CONDITIONS OF PARTICIPATION:  

Guides to Compliance

NOVEMBER 15, 2017 – Emergency Preparedness COPs: compliant with all requirements

JANUARY 13, 2018 - QAPI Requirements relative to Standard 484.65 a) through 484.65 c) and standard e)

JULY 13, 2018 - Performance improvement projects

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Guides to Compliance

COP TASK FORCE MEMBERS:

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Constellation Health Services
Linda Auld
Able Home Care
Priscilla Brown
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Neighborhood Home Care
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Ruth Richardson
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GVNA Healthcare
Priti Shah
Steward Home Care
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Colleen Bayard – Director of Clinical & Regulatory Affairs
Megan Fournier – Meetings & Education Coordinator

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New Home Health Conditions of Participation

**Subpart A—General Provisions**

- 484.1 Basis and scope.
- 484.2 Definitions.

**Subpart B—Patient Care**

- 484.40 Condition of participation: Release of patient identifiable outcome and assessment information set (OASIS) information.
- 484.45 Condition of participation: Reporting OASIS information.
- 484.50 Condition of participation: Patient rights.
- 484.55 Condition of participation: Comprehensive assessment of patients.
- 484.60 Condition of participation: Care planning, coordination of services, and quality of care.
- 484.65 Condition of participation: Quality assessment and performance improvement (QAPI).
- 484.70 Condition of participation: Infection prevention and control.
- 484.75 Condition of participation: Skilled professional services.
- 484.80 Condition of participation: Home health aide services.

**Subpart C—Organizational Environment**

- 484.100 Condition of participation: Compliance with Federal, State, and local laws and regulations related to health and safety of patients.
- 484.102 Condition of participation: Emergency preparedness
- 484.105 Condition of participation: Organization and administration of services.
- 484.110 Condition of participation: Clinical records.
- 484.115 Condition of participation: Personnel qualifications

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CONNECTIONS OF PARTICIPATION:
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Sub-part A-General Provisions

484.1: Basis & Scope

CMS reorganized this section for clarity.

484.2: Definitions

Revisions:

- At § 484.2, CMS clarified some of the definitions for terms used in the HHA COPs. They modified the definition for “branch office” by adding the requirement that the parent agency offer more than the sharing of services; specifically, that it provide supervision and administrative control of branches on a daily basis to the extent that the branch depends upon the parent agency’s supervision and administrative functions in order to meet the COPs, and could not do so as an independent entity.

- Though the definition would no longer require the branch office to be “sufficiently close,” the parent agency would have to be available to meet the needs of any situation and respond to issues that could arise with respect to patient care or administration of the agency. A violation of a COP in one branch office would apply to the entire HHA.

- CMS also has finalized minor changes in the language of the pre-existing definitions for “clinical note”; “parent home health agency”; “proprietary agency”; and “subdivision” to “achieve consistency with the other definitions contained in this section.”

Deletions:

- CMS also eliminated pre-existing definitions of the terms “bylaws” and “supervision.” CMS stated that the bylaws term was eliminated because it is not included in the regulatory text and thus is not necessary to define a term that is not used. A definition for supervision was eliminated because CMS believes a single definition cannot adequately encompass the variety of ways in which the term is used in the rule.

- CMS eliminated the definition for “home health agency” because its definition is set out by statute at section 1861(o) of the Social Security Act (SSA). CMS also deleted the term “progress notes” because notations in the clinical record are more typically referred to as “clinical notes,” a term that is well defined and understood in the home health industry, and eliminated “nonprofit agency” as this term is not used within the regulatory text.

- CMS deleted the term “subunit” because the distinction between the requirements for parent agencies and a subunit are minor. Currently, a subunit must be able, independently, to meet the COPs. A “subunit” is distinguished from an independent HHA in that it may share the same governing body, administrator, and group of professional personnel with its parent HHA. In practice, the requirement that a “subunit” must independently meet the COPs

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renders this distinction moot, and CMS believes that an entity operating for all intents and purposes as a distinct HHA should be treated as such. Therefore, upon finalization of this rule, existing subunits, which already operate under their own provider number, will be considered distinct HHAs and will be required to independently meet all COPs without sharing a governing body or administrator. Based on state-specific laws and regulations, this federal regulatory change will permit a subunit to apply to become a branch of its existing parent HHA if the parent provided “direct support and administrative control” of the branch. The state survey agency and CMS Regional Office are responsible for approving an HHA’s application for a branch office, in accordance with current CMS guidance as set out in various survey and certification letters and section 2182.4B of the State Operations Manual. No new subunits will be approved upon implementation of this regulation, only “branch offices.”

