RHC Policies & Procedures

Thursday, 10/6/2022 3:00 PM • 1:15:20 total length

SPEAKERS

Patter Harper, CEO, Consultant, Principal @ InQuiseek Consulting

Jeff Harper, Principal, Consultant, Coach @ InQuiseek Consulting

Sarah Hohman, Director of Government Affairs @NARHC

Sarah Hohman 00:00

Take it over to you. Hello, everyone. Thank you so much for joining us for this afternoon's webinar. We're really looking forward to today's presentation. We will give everyone just just a minute to get in. We had high registration numbers today. And so we're, we're looking forward to this presentation. We'll give everyone just a minute and then I will kick it over to Patti and Jen. How did you see the option to share screen? I think I already did. Did I not? I don't believe we're seeing it. No, we're not seeing it that works. Now we're good, Patti. Okay, thanks for share screen. Okay, I'm sure that people will continue to trickle in. But I want to give Patti and Jeff as much time as possible to get through their presentation and many of your questions today. So let's get started. Welcome to this afternoon's technical assistance webinar. My name is Sarah woman. I'm the director of government affairs for the National Association of rural health clinics. Nathan bas narcs, Executive Director, and I will be the moderators for today's call. So today's topic is RHC policies and procedures. And this webinar series is sponsored by hearses Federal Office of Rural Health Policy, or F our HP and done in conjunction with the National Association of rural health clinics. We're supported by a cooperative agreement that you just saw on your screen through fr HP. And that allows us to bring you these webinars free of charge. And the purpose of this series as always, is to provide you and your staff with valuable technical assistance and RHC specific information. We encourage you to help spread the word about webinars like today's webinar by encouraging anyone who may benefit to sign up to receive announcements regarding dates, topics and speakers on the NAR HC website. When we get to the question and answer portion of today's presentation, you can pop your questions right in the q&a. And we will get through as many as we possibly can. And follow up with with additional resources if we don't get to some of those critical topics, as with all webinars, are at the mercy of good bandwidth for all parties. And we know that connectivity can go up and down throughout presentations. So if you have any audio or visual issues, please first try to leave the webinar and come back in that usually fixes the issue. But you just saw that case, put the link to where the slides can be found and also where the webinar recording will be after today's presentation. So if all else fails, that will be there. Later this week. It's my honor to introduce patty and Jeff Harper. Most of you already know these incredible members of our RHC community. They're valued Archie consultants, and Patty's a member of the NRA HC boards. We're really thrilled to have them here today to share their expertise and talk about RHC policies and procedures. So I'm going to turn it over to Patty and Jeff.

Patty Harper 03:55

Thank you, Sara.

Jeff Harper 03:58

It's an honor for us to be here today. And we look forward to this presentation. It shows on the screen that we're going about three things. But we really have a fourth bonus here. We're going to talk about what policies and procedures are required. What's new in the policy procedure world for our HCS what is often missed in the policies and procedures development. And then we have a bonus section on how to organize and get the most out of you policies. And so we've divided this up into different sections and so, Petey, it's all yours.

Patty Harper 04:39

So what exactly do we need when we talk about rural health clinic policies and procedures? We're so excited to be talking about this today. And you guys know, I'm pretty much a compliance nerd. So this is right in my field. So what do we need? There's really not a mystery to what we need for policies and procedures because they're regulations already tell us everything that we need to build a compliance blueprint when it comes to rural health clinic compliance. And so. So we already, we already have that information, we just have to dig for it, and then put it in a way that is usable for our clinics. So if we just look at an overview of what I call a compliance hierarchy, we have the regulations. So we're all health clinics as certified CMS healthcare facility types, we have our own regulations, every certified facility type has their own set of federal code that says what they have to be in compliance, what they have to stay in compliance for our certification. It's those regulations that drive compliance, and it is compliance that drives how we build our policies and procedures. So so it's really a pretty simple formula regulations, drive compliance, compliance drives, policy development, processes and procedures are things that come underneath and policy development, they're not exactly the same thing.

Jeff Harper 06:17

In fact, they're so confusing. When we say, policies and procedures, and policies and processes, that we thought we would make a really quick breakout for you. Policies are at a very high level, they are usually broad statements. Processes are more defined and can change as processes change. And they're more utilized, they're internal to the operation. And then procedures are exactly how we're going to do it. A good illustration of this is we will have a policy on infection control. And one of the processes in that infection control policy is hand washing. And the procedure is actually the steps that we want you to take in the clinic, in washing your hands. That's how these three things go together.

Patty Harper 07:18

Thanks, Jeff. So where do we find these required policies? And what required policies do we have? So we're gonna divide this into policies that we absolutely have to have? And then we're going to talk about

