



Texas Association for
Home Care & Hospice
Leading ★ Advancing ★ Advocating

Spring Conference

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9:00am-10:00am

1A. Top Survey Deficiencies: Be Proactive and Not Reactive

Presented by:

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Top Survey Deficiencies

Be Proactive, Not Reactive

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 SimiTree

5/10/23



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Objectives

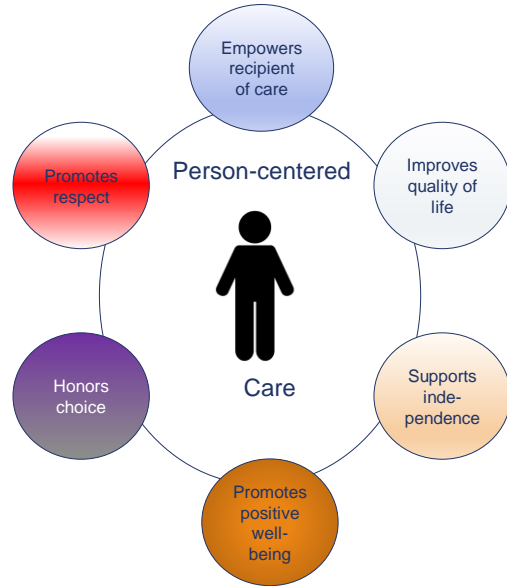
- The learner will:
- Understand the different types of surveys
- Understand the top deficiencies with examples
- Understand how the elimination of the 1135 PHE Waivers will affect operations



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Philosophy

- Patient-Centered
- Data Driven
- Outcome Oriented



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Types of Surveys and Deficiencies



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Level 1 Standards/Deficiencies

- Highest priority standards include:
 - Process standards that are associated with hi-quality patient care, and
 - Administrative standards that closely related to the agency's ability to deliver high-quality patient care
- Surveyors must review all of these standards during a standard survey

Examples

- Investigation of complaints-under patient rights
- Initial assessment visit-under comprehensive assessment of patients
- Plan of care- under care planning, coordination, quality of care

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Level 2 Standards/Deficiencies

- Next highest priority standards include:
 - At a minimum, compliance with level 2 standards is evaluated if deficiencies are found with level 1 standards
 - Guidelines for further investigation
 - Condition-level guidance (when to consider citing a condition)
 - Related conditions for further investigation
- Extended survey-when condition-level is cited all conditions are examined

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Condition Level vs Standard Level Deficiencies

Each condition has standards that are associated with it

- G tags

Standard level deficiency

- Not compliant with one of the standards (G tags) under a condition

Condition-level deficiency

- Not compliant with:
 - The entire condition, or,
 - Several of the standards associated under the condition, or
 - Scope and severity warranted

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Survey Types

What are the types of Surveys?

- State Survey
- Deemed Status Accreditation Survey:
 - Accreditation Commission for Health Care (ACHC)
 - Community Health Accreditation Partner (CHAP)
 - Joint Commission (TJC)
- CMS Validation Survey

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Types of Surveys

- **Standard survey**-means a survey conducted in which the surveyor reviews the HHA's compliance with a select number of standards and/or conditions of participation in order to determine the quality of care and services furnished by an HHA as measured by indicators related to medical, nursing, and rehabilitative care.
- **Extended survey**-means a survey that reviews additional conditions of participation not examined during a standard survey. It may be conducted at any time but must be conducted when substandard care is identified.
- **Partial extended survey**-means a survey conducted to determine if deficiencies and/or deficient practice(s) exist that were not fully examined during the standard survey. The surveyors may review any additional requirements which would assist in making a compliance finding.
- **Abbreviated standard survey**- "focused survey"
- **Complaint survey**-means a survey that is conducted to investigate specific allegations of noncompliance.

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Standard Survey

- For each HHA, the survey agency must conduct a standard survey not later than 36 months after the date of the previous standard survey that includes, but is not limited to, all of the following (to the extent practicable):
 - (1) A case-mix stratified sample of individuals furnished items or services by the HHA.
 - (2) Visits to the homes of patients, (the purpose of the home visit is to evaluate the extent to which the quality and scope of services furnished by the HHA attained and maintained the highest practicable functional capacity of each patient as reflected in the patient's written plan of care and clinical records), but only with their consent, and, if determined necessary by CMS or the survey team, other forms of communication with patients including telephone calls.
 - (3) Review of indicators that include the outcomes of quality care and services furnished by the agency as indicated by medical, nursing, and rehabilitative care.
 - (4) Review of compliance with a select number of regulations most related to high-quality patient care.
- (b) The survey agency's failure to follow the procedures set forth in this section will not invalidate otherwise legitimate determinations that deficiencies exist at an HHA.

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Condition Level Deficiency (Extended Survey)

A condition-level deficiency is issued if a surveyor determines that an HHA is not in compliance with a condition, such as not having a formal agency-wide QAPI program. An agency may also be cited with a condition-level deficiency if it receives multiple standard-level deficiencies

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Survey Process Overview : Survey Focus

- The Survey Focus:
 - Patient outcomes
 - Implementation of requirements
 - Provision of care/services
- Surveyor addresses CoPs in the most efficient manner possible
- Surveyor considers the inter-relatedness of the regulations while evaluating compliance through:
 - Observation/Interviews
 - Home Visits
 - Record Reviews (clinical and personnel records)
 - Other documentation (i.e., policies, QAPI, EP, IC, etc.)

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Survey Activity: CRR-Clinical Record Review

- Comprehensive Assessments:
 - Timeliness and Updates
- Patient Rights Documents
- Plan of Care Development/Updates
- Coordination of Care
- Clinical Notes:
 - Service Provision
 - Follow Up/Status Changes
 - Frequency of Visits
 - Consistency with Comprehensive Assessment/POC
 - Home Health Aide Supervision/Documentation

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CRR

# of Admissions	Records with Home Visits	Records without Home Visits: Active Patients	Records without Home Visits Discharged Patients	Total Records
< 300	3	2	2	7
301-500	4	3	3	10
501-700	5	4	4	13
701 or more	7	5	5	17

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Survey Activity-Home Visits

- Key Considerations for Home Visits:
 - Bag Technique
 - Medical Waste Disposal
 - Hand Hygiene
 - Trunk Supplies
 - Medications
 - Patient/Family Rights and Communication
 - Interdisciplinary Group/Care Coordination
 - Admission Paperwork/Emergency Plan
 - ALF Coordination
 - Interviews and observations are the keys to home visits

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Survey Activity-Home Visits

- Additional Considerations for Home Visits:
 - Written Information Provided to the Patient/Representative
 - Home Health Aide Training/Competency
 - Governance and Administration
 - Patient Representative designation and timeframes
 - Discharge/Transfer summary requirements

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Personnel File Review

- Personnel records (including direct care and contract staff) contain evidence of the items listed in the standard.
- Surveyor will review personnel records at a minimum for the following disciplines:
 - Administrator
 - Clinical Manager
 - Nurses, Aides
 - Social Worker
 - Physical Therapist and assistants
 - Occupational Therapist and assistants
 - Speech Therapist

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Personnel Files:

- Application and evidence of the interview and Professional work experience verified.
- Job description, specialty experience if applicable, and training certificate
- Criminal background check, I-9 complete, Licensure verification and checked OIG list of excluded individuals on hire.
- Orientation, evidence of skills evaluation/competencies, annual in-services documented, and evidence of 12 hours annual HHA CEUs.
- All health forms filed separately, compliance with TB clearances per state regulations, HBV consent or declination, evidence of Covid Vaccination.
- CPR requirements

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Survey Readiness Strategies



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Survey Readiness Strategies

- Prepare a Survey Binder
- Ensure all staff is knowledgeable about the CURRENT Home Health Conditions of Participation (CoPs).
 - Build education into an orientation program for new staff
 - Include updates/reviews for current staff
- Keep a Survey Readiness book in the office and online in all locations. Make sure all staff knows where the book and the required contents can be found.
- Conduct a mock survey to assess CoP compliance and to determine areas that require improvement.
 - Use current CMS survey protocol

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Survey Binder & Preparation Documents

- Binder always updated, complete, and ready for any type of survey
- Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws
- Current 855A/CMS approval letter
 - CMS letter of approval for branch addition (if applicable)
- Agency organizational chart (including patient)
 - Administrator with solid line to the Governing Body
- Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s).
- Administrator and Designee Name/Letters of Appointment
 - Ensure designee has signed job description in HR file
 - Clinical Manager/Alternate Clinical Manager

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Survey Priorities, Reports & Preparation

- EMR Access-Read only access available within 30 minutes.
- Reports
 - Number of unduplicated admissions per Medicare provider number during the past 12 months
 - Unduplicated admissions refers to all patients admitted one time during the past 12 months regardless of the payor.
 - **Number** of unduplicated admissions per branch location served under the parent Medicare provider number during the past 12 months.
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care.
- Discharge/transfer patient census for the past 6-12 months
 - Surveyor will specify the timeframe
- Personnel list with title, discipline, and hire date

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Surveyor Priorities, Reports & Activities

- Facility/Office Inspection/Tour
 - All required federal and state posters are placed in a prominent location
 - Supplies-assess expiration dates
 - Medication refrigerator-temperature logs
 - HIPAA secure
- Admission packet
- Marketing materials
- Policies and Procedures OR TOC if electronic
 - Include updates re: 1135/State Waivers
- After-hours and on-call log
- Interdisciplinary Group/Team Conference/staff meeting minutes

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Survey Binder & Preparation Documents

- QAPI Program components and list of QAPI Committee members with projected meeting dates for the year.
 - Governing body meeting minutes demonstrate the involvement of the governing body in QAPI
 - Evidence of personnel involvement in QAPI
 - QAPI annual report
 - Evidence of monitoring processes that involve risks, including infections and communicable diseases
 - Satisfaction surveys utilized in QAPI
 - OASIS reports (most recent OBQM, OBQI, Patient/Agency Characteristics Report, Submission Statistics by Agency Report, and Error Summary Report) and evidence of ongoing monitoring of reports.
 - CAHPS Survey Results
 - Any survey results from the past year
 - Any internal Plans of Correction based on identified deficiencies along with audit results

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Survey Binder & Preparation Documents

- Evidence of an Infection Control Program, TB prevalence rates for all counties served, TB Exposure Control Plan, and OSHA Bloodborne Pathogen Plan.
 - Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate.
- Complaints and actions to resolve problems
- Incidents/Occurrences
- COVID Response
- In-service calendar and evidence of staff in-service Initial and annual mandatories
- Business Associate Agreements (BAAs)
- Evidence of communication assistance for language barriers
- Evidence of a Compliance Program
- List of current contracts and evidence of contract oversight

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Survey Binder & Preparation Documents

- Emergency Preparedness Plan Emergency/Pandemic Preparedness Plan/Program-Update with March 2021 requirements.
 - All-hazards risk assessment
 - Communication Plan
- Evidence of emergency preparedness training for all existing and new staff, including staff that provides services under arrangement.
- Evidence of a minimum of one test/drill completed annually
- One is a community-based or facility-based exercise functional exercise, and opposite the year of the full-scale exercise.
- A community-based or a facility-based functional exercise, or a mock disaster drill or a tabletop exercise or workshop, that is led by a facilitator.
- Evaluation of activity/Real activation counts!

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Survey Preparation Documents

- Personnel files (including, but not limited to licenses, criminal background checks, PEs for new hires, PPDs, COVID-19 vaccination/exemption, in-service hours, required training/competency, and performance evaluations).
- Current licenses, accreditation certificates, CLIA waiver (if applicable)
- Additional documents may be requested by accrediting bodies

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Survey Preparation Documents

- Regulatory Resources to Include the Survey Preparation Manual:
 - CMS State Operations Manual:
 - Chapter 2 - Certification Process
 - SOM Appendix B-Home Health (includes 42 CFR 484 Conditions of Participation for HH and G-Tags)
 - SOM Appendix Z-Emergency Preparedness-Includes:
 - §484.22, Condition of Participation for Home Health Agencies (HHAs)
 - Applicable State Licensure Regulations
 - COVID-19 1135 and State Waivers, and other waivers (if applicable)
 - Accreditation standards (if applicable)

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Staff/Manager Involvement in Survey

- Check surveyor identity upon entrance
- Provide workplace
- Work with staff in identification of patients, schedules and records
- Determine and provide information needed in a timely manner
- Keep list of records and visits
- Communicate with staff/managers ongoing regarding potential findings
- Clarify any identified issues immediately during survey
- Plan with surveyor for exit conference

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Additional Regulatory Considerations

- State Licensure Regulations
- Accreditation Requirements (TJC, CHAP, ACHC)
- Patient Rights
- Governing Body and Administration
- Quality Assessment/Performance Improvement
- Agency Policies and Procedures
- Emergency/Pandemic Preparedness
- COVID-19 PHE (Public Health Emergency) set to end May 2023
- <https://www.cms.gov/coronavirus-waivers>
- Applicable Vaccine Mandates

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Emergency Management Changes

- CMS State Operations Manual Appendix Z Updates based on Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CoPs) (CMS 3346-F) Final Rule with certain provisions effective November 29, 2019:
 - §484.22, Condition of Participation for Home Health Agencies (HHAs)
- Expanded Guidance related to Emerging Infectious Diseases (EIDs): CMS is also providing additional guidance based on best practices, lessons learned and general recommendations for planning and preparedness for EID outbreaks.

