








Rehab Agency Survey Accreditation Update

February 18, 2021

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Housekeeping Reminders


- All attendees are on mute
- **Handout:** link in your reminder email 1 hour ago; available in follow up email and on Member portal
- **Questions for Speaker:** submit them using the **Q&A button** on the attendee control panel
- **Technical Questions:** submit them using the **Chat button** on the attendee control panel
- **Recording:** will be emailed to all registered attendees 48 hours after concluded; will be available for NARA Members on the portal in 24 hours





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Presentation Navigation



- Content
 - CMS QSO Memos: Survey & Certification
 - AAAASF **New** Survey IC Worksheet
 - Changes: Policies, Procedures, & Processes
 - AAAASF, CMS, and CDC Resources
 - Tips from Presenter & Panel
- Format and Timeline
 - Housekeeping (NARA - Sabrena): 1 minute
 - Introduction (Laura): 2 minutes
 - Presentation (Nancy): 30 minutes
 - Panel Discussion (Laura): 15 minutes
 - Q & A (Laura): 10 minutes
 - Wrap Up (NARA-Sabrena) 2 minutes





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The Fine Print

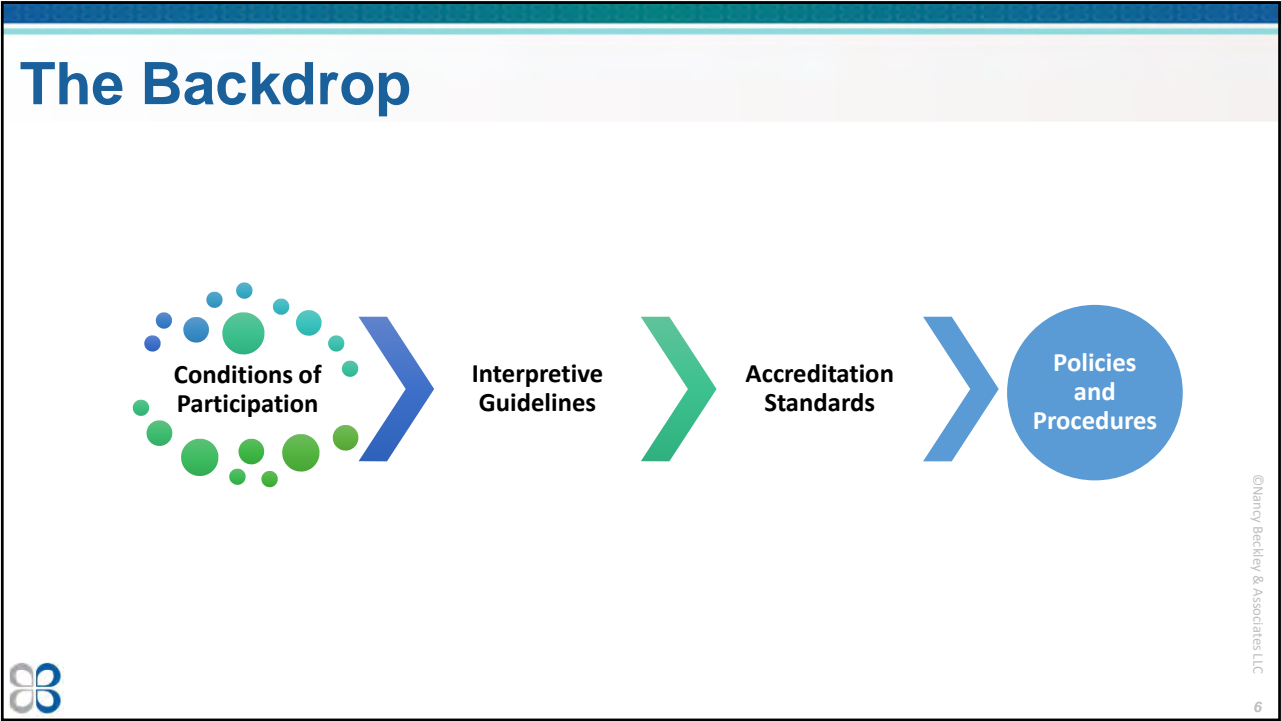
The information provided herein is intended to be informational in nature. It is not offered as legal advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific of Medicare Survey & Certification, or Accreditation requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy. Go to source documentation for complete details.