policies that are helpful. And we may need to have but we're going to talk about mainly work does 42 CFR 491? That is the conditions for certification of Rh C's, what does that federal regulation tell us that we absolutely have to have in our policies? Then we're going to talk about compliance with other more general federal regulations. So there are laws like labor laws that apply to everybody in the United States, every business, every industry, so do we have compliance with those regulations? And then do we have compliance with general Medicare regulations, things like Office of Civil Rights, Stark laws, so what are things that may be applied to all Medicare and Medicaid provider types, not just RH C's, and then we want to talk about what compliance may be required by our creditor. So our creditor may have things that meet their standards that require additional policies as well. And then we're always having to be in compliance with every state, regional local law that we fall under, such as licensure or building codes or city ordinances. So we're going to build our policies based on these categories of regulations. For the 42 CFR 491, we are going to find that in the same place that we find all federal regulations, and so this is really exciting. Um, so on your screen is the screen print of the new CFR website is the ECFR. So it is real time, that real code, they've just redesigned it, spruced it up a little bit has a brand new look. It also has brand new features. So you can actually go here, register, you can. The that mindset is, you know, alerted of any change in 42 CFR 491, or any other regulatory topic. So this is where we go to see the regs, you want to go here, instead of just Googling or bringing up another law school website or something, you want to go straight to the primary source for federal regulation. And then if you were looking in there, and we're just going to go through these very quickly The the RHC regs that created the RHC program are in 405. The provider based regs are in for 1365. And our conditions for certification are in 491. So those are your go to regs for Rh C's, our general Medicare program regulations are fine are found in these parts of the code. And so 42, all of our stuff will always be in 42, because that is public health. And then the other sections will, will be referenced. If you are tied to a hospital, you may want to know, a hospital regs. We also mentioned these because notice that the RHC regulations are a completely different set of code. So so when we talk about rural health bank policies, we are following the wall health clinic regulations, we are not necessarily following hospital regulations. And then also there's a separate set of federal code for critical access hospitals. So those are your go to places when you look up any of the regulations for these types of health care facilities.

Jeff Harper 11:15

What does 42 CFR 491 say? Well, folks, this is the conditions of certification. This is, if you will, the Bible of compliance that we have to follow. And a part of that is that in 491, it tells you clearly that there are certain policy that you have to have. And an RX C, has to have a unique set of policies, because they are a unique healthcare facility. We are all the time having hospitals say, well, we want to RHC to use hospital parts. And we go great, which that would be fun, which have your policies addressed for 91. And many of those in the heartbroken, I don't know what you're talking about bad formatting one. And that's because we have to have parties that specifically addresses issues like this organizational structure, it says the organization's policies that are in line with the authority and responsibilities are clearly set forth in writing. So we've got to have a policy that deals with it.

Patty Harper 12:38

So so you'll notice on this slide, that policies is highlighted in an orange block. So what we did just to illustrate to you what policies are absolutely necessary and 491, is I pulled up the CFR, and we actually did a ctrl F find and highlighted every place in the 491 RHC. Reg, that it discusses having a policy. So that I just want you to know, that's how we came up with what are the absolute baseline policies that you need for a rural health clinic, we are giving you exactly what the regulation says about policies. So in addition to the clinic having to have their own written policies. There are also you can see all of the highlighted sections where it discusses policies under patient care. So a large amount of your policies should revolve around patient care, and how patient care is delivered. And so here's the regulation just so you'll have that citation. And then we've kind of summarized it for you on this slide. So we have to make sure that our patient care policies are in accordance with our state laws. So you know, when we see stuff on the listserv or on a forum, people will be asking you questions specific to their state because state laws and and state regulations that govern the practice of medicine differ from state to state. So we want to make sure that our policies are in line with what our own state requires for our physicians for our rural health clinics for nurse practitioners or physician assistants. And then we also have to make sure that these patient care policies are developed by a professional group that has at least one physician, one physician assistant or nurse practitioner, and an outside professional member. And so that's actually in the regs. So you're probably familiar with that from when you do your program evaluation or when you do your annual policy review. Also, our policies must include details about medical management, how are we going to take care of patients which services are we going to directly do and which services are we going to have under contract or under arrangement? on how are we going to identify services that need to be referred out and what is our referral process for having our patients receive those services that we cannot provide. Also, under the patient care policies comes then maintenance of medical records. And there's actually another regulation that we're going to talk about on medical records. And then also, in this section of the code 491. Nine that we also talk about the policy review process, and then the bottom bullet storage, handling and administration of drugs and biologicals, this is critical to be in your policies, it still maintain is still is one of the number one nationwide survey deficiencies is that we do not have policies about the storage and administration handling of drugs or we have not trained or we are not following those. Then we also have in the regulation, another highlighted block that talks about we are required to have policies that govern how we deal with and maintain our medical records. And so we've got to have policies about complete medical records, the safeguarding of records. Also, in this regulation, it's going to tell us exactly what are required data elements of our record. So what is going to be in our record set, and a designated individual has to be identified as being responsible for the patient health records. So other written policies are going to include things about HIPAA privacy and security release of information. And the protection of records. And the protections of records also falls under our emergency preparedness policy, which we'll also talk about. So here's another place where we know we absolutely have to have a policy on how we are maintaining and safeguarding medical records. Another area that we are shown that we absolutely have to have a policy is about our program evaluation. So our program evaluation went from annual to biannual with a regulation change a few years ago. But we still have to address in our policies, how we're going to conduct that program evaluation. Also, what's going to be included in that program evaluation. So we've given you a little summary, pop up here, and then also the actual regulation for program evaluation.

Jeff Harper 17:48

Here, we're talking about emergency preparedness policies. A new section was added in 2017. In that section 1204 91, in that whole section is just on emergency preparedness. And let me once again, say this is emergency preparedness for a rural health clinic, or FQHC. It is not the emergency preparedness regulations for a hospital, they have their own set of code for emergency preparedness. So we have to have policies and evidence on emergency preparedness. And as it states here on this slide, the policies and procedures have to be separate from the parent hospital, because you have you have separate emergencies, there are things that constitute an emergency at a rural health clinic. It's not an emergency at a hospital. And so once again, you have to have these, these policies. And to get more granular in this, you can opt inside 491 12, you can go to appendix Z, which in Appendix C, it clearly states even more details as to what needs to be in your policies.

