HEALTH STANDARDS WEBSITE

http://ldh.la.gov/index.cfm/subhome/32

Programs

Ambulatory Surgical Center (ASC)
- Definition of ASC
- Licensure Requirements
- State and Federal Regulations
- Packets (Expedited)
- Waivers
- Emergency Preparedness
- OSFM website
- Contact Information
CMS (Centers for Medicare and Medicaid Services)

- Designated by the Secretary of DHHS (Department of Health and Human Services) to administer the Medicare and Medicaid programs

CMS Central Office (Baltimore)

- Survey and certification policies & procedures
- Monitoring adherence to program requirements
- Working with states to provide joint oversight of the Medicare and/or Medicaid programs
- CMS also responds to questions

CMS Regional Office

- Determines eligibility for participation in Medicare and/or Medicaid
- Allocates funds to state agencies for certification activities
- Works with state agencies to evaluate the performance of providers
Louisiana is in Region 6
Federal and State Relationship

Section 1864 of the Social Security Act established the framework and agreements for states to carry out the Medicare certification process.

Louisiana Department of Health (LDH) is contracted by CMS to perform survey & certification functions in Louisiana.

LDH is also referred to as State Agency.

Within LDH is the Health Standards Section (HSS).
Health Standards Section (HSS)

HSS is responsible for:

- certification/recertification functions
- records maintenance
- identifying potential participants in Medicare/Medicaid
- complaint investigations
- validation surveys
- licensing activities
HSS Regulated Programs

- Abortion Facilities
- Adult Brain Injury
- Adult Day Care
- Adult Day Health Care
- Adult Residential Care Provider (ARCP)
- Ambulatory Surgical Centers (ASC)
- Behavioral Health Service Provider
- Case Management
- CLIA (Clinical Laboratory Improvements Amendment)
- Community Mental Health Centers (CMHCs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Crisis Receiving Centers
- Direct Service Workers
- Elderly or Adult Abuse or Neglect
- Emergency Medical Services
- Emergency Preparedness
- End State Renal Disease (ESRDs)
- Facility Need Review
- Forensic Supervised Transitional Residential & Aftercare Facilities
- Home Health Agencies
- Hospice Agencies
- Ambulatory Surgical Centers
- Hospitals
- Mental Health Centers
- Hospitals
- Informal Dispute Resolution
- Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
- Medication Attendant Certified (MACs)
- Minimum Data Set (MDS) – Resident Assessment Instrument (RAI)
- Home & Community Based Providers (HCBS)

- Nurse Aide (CAN) Training and Certification
- Nursing Homes
- OASIS
- Outpatient Physical Therapy
- Pain Management Clinics
- Pediatric Day Health Care Centers
- Portable X-Ray
- Psychiatric Residential Treatment Facilities
- Rehabilitation Agencies
- Rural Health Clinics
- Sanction Collections
- Therapeutic Group Homes

LOUISIANA DEPARTMENT OF HEALTH
The Federal Fiscal Year (FFY) runs from October 1 through September 30.
The Federal Mission Priority Document identifies the priorities (tiers) of the state workload.
- Tiers reflect statutory mandates and program emphasis.
- States must assure that Tiers 1 and 2 will be completed as a pre-requisite to planning for subsequent Tiers.

- Tier 1- IJs, Complaints & Validation Surveys
- Tier 2- Survey 25% of all non-deemed ASCs
Louisiana Department of Health (LDH)

Fact
- LDH is contracted by CMS to perform survey & certification functions in Louisiana.
- Health Standards is a regulatory section of LDH that enforces regulatory compliance of health care facilities.
- We are a resource for providers and the public.

Myth
- We want to close all providers.
- If you call us with a question...... we will knock on your door for a survey.
Licensing Standards
Expedited Licensing Process

Informative Links

Link to memo:

Link to Rule:
ASC Licensure & Certification

- **Licensed Only**
  - Not eligible to participate in Medicare and/or Medicaid Programs.

- **Certified**
  - Once licensed ... to be eligible to participate in Medicare and/or Medicaid programs, you must be **certified** as compliant with the federal Conditions of Coverage. You must seek initial certification through an Accrediting Organization (AO) as initial certifications are Tier IV workload.