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Changing Landscape: Traditional RA



Photos Courtesy of Mountain Land Rehab




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Changing Landscape: ALF & CCRC RA



ALF: Athens Physical Therapy Room

Elizabeth Residence ALF, Bayside, WI



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Guidance for Infection Control and Prevention

David Wright, Director
CMS Quality, Safety & Oversight Group

3-30-2020
[QSO-20-22- ASC, CORE, CMHC, OPT, RHC/FQHCs \(cms.gov\)](#)

12-30-2020
[CMS QSO-21-08-NLTC.](#)

CMS regulations and guidance support CORFs and Rehab Agencies (OPTs) taking appropriate action to address potential and confirmed COVID-19 cases. This guidance discusses recommendations to mitigate transmission including screening, restricting visitors, cleaning and disinfection, and possible closures.



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AAAASF Memo to Accredited RA

- [AAAASF COVID-19 Surveyor Worksheet](#)
- [AAAASF COVID-10 Surveyor Worksheet Instructions](#)
- [CMS Updated Survey Guidance](#) [NLTC: Acute & Continuing Care]
- AAAASF Response to NARA inquiry:



While AAAASF had used a less formal checklist since the early months of the Public Health Emergency, this CMS update provided us the opportunity to develop a more formalized and easy-to-understand worksheet that more clearly cross-walked to relevant AAAASF standards.

Additionally, this more formal approach was based on feedback we have received from surveyors throughout 2020, that have seen widely varying compliance and found certain facilities presenting unnecessary risks to patients, staff, and surveyors.

The worksheet uses CMS and CDC guidance related to COVID-19.



Monda Shaver, RN, BSN, MSHM
AAAASF Chief Regulatory Affairs Officer





Conditions of Participation

1. Compliance w/ Federal, State, and Local Laws
2. Administrative Management
3. Plan of Care & Physician Involvement
4. Physical Therapy Services
5. Speech Pathology Services
6. Rehabilitation Program

7. Arrangement for PT & SP Services to be Performed by Other than Salaried Personnel
8. Clinical Records
9. Physical Environment
10. Infection Control
11. Emergency Preparedness
12. Program Evaluation

42 CFR Part 485, Subpart H - Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services



Administrative Management

§485.709 The clinic or Rehabilitation Agency has an effective Governing Body that is legally responsible for the conduct of the clinic or Rehabilitation Agency. The Governing Body designates an Administrator and establishes Administrative Policies.

- Governing Body
- Administrator
- *Personnel Policies*
- *Patient Care Policies*



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Physical Environment*

§485.723 The building housing the organization is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public and provides a functional, sanitary, and comfortable environment.

- Safety of patients
- Maintenance of equipment, building, and grounds
- Other environmental considerations



*Applicable for RA performing Aerosol Generating Procedures

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Infection Control

§485.725 The organization that provides outpatient physical therapy services establishes an infection-control committee of representative professional staff with responsibility for overall infection control. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.

- Infection control committee
- Effective aseptic techniques (CDC guidelines)
- Housekeeping
- Linen
- Pest control




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Emergency Preparedness*

§485.727 The Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services (“Organizations”) must comply with all applicable Federal, State, and local emergency preparedness requirements. The Organizations must establish and maintain an emergency preparedness program that meets the requirements of this section.

- The emergency preparedness program must include, but not be limited to, the following elements:
 - a) Emergency Program (6 Standards)
 - b) Policies and Procedures (5 Standards & 10 Policies)
 - c) Communication Plan (6 Standards)
 - d) Training & Testing (3 Standards)






*Effective 11-16-2016: Implementation by 11-15-2017

*Burden Reduction Requirements Effective: 11-29-2019

20 Standards & 10 Policies




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Program Evaluation


\$485.729 The organization has procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization’s policies are followed in providing services to patients through employees or under arrangements with others.

