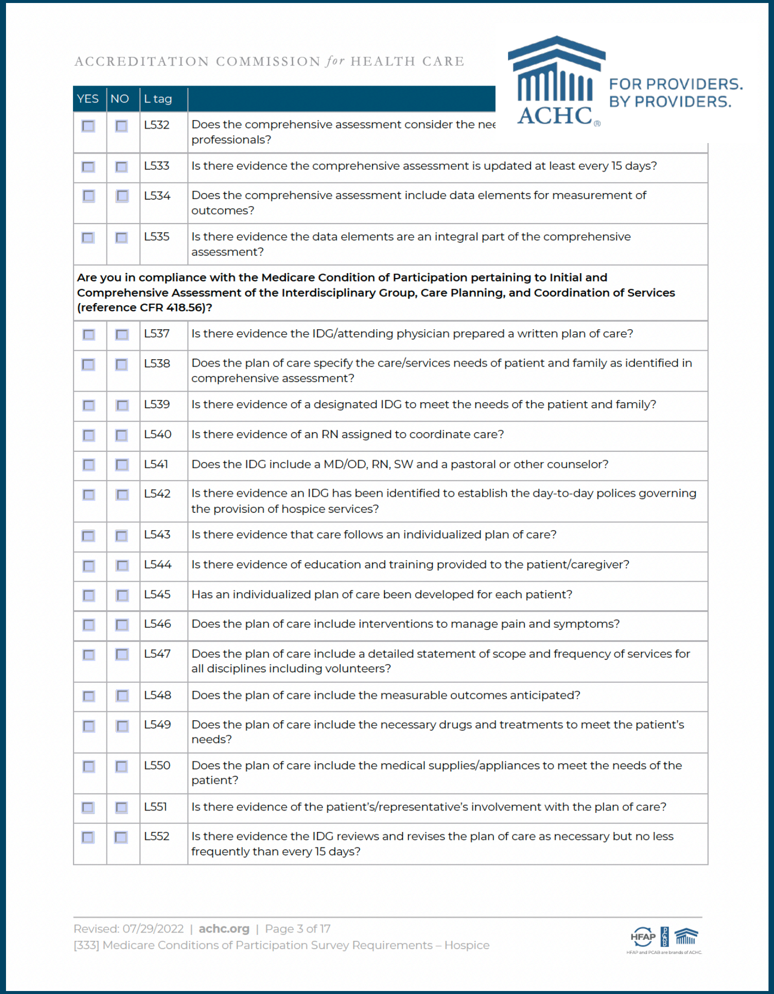
[333] Medicare Conditions of Participation Survey Requirements – Hospice

HFAP and PCAB are brands of ACHC.



ACCREDITATION COMMISSION *for* HEALTH CARE

FOR PROVIDERS.
BY PROVIDERS.

YES	NO	L tag	
☐	☐	L532	Does the comprehensive assessment consider the nee professionals?
☐	☐	L533	Is there evidence the comprehensive assessment is updated at least every 15 days?
☐	☐	L534	Does the comprehensive assessment include data elements for measurement of outcomes?
☐	☐	L535	Is there evidence the data elements are an integral part of the comprehensive assessment?
Are you in compliance with the Medicare Condition of Participation pertaining to Initial and Comprehensive Assessment of the Interdisciplinary Group, Care Planning, and Coordination of Services (reference CFR 418.56)?			
☐	☐	L537	Is there evidence the IDG/attending physician prepared a written plan of care?
☐	☐	L538	Does the plan of care specify the care/services needs of patient and family as identified in comprehensive assessment?
☐	☐	L539	Is there evidence of a designated IDG to meet the needs of the patient and family?
☐	☐	L540	Is there evidence of an RN assigned to coordinate care?
☐	☐	L541	Does the IDG include a MD/OD, RN, SW and a pastoral or other counselor?
☐	☐	L542	Is there evidence an IDG has been identified to establish the day-to-day polices governing the provision of hospice services?
☐	☐	L543	Is there evidence that care follows an individualized plan of care?
☐	☐	L544	Is there evidence of education and training provided to the patient/caregiver?
☐	☐	L545	Has an individualized plan of care been developed for each patient?
☐	☐	L546	Does the plan of care include interventions to manage pain and symptoms?
☐	☐	L547	Does the plan of care include a detailed statement of scope and frequency of services for all disciplines including volunteers?
☐	☐	L548	Does the plan of care include the measurable outcomes anticipated?
☐	☐	L549	Does the plan of care include the necessary drugs and treatments to meet the patient's needs?
☐	☐	L550	Does the plan of care include the medical supplies/appliances to meet the needs of the patient?
☐	☐	L551	Is there evidence of the patient's/representative's involvement with the plan of care?
☐	☐	L552	Is there evidence the IDG reviews and revises the plan of care as necessary but no less frequently than every 15 days?

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Thank you

For follow-up questions, contact your Account Advisor