ACHC U®
EDUCATIONAL RESOURCES

HOME HEALTH

WELCOME

Achieving ACHC Accreditation

Presenter:
Becky Tolson, RN, BS
Clinical Compliance Educator

Also Joining Our Training Today

- Greg Stowell - Associate Director, Education & Training
- Lindsey Holder – Senior Manager, Education & Training
- Suzie Steger - Senior Education & Training Coordinator
- Steve Clark – Education Services Specialist

Optimize Your Workshop Experience

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  - Type in the Questions box you would like to ask a question (or use the raise your hand feature)
  - Our team will recognize you and unmute your mic
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Nursing Contact Hours

- Nursing contact hours for this workshop are provided by the Virginia Nurses Association.
- The number of hours earned will depend on registration and attendance (7 hours per day and 1 hour for the recorded session).
- You must attend the full day to be eligible and attest that you have watched the pre-recorded session.
- Only registered attendees are eligible for contact hours.
- If you are not registered and would like to receive contact hours, please contact us.
- Contact hour assistance or questions:
  - Suzie Steger - ssteger@achcu.com
  - Steve Clark - sclark@achcu.com

Items Needed For Virtual Training

- You should have received an email with a link to the following information:
  - ACHC Standards
  - ACHC Accreditation Process
  - The presentation for today
  - The *ACHC Accreditation Guide to Success*
- If you have not received the email or are unable to download the information, contact customerservice@ACHCU.com for assistance.