- **Deemed Status**
  - Provider is deemed by the AO as meeting or exceeding the Medicare and/or Medicaid requirements. Deemed Status facilities fall under the jurisdiction of the AO unless CMS authorizes the State Agency to conduct a validation or complaint survey.
Plan Reviews, Inspections & Attestations

AR Plan Review
- Architectural Review performed by the OSFM
- this is your Life Safety Code (LSC)
- Desk review

DH Plan Review
- Desk review performed by the OSFM for LDH.
- PLAN REVIEW REPORT with DH# and status of RELEASED.

DH Plan Review Attestation
- signed by Administrator (designee) and Architect.
- Attestation for compliance with the plan review directives.
- Acknowledges the cautionary codes and state/federal compliance.

OSFM Inspection
- Not an AR or DH Plan Review.
- Walk-through inspection
- Report will say Inspection
- Please forward a copy

Office of Public Health (OPH)
- Onsite inspection
Plan Reviews

- **DH Plan Review**
  - All new construction other than minor alterations such as painting, patching, flooring, etc. requires a DH Plan Review.
  - Very likely to be required for changes to surgical services, operating rooms, procedures rooms, or sterilization area.

- Please release the plan review(s) in the OSFM website for our review. The log-in, first name, last name will be hsshospitals. Instructions are on application. We can access floor plans on this website as well if needed.
Packets & Surveys

ALL PACKETS FOUND ON WEBSITE
Licensing Packets

- Initial Licensing Packet
- Change of Ownership/Change of Information (CHOW/CHOI)
- Name Change
- ASC Closure
- Revisions/Additions
- Relocation
Initial Licensing Packet

- Application
- Attestation for a Licensed & Certified Ambulatory Surgical Center (ASC)
- DH Plan Review
- DH Plan Review Attestation
- AR Plan Review
- OSFM onsite inspection
- Office of Public Health (OPH)
- Disclosure of ownership
- Diagram showing ownership
- Copy of (Controlled Dangerous Substance) CDS Application
- Secretary of State Certificate and or approval letter, Articles of Incorporation

- Licensing Fee
- *Additional documents needed if you intend to be certified.
Initial Licensing Survey

► Once a complete packet is received, the ASC will receive an authorization letter via email to schedule their initial licensing survey.

► This is an announced survey.

► EVERYTHING will be looked at during the survey—the physical environment, polices, procedures, etc.

► EVERYTHING is expected to be complete as if ready to receive patients.

► You cannot accept patients until you have completed this process.
Your License

- Not assignable or transferable
- Issued to a specific owner and to a specific geographic location
- License immediately voided if the ASC:
  - ceases to operate
  - ownership changes
  - relocates
- Display in a obvious place in the ASC at all times
- The license number for older ASC’s is usually 1-3 digits. Newer ASC’s, or facilities that have an address change or CHOW, will have a 10 digit license number.
- Your Facility ID or State ID will begin with AS00____
Initial Certification Packet

- Expression of Fiscal Intermediary
- 855B Approval Letter from Fiscal Intermediary (FI)
- CMS 377-Request for Certification
- CMS 370-Health Insurance Benefits Agreement
Initial Certification Survey

► The Certification Survey cannot be conducted until the ASC is licensed.

► The Certification Survey is conducted by an accrediting organization (AO). List on website.

► Once this survey is successfully completed, the AO sends the information to CMS.

► CMS forwards to State Agency who reviews and makes the recommendation for participation in Medicare and/or Medicaid services to CMS.

► At this point, the ASC will get their Medicare number from CMS.

► ASC is deemed by the AO as meeting or exceeding the Medicare and/or Medicaid requirements.

► NOTE: If the ASC has deficiencies on this survey, the recommended effective date of deemed status will be the date that an acceptable PoC was received, not the exit date.

► *Once deemed, the ASC is not under the jurisdiction of the state agency (unless authorized by CMS to conduct a validation or complaint survey)

► *If the ASC drops their deemed status, they will fall under the state agency’s jurisdiction.
License Renewals

- License must be renewed annually
- Renewal letters are sent out via email at least 75 days prior to the expiration of the license.
- Very important to keep your email address current (CMS also communicates via email).
- Please don’t hold your license renewal packet while awaiting the fire or health inspections. If your inspection has not been completed, please include an email with your license renewal packet from the respective offices (OSFM or OPH) confirming that you are on the schedule for an inspection. We will continue with the license renewal process. Once the inspection has been completed, you will be required to submit the inspection form to HSS.
- Don’t submit changes on your License Renewal Packet. License renewals are completed using your current information. You may submit a packet for changes after your license renewal.

