ACT 60
Frequently Asked Questions

1. What is the law?

   Act 60 of 2013 was formerly known as House Bill 1190. It authorizes the Department of Health to accept hospital surveys/inspections conducted by nationally recognized accreditation organizations in lieu of the department’s regular licensure renewal surveys. Hospitals will be given the option of “opting in” to choose this procedure or continuing to permit the department to conduct these surveys. The act also extends the term of licensure from two years to three years for all hospitals.

2. What is the effective date?

   Act 60 becomes effective on January 1, 2014.

3. What types of health care facilities are eligible for deemed status at this time?

   General acute care hospitals, children’s hospitals, and specialty hospitals, such as rehabilitation and cancer hospitals.

4. What types of health care facilities are not eligible for deemed status?

   Ambulatory surgical facilities, behavioral health hospitals, behavioral health units within hospitals, home health agencies and/or divisions, and rural health clinics are not eligible. Inpatient psychiatric hospitals and units are licensed under the Department of Public Welfare.

5. Does Act 60 impact approval of new services and occupancy surveys?

   No. The Department of Health will continue to survey facilities for approval of new services and compliance with occupancy requirements.

6. Are health care facilities required to be accredited by a national accrediting organization?
No. *The Department of Health will continue to perform licensure surveys, as it does now, for those health care facilities that do not have accreditation by a national accrediting organization and do not choose to use “deemed status”.*

7. **How often will the Department of Health survey my facility if I am not accredited?**

   *Act 60 extends Department of Health licensure surveys from every two years to every three years in all cases.*

8. **Does Act 60 change any of the current reporting requirements by health care facilities?**

   *No. Facilities still will report such things as serious events, infrastructure failures, and incidents pursuant to Act 13 of 2002, and health care acquired infections pursuant to Act 52 of 2007, to the appropriate entities, as is the case now.*

9. **Will the Department of Health still make unannounced visits?**

   *Yes. The Department of Health retains the authority to make unannounced visits to facilities in response to complaints.*

10. **The Joint Commission accreditation does not have a specific expiration date for accreditation. There is an effective date with the notation that “Accreditation is customarily valid for up to 36 months.” Hospitals are considered accredited until the survey process is complete so how will this impact licensure if the process is not completed within three years of the effective date?**

   *The issue is the date of the license, not the date of the accreditation letter. The accreditation letter’s effective date must be no more than 12 months from the date of the license expiration date in order for the department to use it.*

11. **If a hospital’s acute care license expires before the end of 2013 and the hospital recently had a Department of Health/CMS survey as part of that renewal process, will the license be renewed for three years if Act 60 is not effective until January 1, 2014 or will the hospital remain licensed for two years since the licensure cycle concludes prior to effective date?**

   *Licenses with a renewal date ending before January 1, 2014 will be renewed for a two-year period.*

12. **When should facilities notify the Department of Health that they intend to seek accreditation in lieu of licensure from the department and how much time will be given to prepare for and achieve accreditation if a facility elects to re-enter voluntary accreditation?**
The Department of Health has created a notification document that facilities should use for notification of the intent to use a deemed accreditation survey in lieu of licensure. A copy is available on the department’s website.

13. What impact will Act 60 have on Pennsylvania statutes and regulations? When performing CMS validation surveys, will the team be limited to CMS regulations or will they also survey applicable department regulations?

The team will review CMS Conditions of Participation and state laws and regulations.

The accrediting organization will survey according to that organization’s standards and to Pennsylvania laws and regulations that are more stringent than those standards.

In those cases where the department is conducting any survey or investigation, the department’s surveyors will continue to survey using Pennsylvania laws and regulations.

14. Will the annual health stats survey continue to be a requirement?

Yes.

15. Will hospitals that have deemed status and a survey that is normally scheduled for the fall of 2013, but a department license that does not expire until 2014 still have a survey in fall of 2013?

The department is currently working through scheduling. It will attempt to make sure all hospitals have the ability to opt in to the program in a timely manner.

16. How will hospitals address compliance with authentication for verbal orders?

CMS, the Joint Commission and other accrediting organizations are not prescriptive and refer surveyors to state law and regulation. CMS refers surveyors to state law and facilities will still be required to comply with the most stringent laws.

17. How do the telemedicine guidelines recently published by the Department of Health now apply?

This process has no impact on the telemedicine guidelines.

18. Do we still need to maintain our facility’s exception requests and/or continue to apply for them?
Yes.

19. How will accrediting organizations survey for Pennsylvania specific standards such as shaken baby, safe haven and others?

The department will provide the accrediting organizations with a list of Pennsylvania laws that must be included in their survey process. The accrediting organization will include these laws in their process as they see fit.

20. Does the term “hospital” in the bill refer to only acute care hospitals, or any type of hospital that is accredited – rehab, LTACH, etc.?

The term applies to any facility licensed as a ‘hospital’, including rehab, LTACH, children’s, or other facilities as defined by state law, but not psychiatric hospitals, which are not licensed by the department as well as psychiatric units in hospitals, which the department will continue to survey on an annual basis because of contractual agreements with the Department of Public Welfare.

21. Will the department continue to use the Quality Assurance message board?

Yes.

22. Will Act 60 eliminate the hospital life safety building inspection that occurs every two years?

There is not a separate licensure inspection for life safety. It is part of the licensure survey process that may be conducted by an accrediting organization if chosen by the facility.

23. If a facility chooses the Joint Commission for deemed status for Pennsylvania licensure, can it stay with the Department of Health for CMS? If so, how often would it be subject to a CMS survey by the department?

The Joint Commission deeming survey fulfills the requirement for CMS certification surveys.

24. Given differences that already exist between The Joint Commission standards and current state regulations, who will be responsible for reviewing and determining standards of the accreditation organization that are equal to or more stringent than existing state regulations? How is the department going to ensure that the inconsistencies between an accrediting organization’s standards and existing state regulations are appropriately identified and addressed contractually?
As part of the application process, the accreditation organizations will be required to perform and provide a comparison between their accreditation standards and the department’s hospital regulations. Accreditation organizations will be required to survey to the more stringent standards. It will be the responsibility of the accreditation organization to apply the more stringent standards during licensure surveys.

25. Will hospitals continue to pay for an updated license from the Department of Health on a two-year basis? Will the fee remain the same?

No. As of January 1, 2014, the licensure period will be three years. There is no change in the fee charged.

26. What will be available to the public online? The department currently publishes a facility’s survey report online for the public. Does this mean that the department would also publish the entire Joint Commission report publically or does it mean that the department will publish the final status “Accredited”?

The Act requires the final report to be submitted to the department. It is this final report that will be posted. Each accrediting organization will have a different submission that meets this requirement.

27. Will the regulatory review become more intense?

If you a facility is concerned about this potential, it can opt out of the accreditation option and things will continue as usual, with the exception of the increased three-year licensure period that applies in all instances.

28. Is the life safety survey by the engineer part of the opt out contract that a facility will send to the Department of Health?

If a facility opts in to the accreditation program, life safety will be covered by the accrediting organization. However, the life safety survey process conducted by the department, including plan approval and occupancy surveys, will still be required for new facilities, additions, etc.

29. If a facility currently uses the Department of Health for licensure and CMS CoP, does it have to complete any documentation if it does not wish to move away from the department for this function?

Yes. The application is required in either instance to notify the department of the selection so that it can set schedules correction.
30. If a facility elects in the future to use Joint Commission or another approved accreditation organization would it then have to notify the Department of Health three months in advance of the survey?

Yes. Notification will be required at least three months in advance.