**Additions:**

- CMS has added definitions for the terms “in advance”; “quality indicator”; “representative”; “supervised practical training”; and “verbal order.”
  - **In advance** means that HHA staff must complete the task prior to performing any hands-on care or any patient education.
    - **Quality indicator** means a specific, valid, and reliable measure of access, care outcomes, or satisfaction, or a measure of a process of care. CMS stated that it added a definition for the term “quality indicator” because the use of quality indicators is central to an HHA’s successful implementation of a quality assessment and performance improvement program.
  - **Representative** means the patient’s legal representative, who makes health care decisions on the patient’s behalf, or a “patient-selected” representative who participates in making decisions related to the patient’s care or well-being, including but not limited to, a family member or advocate for the patient. The patient determines the role of the representative to the extent possible
  - **Supervised practical training** means training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing covered services to an individual under the direct supervision of either a registered nurse or a licensed practical nurse who is under the supervision of a registered nurse.
  - **Verbal orders** means those physician orders that are spoken to “appropriate personnel” (such as a nurse or other qualified medical personnel) and later put in writing for the purposes of documenting as well as establishing or revising the patient’s plan-of-care.

**No Change:**

- CMS retained the current definitions of “primary home health agency,” “public agency,” and “summary report” without change.

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<th>COMMENTS</th>
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</table>
| 484.40: Release of patient identifiable OASIS information | x | x |    |    |    |    | *No Change – but review the following:  
FN: [OASIS Privacy Notice](#)  
PI: Review policy to ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable OASIS information to the public.* |

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<tr>
<td>484.45: Reporting OASIS Information</td>
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<td>No significant changes. Review, Write P&amp;P’s as needed</td>
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<tr>
<td>(a) Encoding and transmitting OASIS data</td>
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<td>No Change</td>
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<td>(b) Accuracy of encoded OASIS data</td>
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<td>No Change</td>
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<td>(c) Transmittal of OASIS data</td>
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<td>No Change</td>
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<td>(d) Data Format</td>
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<td>No Change</td>
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### TABLE KEY:

- **FN**: Forms Needed
- **PI**: Policies Involved
- **JD**: Job Description Changes
- **EN**: Education Needed
- **VE**: Vendor Enhancements
- **SE**: Specific Enhancements
# Conditions of Participation: Guides to Compliance

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<tr>
<td>484.50: Patient Rights</td>
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| (a) Notice of Rights | x | x | x | x |    |    | FN: (1) *If applicable to your software* Ensure language is correct in bill of rights and given at initial visit, before care is furnished. Bill of rights should be in an understandable language and accessible to representatives. Need contact info of administrator  
(4) Insure rights, transfer, and discharge documents are with patient/responsible person within 4 days of SOC, can there be a workflow, legal rep. name and contact info.  
PI: (1) Patient and representative have the right to be informed in writing of the patient’s rights in a language and manner the individual understands.  
i. Explain rights before furnishing care in written notice of transfer and discharge policies and understandable and accessible to persons with limited English and disabilities.  
ii. Supply patient with contact information name of administrator, including name, business address, business phone for complaints.  
(2) Patient and legal representative signature confirming receipt of a copy of the notice of rights and responsibilities.  
(3) Must get verbal notice of patient’s right and responsibilities, free of charge, with use of competent interpreter if necessary, no later than the second visit from a skilled professional.  
(4) Provide patient rights, transfer, and discharge policy to patient and selected representative by the 4th business day after the initial eval  
EN: (1) Clinicians need to select representative and language  
(2) Clinical education regarding representative  
Notes: May need interpreter policy  
• Patient/representative sign off on rights document. |
| (b) Exercise of Rights | x | x |    |    |    |    | PI: Health care decision-making policy needs to be developed to include court ordered representative, appointment of guardian, etc.  
EN: Clinician |
| (c) Rights of Patient | x | x |    |    |    |    | PI: Rights document reviewed to include: “be free from verbal, mental, sexual and physical abuse, **including injuring of unknown source, neglect and misappropriation of property. |