Patty Harper 19:13

So we we've talked about what is specifically required for Rh C's, but we're not off the hook yet. So there are other policies that we may also need. So the ones that we just discussed are the bare bones, ones that are actually in our conditions for certification. But we may need other policies that make sure that we're in compliance with other federal laws, state laws, local laws, or things that are accreditors are going to require by their standards. So what are some of those other policies what what might we be looking for? And so this is probably not an exhaustive list, but it will kind of get get you thinking about what you need in your policies. So we Know that there are federal labor law policy laws, federal labor laws. So we're going to need employment and HR policies. accreditors are also going to be looking for those. All Medicare and Medicaid providers, all of them from a one doc shop to a big mega healthcare system is required to have a corporate compliance plan. So that's not specifically in 491. But that is a general requirement under the Medicare participation in the Medicare and Medicaid programs, then we may need extra policies that ensure compliance with federal, state and local laws. We talked about what some of those might be on an earlier slide. This fourth bullet is very important, because not only as health care providers, but also as employers, we must make sure that we have non discrimination policies in place that apply not only to our employees, but to our patients, and that we are following that OCR guidance. And so those are things that are going to be making sure that we are fairly providing services and not discriminating against a patient, those are going to be that we are making sure that we have a way to have a certified medical translator. If we have a patient that has English language proficiency problems or obstacles, infection control policies, those cross a number of areas, some of those can be inferred from 491. Some of them are in our new COVID regulations. Some of them are going to be in your accreditor standards and and state and local laws as well. And so a good cousin to infection control policies are just our environment of care policies in general, how are we going to make sure that we're taking care of our building that it is a safe place? How are we going to make sure that our equipment is maintained in in good working order. So there's environment of care policies are very important. We also are probably going to want policies on Quality Assurance and Performance Improvement. These are going to vary from state to state. But as we know that we are all moving to value based care, that there really is a focus on making sure that we have quality and that we have processes and procedures in place for measuring how good of a job we're doing when it comes to patient care. And then we also are going to need other administrative and financial policies, these are

going to vary depending on the size of your clinic, how your clinic is organized. But you will want to have some administrative and financial policies, some of these are going to be touched on in 491. But you may have additional ones that your system adds. And then if you participate in extra programs, or grants or awards, which we've seen some of those during the public health emergency, or if you are a national healthcare service site, then you're going to want policies that deal with compliance with that particular program, or that particular grant or award program. So those are some policies that we have just for general compliance. So be thinking about how those might apply to you, in addition to the ones that we pulled right out of the regs. So So now, we've had so much changed during the public health emergency the last couple of years. So how does that impact our policy and procedure world for RFCs? What are the things that we really need to be keyed in on for policies and procedures? And so the COVID-19 vaccine mandate, everybody should have been in full compliance for this early in the spring. But we are still having a lot of questions about it. And we still are seeing a lot of survey deficiencies around the COVID 19 vaccine mandate, particularly for policies and procedures that are not in place at clinics or that clinics are not aware that they need these policies. We're not going to go into the all of the COVID-19 requirements. That could be a seminar all in itself, and I believe we've already done one for you guys at NORC on that, but we have to have policies and procedures to make sure that all of our staff is fully vaccinated for COVID-19. So this is a revision to Forlani one eight that was made and implemented in 2022. Almost every certified healthcare facility type had a similar revision to their own codes for conditions for certification. So all of our we must have policies and procedures to ensure that everybody's fully vaccinated before they start work, or they have been granted a valid medical or religious exemption. And we've referenced the text for you, we're not going to completely read that. But this continues to be a problem. In addition to surveyors looking for this, there are some independent CMS contractors that are out in the field that are looking just for these policies, procedures and processes to be in place. For the vaccine mandate. Requirements. Here's the regulation, we're not going to read it for you. But you can see that policies and procedures are a very big part of the regulation, to demonstrate that we are in compliance with this new condition for certification. And it goes on and it goes on, and it goes on. So just want you to know that we do have the full site, the full regulation cited for you. Okay, all right. So just to kind of summarize the COVID 19 vaccine mandate, we have to have vaccine related hiring processes, a definition of staff who is going to be required to be vaccinated, we're going to have to have policies and procedures in place for tracking and record keeping a vaccination and booster status, a process for receiving and granting exemptions under the guidelines. So our employee just can't hand us a piece of paper, we have to actually have a defined process for granting that exemption. We also per the regulation have to have guidelines on how we're going to educate staff about vaccine awareness. And how are we going to accommodate the staff that has approved medical or religious exemptions. So we have to go one step further, and actually protect that unvaccinated person from protect that unvaccinated person so that they don't contract COVID in the workplace, and we also have to protect our patients from that unvaccinated staff person, we have to have increased infection control, and we have to have a contingency plan for how our clinic is going to operate if we have another surgery an increase in lot of work. So we're gonna have to have policies in COVID-19. The other thing that's kind of new in the world of policies and procedures is that, how are we going to transition out of the public health emergency? And what impact is that going to have on our RHC policies, and depending on when you came into the RHC program, it may look different for some people than others. Because we've had a large number of clinics that have become little health leaks during the public health emergency. So we've been operating, kind of in an kind of seat of our pants for the last two years, the