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Appendix Z Updates

- Key changes/clarifications applicable to HH and Hospice:
- EP Program must be in writing-updated every 2 years
- Add emerging infectious diseases (EIDs) to planning such as influenza, Ebola, and COVID as applicable.
- All Hazards approach must be documented and include pandemics, EIDs, and unforeseen widespread communicable diseases.
 - Specific also to client population
- Staffing/Surge Capacity

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Exit Conference

- Informs Agency of Observations and Preliminary Findings.
- Conducted with Agency Administrator, Supervisors and Agency-Invited Staff.
- Describes Regulatory Requirements that the Home Health Does Not Meet and Findings.
- Surveyor will explain the process to follow post survey
- Most surveys the exit conference includes a verbal report
- One accrediting body does leave a preliminary written report

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Top Ten Deficiencies



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CMS 2022 Surveys

Completed 3,994 CMS home health surveys

§484.60(a)(2)	G574	Standard: Content of Plan of Care
§484.55(c)(5)	G536	Standard: Content of the Comprehensive Assessment: Medications
§484.60	G572	Standard: Plan of Care
§484.70(a)	G682	Standard: Infection Prevention
§484.70(a)	G684	Standard: Infection Control
§484.110(a)(6)	G1022	Standard: Discharge and Transfer Summaries
§484.75(b)(3)	G710	Standard: Resp. of Skilled Professionals: Provide Services Ordered in the Plan of Care
§484.60(b)(1)	G580	Standard: Only As Ordered By Physician
484.60(b)	G578	Standard: Conformance with Physician Orders
§484.60(c)(1)	G590	Standard: Promptly Alert Relevant Physician of Changes

Source: QCOR <https://qcor.cms.gov/report241.jsp?which=1&report=report241.jsp>

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Standard vs. Condition Level Deficiencies

- Standard Level Deficiencies
 - Noncompliance with any single requirement or several requirements within a particular standard.
 - Doesn't substantially limit a hospice's capacity to furnish adequate care or doesn't jeopardize the health or safety of patients if the deficient practice recurred.
- Condition Level Deficiencies
 - Noncompliance with requirements in a single standard or several standards within the condition.
 - Representing an actual or potential severe or critical patient health or safety breach

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§484.60 Care Planning, coordination of services, and quality of care

G570-Condition-Care Planning, Coordination, quality of care examples

Includes:

G572-Standard: Plan of care

- G574- Plan of care must include the following:
- G576-All orders recorded in POC

G578 Standard: Conformance with MD orders

G580- Only as ordered by MD

G582- Influenza and pneumococcal vaccines

Level 1 tags

G586- Standard: Review and revision of the plan of care

G588- Reviewed, revised, by physician every 60 days

G590-Promptly alert relevant physician of changes

Level 2 tags

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Examples

Based on interview and record reviews the facility failed to meet the Condition of Participation (CoP) for Care planning, coordination of services, and quality of care by failing to ensure that significant medical information exists in the plan of care, that orders are only executed as prescribed as evidenced by the following and medical doctors are notified of changes:

- A. The facility failed to obtain and/or document Advance Directive (AD) information and documents. See tag 574
- B. The facility failed to adhere to the prescribed medication regiment. See tag 580
- C. The facility failed to keep the plan of care current based on significant changes and promptly notify physician regarding changes in status that require a care plan modification. See tag 590

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Examples

This condition level deficiency was cited based on review of medical records, agency policies and procedures, and interviews with staff, it was determined the agency failed to ensure:

1. Failed to follow wound care orders written by the physician.
2. Failed to notify and inform the physician of changes in patient's condition and care.
3. Failed to educate/ instruct and observe the patient and/ or family/ caregiver regarding the care of patient related to wound care, Percutaneous Endoscopic Gastrostomy (PEG) and Peripherally Inserted Central Catheter (PICC).
4. Perform onsite supervisory visit to patient's home every 14 days regarding home health aide services and care.

Findings include:

Refer to **G 578**, **G 590**, G 610 and **G808**.

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Tips for Compliance

- Ensure all patients have an individualized written plan of care that addresses the issues identified in the comprehensive assessment
- Ensure if a physician or allowed practitioner refers a patient under a POC that cannot be completed until after an eval visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original POC.
- Ensure all physician or allowed practitioner orders are obtained prior to the initiation of services.
- Ensure all orders for all disciplines include amount, frequency, and duration of the services provided

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Tips for Compliance

- Ensure all therapy orders include the specific procedures and modalities to be provided.
- Ensure PRN orders for medications and treatments identify an indicator for the administration of PRN treatment or medication.
- Ensure all verbal orders are recorded in the POC.
- Ensure all medication, treatments, and services are administered as ordered by the physician or allowed practitioner.

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Tips for Compliance

- Ensure all patients are provided the following written information:
 - Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.
 - Medication schedule/instructions, including med name, dosage, and frequency, and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.
 - Any treatments to be administered by the HHA personnel and personnel acting on behalf of the HHA, including therapy services
 - Any other pertinent instructions related to the patient's care and treatments that the HHA will provide, specific to the patient's care needs
 - Name and contact information of the clinical manager
 - All instruction should be provided in a language and manner the patient or representative understands

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Documenting a Plan of Care Home Health

484.60(a)(1) G- Tag 572 and G-574

Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, podiatry NP, PA, or CNS acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan.

§484.60(a)(2) The individualized plan of care must include the following: Some examples are diagnoses, frequency of visits and services, patient's risk for ER visits/hospitalizations, and patient-specific interventions with measurable goals/outcomes.

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POC/Care Planning

- PRN Visits:

Visit ranges may be allowable, but if used, they must have a short interval and staff must visit at the top of the range. (Ranges should not include 0 (zero)).

If the patient consistently requires a visit at the top of the range and PRN visits, then the visit range should be increased in the patient's plan of care. If PRN visits are included on the patient's plan of care, a reason should be identified for the visit in addition to the number of PRN visits ordered - "Quantified and Qualified".

Use of PRN visit should not be a regular occurrence. If PRN visits are used regularly, then assess the need to increase the visit frequency.

No PRN visits for home health aide frequencies for both HH and Hospice

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Nursing Documentation

- If you document a symptom, wound care, IV therapy, etc. You need to ALSO document:
 - WHAT YOU DID
 - WHAT & WHO YOU TAUGHT
 - WHAT WAS THE OUTCOME/EFFECT
 - WHETHER A NEW ORDER WAS OBTAINED (SN)
 - WHAT IS THE PLAN
- Wound Care:
 - Orders are needed for wound care and all supplies (including interim plan)
 - Wound assessments must be documented weekly
 - Multiple wounds: Separate wound assessment/measurement for each wound
 - Include medicated topicals on the medication profile

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Nursing Documentation (Cont)

- Must document progress towards goals with visit documentation
- IV Therapy
 - Need to document all medications including IV flushes
 - Need to document care of the IV line related to flushes and dressing changes
 - With a PICC line, measurements should be done weekly at dressing changes
 - Need to document all teaching and return demonstrations
 - Need to document responses to the IV therapy
- G-tubes/Feeding Tubes
 - Need to document feedings, and flushes before and after feedings/medications
 - Need to document care of the G-tube even if just soap and water
 - Document feedings and medication route on the agency's medication profile

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Documentation Review

- Review of the QAPI Program
- Review of the Emergency Management Program
- Home Health: Oasis data, iQIES reports, HHCAHPs,
- Hospice: HIS data, HCAHPs,
- Hospice: Volunteer Program
- Hospice: Bereavement Program

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Coordination of Services

- CARE PLANNING: Coordination of Services:
 - Sharing information between all disciplines providing care and services, in all settings, whether provided directly or under the arrangement.
 - Including on-call/after hour
- Sharing information with other healthcare providers also furnishing services
- HH must show communication through communication notes/case conferencing and other documentation.
- Ensure that all members of the patient's home health/hospice team have access to the patient's current plan of care and that it is updated in a timely manner.
- Ensure that coordination and communication between disciplines is documented with each visit by all disciplines.
- Coordination of Services

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§484.55-Comprehensive Assessments of Patients

G510 Condition: Comprehensive Assessment of Patients

G512 Standard: Initial assessment visit

- **G514 RN performs assessment**

G518 Standard: Completion of the comprehensive assessment

- **G520 5 calendar days after SOC**
- **G522 Eligibility for Medicare home health benefit**
- **G524 Therapy services determine eligibility**

G536 A review of all current medications

G544 Standard: Update of the comprehensive assessment

- **G546 Last 5 days of every 60 days unless:**
- **G548 Within 48 hrs of patients return**
- **G550 At discharge**

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Examples

- Based on record review and interview, the agency failed to ensure a medication profile was reviewed and updated with an end date for an ordered medication for two (Pt #2 and 4) of five patients.

Findings:

- Pt #2
 - A review of a POC dated 08/02/21 to 09/30/21 showed an order for silvadene cream and loose gauze, wash and change daily. Documentation showed no update to the medication profile for the medication or a drug interaction check completed.
- Pt #4
 - A review of a POC dated 07/20/21 to 09/17/21 an infection control report showed the patient had an order for vancomycin 125 mg 4 tabs daily for 7 days then 2 tabs daily for 7 days then 1 tab daily for seven days. Documentation showed no update to the medication profile for the medication or a drug interaction check completed.
- On 08/24/21 at 10:00 a.m., Staff B stated the medications ordered during the certification period should have been added to the medication profile and a medication interaction check would have been automatically completed by the software system for Pts #2 and 4.

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Examples

Based on clinical record review and staff interviews, it was determined the Agency failed to ensure all disciplines as ordered by the Physician conducted an Initial Evaluation within five days of the Start of Care (SOC) as part of the Comprehensive Assessment in 2 (#2 and #7) of 11 (#1 - #8 and #11 - #14) Clinical Records reviewed. This deficient practice created the likelihood to result in harm, risk of adverse outcome, or re-hospitalization by preventing the attending Physician from making timely and informed decisions regarding the patient rehabilitation treatment plan. Findings follow:

- A. Review of clinical record #2, with a SOC date of 12/21/2019, showed orders to include an assessment for Physical Therapy (PT). Documentation by the PT indicated the Initial PT Evaluation was conducted on 12/27/2019 (one day past the required five day timeframe).
- B. Review of clinical record #7, with a SOC date 11/11/2019, showed orders to include an assessment for PT and Occupational Therapy (OT). Documentation by the PT indicated the Initial PT Evaluation was conducted on 11/18/2019 (2 days past the required 5 day timeframe) and by the OT indicated the Initial OT Evaluation was conducted on 11/18/2019 (two days past the required five-day timeframe).
- C. In an interview on 01/31/2020 at 1:30 PM, the Agency was offered an opportunity to provide additional information. With no additional documentation presented, Agency Personnel #1 confirmed the PT and OT failed to conduct an evaluation within five days of the SOC as part of the Comprehensive Assessment.

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The agency failed to ensure the Condition of Participation: G 510 484.55 Comprehensive Assessment of Patients was in compliance when:

- 1. Based on observation, interview, and record review, the agency failed to ensure a review of all medications the patients were taking was conducted for one of six sampled patients (Patient 13) when:
 - For Patient 13, three medications on the Medication Profile (MP - a current list of all medications prescribed for a specific patient) were not being given as ordered. (Refer to G 536)
- 2. Based on observation, interview and record review, the agency failed to ensure the comprehensive assessment was updated for one of six sampled patients (Patient 12) when a Skilled Nurse (SN) failed to give report to the Registered Nurse (RN) or attending physician and receive new orders after Patient 12's refusal to wear the compression stockings (elastic compression garments worn around the leg, compressing the limb) ordered by the wound care doctor. (Refer to G 544)
- The cumulative effect of this systemic practice resulted in the potential to cause ineffective drug therapy, significant side effects and noncompliance with drug therapy, and the potential to cause Patient 12 to suffer worsened or delayed wound healing.

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Tips for Compliance

- Ensure an ongoing medication review is completed for all patients
- Ensure all PRN medications identify an indicator as to when the PRN medication should be administered.
- Ensure oxygen (O2) is listed on the medication profile.
- Ensure documentation in the medical record supports the physician or allowed practitioner is notified of any medication discrepancies, side effects, problems, or reactions.