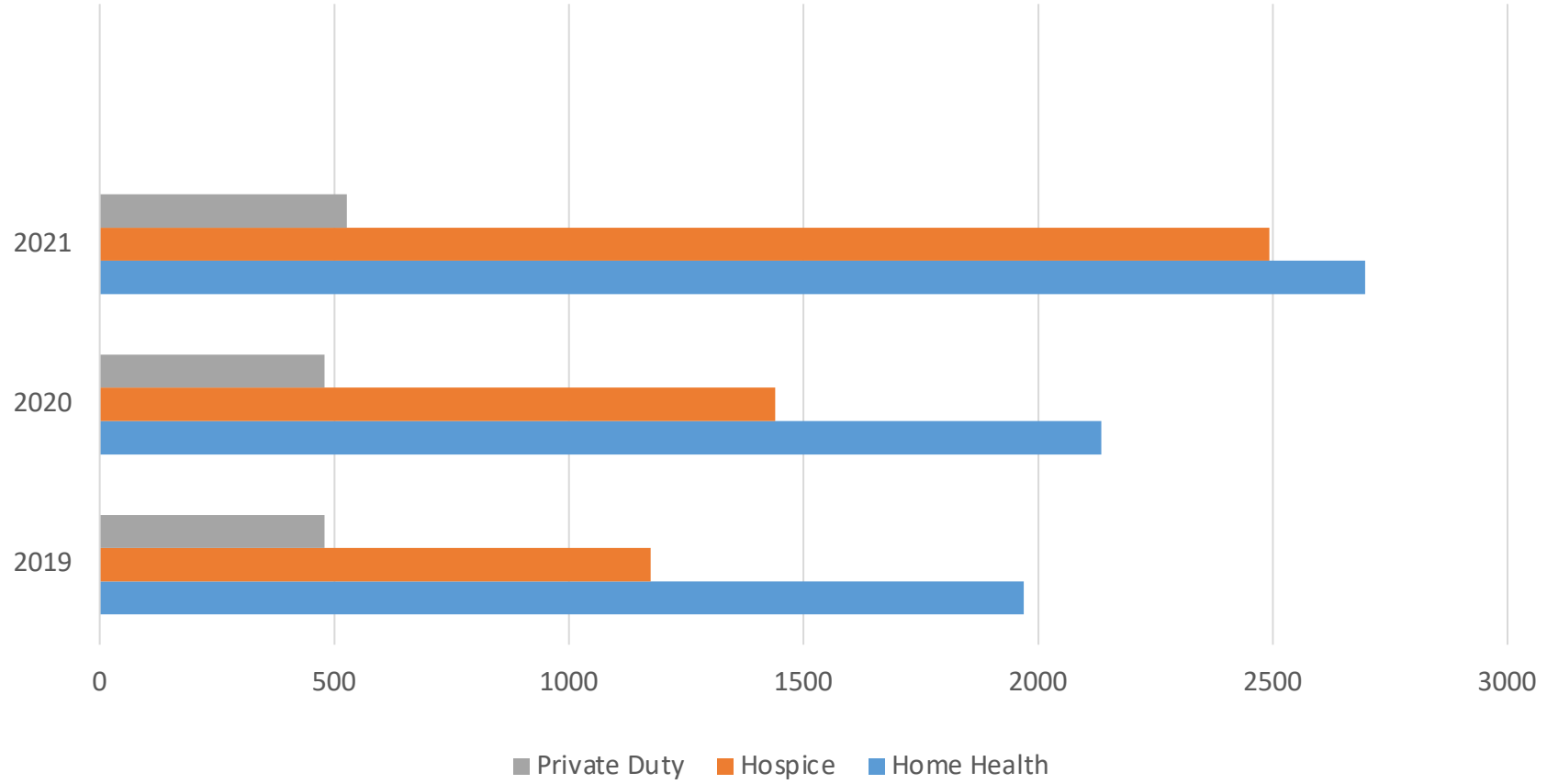
Objectives

- Review the ACHC Accreditation Process.
- Learn how to prepare an organization for the ACHC Accreditation Survey.
- Establish expectations for on-site survey and strategies for survey success.
- Learn how to utilize the *ACHC Accreditation Guide to Success* to ensure ongoing compliance.
- Identify how to avoid condition-level deficiencies.
- Review the ACHC Accreditation Standards to understand expectations for compliance.

Home Health Accreditation

- ACHC earned CMS Deeming Authority in 2006.
- Accredits more than 2,600 locations nationally.
- Program-specific standards include Conditions of Participation (CoPs).
- Agencies have the ability to choose from a comprehensive group of services, including:
  - Skilled Nursing
  - Home Health Aide
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Social Work
  - Palliative Care
  - Behavioral Health Home Care
  - Telehealth

ACHC Accredited Agencies



Distinction in Palliative Care

- Distinction in Palliative Care:
  - Home Health
- Additional one day on survey:
  - Must have provided care to three patients, with two active at time of survey.
  - <150 palliative care patients: three total record reviews with one home visit.
  - 150 or more palliative care patients: four total record reviews with two home visits.
- ACHC standards were based on the National Consensus Project for Quality Palliative Care guidelines.

Distinction in Behavioral Health

- Distinction in Behavioral Health:
  - Home Health
- Additional one day on survey:
  - Must have provided care to three patients, with two active at time of survey.
  - <150 Behavioral Health patients: three total record reviews with one home visit.
  - 150 or more Behavioral Health care patients: four total record reviews with two home visits.

Distinction in Telehealth

- Distinction in Telehealth
  - Telehealth may include remote client/patient monitoring (RPM), biometrics, video, talk, or education.
- Additional one day on survey
  - Three additional records will be reviewed.
  - One virtual patient contacted.
  - Personnel charts reviewed for competencies and to ensure a telehealth manager and alternate are assigned.
- ACHC Telehealth standards are based on the American Telemedicine Association's Home Telehealth Clinical Guidelines.

Poll Question

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Home Health Requirements

Home Health Agency Requirements

- General Requirements
  - State Operations Manual, Chapter 2, Section 2180C
- Is primarily engaged in providing Skilled Nursing services and other therapeutic services
  - Medicare Benefit Policy Manual Chapter 7, Section 40
- Policies are established by a group of professionals (associated with the agency), including one or more physicians and one or more Registered Nurses to govern the services that it provides

Home Health Agency Requirements

- Provides supervision of above-mentioned services by a physician or RN
- Maintains clinical records on all patients
- Is licensed pursuant to state or local law
- Has in effect an overall plan and budget
- Meets the Medicare CoPs
- Meets additional requirements as the Secretary finds necessary

Initial Certification Requirements

- Approved 855A letter
  - Medicare Enrollment Application
  - Required for all home health agencies requesting participation in the Medicare program
  - www.CMS.gov/MedicareProviderSupEnroll

Initial Certification Requirements

- Required number of patients prior to survey
  - Served 10 patients requiring skilled care and 7 active at time of survey (at least one patient has had two of services)
  - Unless in a medically underserved area, 5-2 (as determined by the Regional Office)
- Required services
  - Nursing and one other therapeutic services (Aide, Physical Therapy [PT], Occupational Therapy [OT], Speech Therapy [ST], and Social Work [SW] for home health)
  - Both therapeutic services have to have been provided/are being provided
  - At least one service, in its entirety, must be provided directly by a W-2 employee
- Fully operational
    - State Operations Manual, Chapter 2, section 2008A

Medicare Skilled Services

- Catheter care:
  - Insertion of catheter
  - Irrigation of catheter
  - Replacement of catheter
- Wound care
  - Complex wound dressing
- Teaching of a skill
  - Self-administration of injectable medications
  - Wound care
  - Transfer
  - Administration of oral medication, side effects, and interactions

Reasonable & Necessary

- Must be an identified medical need that the care requires the skills and knowledge of home care staff to safely and properly complete.
- If the care can be safely and effectively performed, or self-administered, by an unskilled person, without the direct supervision of a nurse or therapist, the service although a nurse or therapist, the service cannot be regarded as a skilled service although a nurse or therapist provides the services.
- The unavailability of a competent person to provide a non-skilled service, regardless of the importance of the service to the patient, does not make it skilled service when a nurse or therapist provides the service.

Homebound Status

- For initial Medicare certification surveys, patients do not have to meet the homebound definition.
- Once the agency can bill, patients have to meet the definition of homebound status in order to bill.