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</table>
| (c) Rights of Patient (cont.) |    |    |    |    |    |    | • Respect for patient and property  
|                             |    |    |    |    |    |    | • Inform patient or process to compliant  
|                             |    |    |    |    |    |    | (4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate with respect to.  
|                             |    |    |    |    |    |    | (5) Receive all service outlined in the plan of care  
|                             |    |    |    |    |    |    | (6) Confidential clinical record and patient access, Privacy Form  
|                             |    |    |    |    |    |    | (10) Names, addresses, and phone numbers of federally funded and state funded entities that service the area where the patient resides, specifically:  
|                             |    |    |    |    |    |    | ✓ Agency on Aging  
|                             |    |    |    |    |    |    | ✓ Center for Independent Living  
|                             |    |    |    |    |    |    | ✓ Protection and Advocacy Agency  
|                             |    |    |    |    |    |    | ✓ Aging and Disability Resource Center; and  
|                             |    |    |    |    |    |    | ✓ Quality Improvement Organization  
|                             |    |    |    |    |    |    | (11) Free from any discrimination, reprisal for exercising rights, or for voicing grievances to the HHA or outside entity.  
|                             |    |    |    |    |    |    | • Access to auxiliary aids/ language services  
|                             |    |    |    |    |    |    | EN: All clinician staff  
| (d) Transfer and Discharge  | x  | x  |    |    |    |    | PI: Patient notified of HHA transfer and discharges for 7 reasons:  
|                             |    |    |    |    |    |    | 1. HHA can no longer meet the patient’s needs, based on patient’s acuity. HHA must arrange a safe, appropriate transfer.  
|                             |    |    |    |    |    |    | 2. The patient or payer will no longer pay  
|                             |    |    |    |    |    |    | 3. The physician agrees that the patient no longer needs the HHA’s services  
|                             |    |    |    |    |    |    | 4. The patient refuses services, or elects to be transferred or discharge  
|                             |    |    |    |    |    |    | 5. Under a policy set by the HHA, behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient, or the ability of the HHA to operate effectively is seriously impaired. HHA must:  
|                             |    |    |    |    |    |    | a. Advise the patient, representative  
|                             |    |    |    |    |    |    | b. Make efforts to resolve the problem(s)  
|                             |    |    |    |    |    |    | c. Provide contact information for other agencies or providers  
|                             |    |    |    |    |    |    | d. Document the problem(s) and efforts made.  
|                             |    |    |    |    |    |    | 6. The patient dies  
|                             |    |    |    |    |    |    | 7. The HHA ceases to operate.  

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<td>(e) Investigation of complaints</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<td><strong>PI:</strong> Investigation of complaints:</td>
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<td>1. Care is furnished inconsistently, or inappropriately</td>
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<td>2. Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including</td>
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<td>misappropriation of patient property by anyone furnishing services on behalf of</td>
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<td>3. Document complaint and resolution</td>
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<td>4. Take action to prevent further potential violations</td>
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<td>5. Any HHA staff mandated reported</td>
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<td><strong>EN:</strong> Clinical</td>
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<td><strong>Notes:</strong> EHR to track complaints as an incident</td>
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<td>(f) Accessibility</td>
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<td>x</td>
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<td><strong>PI:</strong> Information must be provided to patients in plain language and in a manner</td>
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<td>that is accessible and timely at no cost to patient:</td>
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<td>1. For patient with disabilities, auxiliary aids and services.</td>
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<td>2. Limited English, available language services include: oral interpretation and</td>
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<td><strong>EN:</strong> Clinical</td>
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<tr>
<td>484.55: Comprehensive Assessment of Patient</td>
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</tbody>
</table>
| (a) Initial Assessment Visit | x |    | x  |    |    |    | PI: Minimal change: Make sure policy states RN must complete initial assessment unless, Rehab only.  
• Visit in 48 hours or by physician order for SOC  
EN: Clinical, Intake |
| (b) Completion of the Comprehensive Assessment |    |    |    |    |    |    | No Change |
| (c) Content of the Comprehensive Assessment | x |    | x  | x  |    |    | PI: Comprehensive Assessment needs to include:  
  o Patient’s strengths, goal, and care preferences  
  o Progress toward achievement of goals  
  o Measurable outcomes  
  o Caregivers ability to provide care and availability/ schedule  
EN: Clinical |
| (d) Update of the Comprehensive Assessment | x |    | x  | x  |    |    | PI: ROC – The physician may request a specific start date  
EN: Clinical, Intake  
VE: Schedule and additions to assessment as above. |

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<tr>
<td>484.60: Care Planning, Coordination of Service, Quality of Care</td>
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</table>
| (a) Plan of Care | x | x | x | x | x | | PI: Review policy to include: “If physician refers a patient under a POC that can’t be completed until after evaluation visit, physician consulted to approve additions/modifications.”

- Individualized plan of care must include:
  - ✓ 2(i)-(x) – No Change in first 10 items
  - ✓ xi – Safety measures to protect against injury
  - ✓ xii – Risk for emergency department and hospital re-admission, necessary interventions to address the underlying risk factors
  - ✓ xiii – Patient and caregiver education/training to facilitate timely discharge
  - ✓ xiv – Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient
  - ✓ xv – Information related to any advanced directives
  - Additional items to the HHA or physician may choose to include.