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§484.75- Skilled Professional Services

G700: Condition: Skilled Professional Services

G704 Standard: Responsibilities of skilled professionals

- **G706 Interdisciplinary assessment of the patient**
- **G708 Development and evaluation of plan of care**
- **G710 Provide services in the plan of care**
- **G712 Patient, caregiver, and family counseling**
- **G714 Pt and CG education**
- **G716. Preparing clinical notes**
- **G718 Communication with physicians**
- **G724-Standard: Supervise skilled professional assistants**
- **G726 Nursing services supervised by RN**
- **G728 Rehab services supervised by PT, OT**
- **G730 Medical Social services supervised by MSW**

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Example

Based on interview, clinical record review, and review of the agency's policy and procedure, the agency failed to ensure interdisciplinary case conferences (a conference involving all skilled professionals involved in a patient's care) were conducted according to the agency's policy and procedure for 3 of 4 sampled patients (Patient 1, Patient 2, and Patient 3).

This failure resulted in no communication between the disciplines and clinicians and created the potential for a decline in the patients' health to occur due to the lack of effective coordination of care. Findings:

1. During a review of Patient 1's clinical record indicated Patient 1 had a start of care (SOC) date of 4/17/20, with a certification period of April 17, 2020 to June 15, 2020. Patient 1's multiple diagnoses included [DIAGNOSES REDACTED]. Patient 1's records indicated she had multiple disciplines involved in her plan of care, including skilled nursing (SN) to manage patient's nursing needs, physical therapy (PT), and occupational (OT) therapy to improve patient's strength and functional mobility to prevent further falls. During a review of the clinical record for Patient 1, indicated an admission case conference with two SN staff was conducted on 4/17/20. Review of the records indicated that during the 8 weeks Patient 1 was on service with the HHA, there was no documented evidence that further case conferences were conducted where SN, PT, and OT discussed patient's progress toward plan of care goals or any barriers toward reaching the goals.

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Example

A review of the agency's policy titled "Coordination of Care - Case Conferences," revised 3/19/20, indicated, "Interdisciplinary personnel ...must maintain close communication to ensure that the patient receives coordinated, complimentary care that meets his or her needs and supports the objectives identified in the Plan of Care ...A representative from each discipline providing care must participate in case conferences ...for planning and evaluating care ...The clinical record or minutes of meetings will document coordination of care."

During a concurrent interview and clinical records review with the Director of Patient Care Services (DPCS) on 10/1/20, at 12:40 p.m., the DPCS stated case conferences were held every Wednesday. The DPCS stated the clinicians were supposed to discuss patients' issues, any concerns, progress or why patient was not progressing. The DPCS stated clinical managers, all nurses, therapists involved in patients' care should be attending the case conferences every week. The DPCS stated Patient 1 had lots of health issues and her care was complex, but was not able to find any documented evidence of the interdisciplinary case conferences for the patient after 4/17/20 until she was discharged on [DATE]. The DPCS confirmed Patient 1's health issues and goals were never discussed during the entire certification period.

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Example

2. During a review of Patient 2's clinical records indicated he was admitted to the agency in 2019 with multiple diagnoses, including infection of the skin and right hip pressure ulcer stage 4 (very deep wound involving muscle and bone and causing extensive tissues, tendons, and joints damage).

A review of Patient 2's plan of care (POC) for the certification period starting 3/6/20 and ending 5/4/20, contained an order for SN visits. According to the POC, the SN were directed to assess patient's wound and perform pressure ulcer care. The POC indicated Patient 2 verbalized his goal, "I want to regain my health and heal my right hip wound."

A review of the clinical records for Patient 2 indicated his initial visit on 3/6/20 was conducted by a registered nurse who did an initial assessment on patient's wound. The rest of the visits for wound care were conducted by licensed vocational nurses.

Continued review of Patient 2's clinical records revealed there was no documented evidence of the case conferences conducted between all team members for the next 2 months that the patient was on service with the agency.

During a concurrent interview and clinical records review with the DPCS on 10/1/20, at 4:40 p.m., the DPCS stated Patient 2's hip wound did not get heal and he was recertified for another 60 days of services. When the DPCS was asked if there were any care conferences where licensed nurses reported their concerns to registered nurses why Patient 2's wound was not progressing and not healing during the entire certification period, the DPCS stated, "I don't see any."

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Example

3. A review of Patient 3's clinical record indicated a SOC date of 7/16/20. Patient 3 was admitted to the agency with multiple diagnoses including depression, diabetes (lack of insulin produced resulting in high blood sugar), and foot ulcer (wound).

Review of Patient 3's POC, for the certification period starting 7/16/20, contained an order for SN to visit patient once a week for 6 weeks and two additional visits as needed for wound, diabetes, and/or high blood pressure complications. The SN were directed to monitor Patient 3's blood glucose level, provide teaching for management of high blood pressure, and to perform and teach wound care to foot ulcer. The SN were to assess Patient 3's foot ulcer every week and change a dressing. In addition, Patient 3's POC indicated the week of 7/19/20 he was to be evaluated by medical social worker (MSW) to assess social and emotional factors related to patient's illness.

Further review of Patient 3's clinical records revealed there was no documented evidence of the nursing and social worker communication regarding Patient 3's needs and/or depression. There was no evidence of the case conferences between the nurses were conducted for the next 2 months that the patient was on service with the agency.

During a concurrent interview and clinical records review with the DPCS on 10/1/20, at 4:20 p.m., the DPCS was not able to find records of the case conferences or any documented evidence of the communication between team members involved in Patient 3's care. The DPCS stated case conferences should have been conducted regularly and should include all clinicians involved in a patient's care.

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Example

A concurrent interview and review of the documents titled, "Case Conference," dated 9/2, 9/16, and 9/23/20 were provided by the DPCS on 10/1/20 at 3:45 p.m. The DPCS explained the documents were the records of the care conferences for the month of September, 2020. A review of the documents contained clinicians names and indicated their titles. There were check marks beside some of the names and DPCS explained it meant that clinicians attended the care conferences over the phone. The DPCS verified that documents did not have any patients' concerns, issues, or progress toward the goal recorded and was not able to name any of the concerns discussed during those two case conferences.

A review of the agency's policy titled "Coordination of Care - Case Conferences," revised 3/19/20, indicated, "Interdisciplinary personnel ...must maintain close communication to ensure that the patient receives coordinated, complimentary care that meets his or her needs and supports the objectives identified in the Plan of Care ...Case conferences for patients who are receiving skilled visits to provide wound care will occur a frequently as needed, but no less often than every two weeks to review current treatments and status of wound healing ...Case conferences will consist of a review of patient care and coordination items ...Communication with other team members ...will be documented in each patient's clinical record."

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Example

Based on interview and record review, the agency failed to provide Occupational Therapy (OT- use of assessment and intervention to develop, recover, or maintain the meaningful activities or occupations of individuals) referral as ordered by the physician for one of four sampled patients (Patient 2), when Registered Nurse (RN) 2 overlooked a referral order upon start of care (SOC) and the referral for OT services was not made.

This failure resulted in Patient 2 to not receive OT evaluation as ordered and placed Patient 2 at risk to not receive evaluation and therapy to achieve his highest functional capability in a home setting.

Findings:

During a review of Patient 2's "Referral Order" dated 1/27/21, the "Referral Order" indicated, "...PT (physical therapy)/OT (occupational therapy) for home safety eval (evaluation) & treat (treatment)..." During a review of Patient 2's "Missed Visit Form (PT evaluation)" dated 2/1/21, the "Missed Visit Form" indicated, "Called patient to schedule physical therapy evaluation...at this time no need for therapy until after his left ankle surgery...physical therapy services declined..." There was no documented evidence or information of what happened to the physician ordered OT services.

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Example

During a telephone interview on 2/18/21 at 3:15 p.m., with OT 1, OT 1 stated he did not know Patient 2 needed an evaluation. OT 1 stated RN 2 who opened the case should have generated the request for OT for OT 1 to schedule a visit.

During a telephone interview on 2/18/21 at 3:20 p.m., with RN 2, RN 2 stated she overlooked the referral order for OT evaluation. RN 2 stated she only ordered PT and overlooked OT when she read the referral order. RN 2 stated it was her responsibility to place the OT request for the scheduler to generate a visit request to OT 1.

During an interview on 2/18/21 at 3:30 p.m., with the Director of Patient Care Services (DPCS), the DPCS stated RN 2 should have requested OT upon SOC.

The agency's policy and procedure titled "Missed Visits" dated 4/18, the policy and procedure indicated, "Missed visits will be communicated to the clinical supervisor and the patient's physician. A missed visit will be rescheduled the same week if possible. Missed visits will be documented in the clinical record..."

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Example

Based on record review and interview, the provider failed to ensure that 1 out of 3 sample patient records (#1) included completed clinical notes.

Findings include:

A review of sample patient's #1 electronic clinical record, revealed Staff A was assigned to provide skilled nursing services to sample patient #1. Staff A provided skilled nursing services in the AM and PM on 01/28/2021 - 02/04/2021. Further review of the skilled services notes revealed notes for dates: 02/05/2021 - 02/12/2021 were incomplete, not signed and dated by Staff A.

On 03/01/2021 at 3:23 PM, the alternate administrator reviewed sample patient #1's clinical notes for dates 02/05/2021 - 02/12/2021 and acknowledged they were incomplete, not signed and dated by Staff A.

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Example

Record review revealed SP#3 was admitted on [DATE]. Further review of SP#3's Plan of Care (POC) for the certification period of 01/04/2021 to 03/04/2021 revealed a section titled "Treatments Medications" that contained the following order: "Retacrit Injection Unit/MI 2 ml (20, 000 units total) subcutaneous weekly if Hb 10 g/dl or less by SN."

Further review of SP#3's Skilled Nursing (SN) notes revealed the nurse (s) did not document: 1) SP#3's Hb's result nor the administration of the Retacrit on 01/06/2021 and 01/13/ ; 2) SP#3's Hb's result on 01/16/21; 3) the administration of the Retacrit to SP#3 on 01/20/2021; 4) SP#3's Hb's result nor the administration of the Retacrit on 01/27/21; 5) SP#3's Hb's result nor the administration of the Retacrit on 02/03/21; 6) SP#3's Hb's result nor the administration of the Retacrit on 02/10/21.

During an interview conducted on 02/15/2021 at 2:21 PM, the Director of Nursing and the Compliance Officer acknowledged the above findings.

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Tips for Compliance

- Provide an ongoing interdisciplinary assessment of the patient.
- Develop an evaluation of the plan of care in partnership with the patient, representative (if any), and the CG.
- Provide services in accordance with the POC
- Provide patient, caregiver and family counseling
- Provide patient and caregiver education.
- Complete clinical documentation in accordance with agency policies and procedures.
- Communicate with all physicians involved in the POC.

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§484.80- Home Health Aide Services

G750: Condition: Home Health Aide Services

G768 Standards: Competency

G774 Standard: 12 hours inservice every 12 months

G798 Standard: HHA assignment and duties

- **G800 Services provided by HHA**
- **G802 Duties of a HHA**

G808 Onsite supervisory every 14 days

- **G814 Non-skilled direct observation every 60 days**
- **G820 HHA services under arrangement**

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Example

Based on observation, record review and interview, the home health aide provided services that were not included in the plan of care in 1 of 1 home visits with a home health aide in a total sample of 7 clinical records reviewed. (#1)

The findings include:

Review of an agency policy revised 7/8/19 titled "Home Health Aide Plan of Care" stated, "... The Home Health Aide Plan of Care (HHA POC) will be individualized to the specific patient and will include at least: ... Type of services/procedures to be provided ... Specific procedure(s) to be performed, including amount, frequency and duration ... Each patient receiving home health aide services will have an individualized plan developed by the Registered Nurse ... The developed HHA POC is to be utilized to direct care performed by the assigned aide. ... Home Health Aide shall not make any modifications in the care they are instructed to provide except by the written updates to the HHA POC as modified by the Professional...."

During an observation of care at the home of patient #1 on 8/4/2020 at 10:29 a.m., with employee C, registered nurse (RN), and employee F, home health aide (HHA) present, the HHA was observed applying an ointment to the buttocks.

Clinical record review on 8/4/2020 for patient #1, evidenced an agency document titled "Aide - Care Plan" last reviewed and signed by the RN on 5/2/18, which failed to evidence written instructions for the home health aide to apply ointments to the patient's skin.

During an interview on 8/4/2020 at 10:29 a.m., employee F, HHA, indicated she was applying Vaseline (skin protectant) to the patient's buttocks.

During an interview on 8/6/2020 at 5:06 p.m., the clinical supervisor indicated the home health aide plan of care should be updated to include written instructions for the home health aide to apply Vaseline.

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Tips for Compliance

- Do Sup visits at every visit
- Ensure schedule sup visits are no more than every 14 days
- Any deviation needed for HHA POC, needs to be updated prior to care being given
- Only give care as outlined in the POC

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Immediate Jeopardy Examples

- Agency Administrator was not providing daily management to HHA as was overseeing many departments
- Director of Patient Care was new and inexperienced to home health
- One of the 2 RN's was new and inexperienced in home health
- 3 potential or harm to patient:
 - Wound odor, more drainage-No provider notification-Patient wound became infected
 - Volatile, high blood sugar-No provider notification
 - OT on visit-Notes adverse patient S/S (BP 80, RR32, sweating profusely, very weak). Calls DPS-who says to tell husband to tell provider at next office visit in 2 days. OT leaves and documents above.

