



**CMS' Proposed Plans for Implementing Sweeping Survey Reforms and  
Their Implications for Hospice Providers**  
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1

## Survey and Enforcement Requirements for Hospice Programs

- Hospice survey reforms implemented as part of the CAA 2021 (P.L. 116-260)
- Included in CY2022 Proposed Home Health Payment Rule (comments due 8/27/21)
- Additions to Subpart A and creates new subparts M and N at 42 CFR part 488
- 9 new survey and enforcement provisions for hospice programs

2

## Subpart A – General Provisions

### Public Reporting of Survey Findings

- § 488.5 – Application and Re-Application Procedures for National Accrediting Organizations
- § 488.7 – Release and Use of Accreditation Surveys

## Public Reporting of Survey Findings (§ 488.5)

- Amended to require accrediting organizations (AOs) to submit Form CMS-2567 (or successor form) as part of contractual agreement with CMS, effective 10/1/21
  - Numerous systems issues must be addressed to support AO submission of 2567 to CMS

## Public Reporting of Survey Findings (§ 488.7(c))

- Require public posting of State and AO survey findings (CMS-2567) in a manner that is “prominent, easily accessible, readily understandable, and searchable” by public, and allows for timely updates, for surveys conducted on/after 10/1/22

## Public Reporting

- CMS may develop a “standard framework” that identifies key survey findings and other relevant data about hospice performance
- CMS wants to ensure posted survey data provides fair representation across hospice programs
- CMS seeks comment: how can data from 2567 be effectively displayed to the public?

Nursing home

# Hoosier Village

Overall rating: ★★★★★

LOCATION  
9875 Cherryleaf Dr  
Indianapolis, IN 46268

PHONE NUMBER  
(317) 873-3349

[Add to Favorites](#)

Ratings Quality Details Location

RATINGS

### Overall rating

★★★★★  
Much above average

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality of resident care measures.  
[Learn how Medicare calculates this rating](#)

#### Health inspections

★★★★☆  
Above average

[View Rating Details](#)

#### Staffing

★★★★★  
Much above average

[View Rating Details](#)

#### Quality of resident care

★★★★★  
Much above average

[View Rating Details](#)

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7

Hoosier Village

## Health inspections

[Print](#)

State inspectors conduct yearly health and safety inspections of nursing homes for compliance with Medicare and Medicaid regulations. A nursing home may also be inspected based on a complaint submitted by a resident (or other individual), or based on a facility's self-reported incident. Nursing homes are also inspected for compliance with infection control and prevention standards.  
[Learn more about health inspections](#)

### Health inspections rating

★★★★☆  
Above average

The health inspection star rating is based on each nursing home's current health inspection and 2 prior inspections, as well as findings from the most recent 3 years of complaint inspections and 3 years of infection control inspections.

#### Most recent health inspection

Date of most recent inspection	04/11/2019 <a href="#">View full report</a>
Total number of health citations <small>* Lower is better</small>	4 Average number of health citations in the U.S.: Average number of health citations in Indiana: <span style="float: right;">▼</span>

#### Complaint inspections

Date(s) of complaint inspection(s) between 6/1/2020 - 5/31/2021	No complaint inspections
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8

Department of Health & Human Services Centers for Medicare & Medicaid Services		Printed: 07/12/2021 Form Approved OMB No. 0938-0191	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2019
NAME OF PROVIDER OR SUPPLIER  Hoosier Village		STREET ADDRESS, CITY, STATE, ZIP CODE 9675 Cherylal Dr Indianapolis, IN 46268	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**  Based on interview and record review, the facility failed to implement baseline care plans, for new admission residents, within 48 hours, for 3 of 5 residents reviewed as new admissions (Residents 7, 3, and 1).  Findings include: 1. On 04/09/19 at 09:13 a.m., Resident 7's medical record was reviewed. Her admitted was listed as 03/07/19.  A review of Resident 7's care plans indicated the baseline care plans were created on 03/12/19 and effective on 03/07/19.  On 04/09/19 at 02:48 p.m., during an interview, the Minimum Data Set (MDS) Coordinator indicated, the created date in the computer was correct for when Resident 7's care plans were created. The admitted had been entered as the effective date. Baseline care plans were required within 48 hours of admission. 2. On 04/09/19 at 10:31 a.m., Resident 3's medical record was reviewed. His admitted was listed as 04/01/19.  A review of Resident 3's care plans indicated the baseline care plans were created on 04/08/19, and effective on 04/08/19.  On 04/11/19 at 10:59 a.m., during an interview, the Administrator indicated, baseline care plans should have been completed within 48 hours of admission. 3. On 04/09/19 at 12:30 p.m., Resident 1's medical record was reviewed. Her admitted was 04/01/19. Her diagnosis, included, but were not limited to: [MEDICAL CONDITION] repeated falls, urinary tract infections, diabetes mellitus, [MEDICAL CONDITIONS], and hypertension.  (continued on next page)		
<small>Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) (Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.</small>			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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## New Subpart M – Survey and Certification of Hospice Programs