- Clinical Record Review
- Annual Statistical Evaluation



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AAAASF Survey Worksheet [2-1-2021]




American Association for Accreditation of Ambulatory Surgery Facilities

[Medicare Physical Therapy | AAAASF](#)

COVID-19 OPT Surveyor Worksheet

This worksheet has been developed as a supplement to the AAAASF Surveyor Handbook utilizing the evolving guidance from the CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/faq/guidance-hcf.html>

Requirement	Surveyor Guidance	Standard	Compliant	Surveyor Comments/Notes
The facility must have a policy/procedure for screening all staff, patients and visitors entering the facility. This policy must include: - Health questions related to signs or symptoms of COVID-19; - Temperature; and - Recent exposure questions	POLICIES & PROCEDURES Ask to see this policy and the documentation of the screenings that have taken place.	510.010.050 1300.010.095 1300.010.010	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click or tap here to enter text.
	Observe for implementation of screenings with individuals entering facility.			
Facility must have a policy or protocol to minimize in-facility visitors.	Policy/protocol review.	500.010.050	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click or tap here to enter text.
Facility must have a policy related to personal protective equipment (PPE) and its use. This policy must include: - revisions made related to COVID-19, including the laundering of cloth masks, if used; - require staff wear facemasks while in the healthcare facility.	Policy review.	500.010.050 1200.010.010	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click or tap here to enter text.
	Observe staff for compliance. Interview Staff			
Facility must have a policy and procedure related to hand hygiene and disinfection. The policy must include the preferred use of alcohol-based hand sanitizer based upon CDC guidelines.	Policy and procedure review.	1300.010.010	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click or tap here to enter text.
	Observe for staff compliance.			
The facility must have a written policy/procedure for Infection Transmission-Based Precautions, highlighting any revisions made related to COVID-19. According to the CDC, infection transmission-based precautions for COVID-19 include: - Social Distancing - Wearing a face covering - Hand Hygiene	Policy review.	1300.010.010	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click or tap here to enter text.
	Observe for staff compliance. Interview Staff			



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RA Survey: Policy Review, Interview, & Observe

AAAASF COVID-19 Surveyor Worksheet Instructions

In light of the continuing public health emergency of COVID-19, AAAASF is implementing a focused COVID-19 Surveyor Worksheet to assess activities that are vital to keep facility staff, patients, and communities safe during the pandemic. This worksheet is in keeping with our regulatory partners' emphasis on infection control and emergency protocols and includes a required focused policy & procedure review as it relates to the current COVID-19 emergency. This tool also addresses concerns that have been raised by surveyors in the field after conducting surveys during the pandemic. This new focus is required for all surveys as part of the onsite survey across all programs.

Surveyors must verify the following by means of policy review, staff/leadership interview, and staff observation for compliance:

Infection Control Policies

- Policies related to Hand Hygiene, highlighting any revisions made related to COVID-19
- Policies related to Personal Protective Equipment (PPE) and its use, highlighting any revisions made related to COVID-19
- Policies related to Infection Transmission-Based Precautions, highlighting any revisions made related to COVID-19
- Policies related to postponement of non-urgent/emergent appointments and surgeries/procedures
- Policies related to any screenings conducted for staff, patients, visitors
- Policies related to any restrictions of visitors

Emergency Preparedness Plan


- Policies related to activation of the Emergency Preparedness Plan
- Policies and protocols for reporting suspected and confirmed COVID-19 cases to appropriate health entities
- Emergency contacts for testing and reporting suspected and confirmed COVID-19 cases

Education Logs & Audit Tools

- Evidence of staff education for all relevant areas outlined in the enclosed assessment tool
- All surveillance tools used to ensure compliance with infection control practices

- Infection Control Policies
- Emergency Preparedness Plan
- Education Logs & Audit Tools

[01 COVID 19 Surveyor Worksheet Instructions.pdf](#)



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AAAASF: IC Additional Survey Content Areas

1. Policies & Procedures
2. Compliance Surveillance
3. Documented Staff Training
4. Scheduling & Patient Interactions
5. Supplies & Equipment
6. Environment & Disinfection
7. Emergency Preparedness Plan

- Infection Control Policies
- Emergency Preparedness Plan
- Education Logs & Audit Tools