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You Have Deficiencies....

Now What?

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Standard Level Deficiencies

- Must write a plan of correction
- May or may not have a follow up survey to check compliance and completion of action plan
 - Follow-up depends on the scope and severity of the deficiency

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Condition-Level Deficiencies

- Must write a **detailed** plan of correction
- The state of accrediting body notifies Medicare that an agency has a condition level deficiency
 - Agency is at risk of losing Medicare certification if the condition is not fixed quickly-typically within 10 days
- Typically, you will have a return visit in 30-60 days, so fix prior to receiving report

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Immediate Jeopardy

A situation where the agency's non-compliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a patient.

- Follow-up survey will typically be 7-23 days!
- **MUST** have been fixed
- You will likely get your report quicker than 10 business days, so work on your plan of correction immediately, but **DON'T WAIT** to fix the deficiencies.

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Sanctions

Can be given for:

- Condition level deficiency and even repeat standard deficiency
- Will be given for immediate jeopardy
- Types:
 - Directed education
 - Directed plan of care
 - Interim management provided
 - Monetary
 - Suspension of payments for all new admissions

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Monetary Penalties

- \$500-\$21,800 per day!
- The per-day penalty begins accruing on the final day of the survey that identifies non-compliance
- The penalty continues until the agency achieves compliance or when the provider agreement is terminated
- Agencies have up to 6 months to comply, beginning with the last day of the original survey that determined non-compliance or CMS will terminate the agency
 - Often with Immediate Jeopardy the timeframe for termination is much quicker

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Public Health Emergency

Considerations

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Blanket 1135 Waivers: End of PHE

WHAT DID THE WAIVERS DO AND WHY WERE THEY STARTED?

Question: CMS REGULATIONS: WERE THEY IMPEDING THE ABILITY TO RESPOND OR RECOVER FROM A DISASTER?

SCOPE: Federal Requirements only, not state licensure

PURPOSE: Allowed reimbursement during an emergency or disaster even if providers could not comply with certain requirements that would under normal circumstances bar Medicare, and Medicaid from payment.

DURATION: End no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

Current PHE expires May 11, 2023

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Blanket 1135 Waivers: End of PHE

Hospice

WHAT DIDN'T THE WAIVERS DO?

1135 waivers were not a grant or financial assistance program

Did not allow individuals to be eligible for Medicare who otherwise would not be eligible

The waivers were not to impact any response decisions, such as evacuations

The waivers were not to last forever. And appropriateness did fade as time went on



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Blanket 1135 Waivers: End of

PHE

Home Health Waivers: Operation after the PHE

Face-to-Face Encounters

- Allowed F2F to be done via Telehealth
 - After the PHE ends, the Consolidated Appropriations Act, of 2023 provides for an extension for the flexibility to allow the home to be an originating site through December 31, 2024.

Initial and Comprehensive Assessments by PT/OT/SLPs

- Allowed Occupational Therapists (OTs), Physical Therapists (PTs), and Speech-Language Pathologists (SLPs) to Perform Initial and Comprehensive Assessments for all Patients: CMS waived the requirements in 42 CFR § 484.55(a)(2) and § 484.55(b)(3) that rehabilitation skilled professionals may only perform the initial and comprehensive assessment when only therapy services are ordered.
 - Home Health Prospective Payment System Final Rule (CMS 1747-F), CMS finalized changes to §484.55(a) and (b)(2) to permanently allow occupational therapists to complete the initial and comprehensive assessments for patients.

Request for Clinical Records

- During the waiver, agencies had 10 days to provide the patient with a copy of their medical record if requested versus the 4 business-day requirements.
 - CMS will end this waiver at the conclusion of the PHE

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Blanket 1135 Waivers: End of PHE

Home Health Waivers: Operation after the PHE

Reporting: Oasis

- Extended the five-day completion requirement for the comprehensive assessment to 30 days;
- Waived the 30-day OASIS submission requirement. Delayed submission was permitted during the PHE
 - **CMS will end this waiver at the conclusion of the PHE**

Plans of Care and Certifying/Recertifying Patient Eligibility:

- Allowed Medicare-eligible home health patients to be under the care of a nurse practitioner, clinical nurse specialist, or physician assistant who is working in accordance with State law.
- These physicians/practitioners could:
 - Order home health services;
 - Establish and periodically review a plan of care for home health services (e.g., sign the plan of care);
 - Certify and re-certify that the patient is eligible for Medicare home health services
 - **This provision has been made permanent beyond the COVID-19 public health emergency and is codified in the regulations at 42 CFR 409.43.**

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Blanket 1135 Waivers: End of PHE

Home Health Waivers: Operation after the PHE

Detailed Information Sharing for Discharge Planning for Home Health Agencies

- CMS has been waiving the requirements of 42 CFR §484.58(a) to provide detailed information regarding discharge planning, to patients and their caregivers, or the patient's representative in selecting a post-acute care provider.
 - CMS will end this waiver **at the conclusion of the COVID-19 PHE**

Homebound Status

- Homebound" Definition: A beneficiary is considered homebound when their physician advises them not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible to contracting COVID-19. As a result, if a beneficiary is homebound due to COVID-19 and needs skilled services, an HHA can provide those services under the Medicare Home Health benefit.
 - **This is not a change related to the PHE and will remain intact**

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Blanket 1135 Waivers: End of PHE

Home Health Waivers: Operation after the PHE:

Telehealth:

- Home Health Agencies temporarily allowed the use of telehealth visits in conjunction with in-person visits
 - **This provision is permanent beyond the COVID-19 PHE with guidelines**

New Guidelines:

- The amended plan of care requirements state that these services can't substitute for a home visit ordered as part of the plan of care.
- The HHA must document in the medical record to show how the telecommunications technology helps to achieve the goals outlined in the plan of care.
- The plan of care must describe how such technology is tied to the patient-specific needs
- Telehealth reporting will become mandatory for all home health periods of care beginning July 1, 2023
- Data will be collected per CMS on the use of telecommunication technology
 - Analyze characteristics of patients using remote services
 - Who benefits from those services
 - What barriers exist for patients

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Blanket 1135 Waivers: End of PHE

Home Health and Hospice Waivers: Operation after the PHE: Home Health Aide Services

Training and Assessment of Home Health Aides

- CMS has been waiving the requirement at 42 CFR §418.76(h)(2) for Hospice and 42 CFR §484.80(h)(1)(iii) for HHAs, which require a registered nurse, or other appropriate skilled professionals (PT/OT) make an annual onsite supervisory visit (direct observation) for each aide that provides services on behalf of the agency.
 - CMS will end this waiver at the **conclusion of the COVID-19 PHE**
 - **All postponed onsite assessments must be completed by these professionals no later than 60 days after the expiration of the PHE.**

Waive onsite visits for HHA Aide Supervision

- CMS has been waiving the requirements at 42 CFR §484.80(h), which require a nurse to conduct an onsite visit every two weeks. (Virtual supervision was encouraged).
 - **CMS will end this waiver at the end of the Covid-19 PHE**

Twelve-hour annual in-service training requirement for home health aides:

- Twelve-hour annual in-service training requirement for home health aides: CMS modified the requirement at 42 CFR §484.80(d) that home health agencies must assure that each home health aide receives 12 hours of in-service training in a 12-month period. This was postponed.
 - **This flexibility will end at the conclusion of the PHE and return to pre-PHE requirements at the end of the calendar year that the PHE ends.**

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Blanket 1135 Waivers: End of PHE

Home Health and Hospice Waivers: Operation after the PHE

Quality Assurance and Performance Improvement (QAPI):

- The QAPI program's scope is narrowed to concentrate on infection control issues while retaining the requirement to focus on adverse events during the PHE period.
- Goal was to focus efforts on aspects of care delivery most closely associated with COVID-19.
 - **CMS will end this waiver at the conclusion of the COVID-19 PHE**

Quality Reporting Relief

- Providers were exempt from the HH and Hospice Quality Reporting Program reporting requirements for the time period of October 1, 2019, through June 30, 2020.
- Providers that did not submit data for those quarters did not have their annual market basket percentage increase reduced.
- CMS delayed compliance dates for collecting and reporting
 - **Agencies were required to begin collecting on January 1, 2023**

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Survey Readiness - Final Reminders

- Home Health leaders must place a priority on ongoing regulatory compliance and survey readiness.
- Keep a Survey Readiness book in the office and online in all locations. Make sure all staff knows where the book and the required contents can be found.
- Includes designated survey readiness and response staff
- During and after the COVID-19 PHE, ensure infection control/surveillance, emergency/pandemic preparedness, and COVID-19 response is well documented and implemented, and updated to reflect current regulations.
- Ensure all staff/managers understand their role in survey readiness and response
- Conduct mock surveys and policy reviews at least annually
- Remember that the focus is primarily on patient care, so a strong concurrent record review process, staff education and supervisory home visits (when allowed/able due to COVID) are key areas.
- Survey readiness should be an ongoing, agency-wide effort

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References

<https://www.federalregister.gov/documents/2017/01/13/2017-00283/medicare-and-medicaid-program-conditions-of-participation-for-home-health-agencies>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/QSO18-25-HHA>

<https://www.cms.gov/files/document/home-health-agencies-cms-flexibilities-fight-covid-19.pdf>

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Pre-Survey Checklist

- Legend **Level 1** **Level 2** **CHAP Standard** **ACHC Standard**

Are you in compliance with the Medicare CoPs pertaining to release of identifiable OASIS information (CFR 484.40)?			
Yes	No	G tag	
		G350 IM.4.I.M3 HH2-5A	Is there evidence that patient's OASIS information is protected, kept confidential, and is not released to the public?

Are you in compliance with the Medicare CoPs pertaining to reporting OASIS information (CFR 484.45)			
Yes	No	G tag	
		G370 IM.6.I.M1 HH1-8A	Does the agency electronically report all OASIS data collected in accordance with §484.55?
		G372 IM.6.I.M1 HH1-8B	Does the agency encode and electronically transmit each completed OASIS within 30 days of completing the assessment?
		G374 IM.6.I.M1 HH1-8B	Does the encoded OASIS data accurately reflect the patient's status at the time of the assessment?
		G376 IM.6.I.M1 HH1-8B	Is there evidence the agency transmits OASIS data?
		G378 IM.6.I.M1 HH1-8B	Does the agency transmit OASIS data in a format that meets CMS requirements?
		G380 HH1-8B	Does the agency successfully transmit test data to the ibis System or CMS OASIS Contractor?
		G382 IM.6.I.M3 HH1-8B	Does the agency transmit using electronic software that complies with FIPS 140-2 or the agency contractor to the CMS collection site?

Are you in compliance with the Medicare CoPs pertaining to reporting OASIS information (CFR 484.45)			
Yes	No	G tag	
		G384 IM.6.I.M4	Is the CMS-assigned branch identification number used when submitting information from branch locations? (N/A for agencies that do not have a branch.)



		G386 IM.6.I.M1 HH1-8B	Does the agency encode and transmit data using the software available from CMS or software that conforms to CMS standard electronic record layout, edit specifications, and data dictionary, and that includes the required OASIS data set?
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Are you in compliance with the Medicare CoPs pertaining to patient rights (CFR 484.50)

Yes	No	G tag	
		G406 PCC.2.D PCC.2.I.M1 PCC.3.I.M1 HH2-2A HH2-2C	Is there evidence the patient and representative have been informed of their rights in a language and manner understandable to them?
		G408 PCC.3.I.M3 HH2-2A	Is there evidence the agency has provided the patient and representative a notice of rights?
		G410 PCC.3.I.M3 PCC.6.I.M2 HH2-2A	Is there evidence that the agency informed the patient or legal representative of their rights and responsibilities, in advance to furnishing care?
		G412 PCC.3.I.M3 HH2-2A	Is there evidence the agency's transfer and discharge policies were provided to the patient or legal representative in a written format that is understandable to persons who have limited English proficiency and accessible to individuals with disabilities?
		G414 PCC.6.I.M2 HH2-2A	Is there evidence the agency provided the patient or legal representative contact information for the Administrator, including their name, business address and business phone number?
		G416 PCC.3.I.M3 HH2-2A	Is there evidence an OASIS privacy notice was provided for all patients for whom the OASIS data is collected?
		G418 PCC.3.I.M4 HH2-2A	Is there evidence the patient or legal representative received a copy of the notice of rights and responsibilities as evidenced by signature in the medical record?
		G420 PCC.3.I.M2 HH2-2A	Is there evidence that the agency provided verbal notice of the patient's rights and responsibilities in the individuals primary or preferred language free of charge?
		G422 PCC.2.I PCC.3.I.M3 HH2-2A	Is there evidence the patient or legal representative is informed of the agency's transfer and discharge policies within four days of the initial evaluation visit?
		G424 PCC.2.I.M1 PCC.2.I.M3 HH2-2A	If the patient is incompetent, is there evidence the rights are exercised by the person appointed to act on the patient's behalf or by the patient to the extent the patient may exercise their rights as allowed by court order?

