

## **CMS<sup>1</sup> Hospice Appendix M Update – Frequently Asked Questions & Answers**

March 28, 2023

### **Q. What is the Appendix M?**

*A. CMS establishes Survey protocols and Interpretive Guidelines to provide guidance to personnel conducting surveys. They serve to clarify and/or explain the intent of the regulations and all surveyors are required to use them in assessing compliance with Federal requirements. The purpose of the protocols and guidelines is to direct the surveyor's attention to certain avenues for investigation in preparation for the survey, in conducting the survey, and in evaluation of the survey findings. The Interpretive Guidelines for hospice are contained in Appendix M of the CMS State Operations Manual.*

### **Q. Where can I find the updated hospice Appendix M document?**

*A. The updated hospice Appendix M document can be viewed/downloaded at [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_m\\_hospice.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf)*

### **Q. When and why did CMS update hospice Appendix M?**

*A. CMS updated Appendix M to promote efficiency and effectiveness in the hospice survey process and identify low quality-of-care deficiencies. CMS also modified the hospice survey protocol to refine the focus on quality of care. Revisions to Appendix M and complementary revisions to the CMS Hospice Basic Surveyor Training will equip surveyors from all surveying entities (State Agencies and Accrediting Organizations) to focus on the quality of care and facilitate consistency.*

### **Q. The updated survey protocol states the surveyor will complete enhanced pre-survey work. What does that mean?**

*A. CMS enhanced the Pre-Survey task to boost surveyors' understanding of the hospice's operations and provide a foundation for the onsite survey. Surveyors will review the following information before arriving onsite for the survey visit:*

- Documents of record including licensure records*
- Fire inspection reports, previous survey reports including life safety code (LSC), as applicable.*
- Media reports and other publicly available information about the organization*
- CMS care compare – hospice providers*
- All complaint investigations since the last recertification survey to evaluate for patterns of deficient practice; available on the CMS Quality, Safety and Oversight Reports website (QCOR)*
- The most recent form cms-417, hospice request for certification in the Medicare program;*

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<sup>1</sup> The Centers for Medicare and Medicaid Services.

- The most recent form cms-643 hospice survey and deficiencies report (the 643 form must be completed by the hospice within an hour of the entrance conference);
- The most recent form cms-2567, statement of deficiencies and plan of correction; and
- Change of ownership or additional multiple locations documents or information;

**Q. Are the survey tasks for the surveyor the same in the updated Appendix M?**

A. No. The updated Appendix M has eight (8) survey tasks while the previous Appendix M only had six (6) tasks. The table below compares the previous survey tasks to the updated survey tasks.

Survey Task	Previous Appendix M	Updated Appendix M
1	Pre-Survey Preparation	Pre-Survey Preparation
2	Entrance Interview	Entrance Conference (Task name updated to Entrance Conference from Entrance Interview)
3	Information gathering	Sample Selection (NEW)
4	Information analysis	Information gathering
5	Exit conference	Preliminary Decision Making and Analysis of Findings
6	Formation of Statement of Deficiencies	Exit conference
7		Formation of Statement of Deficiencies
8		Post survey activity (surveyors must prepare documents that report their findings and collaborate with their managers for concurrence on survey outcomes)

**Q. Will a surveyor change how they assess an organization onsite?**

A. Yes. Hospice regulations contain 23 CoPs that hospices must comply with to participate in the Medicare programs. CMS reorganized the survey, Task 4 – Information Gathering, into Phase 1 & Phase 2 which focuses on four core requirements and 19 associated CoPs.

- Protocol Phase 1 consists of reviewing three core CoPs and six associated CoPs related to direct care of the patient and family, and that require home visits, observations, and interviews.
- Protocol Phase 2 consists of one core CoP and 13 associated CoPs, including administrative and structural matters, such as review of the development and execution of the QAPI plan, review of waivers, furnishing core and special services, etc.