Please Note: the license cannot be renewed if you are undergoing a CHOW
License Renewals

CONTACT PERSON:
Destinn O’Bear
Administrative Coordinator 3
Email: destinn.obear@la.gov
Phone: (225) 342-5782

LICENSING PACKETS
Licensing Packets must be mailed to:

Louisiana Department of Health
Health Standards Section
P.O. Box 3767
Baton Rouge, LA 70821

LICENSING PAYMENTS
Licensing Payments must be mailed to:

LDH Licensing Fee
P.O. Box 62949
New Orleans, LA 70162-2949
CHOW vs. CHOI Packet

- CHOW – Change of Ownership
- CHOI – Change of Information
- Refer to the CHOW website for most current information required
- Unsure?? Send a before and after ownership structure along with the transaction documents to:

  James H. Taylor, III  
  Program Manager  
  Health Standards Section  
  Louisiana Department of Health  
  Phone: (225) 342-5457  
  Email: jamesh.taylor@la.gov

- CHOW-Lots of paperwork! 😊
- CHOI-MUCH LESS PAPERWORK 😊😊😊
Name Change Packet

- Checklist on website
- Licensing fee
- Disclosure of Ownership Form showing new DBA Name
- Secretary of State Letter and Articles of incorporation/organization showing name change
- 855B approval letter from Fiscal Intermediary (FI)
ASC Closure Packet

- Checklist on website
- Letter of Intent
  - Effective Date of Closure
  - Where medical records will be kept
  - Custodian of medical records
  - Contact information for custodian of medical records
- Return the original (hard copy) of your most recent license
- 855B approval letter showing closure
ASC Revisions/Additions Packet

- Checklist on website
- Application
- Floor plans (before and after)
- Attestation for a Licensed & Certified Ambulatory Surgical Center (ASC)
- AR Plan Review
- DH Plan Review
  - Very likely to be required for changes to surgical services, operating rooms, procedures rooms, or sterilization area.
- DH Plan Review Attestation
- OSFM Inspection
- OPH Inspection
- Physical Environment Survey
  - Announced Survey
  - Very likely to be required for changes to surgical services, operating rooms, procedures rooms, or sterilization area.
Types of Surveys

- Licensing Surveys
  - Initial Licensing
  - Physical Environment

- Certification Surveys

- Re-Certification Surveys

- Validation Surveys

- Complaint Surveys
Licensing Survey & Physical Environment

Initial Licensing Survey

- **Announced survey** - You will receive a letter via email with contact information to schedule the survey. The survey will look at everything: physical environment, policies, procedures, and all of the Conditions of Coverage.
- Multiple days
- **EVERYTHING** will be looked at during the survey—the physical environment, policies, procedures, etc.
- **EVERYTHING** must be complete as if ready to accept patients.
- ASC may not accept patients until this survey is successfully completed

Physical Environment

- **Announced** survey focused on the physical environment of the ASC
- Much shorter survey
- Very likely to be required if adding to surgical services, operating rooms, procedures rooms, or sterilization area.
Certification/Re-certification Surveys

**Initial Certification Surveys** are conducted by an accrediting organization (AO).

**Re-certification Surveys**
- Conducted by State Agency for non-deemed facilities
- Number of re-certification surveys conducted each year for non-deemed facilities is determined by the Federal Mission Priority Document
- Unannounced survey looking at all of the Conditions of Coverage
- Life Safety Code Survey will also be conducted at this time by the OSFM

Re-licensing surveys and Re-certification surveys are usually conducted at the same time.

Deemed facilities are conducted by your AO
CMS may require a survey of a deemed facility to validate the accrediting organization’s (AO) process.

The Regional Office notifies the State Agency that a sample validation survey is to be conducted.

If selected for a validation survey, it will be conducted within 60 days of the AO survey.

- NOTE: THIS PROCESS MAY BE CHANGING. State Agency may be conducting validation surveys on-site with the AO in the future.

A Life Safety Code survey will also be conducted by OSFM.

The State Agency conducts the survey as if the facility was not accredited for all the Conditions of Coverage.

Multi-day survey

ASC is notified of the validation survey results by CMS.
Complaint Survey

- An unannounced survey that will be focused on the alleged non-compliance of the specific Conditions of Coverage the complaint.

- Timeline for survey will vary based on the Conditions being investigated and the number of Conditions.
You have a Deficiency-What is next?