regulations, the rules, the guidance has been changing. So if you're a new RHC, you may not really know what it looks like to operate normally as an RHC, how to operate under the conditions for certification. And so when you need to take a look at your written policies that you have now you need to look at your processes, your internal processes, your individual procedures, what are your employees doing every day as part of their jobs? And we need to see, do we need to make some rules that bring us back into compliance. And so reviewing the 491 reg and the other CMS CMS guidance that we have to make sure that we understand what's required. Review your current processes and procedures to determine what we'll have to change back after the blanket waivers in and then we'll need to revise internal documents, policies, procedures, training, orientation, materials, anything that's going to have to be revised, to go back to the normal way of doing business. And then of course, we're gonna have to retrain our staff and our providers, you know, the public health emergency is over. These are policies that are changing. These are our internal processes that are changing. This is our individual. How we do work every day. This is what's changing and And when you put all that back in place, then we're going to have to wait a way to evaluate the effectiveness of that policy change. And how well is that implementation going up that policy change? So what we'll look at here and what's up on your screen, it flexibilities that were granted to rural health clinics during the COVID 19. Public Health Emergency. So this document is not new. The link for it is on the bottom of this screen. What is new is that it has been it has been updated. So I would suggest that you go out and find this document that you printed out, you read through it, and I'm going to show you a couple of things about how the document has been edited. So

Jeff Harper 31:06

if if. Do me, a paddy, Paddy, you might need to repeat that you're not coming to me. Well, next time expires. Jeff, we hear you clearly. So all right. Well, then why don't why don't I take? Over out? Let me find the PowerPoint. So I think Patti has it shared? And then you could maybe

32:04

share sharing?

Patty Harper 32:07

I haven't shared again. Okay. Can everybody hear me now? Okay, I'm so sorry. I think I temporarily lost my connection. So where do I need to go? Do I need to go back a page?

Sarah Hohman 32:17

Okay, yeah, if you could just start right here again, that would be

Patty Harper 32:19

okay. I'm so sorry. Okay. Jeff and I are sharing an internet connection in a in a, an on the road location. So I'm sorry for that. So what I wanted us to look at here we're talking about getting back to normal with our policies and procedures. Okay, now.

Jeff Harper 32:58

How do you still not come through very clear. What what Patti is trying to, to communicate is that there are certain things that have been altered. Initially, we were given all these waivers. And we were it was just all hands on deck. Will CMS has slowly started altering those things and given us new guidelines. Okay, petty, hopefully petty back.

Patty Harper 33:33

Back now, okay, yeah, man. Am I back or not? Yeah, you're, you're back. Come on. Okay. So sorry. Okay. All right. Um, so when we're looking at this document, the ones in red are things that have already expired. So if you're still doing these things, you need to make sure that they have stopped and that you are changing your policy or your process. Also, this document has been under each category. Waiver change to tell you when that waiver would the paragraph for temporary extension sites of when this waiver is going to end. So in this document, each waiver or flexibility will either have red print showing that it's already been termed, or it will show you in each section when that waiver is going to is going to end and that's to make sure that we're doing things the correct way as we transition out of the public health emergency. I just wanted to get a slide with this is that you might go from except that I I had okay. Okay, is everybody everybody's still okay with me?

Jeff Harper 35:11

Kind of? Yeah, it's it's still

Patty Harper 35:17

exact. Jeff, why don't you take over?

Jeff Harper 35:20

Yeah, why don't you just do the slides? And okay. Well, now let's deal with what's coming up in 2023. We already know that there's some changes. And so get your policies ready to be updated. Some things that we're looking for is in the information blocking area, we should hear about this by March of this upcoming year, and it's going to make various changes in your party, we're going to have changes on record keeping security, we're going to deal with a different way of doing a release for information, new procedures for that, also, we're going to have the no surprise act, that will be fully implemented, which means that some of our financial administrative policies are probably going to need to be altered. So be looking for that in 2023. Okay, now, here comes some of that bonus that we talked about is what is often missed in the policies and procedure development. Okay, there's eight common problems that we have with RHC policies and procedures for problem are listed here. One is that the clinic, they're not following their own policies. What a surveyor normally does is they laid the policy and determine what it says, Then they go and see are we following it. And then another common problem is that we have the wrong policies. We're having policies that says Get the house nurse to come in, or the house supervisor

whether or not a house supervisor in the clinic. This is made for a hospital not for a clinic. So we have the wrong athlete. Or we have missing policies, some of the vital policies that we need, we can't find them. And then we have too many policies, please, please listen to this one carefully. Do you most of you that are involved with hospitals, hospitals have seven and 800 policies, nobody can read them, it's very ineffective. And many times they want the clinic to have a lot too well just remember the survey your grades based on the policies we have. So the more policies we have, the more grading we're going to have, as my teacher used to tell me, Jeff, if you will, right. When I asked for a 500 word, essay, if you will write a 500 word essay, I'm only grading 500 words. But if you write 1000, I'm gonna grade on 1000. Same thing here. And then we have no proof of policy review, oh, this is a big one that take place the other Earth, Penny thing back up. And here we go. The other thing is that the policies are not well organized. When, when someone when the surveyor asked you, I'd like to see your policies, if you say which one, then we have a problem. You know, you're basically showing your sign, you need to have them well organized and accessible. Most surveyors tell us that they spend most of their time waiting on a clinic to try to find what they're asking for. And then the other thing is that the staff and the providers are not trained on the policies. Many times surveyors are interviewing your staff, cuz they already know what the policy says. And they're interviewing the staff to see Do they know the policy, and many times they don't. And then we don't have some of the evidence. And I'm going to talk a little bit more about evidence later, but we will talk we're missing evidence that's needed. That proves that we're following the policies and then the providers are not involved in policy development. It says two or three times in 491, that the providers have to be involved in these things. And yet many times they're not. And we made a spatial side, the lack of provider involvement in policy development, and our no provider review, because it's it's three things that you're supposed to do. You're supposed to develop. You're supposed to execute, and you're supposed to review. And for example, here in 491, it says that the medical director, the physician is involved in those three things do Helping executing and periodically reviewing the policies. It's right there in black and white, we got to have it, we have to have a policy that states that we have to follow it. Same thing for 91. Eight, he talks about the non physician provider. And guess what, they have the same responsibility, development, execution, and review. And so the all the providers are to be involved in all of that process. And what's so tragic, and many times we can't even get them to read a set of policy, besides being involved in the other three areas. So that's a big issue.