*Effective for New Surveys 2-1-2021

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Suggested Policies, Procedures & Processes₁

1. Policies & Procedures	Standard	Standard
Screening Policy	500.010.050	1300.010.005 1300.010.010
Visitors Policy	500.010.050	
Personal Protective Equipment (PPE) Policy	500.010.050	1300.010.010
Hand Hygiene Policy	1300.010.010	
Infection Transmission Based Precautions Policy	1300.010.010	
Aerosol Generating Procedures Policy <i>(if any)</i>	500.010.050 1300.010.010 1300.010.015	1200.010.070 1200.010.085 1300.010.005
When Staff Encounter Persons w/COVID Policy	500.010.045	



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Suggested Policies, Procedures & Processes₂

2. Compliance Surveillance	Standard	Standard
Monitor Infection Control Compliance	1500.010.005	
Documentation of Weekly Audits <i>(Audit Tool)</i>	1500.010.005	
3. Documented Staff Training	Standard	Standard
Staff Training Log	1600.010.034 1600.010.035	1600.010.036
4. Scheduling & Patient Interactions	Standard	Standard
Patient Scheduling Policy	500.010.050	
Telehealth Policy	500.010.050	
7. Emergency Preparedness Plan	Standard	Standard
<i>Update</i> All-Hazards Policy	1300.010.015	
COVID-19 EP Response	1300.010.010	1300.010.015



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Suggested Policies, Procedures & Processes ₃		
5. Supplies & Equipment	Standard	Standard
PPE Inventory Policy	1300.010.015	
PPE Inventory Policy <i>Temporary Approval</i>	1300.010.010	1300.010.015
Supply Policy	1300.010.015	1300.010.025
6. Environment & Disinfection	Standard	Standard
Policy on Posted Signage (Screening, Masking, Hand Hygiene)	1300.010.010	
High Touch Items Policy	1200.010.070	1300.010.025
Cleaning Cloth or Fabric Cover Items Policy	1300.010.010	1300.010.025
Waiting Room Policy	1300.010.010	1300.010.025
Hand Hygiene Policy <i>(note difference #1)</i>	1300.010.010	
Enhanced Infection Control Policy	1300.010.010	1300.010.025



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Starting at Front Door



- COVID-19 Signage
 - By appointment only
 - Masks required prior to entering
 - Screening upon entering
 - Local signage required






Photo Courtesy of Mountain Land Rehab


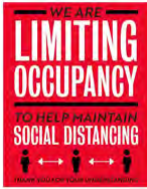

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Starting at Front Door



- COVID-19 Signage
 - By appointment only
 - Masks required prior to entering
 - Screening upon entering
 - Local signage required



Elizabeth Residence ALF, Bayside, WI

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“Front Desk” and Reception

- COVID-19 signage
- Visitor testing
- Patient testing
- Hand hygiene
- Seating distance
- Chair coverings
- Remove magazines etc.
- Cover bubbler
- Kleenex “how to”



Photo Courtesy of Mountain Land Rehab

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“Front Desk” and Reception

- COVID-19 signage
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- Kleenex “how to”



ALF: Athens Physical Therapy Room

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Treatment Areas

- Capacity
- Safe distancing
- Cloth covers
- Linen: clean/soiled
- Curtains
- Equipment
- TheraBand
- Sharps/hazardous waste



Photo Courtesy of Mountain Land Rehab

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Treatment Areas

- Capacity
- Safe distancing
- Cloth covers
- Linen: clean/soiled
- Curtains
- Equipment
- TheraBand
- Sharps/hazardous waste



ALF: Athens Physical Therapy Room

Don't forget – "2 persons on duty" requirement



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Policies & Procedures



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- Availability for Surveyors: Digital or Ring Binder? Both?
- Don't forget Personnel Files



[How to clean your Apple products - Apple Support](#)

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Administrative Management



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Administration P & P Highlights

Patient Care Policies & Procedures

- Patient scheduling, address CX/NS
- Deferring “non-emergent” care
- Patient flow through
- Volume in facility
- Visitor policy
 - Translator
 - Caregiver
- Telehealth