EN: Clinical regarding additions needed to POC
VE & SE: Printed POC with added requirements |
| (b) Conformance with Physicians Orders | x | x | x | x | x | | PI: Verbal Orders by a nurse, or other qualified practitioner, with signature, date & time stamp

EN: Clinical
SE: Orders to include time stamp

Note: The new COPs have a revision that would allow an LPN to accept verbal orders and document them. CMS replaced “registered nurse” for “nurse” in the revise CoPs. However, according to the regulation at §409.43(c)(4)(d) all verbal orders must be signed by the RN or therapist as part of the conditions for Medicare payment. Therefore, regardless of CMS’ intent for the CoP’s, verbal orders received by anyone other than the RN or therapist will need to be co-signed by the RN or therapist. |
| (c) Review and revision of the Plan of Care | x | x | x | | | | PI: (2) Revised POC: HHA must alert all relevant physician(s) issuing orders to any changes in the patient’s condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered. |

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<tbody>
<tr>
<td>(c) Review and revision of the Plan of Care (cont.)</td>
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<td>(3) Communicate changes r/t patient change in health status to: patient, representative, caregiver, all md’s issuing orders; Any dc plan revisions must be communicated to Patient, rep, caregiver, all md’s issuing orders, and anyone anticipated to provide care after discharge. EN: Clinical</td>
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<tr>
<td>(d) Coordination of Care</td>
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<td>PI: Coordination of Care (NEW Section): All disciplines involved in POC. Includes HHA Staff/contracted staff, as well as all physicians involved in patient POC, or services coordinated by HHA. As well as patient, rep, caregiver. Ensure ongoing education to patient/caregiver to ensure timely discharge. EN: Clinical regarding coordination and education about discharge.</td>
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<td>(e) Written Information to the Patient</td>
<td>x</td>
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<td>PI: Written Information (NEW Section): Schedule visit frequency of HHA/contract staff. Medication schedule. Dosing/frequency and meds administered by staff. Treatments. Other pertinent instruction. Name and contact info of HHA Clinical Manager. JD: Clinical Managers EN: Clinical SE: Written/printed documentation for patient/caregiver</td>
</tr>
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| 484.65 QAPI | x | x | x | x | x | ? | PI: Develop new policies or review/revision of current policies  
*Develop, implement, evaluate, and maintain effective, ongoing, HHA-wide, data-driven QAPI program. HHA’s governing body involvement; all HHA services, including contract or arrangement; focuses on indicators to improved outcomes, including emergent care services, hospital admission and re-admissions; actions that address performance across the spectrum of care. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.*  
JD: Responsibility for QAPI program in appropriate personnel Job Description  
EN: BOD, All Staff  
Notes: Agencies need to identify at least one QAPI project for July 2018 |
| (a) Program Scope | x | | | | | | PI: (1) Program to show measurable improvement that indicators will improve health outcomes, patient safety, and quality of care.  
(2) HHA must measure, analyze, and track quality indicators. |
| (b) Program Data | x | x | | | | | PI: Agencies should use reliable sources of data, such as OASIS, and other relevant data, and be consistent for tracking.  
(2) Must use data to:  
   i. Monitor effectiveness, safety of services, and care  
   ii. Identify opportunities for improvement  
   iii. Frequency and detail of data collection approved by governing body. |
| (c) Program Activities | x | x | | | | | PI: (1) Program activities must:  
   i. Focus on high risk, high volume, or problem prone areas;  
   ii. Consider incidence, prevalence, and severity of programs  
   iii. Immediate correction of any identified problem potentially threaten the health and safety of patients  
(2) Performance improvement must track adverse patient events, analyze causes, implement preventive actions.  
(3) Actions aimed at performance improvement and measure its success and track performance to sustain it.  
Notes: Agencies should use established tools/ templates |
| (d) Performance Improvement Projects | x | x | | | | | PI: (1) Number scope of improvement conducted annually must reflect scope, complexity, and past performance services operations |

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| (d) Performance Improvement Projects (cont.) | | | | | | | (2) Document improvement projects undertaken, reason for conduction measurable progress.  
Notes: Agencies should focus on high risk, high volume, or problem-prone areas |
| (e) Executive Responsibilities | x | x | x | | | | PI: (1) Ongoing QAPI Program is defined, implemented, and maintained;  
(2) HHA-wide efforts address priorities quality patient safety, and evaluated for effectiveness,  
(3) Expectations for patient safety are established, implemented, and maintained;  
(4) Findings of fraud or waste are appropriately addressed.  
Notes: Agencies will need to determine how they will keep their Board of Directors informed and included in decision making re QAPI |

**TABLE KEY:**  
FN: Forms Needed  
PI: Policies Involved  
JD: Job Description Changes  
EN: Education Needed  
VE: Vendor Enhancements  
SE: Specific Enhancements
## CONDITIONS OF PARTICIPATION: Guides to Compliance