Patty Harper 40:42

Jeff, no, no, can you hear me? I can't. So I was just gonna say this is another area where if you're part of a bigger system or a bigger hospital, there may be somebody at the system level that does all policy development. And they may or may not be aware of this requirement for the providers to be directly involved in the development and the review of the policies. So this is something that may take a little bit of education at the system level or at the corporate level.

Jeff Harper 41:11

Yeah, that's good. Also, what needs to be as a part of your evidence, because I said, I talked about evidence later, is to prove that they had been involved in the development and review. And so they need to sign off on it. And if Petty's already mentioned, that is all the providers, plus the medical director, plus an outside party, and they all need to have a sign in sheet showed, at least every other year, that they

have done the review process. Okay, this is the bonus section. We didn't tell you what we were doing. But this is, why do all this work if we're not going to get the bang for our bucks. And so let's talk about policy organization, training and tracking. Okay, policies need to be have some kind of order to them. And I would suggest that you even use a numbering system to order them if if someone says, Man, I need to look up drug storage, do they look under the for drug? Do they look under arrest for storage, I mean, and so it's better if we have some type of organization where maybe we have administrative policies, financial policies, HR policies, medical management policies, so let's systematically organize them, number them, and have a standard format, and of course, date them as to their effective date. Here is an example of what I just talked about in this header. You see, there's the title of the policy. There's the policy type, it's an administrative policy, it has a policy number on it. And also in this one, it has the date of the revised date or adopted date. And in this one, it also has, what JTAG or 491 reference is addressed in this policy. In this slide, we're talking about the evidence. And let's think about that for a second. When a surveyor is looking for a policy, let's say the regulatory compliance policy. They're looking for that path. And once they see that you have a regulatory compliance. Policy, they go great. They have the policy they need. Well, what is the next question that the survey is going to ask? They're going to ask, Well, are they abiding by or complying with this policy? Well, as you see on this sheet right here, the policy is up above and underneath it, are the four pieces of evidence. One is for the federal, that's the 855. One is a state license. One is a CLIA certificate, one is maybe a local license. These things should be organized close to the party, what do you keep this in a big binder, or however you do it, it needs to be that you're trying to help the surveyor address these things. And so by having the evidence close by the correlate to the party really helps. Also, we need to provide some accountability for the staff. Yes, as I've told you, and we've talked about before, this is a level of deficiency that we're finding throughout all the states is that people have not read the policies. And so there needs to be some kind of accountability. You need to find some true Acting system are something that you can grade, whether they have reviewed the policies. Coach, it's kind of like this. If there was no one that gave me a grade in college, I probably would not have studied. And unfortunately, we haven't changed very much from college. So please have a tracking system. In addition to that, there is approximately between 65 and 75 pieces of evidence that a surveyor could ask you for. And the one thing we want to do is to be ready when the survey comes, we do not want to survey you're waiting. As we're scrounging around digging in a cabinet, looking through a notebook, we want to have things at our fingertips. And what would be worse is to be able to show them a medical license for the medical director that expired. Not that we don't have one, and not that he didn't get it renewed, but we just the one we have is expired. So you need to have some type of tickler list, whether that's only calendar, or whether it's only to do list that tells you to review your evidence is are they current? And are they pertinent because a most pieces of evidence, I need to be determining whether to review, replace, or analyze what we have. And so I would highly recommend a tickler list. And if you would think about it, if you make such a list and assign certain dates to it. It's not going to take you but about 10 minutes a week. And throughout the year, you could keep all of your evidence up to date ready for survey.

Patty Harper 46:57

Okay, wow, that's been a lot of information. Can everybody hear me? Yes. Okay. So what is our call to action? So what what I would ask you as a rural health clinic, I don't know what role you have at your clinic is first ask yourself, if you have the right policies, do you have all of the policies that are in 491? For

the conditions for certification? Do you have the other policies that are required for federal, other federal laws and other CMS requirements? Do we have the right policies? And as Jeff said, have you read them? And does your staff know your policies? Have you educated on them? Every time that we're called to help with a plan of correction on a survey that has an efficiency, nine out of 10 times it will say the clinic had a policy on infection control, but they weren't following it. The clinic had a policy on sterilization of instruments but they weren't following it. The clinic had a policy on drugs storage and how they were going to inventory drugs, but they weren't following it. So no, no your policies, empower your staff to know the policies. I was on the phone yesterday with a provider who's been working in a rural health clinic for over 10 years. And the rule have written policies had never been shared with her by the owner of the clinic. And she felt in the dark. Like she didn't know what the rules were, she didn't have a playbook. And so not only know them, but follow them and have enough police. We don't want to follow your police. We want to follow your policies. So I apologize for that. For that misspelling on that slide, but follow them and empower your staff to follow them. And then review your policies. Don't just give your provider and medical director that attestation sheet to sign to put in the front of your book. Every every year or every or biannually with your program evaluation, actually review them. You know, things change the way we do things change. The regulations change the guidance from the surveyors and the accreditors change. So we actually really, really review them and not just put that piece of paper in the front of the binder every so often and call it good. We really, that is our call to action. Have the right policies read and know your policies, follow your policies, and review your policies truly review them. We're going to have some time for questions. Now. It looks like the q&a box is pretty full.