Personnel Policies & Procedures

- Guidance from HR Officer/Source
- Comply w/ employment law applicable to your State
- Comply w/state/local DoH reporting
- JD updates, including training
- Returning to work after exposure
- Reporting to:
 - DH, other health entities, AAAASF



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Deferral of Patient Care: Potential for Harm



[Another COVID-19 Challenge: Deferred Care in a 'Digital Divide' | APTA](#)



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Sample Tool: Provision of Non-COVID Care

FRAMEWORK FOR PROVISION OF NON-COVID-19 HEALTH CARE DURING THE COVID-19 PANDEMIC, BY POTENTIAL FOR PATIENT HARM AND DEGREE OF COMMUNITY TRANSMISSION [SOURCE: CDC]

Potential for Patient Harm	Examples	Substantial Community Transmission	Minimal to Moderate Community Transmission	No to Minimal Community Transmission
		<i>Large scale community transmission, including communal settings (e.g., schools, workplaces)</i>	<i>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</i>	<i>Evidence of isolated cases or limited community transmission; case investigations underway; no evidence of exposure in large communal setting</i>
HIGHLY LIKELY Deferral of in-person care is highly likely to result in patient harm	<ul style="list-style-type: none"> Signs/symptoms of stroke or heart attack Dental emergencies Acute abdominal pain Treatment for certain cancer diagnoses Well-child visits for newborns 	Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.	Provide care without delay; consider if your facility can provide the patient's care, rather than transferring them to a facility less affected by COVID-19.	Provide care without delay while resuming regular care practices.
LESS LIKELY Deferral of in-person care may result in patient harm	<ul style="list-style-type: none"> Pediatric vaccinations Change in symptoms for chronic conditions Musculoskeletal injury Certain planned surgical repairs Physical or occupational therapy 	If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.
UNLIKELY Deferral of in-person care is unlikely to result in patient harm	<ul style="list-style-type: none"> Routine primary or specialty care Care for well-controlled chronic conditions Routine screening for asymptomatic conditions Most elective surgeries and procedures 	If care cannot be delivered remotely, consider deferring until community transmission decreases. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.

*Those with serious underlying health conditions, those most at-risk for complications from delayed care, and those without access to telehealth services

Source: CDC

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Sample Tool: Employee Screening

- **Update/revise/customize** this Template Form in accordance w/applicable HR Policy & other policies including, but not limited to Federal & State Privacy Laws
- Following revision and consultation w/HR, place FORM on separate paper using landscape orientation.
- Additional questions:
 - Have you been in contact with someone who has tested positive?
 - Are you in quarantine? Have you had a positive test?

[illegible]

Reference: CDC

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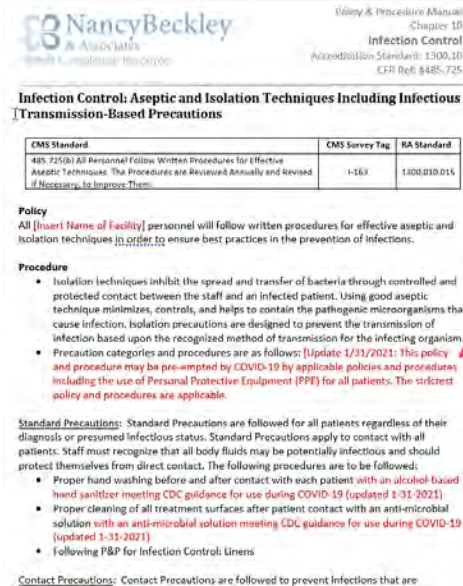
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Identify Policy Changes in Response to COVID

- Meeting of Professional Committee
 - Risk Assessment
 - Discuss & Propose
- Infection Control *and* Safety Committee Meetings
 - Review P & P
 - Update P & P
- Review Administrative Policies
 - Personnel
 - Patient Care
- Meeting of Professional Committee
 - Review & Approve





Infection Control Highlights

- Documentation of screenings
- Laundering of cloth face masks
- List of local COVID-19 testing sites
- Documentation of **reporting** suspected or confirmed DX of COVID-19:
 - Health Department
 - AAAASF
- Returning to work after exposure
- PPE Inventory
- Supply policy

