

# House Bill 444

Division of Health Care  
Office of Inspector General (OIG)  
Cabinet for Health and Family Services

June 8, 2018

House Bill 444, which goes into effect on July 15, 2018, is a comprehensive measure passed by Kentucky's General Assembly during the 2018 legislative session.

# House Bill 444's key changes include:

- Housekeeping changes necessary to clean-up outdated language in several long-term care statutes under KRS Chapter 216.
- Establishing a licensure exemption for certain outpatient clinics and levels of care that provide nonemergency, noninvasive services equivalent to the types of services provided in a private practitioner's office.

Effective July 15, 2018, licensure as a health facility or health service will no longer be required for:

- Rural health clinics
- Primary care centers
- Outpatient rehabilitation services
- Retail-based clinics
- Networks
- Nursing pools
- Special health clinics such as weight loss clinics, speech and hearing clinics, wellness centers, sports medicine clinics, dental clinics, and other medical specialty clinics

# Licensure will continue to be required for a health facility or health service that provides:

- Cardiac catheterization
- Megavoltage radiation therapy
- MRI
- PET
- Adult day health care
- Renal dialysis
- Birthing services
- Emergency services above the level of treatment for minor illnesses or injuries
- Behavioral health services
- Other categories of care that do not meet the new exemption criteria of KRS 216B.020(3)

# Exemption for Federally Certified Clinics

Federally certified rural health clinics and federally qualified health centers that provide services to patients with behavioral health or psychiatric conditions, including substance use disorder, are not required to obtain licensure from the OIG as a Behavioral Health Services Organization (BHSO) or Alcohol and Other Drug Entity (AODE).

The OIG will continue to conduct certification surveys for facilities that are Federally certified as a:

- Rural health clinic
- Comprehensive Outpatient Rehabilitation Facility
- Outpatient Physical Therapy/Speech Pathology Service

# All rural health clinic licenses will expire on 7/15/2018

- If your rural health clinic is due for annual renewal in June, your license will be extended until July 15<sup>th</sup> **and** you will not be required to submit a renewal application or pay the annual renewal fee.
- The Department for Medicaid Services will update its provider summaries accordingly and reimbursement will not be affected.

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<http://www.lrc.ky.gov/record/18RS/HB444.htm>

# Office of Inspector General

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**Cabinet for Health and Family Services  
Office of Inspector General  
Division of Health Care**

**Presents**

# **Rural Health Clinic Survey Protocol**

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**June 8, 2018**



# Revised Rural Health Clinic Guidance

## State Operations Manual (SOM) Appendix G

**Rural Health Clinic (RHC) Appendix G Comprehensively Updated:** The Centers for Medicare & Medicaid Services (CMS) has updated SOM Appendix G for RHCs. The update includes the following features:

- **Addition of a Survey Process Component:** Appendix G now is divided into two parts, with Part 1 outlining the survey process to be followed for RHC surveys.
- **Guidance Reorganized:** Part 2 of Appendix G is now organized to include Automated Survey Processing Environment (ASPEN) “Tag” numbers, with specific regulatory text, interpretive guidance and survey procedures associated with each Tag.
- **Renumbered Tags:** The ASPEN tag numbering system currently in use for RHCs is being completely revised, to reflect the fact that the Appendix now breaks down various RHC Conditions for Certification (CfCs) into separate components for purposes of surveyor assessment of compliance.
- **Guidance Clarified and Updated:** The guidance for all of the RHC CfCs has been reviewed for its precision and clarity in interpreting the regulatory requirements and, where applicable, consistency with current standards of practice.

**CMS Implementation Date: 01/26/2018**

Cabinet for Health and Family Services



# Rural Health Clinic Survey Protocol

- Task 1 – Off-Site Survey Preparation
- Task 2 – Entrance Activities
- Task 3 – Information Gathering/Investigation
- Task 4 – Preliminary Decision Making and Analysis of Findings
- Task 5 – Exit Conference

(Task 6 – Post-Survey Activities; won't be discussed today)

# Task 1 – Off-Site Survey Preparation

- Types of Surveys
  - Standard Surveys (Initial Certification or Recertification)
  - Complaint or On-site Revisit Surveys
- Survey Team Size and Composition
  - Usually consists of one surveyor who is on-site for one day
  - CMS now states that one surveyor, or at least one member of a survey team, should be a registered nurse with hospital or RHC experience
- Assembling Background Information
  - Location, basic staffing information and type of control
  - Additional public information available; website, articles, etc.
  - Survey history and results of previous Federal and/or State surveys
  - Whether there are CfCs requiring particular attention

# Task 2 – Entrance Activities

- Arrival
  - The surveyor(s) present identification and announce to the Administrator that a survey is being conducted; if Administrator is not readily available, survey is not delayed
- Entrance Conference
  - Explain the purpose and scope of the survey; describe the survey process
  - Clarify that all areas of the RHC may be surveyed; patient care not interrupted
  - Surveyor(s) obtain the following:
    - A list of all patients scheduled for that day
    - A list of all office visits from the past six months
    - A list of all cases in the past year where patient was transferred for emergency
    - A list of all staff providing patient care
    - Specific written policies and procedures
    - Selected personnel record information
    - Written documentation related to program evaluation or QAPI
    - A list of services provided through agreement or arrangements
    - A copy of the facility's floor plan
    - **Emergency preparedness planning and documentation (SOM Appendix Z)**

# Task 3 – Information Gathering/Investigation

- Observations
  - RHC Tour
  - Patient Care; nurse selects one or two patients to observe care provided
- Non-Clinical Document Review
  - Specific policies and procedures
  - Other documentation to confirm RHC follows those in its daily operations
  - Selected personnel records
  - Contracts or written agreements for services provided through arrangements
- Clinical Record Review
  - Active patient record sample size and selection (from the previous 60-90 days)
  - Clinical record sampling for standard surveys
    - At least 20 records for an RHC with a monthly case volume exceeding 50
    - For lower volume RHCs at least 10 records should be selected
- Interviews

# Task 4 – Preliminary Decision Making and Analysis of Findings

- Preparation
- Discussion Meeting
- Information Evaluation
- Integrating Findings
- Determining the Citation Level of Deficiencies
- Gathering Additional Information

# Task 5 – Exit Conference

- Introductory Remarks
- Presentation of Findings
  - Specific ASPEN tag numbers are not discussed; subject to supervisory review
  - Present the findings of noncompliance
  - Explain why the findings indicate noncompliance with the regulatory requirement
  - Ensure each deficiency finding is discussed
- Closure
  - Explain that official survey findings will be presented in writing to the RHC via the Form CMS-2567 within 10 working days
  - If there are deficiencies, the RHC is required to submit a Plan of Correction to the survey agency within 10 calendar days following receipt of the Form CMS-2567



# OIG Central Office

The OIG Central Office should be contacted regarding all changes in the RHCs licensure/certification/practice or with questions regarding licensure/certification:

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# Questions?

My contact information for any follow-up questions:

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