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<td>484.70: Infection Prevention and Control</td>
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<td>PI: Agencies need to develop policies and procedures on practices that are most commonly used to prevent transmission of infectious diseases for patients, patient’s family &amp; caregivers, and home health staff. JD: Credentials of the infection preventionist Notes: Organized following 3 standards (1) Prevention, (2) Control, and (3) Education</td>
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<td>(a) Prevention</td>
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<td>FN: Hand hygiene audit tools, home supervisor visit evaluation form, QAPI form PI: Infection control program policy, emergency preparedness, bag technique, TB program policy, hand hygiene policy, standard precautions and isolation policy, PPE provision and use, performance improvement program includes infection control data review EN: Staff on policy Notes: HHA follows infection prevention and control best practices, which include standard precautions, to curb the spread of disease.</td>
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<td>(b) Control</td>
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<td>FN: Infection surveillance form for patients and one for staff PI: Surveillance policy, outbreak policy, employee illness policy, immunization policy for patient and staff and educate staff. Plans for actions related to results in improvement and preventative disease SE: Support surveillance program through reports from EMR Note: This is integral to QAPI program • The HHA is expected to maintain a coordinated agency-wide program for surveillance, identification, prevention, control and investigation of infectious and communicable diseases.</td>
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<td>(c) Education</td>
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<td>FN: Patient/ caregiver educational material related to infection control practices PI: Annual OSHA and Infection Control Education, Patient education policy, orientation policy which includes OSHA and infection control training EN: All staff, including contract staff Notes: HHAs would be expected to provide education on current best practices to staff, patients, and caregivers</td>
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<td><strong>484.75: Skilled Professional Services</strong></td>
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<td>(a) Provision of Services by Skilled Professionals</td>
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<td>(b) Responsibilities of Skilled Professionals</td>
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<td>(c) Supervision of Skilled Professional Assistants</td>
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**PI:** Coordination of Care by team  
**JD:** Check current job descriptions again standards  
- Check job descriptions for language regarding coordination of care  
**EN:** All Staff  

No change  

**PI:** Policy regarding responsibilities if skilled professionals include interdisciplinary assessment, participation in QAPI program, and HHA-sponsored in-service training.  
**JD:** Review Job description/policies for language specific for resp. of skilled staff. (b) (1) thru (9)  
**EN:** Clinical  

**PI:** Policy regard who supervises what discipline  
- Supervision of skilled prof. assistants – Nursing 484.15 (K) personal qualifications, rehabilitation therapy services provided under 484.115 (f) or (h), Medical Social Service 484.115 (m)  
**JD:** Review job descriptions including for nursing, OT, PT and social workers  
**EN:** Clinical  
**Notes:** Approved Nursing school & License in state.

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### CONDITION 484.80: Home Health Aide

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| (a) Home Health Aide Qualifications | x | x | x | | | | **FN**: In HR records, document completion of training and annual supervision. **JD**: Training and competency program specifically:  
  - A qualified home health aide is a person who has successfully completed:  
    - i. A training and competency evaluation program as specified in paragraphs (b) and (c) respectively of this section; or  
    - ii. A competency evaluation program that meets the requirements of paragraph (c) of this section; or  
    - iii. A nurse aide training and competency evaluation program approved by the state as meeting the requirement of 483.151 through 483.154 of this chapter, and is currently listed in good standing on the state nurse aide registry; or  
    - iv. The requirements of a state licensure program that meets the provisions of paragraphs (b) and (c) of this section.  
  **EN**: to HR and HHA manager/supervisor. 
  Note: HHA required retraining if no formal work in 24 months. Recommend tracking inactive staff. |
| (b) Content and Duration of HH Aide Classroom and Supervised Practical Training | x | x | x | | | | **JD**: Content: Important wording changes:  
  - (ix) Appropriate and safe techniques in performing personal hygiene and grooming tasks that include – (A) Bed Bath; (B) Sponge, tub, **AND** shower bath; (C) Hair shampooing in sick, tub, **AND** bed  
  - Two new items added to the list of skills:  
    - (xiii) Recognizing and reporting changes in skin condition;  
    - (xv) The HHA is responsible for training home health aides, as needed, for skills not covered in the basic checklist, as described in paragraph (b)(3)(ix) of this section  
  **EN**: Clinical staff/contract and HHA manager/supervisor recommend WOCN do education.  
  **SE**: Recommend add report skin changes to manager in MR  
  **Notes**: Duration of training has not changed, a few changes to content |

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</table>
| (c) Competency Evaluation                |    | x  | x  |    |    |    | **PI**: Competency evaluated “by observing an aide’s performance of the task with a patient.” The tasks must not be simulated in any manner and the use of a mannequin is not an acceptable substitute.  
  - The current Surveyor Interpretive Guidelines allow competency be “evaluated with the tasks being performed on a pseudo-patient such as another aide or volunteer in a laboratory setting.”  
  **EN**: HHA Manager |
| (d) In-Service Training                  |    |    |    |    |    |    | **Note**: The in-service training standard has been reorganized. In-service training must be supervised by RN |
| (e) Qualities for Instructors Conducting Classroom and Supervised Practical Training |    |    |    |    |    |    | **No changes** |
| (f) Eligible Training and Competency Evaluation Organizations | x | x | x |    |    |    | **PI**: One small change to which entities cannot train HHAs.  
  - **NEW**: Been excluded from participating in federal health care programs or debarred from participating in any government program.  
  **EN**: HR personnel |
| (g) HH Aide Assignments and Duties       | x  | x  | x  | x |    |    | **PI**: NEW – Home health aides must be members of the interdisciplinary team, must report changes in the patient’s condition to a registered nurse or other appropriate skilled professional, and must complete appropriate records in compliance with the Home Health Agency’s policies and procedures.  
  - **NEW**: PT/OT/SLP may generate HHA assignments and do the supervision  
  **JD**: Review to ensure supervision capabilities is in the job description  
  **EN**: All clinical and contract staff  
  **VE**: Add to Home Health Aide interventions |
| (h) Supervisors of HH Aide               | x  | x  |    |    |    |    | **PI**: If an area of concern is noted by the supervising professional during a supervisory visit when the aide is not present, then the supervising individual must make an on-site visit in order to observe and assess that aide while he or she is performing care.  
  - **(FN)** recommend tracking form A registered nurse of other professional must make an annual on-site visit to the patient’s home to observe and assess each aide while performing care. |

