

Entrance Conference

FEDERAL EVALUATION: HOSPICE

This document describes the entrance conference portion of an MDH survey of a hospice facility. It is being shared as a reference for providers to understand what information will be requested as part of the survey process.

1. Introduction of all surveyors
2. Request a workspace and to meet with the appropriate staff based on the organizational characteristics of the hospice.
3. Inform the administrator or designee of the purpose of the survey, i.e., to collect information about the agency and the patient and the agency's ability to provide the following:
 - a. Quality of care
 - b. Coordination of Patient Services
 - c. Explain survey process and estimate number of days on site
4. Complete all areas of the [CMS-417 form \(https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms020294\)](https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms020294).
5. Complete all areas of the [CMS-643 form \(https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms006388\)](https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms006388).
6. Ask the administrator if the agency has any branch offices and where they are located. A home visit and record reviews must be made for each branch office.
 - a. Inform the administrator that you will need records from the branch office for review.
 - b. Ask: Do they have a residential hospice? Is it Medicare-certified, or licensed only?
 - c. Discuss the date(s) and time(s) of Interdisciplinary Group (IDG) reviews and plan of care updates and where they are documented.
 - d. Access to clinical records.
 - e. The electronic medical record must be provided in a read-only mode for surveyor access.
7. Identify and assign hospice staff who:
 - a. Will be a resource to respond to the surveyor's questions and who can obtain additional information for the surveyor
 - b. Are most knowledgeable about clinical supervision, in-service training, and hospice aide supervision
 - c. Can respond to any questions or assist the surveyor as needed in to access all clinical records in a timely fashion.

Provider-supplied Information (within 1 hour)

The following items need to be provided to the MDH survey team **within 1 hour** of their entrance into the facility:

- A completed copy of the home visit schedule for all disciplines for the week of the hospice survey.
- The number of unduplicated admissions for the entire hospice during the most recent 12-month period. Identify the number of patients residing in skilled nursing facilities/nursing facilities (SNF/NF) or other residential facilities.
- A copy of the information given to the patient on admission (admission packet).
- Information about advertising (see [Minnesota Rules 4664.0025](https://www.revisor.mn.gov/rules/4664.0025) (<https://www.revisor.mn.gov/rules/4664.0025/>). [0350]) Is the hospice providing services that they advertised for?
 - Yes
 - No
- Orientation to the electronic and/or paper clinical records that include the comprehensive assessment, the plan of care, physician's orders, progress notes and home visits, supervisory visits, IDG meeting minutes, medication lists, and medication administration records.
- Does the hospice have an inpatient facility?
 - Yes
 - No

Provider-supplied Information (within 4 hours)

The following items need to be provided to the MDH survey team **within 4 hours** of their entrance into the facility:

- A list of patients who have died in the past 12 months; including identification of whether they were in a Identify if they were in a skill nursing facility (SNF) or intermediate care facility (ICF/ID).
- A complete list of current patients (including all payer sources and locations), including, at a minimum, the following information for each patient:
 - Patient names
 - Date of hospice benefit election
 - Terminal diagnosis
 - Current level of care (routine or continuous home care, general inpatient care, or respite)
 - Location of care—home, including assisted living facility (ALF), SNF/NF, or ICF/IID), or inpatient facility on a short-term basis
- A list of patients who were discharged or had the hospice benefit revoked in the past 12 months. Please identify if any of these were in a nursing home.
- The schedule of home visits that are scheduled during the survey period for all locations, including parent and their multiple locations.
- A list of all multiple locations (including addresses) that the hospice operates under their CMS Certification Number (CCN).

- Interdisciplinary Group (IDG) meeting schedule, location, and minutes.

Provider-supplied Information (within 24 hours)

The following items need to be provided to the MDH survey team **within 24 hours** of their entrance into the facility:

- Documentation of grievances/complaints, including complaint logs and investigations with their outcomes during the past 12 months
- A copy of the hospice’s charter and organizational chart
- Personnel documents:
 - Comprehensive current personnel list to include the medical director(s), volunteers, and all staff under contract or arrangement including names and titles
 - The identity of, and governing body authorization for, the person who is authorized in writing to act on behalf of the administrator
 - Staffing schedules for the week of survey in order for surveyors to plan their staff interviews
 - A list of RN coordinators who are responsible for the coordination of care and implementation of the interdisciplinary plan of care
 - Names of key staff and persons most knowledgeable about the hospice aides, homemakers, volunteer coordination, pastoral services, infection control, quality assessment and performance improvement (QAPI), in-service training, clinical supervision, bereavement
- Documentation of hospice aide training and/or competency evaluations and in-service training.