		G426 PCC.2.I.M1 HH2-2A HH2-2C	Is there evidence the patient has the right to:
		G428 PCC.2.I.M1 HH2-2A HH2-2C	<ul style="list-style-type: none"> • Have his or her property and person treated with respect?
		G430 PCC.2.I.M1 HH2-2A HH2-3A	<ul style="list-style-type: none"> • Be free of verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property?
		G432 PCC.2.I.M1 HH2-2A HH2-4A	<ul style="list-style-type: none"> • To voice grievances without fear of reprisal?
		G434 PCC.2.I.M1 HH2-2A HH2-6A	<ul style="list-style-type: none"> • To participate in the planning of their care, with respect to: <ul style="list-style-type: none"> ○ Completion of all assessments; ○ The care to be furnished, based on the comprehensive assessment; ○ Establishing and revising the plan of care; ○ The disciplines that will furnish the care; ○ The frequency of visits; ○ Expected outcomes of care, including patient-identified goals, and ○ anticipated risks and benefits; ○ Any factors that could impact treatment effectiveness; and ○ Any changes in the care to be furnished?
		G436 PCC.2.I.M1 HH2-2A	<ul style="list-style-type: none"> • To receive all services as outlined in the plan of care?
		G438 PCC.2.I.M1 HH2-2A HH2-5A	<ul style="list-style-type: none"> • To a confidential clinical record?
		G440 PCC.2.I.M1 HH2-2A HH2-4C	<ul style="list-style-type: none"> • To be informed of expected payment from Medicare or other sources as well as their expected liability as well as their right to be notified, orally and in writing, of any changes regarding payment for services as soon as possible, in advance of the next home health visit?
		G442 PCC.2.I.M1 HH2-2A HH5-6A	<ul style="list-style-type: none"> • To receive written notice in advance of a specific service being furnished, if the agency believes that the service may be non-covered care, or in advance of the agency reducing or terminating on-going care?
		G444 PCC.2.I.M1 PCC.3.I.M3 PCC.6.I.M1	<ul style="list-style-type: none"> • To be informed of the state hotline number and the hours of operation in order to lodge complaints against the agency?

		<p>HH2-2A HH2-4B</p>	
		<p>G446 PCC.2.I.M1 HH2-2A HH2-4B</p>	<ul style="list-style-type: none"> To be informed of the names, addresses and telephone numbers of the following entities: <ul style="list-style-type: none"> » Agency on Aging; Center for Independent Living; » Protection and Advocacy Agency; » Aging and Disability Resource Center; and » Quality Improvement Organization?
		<p>G448 PCC.2.I.M1 HH2-2A</p>	<ul style="list-style-type: none"> To be free from discrimination for exercising their rights to voice grievances
		<p>G450 PCC.2.I.M1 HH2-2A</p>	<ul style="list-style-type: none"> To be informed of the right to access auxiliary aids and language services and how to access these services?
		<p>G452 PCC.3.I.M3 APC.10.D.M1 HH5-6A</p>	<p>Is there evidence the patient was only transferred or discharged from the agency when:</p>
		<p>G454 APC.10.D.M1 APC.10.I.M1 HH5-6A</p>	<p>The transfer or discharge is necessary for the patient's welfare because the agency can no longer meet the patient's needs?</p>
		<p>G456 APC.10.D.M1 HH5-6A</p>	<ul style="list-style-type: none"> The patient or payor will no longer pay for the services?
		<p>G458 APC.10.D.M1 HH5-6A</p>	<ul style="list-style-type: none"> The physician or allowed practitioner and the agency agree the goals of the patient have been met?
		<p>G460 APC.10.D.M1 HH5-6A</p>	<ul style="list-style-type: none"> The patient refuses services or requests a transfer or discharge
		<p>G462 APC.10.D.M1 APC.10.D.M2 HH5-6A</p>	<ul style="list-style-type: none"> The patient is discharged for cause?
		<p>G464 APC.10.D.M2 HH5-6A</p>	<p>If discharged for cause, is there evidence the patient and patient's primary care practitioner were informed that discharge for cause was being considered</p>
		<p>G466 APC.10.D.M2 HH5-6A</p>	<p>If discharge for cause, is there evidence the agency made efforts to resolve the problem?</p>
		<p>G468 APC.10.D.M2 HH5-6A</p>	<p>If discharged for cause, is there evidence the agency provided the patient with contact information for other providers?</p>
		<p>G470 APC.10.D.M2 HH5-6A</p>	<p>If discharged for cause, is there evidence of documentation of the problems and efforts made to resolve the problems?</p>
		<p>G472</p>	<p>Is there evidence patients were discharged due to death?</p>

		APC.10.D.M1 HH5-6A	
		G474 APC.10.D.M1 HH5-6A	Is there evidence the agency ceased to operate and therefore patients were discharged.
		G476 PCC.7.I.M1 HH2-2C	Is there evidence the agency:
		G478 PCC.7.I.M1 HH2-2C	<ul style="list-style-type: none"> Investigated complaints made by the patient or anyone acting on behalf of the patient regarding:
		G480 PCC.7.I.M1 HH2-2C	<ul style="list-style-type: none"> Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately?
		G482 PCC.7.I.M1 HH2-2C	<ul style="list-style-type: none"> Mistreatment, neglect, verbal, mental, sexual, physical, injuries of unknown source and misappropriation of property
		G484 PCC.7.I.M1 HH2-2C	Is there evidence all complaints were properly documented, include the resolution of the complaint?
		G486 PCC.7.I.M1 HH2-2C	Is there evidence that actions were taken to prevent further potential violations while the complaint is being investigated?
		G488 PCC.8.I.M1 HH2-2C	Is there evidence that any incident or circumstance of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, is reported immediately to the agency and other appropriate authorities in accordance with state law?
		G490 APC.8.I.M1 HH2-8A	Is there evidence that patients were provided information in plain language and in a manner that is accessible and timely to: <ul style="list-style-type: none"> Persons with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual; and/or Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations?
		HH2-8B.01	Written policies and procedures are established and implemented for the provision of care/service to patients and families from various cultural backgrounds, beliefs, and religions.
		G510 APC.5.I.M1 APC.5.I.M2 APC.6.I HH5-2C	<ul style="list-style-type: none"> Is there evidence for each patient a patient-specific, comprehensive assessment has been completed? For Medicare beneficiaries, is there evidence the agency verified the beneficiary's eligibility for the Medicare home health benefit, including homebound status>
		G512 APC.5.I.M1 HH5-2B	Is there evidence of an initial assessment visit?

		G514 APC.5.I.M1 HH5-2B	Is there evidence the RN conducted an initial assessment to determine immediate needs within 48 hours of referral or within 48 hours of the patient's return home, or on the physician or allowed practitioner-ordered SOC?
		G516 APC.5.I.M1 HH5-2B	Is there evidence, in therapy-only cases, the initial assessment is completed needs within 48 hours of referral, or within 48 hours of that patient's return home, or on the physician or allowed practitioner ordered SOC/ROC?
		G518 APC.5.I.M2 HH5-2C	Is there evidence of a comprehensive assessment?
		G520 APC.5.I.M2 HH5-2B HH5-2C	Is there evidence the comprehensive assessment is completed in a timely manner, consistent with the patient's immediate needs, but no later than five calendar days after the start of care?
		G522 APC.5.I.M2 APC.5.I.M4 HH5-2C	Is there evidence the comprehensive assessment is conducted by the RN unless patient only requires therapy services?
		G524 APC.5.I.M2 APC.5.I.M4 HH5-2C	Is there evidence the comprehensive assessment is conducted by the appropriate therapist in therapy only cases?
		G526 APC.6.I.M1 HH5-2C	Does the comprehensive assessment accurately reflect the patient's status at the time of the assessment?
		G528 APC.6.I.M1 HH5-2C	Does the comprehensive assessment address the patient's current health, psychosocial, functional, and cognitive status?
		G530 APC.6.I.M1 HH5-2C	Does the comprehensive assessment identify the patient's strengths, goals, and care preferences, and address the patient's progress towards goals and measurable outcomes?
		G532 APC.6.I.M1 HH5-2C	Does the comprehensive assessment identify the patient's continuing need for home health care?
		G534 APC.6.I.M1 HH5-2C	Does the comprehensive assessment identify the patient's medical, nursing, rehabilitative, social, discharge planning needs?
		G536 APC.6.I.M1 HH5-2F	Does the comprehensive assessment include a review of all medications the patient is currently using?
		G538 APC.6.I.M1 HH5-2C	Does the comprehensive assessment identify the patient's primary caregivers and other support: <ul style="list-style-type: none"> • Willingness and ability to provide care, and • Availability and schedules?
		G540 APC.6.I.M1 HH5-2C	Does the comprehensive assessment identify the patient's primary caregiver, if applicable?



		G542 APC.6.I.M1 IM.7.I.M1 HH5-2C	Does the comprehensive assessment incorporate the current version of the OASIS items?
		G544 APC.5.I.M3 HH5-2E	Is the comprehensive assessment updated and revised as frequently as the patient's condition warrants?
		G546 APC.5.I.M3 APC.5.I.M4 HH5-2E	Is the comprehensive assessment updated the last 5 days of every 60 days beginning with the start-of-care date, unless there is a: <ul style="list-style-type: none"> • Beneficiary elected transfer, • Significant change in condition, or • Discharge and return to the same agency during the 60 day period
		G548 APC.5.I.M4 HH5-2E	Is the comprehensive assessment updated within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on a physician or allowed practitioner ordered ROC?
		G550 APC.5.I.M4 APC.10.I HH5-2E	Is the comprehensive assessment updated at discharge?
		G562 APC.11.I.M1 HH5-6A	Is there evidence in the medical record that the HHA provided patients who are transferring to another HHA or who are discharged to a SNF, IRF or LTCH, that the HHA assisted the patient and their caregivers in selecting a post-acute care provider by using and sharing quality measures data to assist in the transfer?
		G564 APC.11.I.M3 HH5-6A	Is there evidence in the patient record for patients who were transferred to another HHA or who were discharged to a SNF, IRF or LTCH, that the HHA sent all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.
		HH5-2F.01	Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by HHA personnel.
		HH5-2F.02	Written policies and procedures are established and implemented in regard to the requirements for agency staff administering the first dose of a medication in the home setting.

Are you in compliance with the Medicare CoPs pertaining to care planning, coordination of services, and quality of care (CFR 484.60)

Yes	No	G tag	
		G570 APC.3.I.M1 APC.7.I.M1 APC.7.I.M2	Is each patient accepted for treatment based on the expectation the agency can meet the needs of the patient?

		CDT.3.I.M1 HH5-2B HH5-3A	
		G572 APC.7.I.M1 APC.7.I.M5 APC.7.I.M6 APC.7.I.M7 HH5-3A HH5-3B	Is there an individualized written plan of care, which is established, periodically reviewed, and signed by a physician or allowed practitioner for each patient?
		G574 APC.7.I.M2 HH5-3A	Does the plan of care contain all required elements?
		G576 APC.7.I.M2 HH5-3A	Are patient care orders recorded in the plan of care?
		G578 CDT.4.I.M1 HH5-3B	Is care delivered in accordance with physician or allowed practitioner orders?
		G580 HH5-3B	Are drugs, services, and treatments administered in accordance with physician or allowed practitioner orders?
		G582 IPC.1.I.M4 HH5-3B	Are flu and pneumococcal vaccines only administered in accordance with agency policy?
		G584 CDT.4.D CDT.5.I.M1 CDT.5.I.M2 IM.7.I.M1 HH5-8A	Are verbal orders accepted by authorized personnel? Are verbal orders signed, dated, and timed in accordance with state law and agency policy?
		G586 APC.7.I.M7 APC.9.I.M3	Is the plan of care reviewed and revised as necessary?
		G588 APC.7.I.M7 HH5-5A HH5-8B	Is the plan of care reviewed as frequently as the patient's needs change or at least every 60 days?
		G590 APC.9.I.M3 HH5-5A HH5-8B	Is there documentation in the medical record the physician or allowed practitioner was notified that the plan of care should be altered due to a change in the patient's condition?
		G592 APC.7.I.M7 HH5-8B	Does the revised plan of care reflect the patient's progress towards goals?
		G594 APC.8.I.M4 APC.9.I.M2 APC.11.I.M2 HH5-8B	Are revisions to the plan of care communicated properly?

