

Preparing for survey in the COVID-19 era: A comprehensive checklist for home health providers



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Cindy Campbell is a nationally recognized home health leader and management consultant. She supports home health providers across the country, guiding them toward best practice structure, clinical modeling, and revenue cycle process efficiencies. She is a passionate advocate for shifting advanced levels of care to the home – the least restrictive setting, with the lowest cost, that yields the greatest patient satisfaction. Cindy's focus is grounded in patient experience and outcomes, with an emphasis on integrating and leveraging innovative technology into advancing clinical models to better manage patients where they live.

In this checklist, Cindy draws on her extensive experience to provide direction and insight on preparing for home health surveys amid the current public health emergency.

Maintaining a state of survey readiness is a systematic process requiring leadership oversight and a culture of compliance. The home health survey process focuses on the agency's performance, including its effect on patients. Surveyors analyze the services provided to patients and examine the structures and processes that contribute to the quality of the services. The primary focus: **patient outcomes achieved through compliant practice**. Surveys intend to evaluate each of the respective Conditions of Participation (CoPs) by having surveyors conduct interviews, home visits, record reviews, and observations.

The COVID-19 public health emergency (PHE) has placed a pause on several standard surveys, including elements focused on the Quality Assurance Performance Improvement (QAPI) Program. While certain regulatory requirements have been paused or modified through CMS 1135 waivers, others – like infection control and emergency preparedness regulations – have been intensified. As a result, surveys are likely to look somewhat different after the PHE.



Home health providers must start preparing for the end of focused surveys and the return of normal survey processes. Using the checklist below, evaluate where your agency must focus to ace a standard survey during the PHE.

Questions to consider:

		Yes	No
1.	Is your entire staff familiar with the CoPs, and do your staff members understand their role in complying with them?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you reviewed your CMS State Operations Manual's interpretative guidelines for each survey standard, looking for valuable insights as to how a surveyor will assess and interpret how your agency is meeting CoPs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you know which CMS 1135 waivers are allowed in your state, or if they have been modified by your state regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you educated staff on HIPAA waivers and their impact on security procedures?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you educated staff on the survey process and home visit expectations?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you reviewed your agency's infection control measures and implemented these measures with all clinicians?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you reviewed and refined telehealth and virtual visit policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you educated your staff on telehealth and virtual visit processes and applications?	<input type="checkbox"/>	<input type="checkbox"/>

9. Are you maintaining a survey readiness handbook in the office and online, and does it contain the following information?

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- Instructions for accessing all reports that must be provided during a survey
- A map of your agency's service area
- A copy of your state license
- A copy of your Clinical Laboratory Improvement Amendments (CLIA) waiver, if applicable
- A sample admission packet
- A list of your agency's current contracts
- An up-to-date organizational chart, including designated alternates
- Up-to-date list of all committee names and members
- Education calendar
- Description of your QAPI program and associated performance improvement projects (PIPs)

10. Have you set up a user profile in the electronic medical record for the surveyor(s) to use while onsite?

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- Have you restricted the profile to "need to know" fields and records?

11. Have you performed a bag and/or trunk supply check using an infection control checklist?

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12. Have you performed a sample clinical compliance audit to identify and address the following activities related to home health PHE waivers?

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- Face-to-face (F2F) encounters
- Telehealth services
- Homebound status
- Initial assessment
- Outcome and Assessment Information Set (OASIS)
- Aide supervision
- Non-physician practitioner (NPP) certification authority
- QAPI program and PIP impacts

		Yes	No
13.	Have you educated employees on organization policy and procedure changes?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ensured that your agency's governing body, QAPI, and other committee minutes are timely, present, and dated?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you established and integrated PIPs into your QAPI process? And, is your staff educated on the PIPs and their associated roles?	<input type="checkbox"/>	<input type="checkbox"/>
16.	<p>Have you developed a plan for compliance audits to be completed by specific departments? The plan should incorporate compliance or QAPI program activities such as:</p> <ul style="list-style-type: none"> • Personnel file audits • Contract reviews • Policy and procedure reviews • Clinical record audits • Integrated PIP measures 	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ensured that your agency's emergency preparedness plan and all associated components have been reviewed, critiqued, updated, and presented to staff?	<input type="checkbox"/>	<input type="checkbox"/>



Yes No

18. Have you ensured that disaster drills – or actual disasters – have been documented, including:

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- What was done
- An evaluation of the success of the implementation
- Any changes made to the plan as a result of the drill or the actual disaster

19. Have you reviewed the CMS State Operations Manual's interpretive guidelines for each survey standard, looking for valuable insights as to how a surveyor will assess and interpret how your agency is meeting CoPs?

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20. Have you reviewed your state's licensing standards to understand the difference between your state's and CMS's requirements of CoPs?

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- CMS response to Coronavirus and latest program guidance <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC interim infection prevention and control recommendations <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

About WellSky

WellSky's Operational Consulting Services assesses the efficiency and effectiveness of your organization. From solving specific issues to assessing your entire organization, our experts will work to customize a pragmatic solution that fits your needs and budget. Our plans help you lower the cost of care while improving quality, satisfaction, and clinician engagement, enabling your team to focus on their purpose: improving patient outcomes. Our proactive and collaborative approach to compliance focuses on targeted clinical record audits and mock surveys, providing recommendations that show you where you stand, and where you can improve.



Learn more! When blanket waivers expire and surveyors are out in full force, compliance will be key. Let our compliance experts help you prepare, ensuring you pass with flying colors.

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