- § 488.1105 – Definitions
- § 488.1110 – Hospice Program Surveys and Hospice Program Hotline
- § 488.1115 – Surveyor Qualifications and Prohibition of Conflicts of Interest
- § 488.1120 – Survey Teams
- § 488.1125 – Consistency of Survey Results
- § 488.1130 – Special Focus Program

## Definitions (§ 488.1105)

- proposes definitions for the following terms:
  - **Abbreviated standard survey:** a focused survey or other than a standard survey that gathers information on a hospice program's compliance with specific standards or CoPs. An abbreviated standard survey may be based on complaints received or other indicators of specific concerns. Examples of other indicators include media reports or findings of government oversight activities, such as OIG investigations.
  - **Complaint survey:** a survey that is conducted to investigate substantial allegations of noncompliance a defined in 488.1.

## Definitions (§ 488.1105)

- **Condition-level deficiency:** noncompliance as described in § 488.24.
- **Deficiency:** a violation of the Act and regulations contained in 42 CFR part 418, subparts C and D, is determined as part of a survey, and can be either standard or condition-level.
- **Noncompliance:** any deficiency found at the condition-level or standard-level.

## Definitions (§ 488.1105)

- **Standard-level deficiency:** noncompliance with one or more of the standards that make up each condition of participation for hospice programs.
- **Standard survey:** a survey conducted in which the surveyor reviews the hospice program's compliance with a select number of standards and/or CoPs to determine the quality of care and services furnished by a hospice program.
- **Substantial compliance:** compliance with all condition-level requirements, as determined by CMS or the State.

## Survey Frequency/Hospice Hotline (§ 488.1110)

- Makes permanent requirement for standard survey at least every 36 months
  - At 488.5, AO contract already required to include agreement to perform routine surveys
- Standard or abbreviated survey required in response to complaint allegations

## Survey Frequency/Hospice Hotline (§ 488.1110)

- Proposes that agreement between CMS and States includes requirement that State/local agency maintains a hospice hotline, effective 12/27/21:
  - Collect, maintain, update info regarding certified hospices in jurisdiction
  - Receive complaints and answer questions regarding hospices in jurisdiction
- States must already have unit to respond to complaints
- CMS seeking input on how to ensure confidentiality and support timely response to complaints

## Surveyor Qualifications/Conflicts of Interest (§ 488.1115)

- CMS must establish a training and testing program for State, Federal and AO surveyors by 10/1/21
  - Surveyor must complete training, testing in order to conduct surveys
  - Until rule is finalized, AO training will suffice

## Surveyor Qualifications/Conflicts of Interest (§ 488.1115)

Separate from rule, CMS has been working on survey issues:

- Updates to surveyor training and SOM to emphasize assessment of quality of care in four "core" CoPs:
  - § 418.52: Patient's rights
  - § 418.54: Initial and comprehensive assessment of the patient
  - § 418.56: IDG, care planning and coordination of care
  - § 418.58: QAPI

## Surveyor Qualifications/Conflicts of Interest (§ 488.1115)

- Effective 10/1/21, surveyors are prohibited from conducting surveys for agencies with which they have a conflict of interest:
  - Employed by or served as consultant to hospice in previous 2 years
  - Has a financial/ownership interest or has an immediate family member with a financial/ownership interest or who is a patient of the program to be surveyed