		<p>G596 APC.8.I.M3 APC.9.I.M2 HH5-8B</p>	Are revisions to the plan of care communicated to the patient, caregiver and relevant physicians or allowed practitioners?
		<p>G598 APC.11.I.M2 HH5-8B</p>	Are revisions appropriately communicated to the primary care practitioner who will be responsible for care after discharge?
		<p>G600 APC.8.I APC.9.I HH5-4A</p>	Is there evidence of coordination of care?
		<p>G602 APC.9.I.M1 HH5-4A</p>	Is there evidence of coordination of care with all physicians or allowed practitioners involved in the plan of care?
		<p>G604 APC.9.I.M1 HH5-4A</p>	Is there evidence orders from all physicians or allowed practitioners have been integrated into the plan of care?
		<p>G606 APC.9.I.M4 HH5-4A</p>	Is there evidence of coordination of care from all service providers providing care to the patients, whether care is provided directly or under contract?
		<p>G608 APC.8.I.M5 HH5-4A</p>	Is there evidence the patient, representative (if any) and caregivers have been involved in the coordination of care?
		<p>G610 CDT.9.I.M1 HH5-4A</p>	Is there evidence the patient has received the appropriate education and training needed to ensure a timely discharge?
		<p>G612 APC.8.I.M3 HH5-3C</p>	Is there evidence in the medical record the agency provided the patient with the following written information:
		<p>G614 APC.8.I.M3 HH5-3C</p>	<ul style="list-style-type: none"> • Visit schedule, including frequency of visits by agency personnel and personnel acting on behalf of the agency?
		<p>G616 APC.8.I.M3 HH5-3C</p>	<ul style="list-style-type: none"> • Medication schedule and instructions, including medication name, dosage, and frequency and which medication will be administered by agency personnel and personnel acting on behalf of the agency?
		<p>G618 APC.8.I.M3 HH5-3C</p>	<ul style="list-style-type: none"> • Any treatments and/or therapy services to be administered by agency personnel or personnel acting on behalf of the agency?
		<p>G620 APC.8.I.M3 HH5-3C</p>	<ul style="list-style-type: none"> • Any other pertinent instruction related to the patient's care?
		<p>G622 APC.8.I.M3 HH5-3C</p>	<ul style="list-style-type: none"> • Name and contact information for the agency clinical manager?
		<p>HH5-2A.01</p>	<ul style="list-style-type: none"> • Written policies and procedures are established that describe the process for assessment and the development of the plan of care.



		HH5-2C.01	<ul style="list-style-type: none"> Written policies and procedures are established and implemented that address the need for all patients that are admitted with therapy orders to have a discipline specific assessment completed.
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Are you in compliance with the Medicare CoPs pertaining to Quality Assessment and Performance Improvement (CFR 484.65)

Yes	No	G tag	
		G640 CQI.1.I CQI.1.I.M1 CQI.2.D.M3 LG.4.I.M3 HH6-1A	Is there evidence the agency maintains an effective, ongoing, agency-wide QAPI program?
		G642 CQI.1.I.M1 CQI.2.D.M2 CQI.3.I.M2 HH6-1A	Is the program capable of showing measurable improvement in indicators that improve the health and safety of patients? Does the program measure, analyze, and track quality indicators including adverse events?
		G644 CQI.2.D.M1 CQI.3.I.M1 LG.4.I.M3 HH6-1A	Does the program : <ul style="list-style-type: none"> utilize quality indicator data, including OASIS data, in the design of its program? Does the agency use the data to monitor the effectiveness and safety of care? Does the agency use the data to identify opportunities for improvement? Is there evidence the governing body approved the frequency and detail of the data collection?
		G646 CQI.2.D.M2 CQI.3.I.M2 HH6-1A	Do the program activities:
		G648 CQI.2.D.M2 CQI.3.I.M2 HH6-1A HH6-5A	<ul style="list-style-type: none"> Focus on high-risk, high-volume, or problem-prone areas?
		G650 CQI.2.D.M2 CQI.3.I.M2 HH6-1A HH6-5A	<ul style="list-style-type: none"> Consider incidence, prevalence, and severity of problems?
		G652 CQI.3.I.M4 HH6-1A HH6-5A	<ul style="list-style-type: none"> Lead to an immediate correction of any identified problems that threatens the health and safety of patients?
		G654 CQI.3.I.M3	Is there evidence the program tracks adverse patient events, analyze their causes, and implement preventative actions?

		<p>HH6-1A HH6-6A</p>	
		<p>G656 CQI.6.S.M1 HH6-1A</p>	Is there evidence the agency tracks performance to ensure improvements are sustained?
		<p>G658 CQI.5.I.M1 CQI.5.I.M2 HH6-1A</p>	Is there evidence of quality improvement projects that include the reason for conducting the projects, along with the measurable progress achieved on these projects?
		<p>G660 LG.4.I.M3 HH6-1C</p>	<p>Is there evidence the governing body ensures the following:</p> <ul style="list-style-type: none"> • That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained? • The QAPI program addresses priorities for improved quality of care and patient safety? • That clear expectations for patient safety are established, implemented, and maintained? • That any findings of fraud or waster are appropriately addressed? • Is there evidence the agency maintains an effective, ongoing, agency-wide QAPI Program?
		HH6-1B.01	The HHA ensures the implementation of an agency-wide Quality Assessment and Performance Improvement (QAPI) Program by the designation of a person responsible for coordinating QAPI activities.
		HH6-1D.01	There is evidence of personnel involvement in the Quality Assessment and Performance Improvement (QAPI) program.
		HH6-3A.01	There is a minimum annual Quality Assessment and Performance Improvement (QAPI) report written.
		HH6-4A.01	<p>Each Quality Assessment and Performance Improvement (QAPI) activity contains the required items.</p> <ul style="list-style-type: none"> • A description of indicator(s) to be monitored/activities conducted • Frequency of activities • Designation of who is responsible for conducting the activities • Methods of data collection • Acceptable limits for findings/thresholds • Written plan of correction when thresholds are not met • Plans to re-evaluate if findings fail to meet acceptable limits • Any other activities required under state or federal laws of regulations
		HH6-4A.02	Quality Assessment and Performance Improvement (QAPI) activities include an assessment of processes that involve risks, including infections and communicable diseases.
		HH6-4A.04	Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of at least one important administrative function of the HHA.
		HH6-4A.04	Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of at least one important administrative function of the HHA.



		HH6-4A.05	Quality Assessment and performance improvement (QAPI) include satisfaction surveys.
		HH6-4A.06	Quality Assessment and Performance Improvement (QAPI) activities include the ongoing monitoring of patient grievances/complaints.
		HH6-4A.07	The Quality Assessment and Performance Improvement (QAPI) program includes a review of the patient record.
		HH6-7A.01	The HHA utilizes reports generated from OASIS data to analyze agency performance and improve patient outcomes. (This is N/A for initial Medicare Certification Surveys)

Are you in compliance with the Medicare CoPs pertaining to Infection Control (CFR 484.70)

Yes	No	G tag	
		G680 IPC.1.D.M1 IPC.1.I HH7-1A	Is there evidence the agency maintains and documents an infection control program with the goal of prevention and control of infections?
		G682 IPC.1.D.M1 IPC.1.I.M1 IPC.3.I.M1 IPC.4.I.M1 IPC.4.I.M2 IPC.6.1.M2 HH7-1A	Is there evidence the agency follows accepted standards of practice to prevent the transmission of infections and communicable diseases?
		G684 IPC.1.I.M2 IPC.5.I IPC.6.I.M1 IPC.8.I IPC.9.1 IPC.10.I IPC.11.I IPC.12.I IPC.14.I.M1 HH7-1D	<ul style="list-style-type: none"> Is there evidence the agency's infection control program is an integral part of the QAPI program? Does the agency have a method for identifying infections and communicable diseases? Does the agency take appropriate actions to address of prevent infections?
		G686 IPC.7.1.M1 HH7-1A	Is there evidence the agency provides infection control education to staff, patients, and caregivers?
		G687 IPC.15 IPC.16 IPC.17 IPC.18 IPC.19 IPC.20 IPC-21 IPC-22	Is there evidence the HHA has developed and implemented applicable COVID-19 policies and procedures?



		HH4-2K	
		HH7-2A.01	Written policies and procedures are established and implemented that address the education of personnel concerning safety.
		HH7-2B.01	Written policies and procedures are established and implemented that address patient safety in the home.
		HH5-2C.02	Written policies and procedures are established and implemented that address the need for all patients that are admitted for Medical Social Services to have a discipline specific assessment completed.

Are you in compliance with the Medicare CoPs pertaining to Skilled Professional Services (CFR 484.75)			
Yes	No	G tag	
		G700 APC.2.I.M2 CDT.7.I.M1	Is there evidence the agency provides skilled professional services as specified in §409.44 and §409.45?
		G702 CDT.7.I.M1 HH5-11A	Are all skilled professional services authorized, delivered, and supervised only by appropriately qualified individuals?
		G704 APC.2.I.M2 APC.7.I.M1 APC.9.I.M1 CDR.7.I.M2 HRM.6.D.M1 CQI.1.I.M2 HH5-11A	Is there evidence that skilled professionals assume responsibility for:
		G706 APC.2.I.M2 CDR.7.I.M2 HH5-11A	<ul style="list-style-type: none"> Ongoing interdisciplinary assessment of the patient?
		G708 APC.7.I.M1 CDR.7.I.M2 HH5-11A	<ul style="list-style-type: none"> Development and evaluation of the plan of care with the patient or representative and caregiver?
		G710 CDR.7.I.M2 HH5-11A	<ul style="list-style-type: none"> Providing services that are ordered by the physician or allowed practitioner as indicated in the plan of care
		G712 CDR.7.I.M2 HH5-11A	<ul style="list-style-type: none"> Providing patient, caregiver, and family counseling
		G714 CDR.7.I.M2 HH5-11A	<ul style="list-style-type: none"> Providing patient and caregiver education?
		G716	<ul style="list-style-type: none"> Preparing clinical notes?

		CDR.7.I.M2 HH5-11A	
		G718 APC.9.I.M1 HH5-11A	<ul style="list-style-type: none"> Communicating with physicians or allowed practitioners as indicated in the plan of care?
		G720 CQI.1.I.M2 HH5-11A	<ul style="list-style-type: none"> Participating in the agency's QAPI program?
		G722 HRM.6.D.M1 HH5-11A	<ul style="list-style-type: none"> Participating in agency-sponsored in-service training?
		G724 HRM.9.I.M3 HH5-11A	Is there evidence of the supervision of skilled professional assistants?
		G726 HRM.9.I.M3 HH5-11A	Is there evidence that nursing services are provided under the supervision of an RN?
		G728 HRM.9.I.M4 HH5-11A	Is there evidence that physical and occupational therapy services are under the supervision of a Physical Therapist (PT) or Occupational Therapist (OT)?
		G730 HRM.9.I.M5 HH5-11A	Is there evidence that social services are provided under the supervision of a social worker with a master's degree or a doctoral degree from a school of social work?

Are you in compliance with the Medicare CoPs pertaining to home health aides (CFR 484.80)

Yes	No	G tag	
		G750 HRM.4.I.M5 HH4-11H	Is there evidence all home health aide services are provided by individuals who meet the personnel requirements?
		G752 HRM.4.I.M5 HH4-11H	Is there evidence home health aides meet the qualifications by successfully completing:
		G754 HRM.4.I.M5 HH4-11H	<ul style="list-style-type: none"> A training and competency evaluation program as specified in paragraphs (b) and (c) respectively of this section; or A competency evaluation program that meets the requirements of paragraph (c) of this section; or A nurse aide training and competency evaluation program approved by the state as meeting the requirements of 483.151 through 483.154 of this chapter, and is currently listed in good standing on the state nurse aide registry; or The requirements of a state licensure program that meets the provisions of paragraphs (b) and (c) of 484.80?
		G756 HRM.7.I.M8 HH4-11H	If any home health aides have had a 24-month lapse in furnishing services for compensation, is there evidence that the individual completed another program, as specified in paragraph (a)(1) of this section, before providing services?