- Disinfectant is appropriate for healthcare & effective against SARS-COV-2
- Waiting room “empty”
- “High touch” items removed
- PPE donned during cleaning

Point A

Point B



PPE: Supply Optimization Tool



Conventional Capacity

Contingency Capacity

Crisis Capacity

[COVID-19: Strategies for Optimizing the Supply of PPE | CDC](#)

	Conventional	Contingency	Crisis





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Emergency Preparedness Highlights

- Update All-Hazards Risk Assessment
 - Pandemic
 - Emerging Infectious Diseases
- COVID-19 Response
- Update per evolving guidance
- Plan activated?
- Hotwash?

[Guidance related to the Emergency Preparedness Testing Exercise](#)
[1557-final-rule-factsheet.pdf \(hhs.gov\)](#)

 Nancy Beckley & Associates Real Estate Consultants		Policy & Procedures Manual Chapter 18 Emergency Preparedness Accreditation Standard: 1006-10-1005,120 726 Ref: 345-777			
Incident	What do we do with patients in OUR CLINIC before a disaster occurs?	What do we do (if others) employees to ensure they're ready and know "what to do" before, during and recovery?	What are our obligations to ensure clinical personnel (staff, all gov. entities, third parties, etc.)?	How do we communicate emergency preparedness to all who is able and able to help?	What services are we able provide in the community?
Active Shooter					
Bomb threats					
Bioterrorism					
Chemical Emergency					
Cybersecurity					
Earthquake					
Flammable					
Emergency Alerts					
Emerging Infectious Diseases (EID)					
Explosion					
Extreme Heat					
Flu					
Hazardous Materials					
Honor Flare					
Narcotics					
Nuclear					
Landslide					
Nuclear Explosions					
Nuclear Power Plants					
Pandemic (COVID-19)					
Power Outages					
Radiological Dispersions					
Severe Weather					
Small Explosive (IED)					
Space Weather					
Thunderstorms & Lightning					
Tornadoes					
Tsunamis					
Volcanoes					
Wildfires					
Other (Identify)					



Contemporaneously document EPP activation
EP CoP Effective 11-16-2016: Implementation by 11-15-2017

© Communication Plan Tool based on All-Hazards Risk Assessment

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Program Evaluation Highlights

- Monitor Infection Control compliance
 - “Monitoring & Auditing”
- Weekly process
- Audit Tool
- Response & Prevention
- Reporting & Mitigation

Monitoring & Auditing Tool

Scheduling Compliance Events for Rehab Providers

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Rehab Compliance Resources

Performance Indicator	Monitoring Parameters	Information Source	Method of Data Collection	Data Collection		Data Analysis & Reporting	
				Frequency	Who	Review	Use
Licensure and Sanction Checks							
• License Verification	• For all licensed positions	• Employee Application • State Licensure Database	• Copy License • Print	• Employment • Annual Review • Biannual renewal	• Therapy must be provided by licensed or qualified individuals		
• OIG LIE Sanctions Database	• For all employees & vendors • For all referring physicians	• OIG LIE List	• Print Findings (pages)	• Employment • Quarterly	Identify what is collecting & will review	• Excluded individuals may not provide care/self	
• Medicare Exclusion Database	• For all employees & vendors • For all referring physicians	• State Medicaid exclusion database (if applicable)	• Print Findings (pages)	• Employment • Quarterly or monthly if required	• Excluded individuals may not provide care/self	• Compliance Indicator • Compliance Metrics	
Infection Control & COVID-19 Surveillance							
• Staff Screening	• Employee Screening Policy • Local DH Guidance	• Data collection • Employee RfR	• Examine employee • Question employee	• Each work shift • After re-entry	• CMS Survey Standard • Another requirement		
• Patient Screening	• Patient Screening Policy • Local DH Guidance • Reason for care visit	• Data collection • Patient record	• Examine patient • Question patient	• On arrival	Identify who will review and verify	• CMS Survey Standard • Another requirement	
• Surveillance	• Observe, document, tally per IC policy and Surveillance Policy	• Data Collection documentation	• Surveillance data collection tool	• Weekly • More frequently as indicated	• CMS Survey Standard • Another requirement	• Compliance Indicator • Compliance Metrics	
Compliance Education & Training							
• Annual Compliance Fraud & Abuse Training	• For all employees • If completed training divided by employees	• Certificate of attendance	• Review attendance sheets or log	• Completion of annual training	• Compliance plan required element		
• Annual Compliance Training on Risk Areas	• For all employees • If completed training divided by employees in risk area	• Certificate of attendance	• Review attendance sheets • Employee certificate of attendance	• Completion of annual training	Identify who will review and verify	• Compliance plan required element	
• Compliance Policies & Procedures	• Review P & P annually • Update when new regulation or policy	• Compliance plan • P & P Add-to-Compliance Plan	• Review of P & P	• Annually at the annual regulatory meeting	• Compliance plan required element	• Compliance Indicator • Program End Metric	