## Survey Teams (§ 488.1120)

- Use of multidisciplinary survey teams, eff. 10/1/21:
  - If single surveyor, must be RN
  - If more than one surveyor, one must be RN and additional team members would include physicians, nurses, medical social workers, and pastoral or other counselors (bereavement, nutritional, and spiritual)
- CMS seeking input on size, makeup of survey teams, timeframe for compliance

## Consistency of Survey Results (§ 488.1125)

- CMS and States must implement programs to measure/reduce inconsistency in hospice survey results
- CMS: should also reduce discrepancies between State and AO surveys

## Consistency of Survey Results (§ 488.1125)

- Current oversight of SA surveys:
  - CMS assesses SA survey performance through its State Performance Standards System (SPSS), using 3 domains:
    - Frequency
    - **Quality** (standard surveys and complaint surveys)
    - Coordination of Provider Non-Compliance (Enforcement and Remedies)

# Consistency of Survey Results (§ 488.1125)

**Table 2. Crosswalk of FY 2019 SPSS Quality Domain Measures to FY 2020 SPSS Quality Domain Measures**

FY 2019 Quality Measure	FY 2020 Quality Measure
Q1. Documentation of Deficiencies for Nursing Homes, ESRD Facilities, ICFs/IID and Non-Deemed HHAs and Hospitals	Q1 – Standard Surveys. Documentation of Deficiencies for Nursing Homes, ICFs/IID and Non-Deemed ESRD facilities, HHAs, Hospice, and Hospitals Q1 – Complaint Surveys. Documentation of Deficiencies for Nursing Homes, ICFs/IID and Non-Deemed ESRD facilities, HHAs, Hospice, and Hospitals
Q2. Conduct of Nursing Home Health Surveys in Accordance with Federal Standards, as Measured by FOSS	Q2 – Conduct of Nursing Home Health Surveys in Accordance with Federal Standards, as Measured by FOSS FCS
Q3. Documentation of Noncompliance in Accordance with Federal Standards for Nursing Home Health FOSS Surveys	-
Q4. Identification of Health and LSC Deficiencies on Nursing Home Surveys as Measured by Federal Comparative Survey Results	Q3 – Identification of Health LSC and EP Deficiencies on Nursing Home Surveys as Measured by Federal Comparative Survey Results
Q6. Prioritizing Complaints and FRIs	Q4 – Prioritizing Complaints and FRIs <sup>†</sup>
Q7. Timeliness of Complaint and FRI Investigations	Q5 – Timeliness of Complaint and FRI Investigations <sup>†</sup>
Q8. Quality of EMTALA Investigations	Q6 – Quality of EMTALA Investigations Q7 – Quality of Complaint/FRI Investigations for Nursing Homes, ESRD Facilities, ICFs/IID and Non-Deemed HHAs, Hospice, and Hospitals*
-	Q8 – Standard. State-specific Measure*
-	Q8 – Complaint. State-specific Measure*
-	Q9 – Quality of Use of U Template

\* Indicates that the measure will be piloted or developmental in FY 2020  
<sup>†</sup> Nursing home and non-nursing home providers  
 EP = Emergency Preparedness, ESRD = end-stage renal disease; ICFs/IID = Intermediate Care Facilities for Individuals with Intellectual Disabilities; HHA = home health agency; LSC = life safety code; FRI = facility-reported incident; FOSS = Federal Oversight Support Survey; FCS = focused concern survey; EMTALA = Emergency Medical Treatment & Labor Act; U = immediate jeopardy

# Consistency of Survey Results (§ 488.1125)

- For SPSS, CMS plans to:
  - Expand SPSS to include measuring how well hospice surveyors’ findings are aligned with federal regulatory compliance and with SA supervisor’s determinations (5% random sample)
  - Create objective measures of survey accuracy, seeks public input on what measures would be feasible for states

## Consistency of Survey Results (§ 488.1125)

- Current oversight of AOs:
  - SAs conduct validation surveys on a sample of providers deemed by the AO
  - Measure percentage of validation surveys where condition-level deficiencies are identified but which were missed by AO team: the AO's disparity rate
  - Disparity rates reported annually to Congress

## Consistency of Survey Results (§ 488.1125)

- CMS proposes:
  - All entities reviewing survey findings for missed condition-level citations would be required to report to the reviewed entity its disparity rate (both SA and AO surveys)
  - Require formal corrective plan as part of SA or AO's Quality Assurance Program
  - Disparity rate above 10 percent in 2 consecutive cycles would trigger remedial activity