All CoPs continue to have the same weight, be they organized into Phase 1 or Phase 2, in terms of finding noncompliance and citing deficiencies. Surveyors should initially gather information for Phase 1 CoPs that entail the predominant level of effort/priority, before CoPs where administrative elements are considered in the Phase 2 CoPs. Phase 1 findings regarding direct care services can inform Phase 2 in terms of pointing to potentially systemic issues/deficiencies.

**Q. What are the hospice four core CoP requirements?**

A. The 2008 hospice final rule (73 FR 32088) specified a set of four CoPs as core requirements for hospice services:

1. §418.52 Condition of participation: Patient's rights.
2. §418.54 Condition of participation: Initial and comprehensive assessment of the patient.
3. §418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services.

Overarching these three requirements is a quality assessment and performance improvement program that emphasizes a provider's own quality management system is key to improved patient care performance.

4. §418.58 Condition of participation: Quality assessment and performance improvement.

**Q. Will the update to Appendix M change the number of days a surveyor will spend onsite, and will it affect the price of my contract with CHAP?**

A. Possibly. It depends on the number of unduplicated admissions your organization had in the past 12 months. CMS increased the sample/number of clinical records a surveyors must review. If the number of your admissions has changed related to the tables below, please contact Nancy Reeder, VP, Customer Relations Accreditation Operations at [nancy.reeder@chapinc.org](mailto:nancy.reeder@chapinc.org).

The previous and updated clinical record review/sample tables appear below.

**Previous record review/ sample table in Appendix M (2/21/2020)**

Unduplicated admissions	Minimum record reviews without home visit	Minimum record reviews with home visit	Total record reviews
<150	8	3	11
150-750	10	3	13
751-1250	12	4	16
1251 or more	15	5	20

CMS also included record review specifications in the update Appendix M to include review of closed records for live discharges and bereavement, and a proportionate number of records from a multiple location(s) that include at least one RR-NHV or RR-HV from each location.

**Revised record review/sample table in Appendix M (1/27/2023)**

Number of unduplicated admissions (Past 12 months)	Closed Records (Live Discharges)	Closed Records (Bereavement Records)	Record Review-No Home Visit (RR-NHV)	Record Review with Home Visit (RR-HV)	Total Minimum Sample	Inclusion of records from multiple location(s)
<150	2	2	7	3	14	The number of records from each multiple location should be proportionate. Includes at least one RR-NHV or RR-HV from each location Example below)
150-750	2	3	10	4	19	
751-1250	2	3	12	6	23	
1251 or more	3	4	14	6	27	

Example - Multiple location(s) record review:

Example. For hospices with < 150 admissions, if there are three locations and 50% of patients are from location A, 25% from location B, and 25% from location B, then, from the total minimum number of 14 records, 7 records should come from location A, 3-4 records from location B and 3-4 records from location C. If there is a large number of multiple locations, the surveyor should distribute the total minimum sample across the locations as most feasible.

**Q. The record review table shows that a surveyor will review closed records for live discharges and bereavement. Is this new?**

*A. No. The survey has always included guidance for review of clinical records for a patient who has revoked the hospice benefit if there were concerns about discharge or revocation. Surveyors were also directed to review a sample of bereavement plans of care from a list of patients who have died within the past 12 months. In the updated Appendix M, CMS has provided more guidance for the review of a closed record due to live discharge, not just revocation, and the evaluation of bereavement services.*

**Q. Are there any changes to the home visit portion of the onsite survey?**

*A. Surveyors will continue to make home visits to patients/families. The surveyor will select the patient and review the clinical record prior to the home visit. This may mean that home visits will occur later in an onsite day. Surveyors will choose patients to visit based on patient care setting, level of care, diagnosis and services, and multiple location(s) as applicable.*

**Q. Will the CHAP site visitor be looking for provision of all levels of care?**

*A. Three of the four levels of care are included in the sampling strategy—routine home care, continuous home care and general inpatient care.*

**Q. Are there any changes to the Infection Control CoP requirements?**

A. Yes. (d) Standard: COVID-19 Vaccination of facility staff does not appear in § 418.60 Condition of participation: Infection control. CMS explained to CHAP that the omission of standard (d) is intended. CMS did not include the COVID vaccination tag since it was in the interim final rule and not made permanent or given an expiration date in the IFC. All COVID vaccination tags were outlined for ACC providers in S&C specific memo. CMS did not include it in this revision of App M in case the requirement did not expire.