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<td>(h) Supervisors of HH Aide (cont.)</td>
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<td>(i) Individuals Furnishing Medicaid Personal Care Aide-Only Services Under a Medicaid Personal Care Benefit.</td>
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<tr>
<td>484.100: Compliance with Federal, State, Local laws &amp; regulations related to health &amp; safety</td>
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<td>(a) Disclosure of ownership and management information</td>
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<td>FN: disclosure of officer, director, agent using <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Special-Provisions/Provider-Enrollment-Forms-and-Instructions">CMS 855A</a> disclosure form at certification; survey and any time there is a change in ownership/management. EN: Administrative Staff of CEO/Clinical Director</td>
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<td>(b) Licensing.</td>
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<td>PI: licensing of qualified employees applicable to state licensing JD: Insure licensing requirements are mentioned</td>
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<td>(c) Standard: Laboratory services.</td>
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<td>PI: Policy that states agency may not substitute its equipment for patients equipment when assisting with self-administered tests.  “Agencies may also use their own self-administered testing equipment for a short, defined period of time when the patient has not yet obtained his or her own testing equipment, such as in the days immediately following physician orders to obtain the testing equipment when a patient may not have the time and resources immediately available to complete the process. We would expect the HHA to use available resources to assist the patient in obtaining his or her own testing equipment as quickly as possible.”  (2) Lab policy: Hh agency insures referring labs <a href="https://www.clinicallabs.gov/CLIA">meets CLIA Regulations Part 493</a></td>
</tr>
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| 484.102: Emergency Preparedness |    |    | x  |    |    |    | **ALL NEW** *Effective Nov 2017*
|            |    |    |    |    |    |    | EN: EMP Orientation for new staff |
|            |    |    |    |    |    |    | **Notes:** [CMS Emergency Preparedness Site](#) |
| (a) Emergency Plan | x | x | x |    |    |    | FN: E.M. Patient handouts, EMP tips/phone #’s  
|            |    |    |    |    |    |    | PI: Emergency Management Plan  
|            |    |    |    |    |    |    | • Must be reviewed and updated yearly  
|            |    |    |    |    |    |    | • ID Potential Emergencies 1. From facility-based and community-based assessment  
|            |    |    |    |    |    |    | Emergency events that result from disasters i.e. staff exposure, power loss  
|            |    |    |    |    |    |    | EN: Where to document pts EM plan in medical record, Annual EMP in-service for all staff  
|            |    |    |    |    |    |    | **Notes:**  
|            |    |    |    |    |    |    | 1. Facility based & community based risk assessment(RA)/ all hazards approach  
|            |    |    |    |    |    |    | 2. Emergency strategies. Identified by RA  
|            |    |    |    |    |    |    | 3. Address Patient population & services can provide in emergency  
|            |    |    |    |    |    |    | 4. Cooperate/ collaboration – local/ regional/ state/ federal officials for integrated  
|            |    |    |    |    |    |    | response during disaster/ emergency – also document efforts to contact officials  
|            |    |    |    |    |    |    | – log communication attempts  
| (b) Policies and Procedures | x | x |    |    |    |    | PI: Command structure and each managers responsibility i.e. initiate, alternative staff  
|            |    |    |    |    |    |    | mobilization, priority pts, surge capacity, etc.  
|            |    |    |    |    |    |    | • When disaster occurs with/without warning  
|            |    |    |    |    |    |    | • Disaster review and staff assignments  
|            |    |    |    |    |    |    | • Review and update annually based on Emergency Preparedness (EP) (b) and  
|            |    |    |    |    |    |    | communication plan (c)  
|            |    |    |    |    |    |    | 1. P &P includes need for, Individual Emergency plan for patient include in  
|            |    |    |    |    |    |    | comprehensive assessment  
|            |    |    |    |    |    |    | 2. Procedure to inform state/local EP officials for patient requiring evacuation  
|            |    |    |    |    |    |    | based on medical/ psych condition/ home environment etc., in care.  
|            |    |    |    |    |    |    | 3. Procedure – follow up with patient/ staff regarding interruption when services  
|            |    |    |    |    |    |    | needed. Notify state/ local officials of on-duty staff/ patient when unable to  
|            |    |    |    |    |    |    | contact in an emergency.  
|            |    |    |    |    |    |    | 4. System of medical documentation: preserves patient info, confidentiality, and  
|            |    |    |    |    |    |    | secures/ maintains availability of record  

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<td>(e) Integrated Healthcare Systems</td>
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**5. **Use of volunteers or other emergency staffing. EN: Clinical Managers role and responsibilities to staff, pts, community during EM response, also yearly education.