		G758 HRM.7.I.M5	For aides that have completed the classroom and supervised practical training, is there evidence of:
		G760 HRM.7.I.M5 HH4-12A	<ul style="list-style-type: none"> The classroom and practical training totaling at least 75 hours?
		G762 HRM.7.I.M5 HH4-12A	<ul style="list-style-type: none"> The home health aides completing 16 hours of classroom training before supervised practical training begins?
		G764 HRM.7.I.M2 HRM.7.I.M5 HH4-12A	Does the home health aide training meet the specific training requirements?
		G766 HRM.7.I.M5 HH4-12A	Is there documentation the training requirements have been met?
		G768 HRM.7.I.M2 HRN.7.I.M4 HRM.7.I.M7 HRM.7.I.M9 HH4-12B HH4-12C HH4-12F	<ul style="list-style-type: none"> Is there evidence of a competency evaluation for each home health aide providing services? Does the competency eval address the required subject areas and all subject areas are appropriately evaluated? Is the competency evaluation completed by an acceptable organization? Is there evidence the competency evaluation was performed by an RN?
		G770 HRN.7.I.M4 HH4-12G	Have all home health aide received a satisfactory rating for all tasks they are performing?
		G772 HRM.7.I.M2 HH4-12G	Does the home health agency maintain documentation of the competency evaluation?
		G774 HRM.6.D.M2 HH4-8A	Is there evidence that all home health aides receive 12 hours of in-service training during each 12-month period?
		G776 HRM.6.D.M2 HH4-8A	Is there evidence the in-service training is supervised by an RN?
		G778 HRM.6.D.M2 HH4-8A	Does the agency maintain documentation of in-service training received by the home health aides?
		G780 HRM.6.D.M2 HRM.7.I.M6 HH4-12C	Does the RN who is supervising the practical training have a minimum of two years nursing experience, with at least one year in home health care?
		G782 HRM.7.I.M9 HH4-12B	Is there evidence the home health aide training program is only offered by organizations that within the past two years have not:
		G784 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Been out of compliance with 484.80(b)(c)(d) or (e)



		G786 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Allowed an unqualified aide perform services
		G788 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Had an extended or partially extended survey as a result of furnishing substandard care.
		G790 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Been assessed a civil monetary penalty of \$5,000 or more;
		G792 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Had temporary management appointed to oversee their agency; or
		G794 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Had all or part of its Medicare payments suspended; or
		G796 HRM.7.I.M9 HH4-12B	<ul style="list-style-type: none"> Was found under any federal or state law to have: <ul style="list-style-type: none"> Had its participation in the Medicare program terminated; or Been assessed a penalty of \$5,000 Been subjected to a suspension of Medicare payments to which it otherwise would have been entitled; or Operated under temporary management that was appointed to oversee the operation of the agency and to ensure the health and safety of the agency's patients; or Been closed, or had its patients transferred by the state; or Been excluded from participating in federal healthcare programs or debarred from participating in federal healthcare programs or debarred from participating in any government program.
		G798 CDT.7.I.M5 HH5-11F	<ul style="list-style-type: none"> Are the written patient care instructions prepared by the RN or other appropriate professional?
		G800 CDT.7.I.M7 HH5-11F	<ul style="list-style-type: none"> Is the aide only providing services that are: <ul style="list-style-type: none"> Ordered by the physician or allowed practitioner Included in the plan of care Permitted to be performed under state law Consistent with home health aide training?
		G802 CDT.7.I.M7 HH5-11F	<ul style="list-style-type: none"> Are the duties of the aide consistent with: <ul style="list-style-type: none"> The provisions of hands-on personal care Performing simple procedures as an extension of therapy or nursing Assisting in ambulation or exercise Assisting in administering of medication ordinarily self-administered?

		G804 APC.2.I.M2 CDT.7.I.M7 HH5-11F	Is there evidence aides report changes in the patient's condition to the appropriate skilled professional and complete records in compliance with agency's policies and procedures?
		G806 CDT.10.I.M4 HH4-14A	Is there evidence home health aides are properly supervised in accordance with the requirements?
		G808 CDT.10.I.M4 CDT.10.I.M5 HH4-14A	Is there evidence an on-site supervisory visit is completed at least every 14 days by the appropriate professional?
		G810 HRM.11.I.M1 HH4-14A	Is there evidence for any area of concern regarding the aide's delivery of care, the appropriate skilled professional made an on-site visit to observe the aide while he or she is performing care?
		G812 HRM.10.I.M2 HH4-14A	Is there evidence each aide had an annual on-site visit conducted by the appropriate skilled professional while the aide was performing care?
		G814 CDT.10.I.M6 HH4-14A	Is there evidence that for any patients receiving non-skilled services the RN completes an on-site visit at least every 60 days?
		G816 HRM.11.I.M2 HH4-14A	Is there evidence that any area of concern regarding the aide's performance, retraining has occurred and another competency evaluation, on the deficient task, was completed by the appropriate skilled professional?
		G818 CDT.10.I.M1 HH4-14A	<p>Does the supervisory documentation support the aide is:</p> <ul style="list-style-type: none"> • Following the patient's plan of care for completion of task assigned to home health aide by the RN or other appropriate skilled professional; • Maintaining an open communication process with the patient, representative (if any), caregivers, and family; • Demonstrating competency with assigned tasks; • Complying with infection prevention and control policies and procedures; • Reporting changes in the patient's condition; and • Honoring patient rights
		G820 LG.12.D.M4 HH4-14A	Is there evidence the agency is responsible for aide services provided under contract?
		G822 LG.12.D.M4 HH4-14A	Is there evidence the agency ensures the quality of care provided by contract home health aides?
		G824 LG.12.D.M4 HH4-14A	Is there evidence the aide services provided under contract are properly supervised?
		G826 LG.12.D.M4 HH4-14A	Is there evidence the aide services provided under contract are properly trained and competent?



		G828 HRM.4.I.M5 HH4-13A	Is there evidence personal care attendants meet the qualification requirements and are competent to perform tasks assigned?
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Are you in compliance with the Medicare CoPs pertaining to compliance with Federal, State, and local laws related to the health and safety of patients (CFR 484.100)			
Yes	No	G tag	
		G848 HRM.3.I LG.3.I HH1-1A	Is there evidence the agency is in compliance with Federal, State, and local laws?
		G850 IM.3.I.M1 HH1-1B	Has the agency properly disclosed any change in ownership or management?
		G852 IM.3.I.M1 HH1-1B	Has the agency properly disclosed changes to the state survey agency at the appropriate time frames, which include:
		G854 IM.3.I.M1 HH1-1B	The names and addresses of all persons with an ownership or controlling interest in the agency?
		G856 IM.3.I.M1 HH1-1B	The name and address of each person who is an officer, a director, an agent, or a managing employee of the agency?
		G858 IM.3.I.M1 HH1-1B	The name and business address of the corporation, association, or other company that is responsible for the management of the agency, and the names and addresses of the chief executive officer and the chairperson of the board of directors of that corporation, association, or other company responsible for the management of the agency?
		G860 HRM.4.I LG.3.I.M1 HH1-1A	Is the agency, branches, and all persons furnishing services licensed, certified, registered, in accordance with state requirements?
		G862 CDT.3.I.M2 HH1-11A	If the agency engages in lab testing, does the agency have the appropriate CLIA certificate?
		G864 LG.3.I.M3 HH1-11A	If the agency refers specimens for lab testing, does the agency have evidence that lab is certified in the appropriate specialties and subspecialties?

Are you in compliance with the Medicare CoPs pertaining to release of patient identifiable OASIS information (CFR 484.40)			
Yes	No	G tag	
		G940 LG.1.I.M1 LG.11.D.M1 LG.12.D.M2	Is there evidence the agency assumes responsibility for the administrative and supervisory functions of the home health agency and does not delegate this responsibility to another agency or organization?

		HH1-6A	
		G942 LG.4.I.M1 HH1-2A	Is there a designated governing body or persons so functioning that assumes the legal authority and responsibility of the agency?
		HH1-2A.03	Governing body members receive an orientation to their responsibilities and accountabilities:
		G944 HRM.1.D HRM.2.D HRM.9.I.M1 LG.4.I.M2 LG.7.I.M1 HH1-5A	Is there evidence the Administrator:
		HH1-5A.01	The governing body, or its designee, writes and conducts annual evaluations of the Administrator
		G946 LG.7.I.M1 HH1-5A	<ul style="list-style-type: none"> Is appointed by and reports to the governing body?
		G948 LG.7.I.M1 HH1-5A	<ul style="list-style-type: none"> Is responsible for all day-to day operations of the agency?
		G950 HRM.9.I.M1 LG.7.I.M1 HH1-5A	<ul style="list-style-type: none"> Ensures that a Clinical Manager is available during all operating hours?
		G952 HRM.1.D HRM.2.D LG.7.I.M1 HH1-5A	<ul style="list-style-type: none"> Ensures that the agency employs qualified personnel, including the development of personnel qualifications and policies?
		G954 LG.7.I.M3 HH1-5A	Is there evidence that when the administrator is not available, a qualified, pre-designated person, authorized in writing by the administrator and governing body, is available to assume the same responsibilities?
		G956 LG.7.I.M2 HH1-5A	Is there evidence the administrator or pre-designated person is available during all operating hours?
		G958 APC.2.I.MI HRM.9.I.M1 HH1-6B	Is there evidence that one or more Clinical Managers provide oversight of all the patient care services and personnel to include:
		G960 HRM.9.I.M1 HH1-6B	<ul style="list-style-type: none"> The making of patient and personnel assignments?
		G962 APC.2.I.MI	<ul style="list-style-type: none"> The coordination of patient care?

		HH1-6B	
		G964 APC.2.I.MI HH1-6B	<ul style="list-style-type: none"> The coordination of referrals?
		G966 APC.2.I.MI HH1-6B	<ul style="list-style-type: none"> Assuring that patient needs are continually assessed?
		G968 APC.2.I.MI HH1-6B	<ul style="list-style-type: none"> Assuring the development, implementation, and updates to the POC
		G970 IM.3.I.M2 HH1-6C	Does the agency have a parent-branch relationship?
		G972 IM.3.I.M2 HH1-6C	Have all branch locations, if applicable, been reported to the state survey agency at the appropriate time frames?
		G974 LG.10.I.M1 HH1-6C	Is there evidence the parent agency provides direct support and administrative control of its branches?
		G976 LG.12.D.M1 HH1-10A	Is there evidence all services furnished under arrangement meet the requirements of section 1861(w) of the act?
		G978 LG.12.D.M2 LG.12.D.M3 HH1-10A	<p>Is there a written agreement for all services furnished under arrangement?</p> <p>Does the written agreement specify that contracted services will not be provided by an agency that has been:</p> <ul style="list-style-type: none"> Denied Medicare or Medicaid enrollment Been excluded or terminated from any federal healthcare program or Medicaid Had its Medicare or Medicaid billing privileges revoked; or Been debarred from participating in any government program?
		G980 LG.1.I.M2 HH1-10A	Is there evidence the primary agency is maintaining responsibility for patient care that is provided under arrangement?
		G982 CDT.2.I.M1 HH1-7A	Does the agency provide skilled nursing services and at least one other therapeutic and at least one of the services is provided directly by employees of the agency?
		G984 CDT.3.I.M1 HH1-1C	Is there evidence all services are provided in accordance with current clinical practice guidelines?
		G986 CDT.7.I.M3 HH5-10A	If the agency provides outpatient PT or SLP services, it is doing so in accordance with §485.711, §485.713, §485.715, §485.719, §485.723, and §485.727
		G988 FS.2.I.M1 FS.2.I.M2 FS.2.I.M3 FS.2.I.M4	Is there a budget that includes the annual operating budget and capital expenditure plan (if applicable) that was prepared under the direction of the governing body?



		FS.2.I.M5 FS.2.I.M6 HH3-1A HH3-1B HH3-1C	
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Are you in compliance with the Medicare CoPs pertaining to release of patient identifiable OASIS information (CFR 484.40)			
Yes	No	G tag	
		G988	<ul style="list-style-type: none"> Does the annual operating budget include all anticipated income and expenses? Is there a capital expenditure plan for any anticipated expenditures that exceed \$600,000?

Are you in compliance with the Medicare CoPs pertaining to clinical records (reference 484.110)			
Yes	No	G tag	
		G1008 IM.4.I.M2 IM.5.I.M1 HH5-1A	Is there evidence the agency maintains a clinical record for all patients accepted by the agency for home health services?
		G1010 APC.11.I.M3 IM.7.I.M1 HH4-14A	<ul style="list-style-type: none"> Is there evidence the clinical record contains:
		G1012 IM.7.I.M1 HH4-14A	<ul style="list-style-type: none"> The comprehensive assessment, clinical notes, plans of care and physician or allowed practitioner orders?
		G1014 IM.7.I.M1 HH4-14A	<ul style="list-style-type: none"> All interventions, including medication administration, treatments and services, and responses to those interventions?
		G1016 IM.7.I.M1 HH4-14A	<ul style="list-style-type: none"> Goals in the patient's plan of care and patient's progress toward achieving those goals?
		G1018 IM.7.I.M1 HH4-14A	<ul style="list-style-type: none"> Contact information for the patient, the representative (if any) and the primary caregiver?
		G1020 IM.7.I.M1 HH4-14A	<ul style="list-style-type: none"> Contact information for the primary care practitioner or other health care professional who will be providing care after discharge
		G1022 APC.11.I.M3 HH4-14A HH5-6A	<ul style="list-style-type: none"> A completed discharge summary that is sent within 5 business days of the patient's discharge. A completed transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer.
		G1024 IM.5.I.M2 HH4-14A	<ul style="list-style-type: none"> Entries that are legible, clear, complete, and appropriately authenticated, dated, and timed



		G1026 IM.1.D.M2 IM.2.I.M1 HH5-1B	<ul style="list-style-type: none"> Is there evidence all clinical records are retained for five years after the discharge of the patient unless state law stipulates a longer period of time? Is there evidence the agency's policies provide for retention of clinical records even if the agency discontinues operations?
		G1028 IM.4.I HH5-1B	Is there evidence that clinical records are safeguarded against loss or unauthorized use?
		G1030 IM.4.I.M1 HH5-1B	Is there evidence that the agency is able to provide a patient their clinical record, free of charge, upon request at the next home visit or within four business days (whichever comes first)?
		HH5-1A.01	Written policies and procedures are established relating to the required content of the patient record.

