Prioritization of CMS Survey Activities

April 15, 2020

*This is informational material and does not constitute legal advice regarding any specific situation.
Background

- Friday, March 13, 2020, President declared a national emergency, which triggers the Secretary’s ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act).

- Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks beginning March 20, 2020.
If state or federal surveyors are.....

- Unable to meet PPE expectations outlined by latest CDC guidance to safely perform onsite survey due to lack of appropriate PPE supplies, instructed to refrain from entering the provider, and obtain information necessary remotely, to extent possible.

- Continue the survey once they have the necessary PPE to do so safely.
Unauthorized Surveys

During prioritization period, the following surveys will **not** be authorized:

1. Standard surveys for LTC, hospitals, HHAs, ICF/IIDs, and hospices
2. Revisits that are not associated with IJ
3. CLIA, prioritize immediate jeopardy situations over recertification surveys
QSO-20-20: Prioritization of Survey Activities
March 23, 2020

- This announcement follows previous action to focus survey activity on infection control.
- On March 4, 2020, CMS announced a suspension of inspections for federal and state inspectors.
  - focused on IJ complaints, complaints alleging infection control concerns – especially COVID-19 –
  - statutorily required surveys,
  - revisit surveys to resolve enforcement actions,
  - initial certifications,
  - inspections for facilities with histories of infection control deficiencies in the last 3 years,
  - inspections of facilities with histories of infection control deficiencies at low levels of severity.
QSO-20-20: Prioritization of Survey Activities
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- This action supersedes March 4th announcement, and prioritizes surveys related to complaints and facility-reported incidents (FRIs) triaged at IJ level, while suspending the other types of surveys.
Prioritization of Surveys

1. SSA follow their normal process for triaging complaints & FRIs:
   - If complaint/FRI triaged at IJ level, state should follow normal policies & procedures for surveying provider.
   - If complaint/FRI triaged at non- IJ level, state would enter allegation into ASPEN Complaints/Incidents Tracking System (ACTS).
   - This normal complaint triaging process also applies to CLIA complaints.
Prioritization of Surveys

2. Facilities cited for IJ-level deficiencies and verified IJ removed, proceed as normal, revisit.
   - If revisit survey determines continuing noncompliance, but not at IJ level, surveyors would not conduct another onsite revisit survey.
   - May submit POC, but onsite revisit survey will not be conducted during prioritization period, & these cases will be held. Provider may delay submission of plan of correction until this prioritization period is over.
Prioritization of Surveys

3. Federal CMS & State Surveyors will conduct focused Infection Control surveys in areas deemed necessary through collaboration with CDC & ASPR.
   - *note this workload for SSAs is contingent on their ability to perform surveys based on PPE availability & fulfillment of other State Emergency Response responsibilities (such as staffing medical shelters or testing stations).*

4. Enforcement Actions
   - CMP will stop accruing and the DPNA/SPNA will end as of the suspension date.
   - This does not apply to unremoved IJs. Enforcement actions will proceed as usual per SOM for unremoved IJ deficiencies.
Prioritization of Surveys

5. If during IJ complaint or FRI survey, the surveyors identifies an active COVID-19 case in facility:

- Report to SSA, state health dept., CDC & CMS RO.
- These agencies will coordinate & decide further actions.
- The Infection Control focused survey process can be used to investigate noncompliance & ensure provider takes steps to minimize transmission.
Prioritization of Surveys

- Initial certification surveys remain authorized to increase the health care capacity of the country.
- CMS urges accrediting organizations to follow these prioritizations of survey activities.
- CMS’ survey prioritization applies to surveys for compliance with federal regulations, not state surveys pursuant to state licensure.
Additional Instructions for Nursing Homes

- COVID-19 Focused Survey for Nursing Homes
- Complete Voluntary Self-Assessment
- May be requested by surveyors
- Voluntarily share results with state or local health dept HAI program
Additional Instructions for Nursing Homes

- System of surveillance designed to identify possible communicable disease/infections & when & to whom should be reported.
- Residents with severe respiratory infection, or cluster of respiratory illness (e.g., > or = 3 residents or HCP with new-onset respiratory symptoms within 72 hours).
- Local & state reporting guidelines or requirements may vary.
- Monitor CDC website.
Additional Instructions Other Non-LTC Provider Types

- Education & Signage
  - HHA setting:
    - educate staff, patients and family members regarding infection control procedures and how to avoid transmission COVID-19
    - maintain clean equipment and supplies and follow appropriate infection control procedures during home visits and transport of reusable patient care items
- Limitations on Visitors
- Access for Healthcare Staff
Limitations on Visitors

- Visitors should receive same screening as patients, including whether they have had:
  - Fever or symptoms of a respiratory infection, such as a cough and sore throat.
  - International travel within last 14 days to CDC Level 3 risk countries.
  - Contact with someone with known or suspected COVID-19.
- Set limitations on visitation.
- Signage at entrances for screening individuals.
- Fevers, cough, sore throat, body aches/runny nose or not following infection control guidance should be restricted from entry.
Limitations on Visitors

- Screen and limit visitors for any:
  - recent trips (within last 30 days) on cruise ships
  - Close contact with suspected or confirmed COVID-19 within last 14-days or overseas travel certain countries
- Limit movement within the facility
- Establish limited entry points
- May implement measure to:
  - Phone, face-time, skype, etc.
  - Offer hotline with recording with facility’s status
  - Consider offering telephonic screening
- Consider closing common visiting areas & encouraging patients to visit in patient rooms
Home and Community-Based Settings for Patients with COVID-19

- Isolate at home during illness
- Restrict activities except for medical care
- Use separate bathroom and bedroom if possible
- Prohibit visitors who do not have an essential need to be in the home
Limitations on Visitors

- Some states have chosen to establish more restrictive criteria than described here.
- **Must follow** the **more restrictive criteria** when present.
Access for Healthcare Staff

- Appropriately wearing PPE
- Do not meet criteria for restricted access
- Should be allowed to enter & provide services to patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.)
Access for Healthcare Staff

- For hospitals, this would also apply to organ procurement coordinators
- Ask that donor hospitals continue with operations in regards to allowing organ procurement coordinators into hospitals to discuss organ donation with families
- Hospital & OPO leadership should communicate on risk assessments in their communities and any potential impacts for organ recovery operations
Summary

CMS will continue to evaluate the survey prioritization in light of the situation on the ground in areas with large numbers of COVID-19 cases, to determine if CMS needs to continue this past the initial three weeks.