Contracts/Agreements/Arrangements for Services (i.e.: SNF/NF, DME, Pharmacy, Inpatient facilities, PT/OT, SLP, Massage therapy).

- Does the contract identify if a business is not subject to licensure under this chapter, does the contract state the business must comply with the Hospice Licensure Law and Rules?
 - Yes
 - No
 - N/A

[Minnesota Rule 4664.0008, Subpart 2 \(https://www.revisor.mn.gov/rules/4664.0008/\)](https://www.revisor.mn.gov/rules/4664.0008/) SERVICES INCLUDED AND EXCLUDED FROM LICENSURE. Subp. 2. **Contract services.** If a licensee contracts for a hospice service with a business that is not subject to licensure under this chapter, the licensee must require in the contract that the business comply with this chapter and Minnesota Statutes, sections 144A.75 to 144A.755.

- Has a core nursing services waiver been granted? Date of waiver: _____
 - Yes
 - No
 - N/A
- Has a waiver of requirements for any of the following services been granted? Date of waiver: _____
 - Physical therapy
 - Occupational therapy
 - Speech-language pathology
 - Dietary counseling services

ENTRANCE CONFERENCE (HOSPICE)

- Provide a list of contracts/agreements as applicable (e.g., SNF/NF, DME, pharmacy, inpatient facilities)
- Provide written agreements with all long-term care facilities (nursing homes, ICF/IIDs) where the hospice is currently treating patients.

Policies and Procedures

- Policies and training documentation on the prevention of abuse, neglect, and patient harm.
- Infection Control policy and logs.
- Quality Assessment and Program Improvement (QAPI) program activities and performance improvement projects, including infection control.

Policies related to:

- Advanced directives
 - Plan of Care
 - IDG Coordination of services
 - Infection control
 - Training
 - Clinical records
 - Management and disposal of controlled drugs
 - Use and maintenance of equipment and supplies
 - Pain and symptom management
- Complaint/Grievance policy and any complaints/grievances in the past 12 months, along with any investigation/follow-up of these complaints/grievances.
 - Copy of CLIA certificate (if applicable).
 - The emergency preparedness plan (to include documented exercises or records)

Staffing

1. Is the agency using any pool staff?
 - Yes
 - No
2. If using pool nurses, please provide a listing of all the Supplemental Nursing Service Agencies (SNSAs) printed from the Minnesota Department of Health's website on the date of the survey at: [Health Regulation Division: Health Care Provider Directory \(https://www.health.state.mn.us/facilities/regulation/directory/providerselect.html\)](https://www.health.state.mn.us/facilities/regulation/directory/providerselect.html). Please **circle the names of the agencies used** and return to the surveyor.

3. Provide the names of key staff.
 - a. RN Coordinator for IDG's: _____
 - b. Volunteer Coordinator: _____
 - c. Infection Control Coordinator: _____
 - d. QAPI Coordinator: _____
 - e. Bereavement Coordinator: _____
 - f. Medical Director: _____
 - g. Administrator/Director of Hospice: _____
 - h. Staff responsible for Grievance/Complaints: _____

Inpatient Direct Care

If the hospice provides inpatient care directly, submit the following information:

- Current active inpatient census and the level of care they are receiving (i.e., general in-patient (GIP), respite care, etc.), including:
 - Date of admission
 - Diagnosis
 - Reason for admission
- The last 30 days of inpatient admissions and reason for admission (i.e., general in-patient (GIP), respite care, etc.), including:
 - Date of admission
 - Diagnosis
 - Reason for admission
 - Date of Discharge
- The working schedules for licensed and registered nursing staff for the last 30 days
- The visitor policy
- Schedule of mealtimes, locations of dining room(s)
- A copy of an updated facility floor plan
- Location of medication storage rooms and medication carts (if any), and medication administration times
- List of IDG personnel location and phone numbers
- List of patients who were placed in restraints or seclusion in the past 12 months
- Restraint/seclusion policy and procedures
- Access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room.

ENTRANCE CONFERENCE (HOSPICE)

Minnesota Department of Health
Health Regulation Division
Federal Evaluation
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
health.fpc-web@state.mn.us
www.health.state.mn.us

05/20/2024

To obtain this information in a different format, call: 651-201-4200.