Jeff Harper 49:51

Yeah, I've answered a few just typing answers but I think a lot of them probably need to be answered a Oh, wow.

Sarah Hohman 50:03

Okay. Okay. If it works for you guys, I'm happy to read them out and whoever wants to jump in, I answered a few in the in the chat regarding the vaccine mandate as well. So okay, but we can we can jump right in. So Carol asks, What happens if you are part of an accredited organization, but no longer participate? Do we have to follow a certain process? Or how do we get our site surveys now that they're accredited, accredited or would not provide?

Jeff Harper 50:33

Well, that's a, that's a great question. The answer to that is, first of all, I'm sorry that you're no longer with an A creditor, the creditors are more consistent in their just because that's what they do for a living. And so therefore, they're probably easier to work through. But if you're no longer being accredited, then you are under the state that you that your clinic is under, and that state is supposed to be serving you, they will be notified by their creditor that you are no longer accredited. And that puts you in the queue for the state. The problem with the state is, is that they don't, they're not very regular in their surveys. So you have a tendency if you're not surveyed for a long period of time to become out of compliance. So be very concerned also, they go by a different set of standards, they go by the appendix G of the State

Operations Manual. So if you want to know what they're going to be looking for, as the state surveyor, go to appendix G.

Sarah Hohman 51:47

Thanks. Monica asks the professional group for policy development when you are hospital owned, and there are several outlying clinics, does each separate location have to have this committee? Or can it be a large committee that would have a member that would cover each location?

Patty Harper 52:07

Oh, wow. So that's a great question. And it's going to depend largely on whether you are using an accreditor or you are using a state surveyor because the the professional member of that advisory board who is not a part of the clinic that is defined differently, depending on whether it's a state surveyor or an accreditor.

Sarah Hohman 52:34

So

Patty Harper 52:36

if the medical director is the same, or all of the World Health Clinics, then that person would definitely be part of the advisory board for each clinic. Remember that each of your RH C's is a separately certified health care facility, they each have separate CCN number. So even though you have common ownership, and you might be able to gain some efficiencies in these processes, each clinic does have to stand on its own, we could not have everything just approved for all all locations. So we would have to have the medical director at least one nurse practitioner or physician assistant and that outside person, whether that outside person can be employed by the hospital or the system is going to depend on the surveyors interpretation of that regulation. Some surveyors want it to be a completely different outside person. Some people want it to be a licensed person, like a pharmacist or a physical therapist. Some most people will take your rural health clinic consultant as that extra professional person. So there's a lot of very, we may not have answered that question clearly for Monica. But each clinic will need to stand on its own about that process.

Jeff Harper 54:00

Right? Yeah, and I would say one medical director and at least one other provider from each clinic has to be on that committee, or it's not valid because we just read watching 491 491 says, the medical director has to review, develop, execute and review in nurse practitioner or PA has to develop, execute and review. So you can't have that from another clinic. It's got to be from the clinic we're dealing with.

Patty Harper 54:27

So Sarah, can we combine the next two questions? Absolutely. Melanie and Tabitha. So we have two questions about compliance plan. So all as I mentioned before, all all providers and provider types that

participate in CMS are required to have a corporate compliance plan and it requires seven elements. It basically is making sure that you're aware of and you have educated on fraud and abuse of the Medicare system, and that you have processes in place for monitoring compliance, and you have a way for your employees to report something that they feel like might be, might be a compliance problem. The next question we had is can the corporate compliance plan of the hospital and the quality plan for the hospital address also include the RHC. So you can have a system corporate compliance plan, at the very beginning of it, it should say that this corporate compliance plan applies to the hospital, the ambulatory surgery center, the rural health clinics, the physician practices, so you need to specifically name which health care facilities are included in the corporate compliance program. And, and then within that program, the seven elements, if they differ according to that type of health care facility, then they would have a different section two. So it's kind of like emergency preparedness, we can have an integrated plan, but each healthcare facility has to make sure that they are meeting the requirements of that corporate compliance plan. So it may or may not globally apply to all of those. But yes, we'll help clinic can come under a corporate compliance plan. Everybody needs a corporate compliance plan. If somebody wants to email me, there is a leak for a CMS video. That is how to build a compliance plan for a small medical office, it would apply to rural health. Thanks, I'll be glad to share that.

Sarah Hohman 56:47

That's cool. Okay, next question. And I do just want to quickly mention, because we're approaching four o'clock, Eastern Time. A quick thank you to Patti and Jeff, we are able to stay on for a bit to dig through some more of these questions. And we'll probably go to quarter after so. So if you're able to stay on and and listen to the rest of these questions, please do if you're if you have to hop off. Thanks for joining us today for our certified rural health clinic professionals. The CEU code can be found after the webinar when you complete the brief survey, and then you'll get that code. So if you have to hop off, feel free to do so thanks for joining. Otherwise, we'll we'll keep going on questions. Okay, so we can bind to those questions. Next question is from Whitney, can you comment on behavioral health policies and procedures in an RHC? Where can we find bare bones requirements on those?