**Standard Level Deficiency**
- ASC is still in substantial compliance with Conditions of Coverage
- Surveyor will email the Statement of Deficiencies (SoD or 2567) with instructions to the administrator
- ASC will submit a Plan of Correction (PoC) within 10 working days from the date of receipt of the SoD

**Condition Level Deficiency**
- ASC is not in substantial compliance with Conditions of Coverage
- ASC is placed on a 90 day termination track
- State Office will email the SoD to the administrator along with a 90 day termination letter.
- VERY TIME SENSITIVE
Plan of Correction

THE REQUIRED COMPONENTS FOR A PLAN OF CORRECTION MUST CONTAIN THE FOLLOWING 5 COMPONENTS:

1. Address how corrective actions were accomplished for those residents/clients/patients found to have been affected by the deficient practice; (refer to the survey identifier list; if applicable)

2. Describe how other residents/clients/patients that have the potential to be affected by the deficient practice will be identified; and what will be done for them.

3. The measures that will be put in place or the system changes that will be made to ensure that the deficient practice will not recur.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. Indicate how the corrective measures will be monitored. What quality assurance program will be put into place? Monitoring must include who (what discipline), how (chart audits, direct observations, specific procedures), how often (daily, weekly, twice a month), and what will be done if problems are discovered.

5. Include dates when corrective action will be completed.
Timeline for 90 day Terminations

- **Fifteenth Working Day**: State Agency sends the statement of deficiencies and a letter to the supplier indicating there is a determination of noncompliance and placing facility on 90 termination track. Supplier has 10 calendar days to complete plan of correction.

- **Thirty-Fifth Calendar Day**: If supplier submits acceptable plan of correction, the State Agency conducts a revisit survey to determine compliance. **Only 2 revisits permitted**

- **Fifty-Fifth Calendar Day**: If compliance has not been achieved, the State Agency certifies noncompliance. Supporting documentation sent to Regional Office.

- **Sixty-Fifth Calendar Day**: Regional Office determines whether survey findings continue to support a determination of noncompliance

- **Seventieth Calendar Day**: Regional Office sends an official termination notice to the supplier.

- **Ninetieth Calendar Day**: Termination takes effect if compliance is not achieved

***Please ensure the CEO/Administrator’s e-mail is accurate***
Health Standards Page

http://www.ldh.la.gov/index.cfm/directory/detail/14374/catid/154

Directory

Post Survey Information

HSS Program Desk Mailboxes and Phone Numbers- 12.2018
Informal Dispute Resolution Process- 12.2018
Plan of Correction- 12.2018
Emergency Preparedness

  - to perform an “all hazards” risk assessment
  - Test their emergency plans by participating in a full scale operations based community wide drill if available, facility wide drill, or table top exercises at least twice per year. Classroom training for staff does not meet the testing requirement.
  - Analyze facility performance during the drill, update the emergency plan based on the analysis, and document changes to the plan
  - Have a communication plan that includes the facility’s local emergency operations center (eoc)
  - Train employees upon hire and annually thereafter

WOMBANIA®

by PETER MARINACCI
Louisiana knows about emergencies......we must be prepared for all types of emergencies
Quarterly Virtual Tabletop Drills

LDH Bureau of Primary Care is hosting Quarterly Virtual table top drills for providers.

Contact for registration information:

Nicole Coarsey  
Louisiana Department of Health  
Louisiana Bureau of Primary Care  
Phone: 225-342-4415  
Email: Nicole.coursey@la.gov
Emergency Preparedness Contacts

Libby Gonzales
Program Manager
Phone: (225) 342-6699
Email: libby.gonzales@la.gov

Oklynn Broussard
Program Manager
Phone: (225) 342-0132
Email: oklynn.broussard@la.gov
Professional Liability Insurance

§4507. Initial Licensure Application Process

c. professional liability insurance of at least $300,000 per occurrence/$300,000 per annual aggregate, or proof of self-insurance of at least $100,000, along with proof of enrollment as a qualified health care provider with the Louisiana Patient’s Compensation Fund (PCF):…….

Should read- at least $100,000 per occurrence/$300,000 per annual aggregate
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Questions????
Contact Information

Zandra Stewart, RN  
Program Manager  
Phone: (225) 342-9348  
Email: zandra.stewart@la.gov

Dora Kane, RN  
Non-long Term Care Supervisor  
Phone: (225) 342-6096  
Email: dora.kane@la.gov