**PI:** Communication & staff mobilization and monitoring staff for safety
- Access contact info on Staff contracts and patients, physician. Fed/State/Local EP staff.
- Strategies for patient care Priority levels and criteria guidelines, e.g. 1,2,3,4 or high, mod, min. risk
- Alternate Staff mobilization
- Liaison to MA Emergencies/ or bordering state agency
- Prolonged Pandemic, add to Continuity of Operation Plans (COOP)
- **Evacuation Plan for Organization’s Building(s), safety of employees, RX if needed**
- Identify who will speak to the public and what will be told to the public/staff family if they call
- Recovery phase accounting for & checking staff, pts, data review, sequence data, etc
- Recovery phase staff discussion re concerns, experience, ID stressors in staff
- Post disaster/drill evaluation of the EMP response/ staff questionnaire to everyone

**PI:** Develop and maintain EP training and testing based on R.A., P & P and Communication plan that is reviews and updated annually.
- Document training all staff/contract and volunteers demonstration
- Conduct exercise to test EP annually and analyze the response
- Document community based risk/ facility-based RA assessment using all-hazards

**Note:**
1. Participate in full scale exercise community or facility based.
2. Table top exercise.

**PI:** Integrate P & P for communication plan, testing, and training

**Note:** If a HHA is part of a healthcare system consisting of multiple separately certified healthcare facilities the HHA may choose to participate in the healthcare system’s coordinated emergency preparedness program.

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### CONDITIONS OF PARTICIPATION: Guides to Compliance

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<thead>
<tr>
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<th>EN</th>
<th>VE</th>
<th>SE</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| 484.105: Organization and Administration of Services | x  | x  | x  | x  |    |    | **FN:** Organization Chart  
**PI:** Writing – organization chart, lines of authority, services furnished  
**EN:** Board of Directors  
**Note:** The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. |
| (a) Governing Body (aka board) | x  | x  | x  | x  |    |    | **PI:** Full legal authority and responsibility for the agency’s overall management and operation, fiscal operations, review budget operation plans, QAPI  
**JD:** Job Description for Board Members  
**EN:** Board of Directors  
**Note:** The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. |
| (b) Administrator |    |    | x  | x  | x  |    | **JD:** Include qualifications, supervision of clinical supervisor (director) and insure clinical director is available during business hours ensures:  
✓ (iv) HHA employs qualified personnel  
✓ (2) When the administrator is not available, pre-designated person authorized in writing by the administrator and the governing body assumes same responsibilities and obligations as the administrator.  
• Appointed by board, responsible for **ALL** day-to-day operations of HHA available during all operating hours. |
| (c) Clinical Manager | x  | x  | x  | x  |    |    | **JD:** New Position – Makes patient and personnel assignments, coordinates patient care, coordinates referrals, assures that patient needs are continually assessed and assured the development, implementation and updates individualized plan of care.  
• Replaces the standard for the supervision physician or RN  
**EN:** Clinical Level  
**VE:** Insure specific work flow goes to clinical director |
| (d) Parent-Branch Relationship | x  |    |    |    |    |    | **PI:** The parent HHA is responsible for all branch locations  
• Subunit designation is eliminated, only allows branches and parent home health agencies. |
| (e) Services Under Arrangement |    |    | x  |    |    |    | **PI:** Policy that states services furnished under arrangement must be in writing, responsibility of HHA; insure they are not denied Medicare or Medicaid enrollment, been excluded or terminated for federal law, had billing privileges revoked, or been debarred from participating in any government program. |
| (f) Services Furnished |    |    |    |    |    |    | No Changes |

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**CONDITIONS OF PARTICIPATION:**

*Guides to Compliance*

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<tbody>
<tr>
<td>(g) Outpatient Physical Therapy or Speech-Language Pathology Services</td>
<td></td>
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<td></td>
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<td>No Changes</td>
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<tr>
<td>(h) Institutional Planning</td>
<td></td>
<td>x</td>
<td></td>
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<td>PI: Annual operation budget; capital expenditure plan; planning of the budget is done under the direction of the governing body of the HHA by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff of the agency; budget is reviewed at least annually by the committee.</td>
</tr>
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# CONDITIONS OF PARTICIPATION: Guides to Compliance