Patty Harper 57:55

Because I got bumped off, I think I'm back on now. So behavioral health policies are going to be under that broad section of patient care policies. And there's going to be a lot of a lot of difference from state to state on what is required for behavioral health policies. There are also differences in behavioral health records and how those records may be protected from state to state. So the bare bones of it is is going to basically be dependent on what your state requires, and actually how you're providing services. So part of those patient care policy requirements in 491 is that we discuss which services we are directly providing and which ones we contract out. So I think everybody's in agreement that as we move forward with behavioral health, and integrating that more into our rural health clinics, we will see more guidance on specific policies. But as far as the actual certifications for the clinic, we don't have any guidance on those it's going to be dependent on what your state requires on how behavioral health is provided. And and what your site says about what the records for that behavioral health happens to be.

Sarah Hohman 59:22

Patty, if you wouldn't mind just sharing your your slides again, just so you can go to your contact information on the on the last slide just in case folks need to hop off. Sure, they can see that before they do. Um, next question, is it preferred to have the policy process and procedure together in one document slash policy or is it acceptable to have the procedure separated from the policy? Boy that

Patty Harper 59:49

I love that question?

Jeff Harper 59:51

Well, we both can answer but this goes back to what I was explaining earlier about the difference between a PA We'll see a process and a procedure, a policy needs to be pretty static, let's let's use, for example, infection control. That would be your policy, you would want to keep your process and procedure separate because those things are going to rapidly change. For example, during COVID, they were changing on a weekly basis, we were sitting there saying, Okay, this, this week, we're going to screen like this. We're going to screen out in the parking lot, we're going to screen at the door, we're going to go now we're moving it to the front desk. So it would be best if procedures and processes are kept separate, so that you're not constantly having to rewrite a policy. The past they shouldn't be more stagnant, addressing the issues from the regulations? Patty, I'll let you add. Yeah, I

Patty Harper 1:00:50

just Yeah, I think I'll just add something that was great. So your processes, particularly if you have internal processes that your organization requires, you may have those embedded in your policy. But like Jeff said, the actual day to day job task workflow, certainly find to be in a separate document, either part of training part of orientation. It can be part of a job aid manual that you put together for certain roles within your clinic. Then the main thing is we don't we don't want a 47 page infection control policy that talks about every single thing that we do.

Jeff Harper 1:01:39

We truly have seen a 27 page infection control policy, which immediately tells me nobody read it.

Sarah Hohman 1:01:57

All right. Next question is from Michael, he says as a provider based RHC. And in regard to emergency preparedness, and having policies and procedures separate to the hospital, can the Archie refer to the hospital's policies on emergency preparedness by our active shooter weather, etc? As long as the RHC has policies related to their HPI?

Jeff Harper 1:02:20

That's a good question that here's the situation on our he does not have the same emergencies. As a hospital. For example, if the an alright, see if, if no provider is there, due to sickness or illness or whatever, we have an emergency. However, in a hospital, a hospital is not defined as having doctors in it, it has to have nurses but doesn't have to have doctors. And so if there were no providers in the hospital, hospital would not shut down. The hospital would not change any of his procedures. But in a clinic there would be the same is true is if the clinic doesn't have its own generator. If the lights if the lights go out in the clinic, they they they send everybody home, they shut the door. But so their their procedures would be different for those type of emergencies. However, Michael, you're right, if the hospital has a good program for let's say, weather related issues, that would work for both. But be careful, because many times when we read hospital policies, they're talking about, you know, like last week of hospital talk, I mean, a clinic talk to me, and they had a set of policies. And I read them and I said, Who is your incident commander? And they go, what is that? I said, That's what I thought you were taking a hospital policy. And you really don't know who the liaison officer is, or the or the incident commander. I said, let's make it for the for the clinic. Let's don't make it for the often. So you can use some of the policies. They're interchangeable if they do work. But you got to recognize you have a different set of rules, guidelines and emergencies.

Sarah Hohman 1:04:26

All right. Next question is from Jodi, I contract out with a company that helps me with everything RHC. Can they be my outside professional?

Jeff Harper 1:04:35

Yes, that's what we talked about earlier, is that many times consultants, for example, pain, many times are they outside professional dealing with policy so yes, that you can't

Patty Harper 1:04:47

have every every once in a while you'll get a state surveyor who won't be happy with that answer. But all of the accreditors are happy with the consultant. The regulation just says outside professional, it does not say license. Is the healthcare professional in the regulation?

Sarah Hohman 1:05:04

Wonderful. Christy, I believe we answered your question about separate emergency preparedness policies versus the following those of the hospital. Next question, are rural counties allowed to directly hire a full time tele psychiatrist who is located outside the county where patients reside? A county is interested in hiring or the psychiatrists, but their current classification is only for an in house psychiatrist, they want to change the classification to a tele psychiatrist and hire directly. Or do they have to contract with a third party telepsychiatry company? Sir, do

Patty Harper 1:05:45

you want to? Do you want to comment on that in light of the changes to behavioral health or?

Sarah Hohman 1:05:52

Sure. So I mean, I think it may be helpful if we have a bit of a conversation about this offline. So I'm just gonna, I'm just gonna put my email address as a response to your question. And I'm happy to talk further about that. I think it's a little it's a little more complicated, you know, in the in the RHC. Setting, certainly so happy to talk through that further, but just want to get through a few more questions. So we'll handle that one now. So Keisha asks, Who is typically responsible in an RHC, for ensuring the content of patient medical records meet requirements, the providers who are charting.