Are you in compliance with the Medicare CoPs pertaining to personnel qualifications (reference 484.115)

Yes	No	G tag	
		G1050 HRM.4.I	Is there evidence the agency staff meet the following qualifications:
		G1052 LG.6.I.M1	<p>The Administrator:</p> <ul style="list-style-type: none"> For individuals that began employment with the agency prior to January 13, 2018, a person who: <ul style="list-style-type: none"> Is a licensed physician, Is a Registered Nurse, or Has training and experience in health service administration and at least one year of supervisory administrative experience in home health care or a related healthcare program. <p>For individuals that begin employment with an agency on or after January 13, 2018, a person who:</p> <ul style="list-style-type: none"> Is a licensed physician, RN, or holds an undergraduate degree; and Has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or a related healthcare program
		G1054 HRM.4.I.M10	<p>An audiologist:</p> <ul style="list-style-type: none"> Meets the education and experience requirements for a Certificate of Clinical Competency in audiology granted by the Speech-Language Hearing Association; or Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.
		G1056 LG.6.I.M2	<p>A clinical manager is:</p> <ul style="list-style-type: none"> A person who is a licensed physician, Physical Therapist, Speech-Language Pathologist, Audiologist, Social Worker, or Registered Nurse.

		G1058 HRM.4.I.M5	A home health aide is: <ul style="list-style-type: none"> • A person who meets the qualifications for home health aides specified in section 1891(a)(3)of the Act and implemented at 484.80.
		G1060 HRN.4.I.M2 HRM.9.I.M3	A Licensed Practical (Vocational) Nurse is: <ul style="list-style-type: none"> • A person who has completed a practical (vocational)nursing program, is licensed in the state where practicing, and who furnishes services under the supervision of a qualified Registered Nurse.
		G1062 HRN.4.I.M9	An Occupational Therapist meets the requirements as determined by the status in which they practice and if licensure does not apply, they meet the requirements as defined in the standard.
		G1064 HRN.4.I.M9	An Occupational Therapist Assistant meets the requirements as determined by the state in which they practice and if licensure does not apply, they meet the requirements as defined in this standard.
		G1066 HRN.4.I.M9	A Physical Therapist meets the requirements as determined by the state in which they practice and if licensure does not apply, they meet the requirements as defined in this standard.
		G1068 HRN.4.I.M9	A Physical Therapist Assistant meets the requirements as determined by the state in which they practice and if licensure does not apply, they meet the requirements as defined in this standard.
		G1070 HRM.4.I.M4	A physician meets the qualification and conditions as specified in section 1861(r) of the Act.
		G1072 HRM.4.I.M1	A Registered Nurse is a graduate of an approved school of professional nursing who is licensed in the state where practicing.
		G1074 HRM.4.I.M11	A Social Worker Assistant has: <ul style="list-style-type: none"> • A baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least one year of social work experience in a health care setting; or • Two years of appropriate experience as a social work assistant, and has achieved a satisfactory grade on a proficiency exam conducted, approved, or sponsored by the US Public Health Service, except that the determinations of proficiency do not apply with respect to person initially licensed by a state or seeking initial qualification as a social work assistant after December 31, 1977
		G1076 HRM.4.I.M11	A Social Worker is a person who has a master’s or doctoral degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a healthcare setting.
		G1078 HRN.4.I.M9	A Speech-Language Pathologist: <ul style="list-style-type: none"> • A person who has a master’s or doctoral degree in speech-language pathology, and who meets either of the following requirements: • Is licensed as a speech-language pathologist by the state in which the individual furnishes such services; or • In the case of an individual who furnishes services in a state which does not license speech-language pathologists:

			<ul style="list-style-type: none"> • Has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating supervised clinical experience); • Performed not less than nine months of supervised full-time speech language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field; and • Successfully completed a national examination in speech-language pathology approved by the Secretary.
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Are you in compliance with the Medicare CoPs pertaining to emergency preparedness (reference 484.102)			
Yes	No	G tag	
		E0001 EP.1.D EP.1.D.M1 HH7-3A	Does the agency have an Emergency Preparedness Plan?
		E0004 EP.1.D.M1 HH7-3A	Does the Emergency Preparedness Plan meet the following requirements:
		E0006 EP.1.D.M1 HH7-3A	<ul style="list-style-type: none"> • Based on and include a documented, facility-based and community-based, all-hazards approach?
		E0007 EP.1.D.M1 HH7-3A	<ul style="list-style-type: none"> • Address patient/client population, continuity of operations, including delegations of authority and succession plans?
		E0009 EP.1.D.M1 HH7-3A	<ul style="list-style-type: none"> • Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials?
		E0013 EP.1.D.M1 EP.2.D.M1 HH7-3B	Is there evidence the policies and procedures are reviewed and updated at least every two years?
		E0017 EP.2.D.M1 APC.6.I.M1 HH7-3B	Does the patient's individual comprehensive assessment include an individual emergency plan?
		E0019 EP.2.D.M1 HH7-3B	Do the policies and procedures address patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment?
		E0021 EP.2.D.M1 HH7-3B	Do the policies and procedures address the process to follow up with on-duty staff and patients to determine services that are needed and the process to inform State and local officials of any on-duty staff or patients the agency is unable to contact?
		E0023 EP.2.D.M1 HH7-3B	Do the policies and procedures address a system of medical documentation that preserves patient information, protects



			confidentiality of patient information, and secures and maintains availability of records?
		E0024 EP.2.D.M1 HH7-3B	Do the policies and procedures address the use of volunteers during an emergency situation or other emergency staffing strategies, including the process and role for integration of State and Federally designated healthcare professionals to address surge needs?
		E0029 EP.1.D.M3 HH7-3C	Is there evidence the communication plan is reviewed and updated at least every two years?
		E0030 EP.1.D.M1 HH7-3C	Does the communication plan include the names and contact information for the following: <ul style="list-style-type: none"> • Staff? • Entities providing services under arrangement? • Patients' physicians or allowed practitioners? • Other facilities? • Volunteers?
		E0031 EP.1.D.M1 HH7-3C	Does the communication plan include the contact information for the following: <ul style="list-style-type: none"> • Federal, State, tribal, regional, and local emergency preparedness staff? • Other sources of assistance?
		E0032 EP.1.D.M1 HH7-3C	Does the communication plan include a primary and alternate means for communicating with the staff and Federal, State, tribal, regional, and local emergency management agencies?
		E0034 EP.1.D.M1 HH7-3C	Does the communication plan include a means of providing information about the agency's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee?
		E0036 EP.3.D.M1 EP.4.I.M1 HH7-3D	Is there evidence the training and testing program has been reviewed and updated at least every two years?
		E0037 EP.3.D.M1 HH7-3D	Is there documented evidence that all new and existing staff, individuals under contract and volunteers, consistent with their role, have received emergency preparedness training initially and at least every two years thereafter and can demonstrate understanding of their role during an emergency?
		E0039 HH7-3D	Is there documented evidence that the agency has completed an appropriate test of their emergency preparedness plan over a two-year period with at least one test each year?
		E0042 HH7-3E	Is there evidence, that if the agency is part of a healthcare system, the agency can demonstrate their participation in the development of the program?



Additional CHAP Standard and policy and procedures			
Yes	No	Tag	
		PCC.5.I	Accessibility of care and services outside of normal business hours
		PCC.5.I.M1	Patients and caregivers are provided contact information and can access the organization 24 hours a day, 7 days a week. Personnel respond to the needs of patients in accordance with organizational policy and patient needs.
		PCC.7.1	Complaint Process
		PCC.8.1	Handling of suspected mistreatment/neglect. Abuse
		CDT.11.D	Is there evidence that the agency has policies, procedures, and other documents related to remote monitoring equipment?
		CDT.2.I	Scope of services
		CDT.10.I	Supervision of Care
		HRM.6.D	Ongoing Education
		HRM.9.I	Supervision of Personnel
		HRM.10.I	Evaluation of Personnel
		CQI.2.D	Definition of outcomes and measures including in CQI program
		IPC.1.D	IPC policies reflect scope and complexity of services
		IPC.3.I	Use of hand hygiene and PPE
		IPC.4.I	Storage and transportation of supplies/equipment
		IM.5.D	Protocols for standardized collection and documentation of patient data

Additional ACHC Standard regarding Policy and Procedures			
Yes	No	Tag	
		HH1-4A.01	Written policies and procedures are established and implemented by the HHA about conflicts of interest and the procedure for disclosure.
		HH1-9A.01	The HHA informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspection and/or audits.
		HH2-1A.01	Written policies and procedures are established and implemented about the HHA's descriptions of care/services and its distribution to personnel, patients, and community
		HH2-5C.01	The HHA has Business Associate Agreements for all Business Associates that may have access to Protected Health Information as required by HIPAA and other applicable laws and regulations.
		HH2-6B.01	Written policies and procedures are established and implemented by the HHA about resuscitative guidelines and the responsibilities of personnel.
		HH2-6B.02	Written policies and procedures are established and implemented about the HHA providing advance directive information to the patient/responsible party orally and in writing prior to the initiation of care/services and documented in the patient record.



		HH2-7A.01	Written policies and procedures are established and implemented by the HHA about the identification, evaluation, and discussion of ethical issues.
		HH2-9A.01	Written policies and procedures are established and implemented by the HHA about a Compliance Program aimed at preventing fraud and abuse.
		HH2-10A.01	Supervision is available during all hours that care/service is provided.
		HH2-11A.01	Nursing services are provided according to the patient's plan of care with access available 24 hours a day, 7 days per week.
		HH2-12A.01	Written policies and procedures are established and implemented that identify the approved treatments, procedures, and patient care activities.
		HH3-2A.01	The HHA implements financial management practices that ensure accurate accounting and billing
		HH3-3A.01	Written policies and procedures are established and implemented by the HHA about the time frames financial records are kept.
		HH3-3B.02	The HHA will have a qualified individual conduct a financial review annually which includes identification of recommendations and a written report.
		HH3-4A.01	Written policies and procedures are established and implemented by the HHA that develop rates for care/service and that describe the methods for conveying charges to the patient, the public and referral sources.
		HH3-4D.01	There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the HHA.
		HH4-1A.01	Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records
		HH4-1A.02	Prior to or at the time of hire all personnel complete appropriate documentation.
		HH4-1B.01	All personnel files at a minimum contain or verify the following items. (Informational Standard Only)
		HH4-2B.01	Licensed personnel credentialing activities are conducted at the time of hire and prior to expiration of the credentials to verify qualifications of all personnel.
		HH4-2C.01	Written policies and procedures are established and implemented about all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.
		HH4-2D.01	Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.
		HH4-2E.01	There is a job description for each position within the HHA which is consistent with the organizational chart with respect to function and reporting responsibilities.



		HH4-2F.01	All personnel who transport patients in the course of their duties, have a valid state driver's license appropriate to the type of vehicle being operated and are following state laws.
		HH4-2H.01	Written policies and procedures are established and implemented about background checks being completed on personnel that have direct patient care and/or access to patient records. Background checks include: Office of Inspector General exclusion list, criminal background record and national sex offender registry.
		HH4-2I.01	Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.
		HH4-2J.01	Written policies and procedures are established and implemented about written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.
		HH4-4A.01	Non-licensed personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the HHA.
		HH4-5A.01	Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.
		HH4-5B.01	The HHA designates an individual who is responsible for conducting orientation activities.
		HH4-6A.01	Written policies and procedures are established and implemented requiring the HHA to design a competency assessment program based on the care/services provided for all direct care personnel.
		HH4-6C.01	Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for using waived tests.
		HH4-7C.01	Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care personnel performing their job duties by qualified personnel prior to providing care independently. and at least annually and/or in accordance with state or federal regulations.
		HH4-8A.01	A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of in-service training for each classification of personnel.
		HH4-10A.01	Written policies and procedures are established and implemented in regard to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.
		HH5-12A.01	Written policies and procedures are established in regard to the process for patient/caregiver education.
		HH5-13A.01	Written policies and procedures are established and implemented in regard to the patient referral and acceptance process.

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		HH5-14B.01	The HHA obtains a statement of certification from the physician or allowed practitioner that the patient is eligible for the Medicare Home Health Care benefit.
		HH5-16A.01	Written policies and procedures are established and implemented in regard to the verification of the credentials of the referring physician or allowed practitioner prior to providing service/care.
		HH7-5A.01	Written policies and procedures are established and implemented that address the HHA's fire safety and emergency power systems.
		HH7-6A.01	Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care.
		HH7-6B.01	Written policies and procedures are established and implemented for following OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.
		HH7-7A.01	Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.
		HH7-8A.01	Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.
		HH7-9A.01	Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care to the patient.
		HH7-10A.01	Written policies and procedures are established and implemented for participating in clinical research/experimental therapies and/or administering investigational drugs.