## Special Focus Program

- § 488.1130
- Special Focus Program (SFP) to address issues that place hospice beneficiaries at risk for poor quality of care through increased oversight, and/or technical assistance

## SFP – Proposed Criteria

- history of condition-level deficiencies on two consecutive standard surveys
- two consecutive substantiated complaint surveys  
OR
- two or more condition-level deficiencies on a single validation survey

## SFP - Protocols

- SFP hospices surveyed at least every 6 months
- CMS determines Candidate List
- SA works with CMS Location office to select hospice programs from Candidate List
- SA not required to have a certain number/percentage of hospices in the SFP

## SFP - Protocols

- Continued failure to meet requirements may include progressively stronger enforcement actions
- Removal from SFP - 2 consecutive 6-month SFP surveys with no condition-level deficiencies cited
- Placed on termination track if not removed

## SFP – CMS Questions

- Should CMS utilize a similar criteria/process/frame work for the SFP as outlined in the current Long-Term Care Program?
- What, if any, differences should CMS consider to enhance the overall impact of the hospice SFP?

## SFP – CMS Questions

- Additional selection criteria that CMS should consider for the identification and participation in the SFP. This may include use of current or future data elements that could be incorporated into a more comprehensive algorithm.

## SFP – CMS Questions

- Utilization of a Technical Expert Panel (TEP) to enhance the SFP in terms of selection, enforcement and technical assistance criteria while in the program

## New Subpart N – Enforcement Remedies

- Definitions §488.1205
- General Provisions §488.1210
- Factors To Be Considered in Selecting Remedies §488.1215
- Available Remedies §488.1220
- Action When Deficiencies Pose Immediate Jeopardy §488.1225 and Termination §489.53

## New Subpart N – Enforcement Remedies

- Action When Deficiencies Are at the Condition-Level But Do Not Pose Immediate Jeopardy §488.1230
- Temporary Management §488.1235
- Suspension of Payment for All or Part of the Payments §488.1240
- CMPs §488.1245

## New Subpart N – Enforcement Remedies

- Directed In-Service Training §488.1255
- Continuation of Payments to a Hospice Program With Deficiencies §488.1260
- Termination of Provider Agreement §488.1265

## New Subpart N – Enforcement Remedies

- One or more remedies could be imposed for each discrete condition-level deficiency
- Enforcement options in situations of non-compliance involving immediate jeopardy
  - Termination
  - One or more enforcement remedies, or
  - Both above

## Enforcement Remedies

- Civil money penalties not to exceed \$10,000 per day of noncompliance
- Payment suspension
- Temporary management
- Directed plan of correction
- Directed in-service training

## New Subpart N – Enforcement Remedies

- Notice period
  - At least 2 calendar days if Immediate Jeopardy is identified
  - At least 15 calendar days if no Immediate Jeopardy is identified
- Appeals – hospices can appeal the determination of noncompliance leading to imposition of a remedy

## New Subpart N – Enforcement Remedies

- Remedies can be imposed instead of, or in addition to, termination
- For a period not to exceed 6 months

## New Subpart N – Enforcement Remedies

- Procedures for selection of enforcement remedy(ies)
  - Extent to which the deficiencies pose IJ to patient health and safety.
  - Nature, incidence, manner, degree, and duration of the deficiencies or noncompliance
  - Presence of repeat deficiencies (defined as condition-level), the hospice program’s compliance history in general, and specifically concerning the cited deficiencies, and any history of repeat deficiencies at any of the hospice program’s additional locations

## New Subpart N – Enforcement Remedies

- Extent to which the deficiencies are directly related to a failure to provide quality patient care.
- Extent to which the hospice program is part of a larger organization with documented performance problems
- Whether the deficiencies indicate a system-wide failure of providing quality care.