**TABLE KEY:**
- **FN:** Forms Needed
- **PI:** Policies Involved
- **JD:** Job Description Changes
- **EN:** Education Needed
- **VE:** Vendor Enhancements
- **SE:** Specific Enhancements

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<tr>
<td>484.110: Clinical Records</td>
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</tbody>
</table>
| (a) Content of Clinical Record | x | x | x | x | x | x | FN: Review of OASIS document for elements  
PI: OASIS and Comprehensive Assessment Components of Medical Record, Order of the Physician orders, clinical notes, POC, etc. as in original COPs  
- Discharge Summary Completion to MD – 5 days  
- Transfer Summary Completion to MD – 2 days  
EN: Clinician  
SE: Recommend:  
- Tracking of discharge summary mailing  
- Tracking of transfer summary mailing |
| (b) Authentication | x | x | x | x | x | | FN: All clinical forms will require signature, title, date & time  
PI: Authentication, Legibility  
- Completion of MR  
EN: Clinical & MD  
SE: Time of documentation |
| (c) Retention of Records | x | x | | | | | PI: Retention & storage  
- Policy must address retention of MR when discontinuation of operations and inform state where MR will be maintained.  
EN: MR Staff |
| (d) Protection of Records | x | | | | | | PI: Protection of MR against loss and unauthorized access protected health informed. |
| (e) Retrieval of Clinical Records | x | x | x | | | | PI: Copy or electronic form, of MR, free of charge upon request, within 4 business days. Recommended Admission Packet  
1. Welcome Statement w contact names of clinicians, Police/ Fire, Ambulance, Elder services  
2. Info on reporting Abuse/ Neglect incl. phone #’s  
3. Bill of Rights includes Grievance Procedure  
Clinical Papers for Completion  
1. Admission Completion Tool List  
2. Condition of Admission on NCR –  
3. Needs Patient Rights Signature  
4. Authorized Representative Designation Form |

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</table>
| (e) Retrieval of Clinical Records (cont.) |    |    |    |    |    |    | 5. Med Profile  
6. Lock Box Agreement (if applicable)  
7. PHq9 Depression Questionnaire  
8. Homebound Questionnaire  
10. ASAP’s Referral Form  
11. QIO/Livanta Info Sheet  
12. ABN if Needed  
13. Notice of Medicare NON-Coverage  
14. HHCCN Form  
15. MA Health Care Proxy Forms  
16. Handout for Emergency Plan  
17. Handout on Family Communication Plan |

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<tbody>
<tr>
<td>484.115 Personnel Qualifications</td>
<td></td>
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<td><strong>Notes</strong>: In sections b-n, Review your Job Descriptions for compliance with language in COPs</td>
</tr>
</tbody>
</table>

(a) **Administrator**

- **JD**: Check Job Description – to include a license physician, RN, or holds and undergrad degree.
  - Experience in Health Service Administration, 1 year supervisory, OR administrative experience in Home Health or other related healthcare.
    - Responsibilities include all daily operations
  - Appointed by and reports to BOD

**Notes**: Qualifications effective January 13, 2018

(b) **Audiologist**

- **No Change**

(c) **Clinical Manager**

- **JD**: Oversite to patient care services and personnel

(d) **Home Health Aide**

- **JD**: Check Job Description – to include a license physician, RN, or holds and undergrad degree.
  - Experience in Health Service Administration, 1 year supervisory, OR administrative experience in Home Health or other related healthcare.
    - Responsibilities include all daily operations
  - Appointed by and reports to BOD

**Notes**: Qualifications effective January 13, 2018

(e) **Licensed Practical (Vocational) Nurse**

- **No Change**

(f) **Occupational Therapist**

- Last change in 2009

(g) **Occupational Therapy Assistant**

- **No Change**

(h) **Physical Therapist**

- Last change in 2009

(i) **Physical Therapist Assistant**

- **No Change**

(j) **Physician**

- **JD**: Defines physician as one of the three
  1. Doctor of Medicine
  2. Doctor of osteopathic Medicine

(k) **Registered Nurse**

- **No Change**

(l) **Social Work Assistant**

- **No Change**

(m) **Social Worker**

- **JD**: Option for Doctoral Degree added and 1 year of social work experience in health care setting.

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<tr>
<td>(n) Speech Language Pathologist</td>
<td></td>
<td></td>
<td>x</td>
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<td><strong>JD:</strong> Option for Doctoral Degree added</td>
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<tr>
<td><em>ALL DEFINITIONS</em></td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td><strong>FN:</strong> HR to obtain the name of school graduated from, resume or on application so that the HR can verify if school meets the credential criteria noted in reg</td>
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<td></td>
<td></td>
<td><strong>PI:</strong> Policies that address staff qualifications; licensure and credentialing</td>
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<td></td>
<td><strong>JD:</strong> Reflect the new language/credential requirements</td>
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