©Nancy Beckley & Associates 2021. This list should be supplement with other monitoring activities based upon updated risk assessments and new regulatory guidance from CMS. Other activities suitable for monitoring include medical directorships, leasing of space from referring physician. If you are a rehab agency additional items under the Conditions of Participation should be added.

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Compliance Lifecycle

- Meeting of Professional Committee
 - Risk Assessment
 - Discuss & Propose
- Infection Control *and* Safety Committee Meeting
 - Review P & P
 - Update P & P
- Review Administrative Policies
 - Personnel
 - Patient Care
- Meeting of Professional Committee
 - Review & Approve

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Bonus Round: CHC Confirmation of Attendance

- HCCA CCB
 - Attendance Record
- Request to Nancy by 2-26-2021
 - Indicate CHC
- Upload via HCCA-CCB

Confirmation of Attendance at
NARA Rehab Agency COVID-19 Regulatory Update

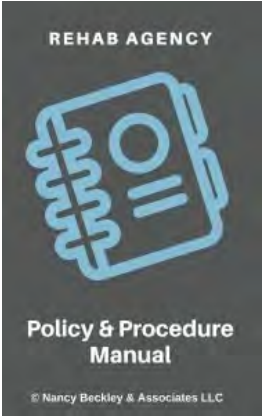
Note: There is no guarantee on the part of NARA, or the speakers, that application for CEUs will be approved by the CCB.

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Resources*


REHAB AGENCY



Policy & Procedure Manual

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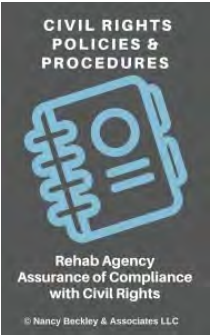
EMERGENCY PREPAREDNESS



Policies & Procedures for Rehab Agencies

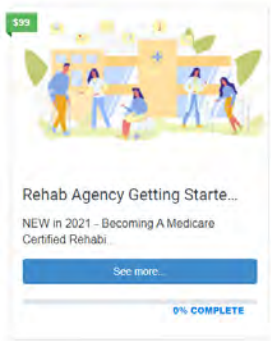
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CIVIL RIGHTS POLICIES & PROCEDURES



Rehab Agency Assurance of Compliance with Civil Rights

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Rehab Agency Getting Started...

NEW in 2021 - Becoming A Medicare Certified Rehabi...


See more...

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[All Courses – Nancy Beckley – LMS](#)

*Presented with NARA Permission




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Panel Discussion

- **Laura Riddell**
 - Moderator
 - Chief Compliance Officer Mountain Land Rehab
- **Dick Hillyer**
 - AAAASF Board Member
 - Vice Chair: Accreditation Committee AAAASF Board
- **Mark McDavid**
 - SNF & RA Consultant
 - Seagrove Rehab Partners
- **Julia Baechle**
 - Senior Director of Clinical Services
 - EmpowerMe Wellness
- **Nancy Beckley**
 - Rehab Compliance Expert
 - Nancy Beckley & Associates




Laura Riddell

Nancy Beckley

Dick Hillyer

Mark McDavid

Julia Baechle



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Contact Information

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