Patty Harper 1:06:33

So so the regulation says that we have to have one person responsible for the maintenance of the medical records. So any healthcare facility defines what their own record set is, for the rural health clinic. At a minimum, it's got to be the data elements that are in 42, CFR 491, TN, that specifically list what data elements are, make a complete chart. So somebody at the healthcare facility level, if you're an independent clinic, that may be a provider, it may be the clinic owner, if you're a provider based clinic that may fall under the hospital's medical records director. But a provider can't decide what a complete record is that has to be defined as the the record set of that health care facility. And we find that guidance for Rh C's in 491, TN. Okay.

Sarah Hohman 1:07:37

Our RSP is a call owned RHC. At a recent survey we were deemed because all our policies are focused on the network, not specifically the RHC. What I don't understand is, can our network policies have a simple sentence that states are he follows this policy as written? Or do I need a separate specific policy that's only focused on that? Alrighty, we have touched on this before, I just wanted to read it out loud to make sure Okay,

Patty Harper 1:08:00

so it's not that the hospital policy says that the clinic is included, it's going to be a clinic policy that says they're following the network policy, or they have adopted the network policy. So as we read at the very first of the presentation, each will have the clinic has to have its own set of written policies, regardless of the ownership, regardless of whatever system or network they're involved in. So you may choose as a clinic, to adopt a hospital policy or system policy, but you still need that written policy on your side. And then you would reference that policy that you're sharing as your evidence document.

Jeff Harper 1:08:41

And also, you got to recognize you have to comply with 491. Ask the hospital to give you the policies that pertain to 491 because most of them, do not and Kim do that. And you You're responsible for chapter 42 CFR 491. If your rural health clinic, and the they call that under you there, that's not their responsibility. I don't find many people at the critical access hospital level, they can tell me what Appendix G or 491 says, and therefore, those pilots hospital parties usually reenact? Yeah,

Patty Harper 1:09:22

so So we've talked about this a lot in other sessions. So a provider based rural health clinic kind of has a split personality. They are a separately certified healthcare facilities. So CMS sees you not connected to the hospital at all as far as you having to meet your own regulations. But then the hospital or the system is going to see you operating as a department or see you operating as part of their physician network, but you are not part of that. So from a regulatory standpoint, you have to stand on your own two feet completely. Even if day to day you operate as if Few are a subcomponent of a larger system. So that's probably one of our biggest challenges is getting people to understand that the RHC has to stand alone by itself on everything from compliance, and yet be integrated into the system. So it's a it's a big challenge.

Sarah Hohman 1:10:22

Next question, during program evaluation, I thought only one only at least one NPPA is required to assist the MD and outside person with policy changes, not all of the providers in the RHC. Can you clarify that?

Patty Harper 1:10:37

Yeah, so the policy review does say, the medical director or one physician and at least one nurse practitioner, or physician assistant and an outside person, we recommend, and it's in its in Appendix G also, that we really want to include all the providers in that evaluation process, we most definitely want all providers to have read the policies. Um, how are they going to know what the medical management policies are? If they haven't read them? Or those have not been explained to them? So yes, you're correct. Although the formal review process only has to have one physician and one mid level and an outside person, why wouldn't you include all those people in just to make sure that everybody was on the same page with any changes that needed to be made to the policy? So yes, the letter of the law is the people that you mentioned. But in practice, we really want all providers, they're going to have to be practicing by those medical management policies, they need to have read them. And it would not hurt if they reviewed them. But only only those three, people have to be the ones that attest to the review.

Sarah Hohman 1:11:56

Wonderful. We're going to answer just two more, and then wrap up for this afternoon. But next question, could you give examples of who the outside party for me it could be I know, you've mentioned consultants are there any other recommendations you might have, since it's so broad?

Patty Harper 1:12:11

So it could be a consultant, it can be another provider in your community, if you're in a small community, and you have a small clinic, it might be somebody else that, that practices in your community, it could be another licensed health care person, it could be a pharmacist, it could be a physical therapist, somebody that's aware of your community. Most of the time, it can be somebody else within your system, so maybe your compliance officer or your director of nursing, but it needs they just want somebody that's

not in the clinic that can step back and look at those policies and, and see it from a little bit different perspective.

Sarah Hohman 1:13:00

Awesome. And then last one for today is our policy numbers required in their policies. And

Jeff Harper 1:13:06

there is not a regulation that says that they have to have numbers. But on a practical note, we we work in at least 41 states. And in most of those states, the amount of policies that a rural health clinic would need to comply with which we went over that whole list today is somewhere between 38 and 48. Somewhere but not in the in that number. And so to know that you have them all, you're gonna at least have to count them if you don't put a number on. But it also helps when a surveyor says you have a policy that says this that's wrong. We'll finding which policy that is where if they can reference it, and they say it's in policy, 200 or 220, or 500. It helps. But yes, you're right, you do not have to have a numbering system. But I can tell you that it makes sense if you don't have 38 to 48 pulse.

Sarah Hohman 1:14:18

Wonderful. Well, on that note, I'd like to thank everyone for attending today's webinar, especially our speakers, Patti and Jeff, thank you so so much for sharing your expertise with us, as well as fr HP for sponsoring our webinar series for all of this Orci technical assistance. If you have suggestions for future topics, please enter those in the survey that you'll be prompted with following today's session. Reach out to Patti, Jeff, Nathan or I with any of your questions that perhaps we didn't get to or you need some more clarification on today. And any ideas for future webinars or other thoughts? Please share those with us. Like I said that CRA HCPC your code can be found after that survey as well. And we'll send out an email when we schedule the next ta webinar. But thank you again. Thank you so much, Patti and Jeff, and we'll see you all soon. Bye now.