**Q. Where there any changes to the survey tags in update Appendix M?**

A. Yes. CMS made changes to survey tags (LTags) in most of the Conditions of Participation (CoPs).

CoPs with NO LTag changes include:

- § 418.62 Condition of participation: Licensed professional services.
- § 418.72 Condition of participation: Physical therapy, occupational therapy, and speech-language pathology.
- § 418.114 Condition of participation : Personnel qualifications

Most of the LTag changes involve consolidation of the first two (2) LTags in the CoP into one LTag.

**Example of LTag consolidation:**

LTag (Previous)	CoP/Standard	LTag (Revised)	CoP/Standard
L500	§418.52 Condition of Participation (CoP): Patient’s rights	L500	§418.52 Condition of Participation (CoP): Patient’s rights
L501	The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.	L501 deleted	The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.

A significant LTag change occurred in § 418.110 Condition of participation: Hospices that provide inpatient care directly. The LTags in this CoP have been re-designated from L719-L758 to L820-L862. L719-L758 is reserved for future use.

★ See CHAP’s Survey Tag (LTag) Crosswalk for changes to specific CoP tag numbers.

## Updated Appendix M - Hospice Inpatient Unit Specific Questions & Answers

**Q. My organization has a hospice inpatient unit. Will a Life Safety Code be part of the inpatient unit survey?**

A. Yes. All hospices that provide direct inpatient services must have an on-site survey and a Life Safety Code (LSC) survey (based on the procedures in Appendix I-Life Safety Code). This survey includes an LSC survey that must be done both at the time of initial certification of the inpatient facility and at the time of recertification surveys.

**Q. How many clinical records will be reviewed during an inpatient unit survey?**

A. The inpatient hospice sample record review selection is added to the total hospice sample. The table with sampling guidance is below.

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

**Q. Will my inpatient unit(s) be included in my site visit from CHAP?**

A. Your inpatient unit will be included as part of the overall site visit. If you have more than one inpatient unit, each one will be surveyed by the CHAP site visitor.

**Q. What will a CHAP Site Visitor be observing during my inpatient unit survey?**

A. Primary Site Visitor tasks of the inpatient hospice survey include:

1. Entrance Interview with the administrator
2. Facility tour with staff
3. Sample selection
4. Patient care observations and staff interviews
5. Family or other caregiver interviews
6. Meal service observation
7. Medication administration observation
8. Medication room observation
9. Determine that pharmacy services are provided under the direction of a qualified licensed pharmacist
10. 24-hour nursing staffing evaluation
11. Review use of, reporting of, and staff training on restraint/seclusion
12. Emergency preparedness plan for inpatients
13. Compliance with procedures in Appendix I-Life Safety Code

*Please read the guidance for §418.110 Hospices that provide inpatient care directly carefully to understand all regulatory requirements and guidance for survey.*

**Q. It looks like the CHAP Site Visitor will be assessing compliance with emergency preparedness requirements in the inpatient unit, but I don't see the guidance for this CoP in revised Appendix M.**

*A. Yes. The CHAP Site Visitor will be assessing compliance with emergency preparedness requirements, but the regulatory requirements and guidance is in CMS Appendix Z.*

*Link to SOM Appendix Z -*

*[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf)*

Please contact your Director of Accreditation or [quality@chapinc.org](mailto:quality@chapinc.org) for questions.