## Enforcement Remedies – Temporary Management

- Temporary appointment by CMS or authorized agent of substitute manager or administrator
- Under the direction of the governing body
- Authority to
  - Hire, terminate or reassign staff
  - Obligate hospice program funds
  - Alter hospice program procedures
  - Manage hospice program to correct deficiencies

## Enforcement Remedies – Temporary Management

- Condition-level deficiency(ies)
- Deficiencies or hospice's management likely to impair ability to correct deficiency(ies)
- Refusal to relinquish control would result in termination
- Hospice bears cost of the temporary management

## Enforcement Remedies – Payment Suspension

- Suspend payments for all or part of the payments to which a hospice program would otherwise be entitled on or after the effective date of the enforcement remedy

## Enforcement Remedies – Continuation of Payments

- An enforcement remedy or remedies (with the exception of suspension of all payments) have been imposed on the hospice program and termination has not been imposed
- Hospice has submitted a POC which has been approved by CMS; and
- Hospice agrees to repay the payments received should the hospice program fail to take the corrective action as outlined in its approved POC

## Enforcement Remedies - CMPs

- Noncompliance with one or more conditions of participation
- Could impose CMPs for each day of an IJ citation
- Imposed per day or per instance
- Not to exceed \$10,000 per day
  - Upper, middle and lower ranges

## Enforcement Remedies - CMPs

- Considerations for penalty amount
  - Size of the hospice program and its resources
  - Evidence of a self-regulating quality assessment and performance improvement (QAPI) system that indicates ability to meet the conditions of participation and to ensure patient health and safety.

## Enforcement Remedies - CMPs

- Low range
  - For repeated and/or condition-level deficiencies that did not constitute IJ and were deficiencies in structures or processes that did not directly relate to poor quality patient care, we would assess a penalty within the range of \$500 to \$4,000 per day of noncompliance.
- Middle range
  - For repeat and/or a condition-level deficiency that did not pose IJ, but is directly related to poor quality patient care outcomes, we would assess a penalty within the range of \$1,500 up to \$8,500 per day of noncompliance with the CoPs
- Upper range
  - deficiency that poses IJ to patient health and safety, penalty within the range of \$8,500 to \$10,000 per day of condition-level noncompliance.

## Enforcement Remedies - CMPs

- Administrative hearing
  - 60 calendar days from receipt of written notice to request hearing OR
  - To provide notice of intent to waive right to an administrative hearing and receive a 35% reduction in CMP amount
    - Due within 15 calendar days of written request

## Enforcement Remedies – Directed Plan of Correction

- Imposes specific action the hospice must take to bring it back into compliance and correct deficient practices
- Could be directed by CMS or the temporary manager

## Enforcement Remedies – Directed In-service Training

- Condition-level deficiencies
- Implemented where staff performance resulted in noncompliance and in-service training program would correct the deficient practice
- Instructors would need to have in-depth knowledge of the area(s) that require specific training
- Hospices would need to utilize well-established education and training services (I.e. schools of medicine or nursing, centers for aging, etc.)
- Hospice responsible for payment

## Enforcement Remedies - Termination

- CMS would terminate the provider agreement if the hospice program
  - Failed to correct condition-level deficiencies within 6 months unless the deficiencies constitute IJ
  - Failed to submit an acceptable POC
  - Failed to relinquish control to the temporary manager
  - Failed to meet the eligibility criteria for continuation of payments

## Enforcement Remedies - Termination

- Termination of the provider agreement would end all payments to the hospice program, including any payments that were continued
- Would end enforcement remedies imposed against the hospice program, regardless of any proposed timeframes for the remedies originally specified.

## Resources

- CAA of 2021(Section 470):  
<https://www.congress.gov/bill/116th-congress/house-bill/133/text>
- CY2022 Home Health rule:  
<https://www.federalregister.gov/documents/2021/07/07/2021-13763/medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home>

## Resources

- Quality, Certification and Oversight Reports (QCOR) site: <https://qcor.cms.gov/main.jsp>
- Quality, Safety, and Education Portal:  
<https://qsep.cms.gov/>
- State Operations Manual:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984>

## Resources

- Appendix M: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_m\\_hospice.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf)
- Fiscal Year (FY) 2020 State Performance Standards System (SPSS) Guidance: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/AdminInfo-20-02-ALL.pdf>

## Upcoming Events

**2021 March on Washington**  
TBD

**2021 Financial Management Conference & Expo**  
August 1-3, 2021 | Chicago, IL

**2021 Home Care and Hospice Conference and Expo**  
October 3-5, 2021 | New Orleans, LA

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