Intermittent Care

- Home Health Medicare benefit requires the care to be intermittent care:
  - Care is provided or needed on fewer than 7 days a week, or less than 8 hours each day for periods of 21 days or less (exceptional circumstances when the need for additional care is finite and predictable)
  - Does not cover shift work even when provided by a skilled individual

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Separate Entities

Medicare-Certified Home Health & Non-Medicare Home Care

Separate Entities

- **Chapter 2, The Certification Process, Section2183 - Separate Entities (Separate Lines of Business) (Rev 125, Issued: 10-31-14, Effective: 10-31-14, Implementation: 10-31-14)**
- The Surveyor must be able to identify the corporate and organizational boundaries of the entity seeking certification or recertification.
- The Medicare CoPs apply to the HHA as an entire entity and in accordance with §1861(o)(6) of the Act and are applicable to all individuals served by the HHA and not just to Medicare beneficiaries.
- Non-Medicare clients:
  - Skilled
  - Custodial

Separate Entities

- The following criteria should be considered in making a decision regarding whether a separate entity exists:
- Operation of the home health agency
  - Are there separate policies and procedures?
  - Are there separate clinical records for patients receiving home health and private duty services?
  - Are personnel identified as belonging to one program or the other and are their personnel records separated?
  - Are there separate budgets?
  - If the state requires a license for home health, is the agency licensed separately for private duty?

Separate Entities

- Consumer Awareness
  - Review marketing materials for distinction between the programs.
  - Written material should clearly identify the home health agency as separate and distinct from other programs, departments, or other entities of the organization.
- Staff Awareness
  - Staff should be able to identify the difference in services they provide for the home health agency and other programs, departments, or entities of the organization.
  - Staff who divide time between the separate entities must be appropriately trained and meet the qualifications for home health services.

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Achieving A Successful Survey Outcome

Pre-Survey Preparation

ACHC Accreditation Guide To Success

- Essential Components
  - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints.
- Other Tools
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process.
- Section Index
  - Quickly locate important information for successfully completing the ACHC accreditation process.

Standard HH1-2A:

The HHA is directed by a governing body (if no governing body is present, owner suffices) who assumes full legal authority and responsibility for the operation of the HHA. The governing body/owner duties and accountabilities are clearly defined.

P&P Essential Components

- Policies must define the activities of the governing body to include, at a minimum:
  - Decision-making.
  - Appointing a qualified Administrator.
  - Adopting and periodically reviewing written bylaws or equivalent.
  - Establishing or approving written policies and procedures governing overall operations.
  - Human resource management.
  - Quality Assessment and Performance Improvement (QAPI) Program.
  - Community needs planning, if applicable.
  - Oversight of the management, operation plans, and fiscal affairs of the HHA.
  - Annual review of the P&P.

HINT

If interviewed the Administrator and governing body should be able to discuss how the governing body exercises its responsibilities for the overall operations of the organization.

The Surveyor will expect to see evidence of oversight of the HHA by the governing body.

CoP/G tag Reference: 484.105(a) (G942)

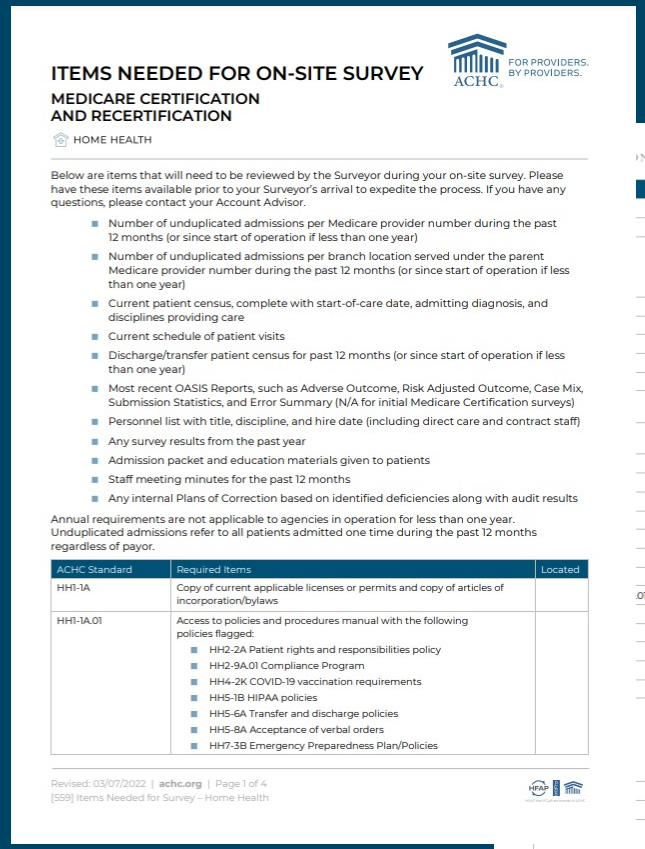
Preparation

- Educate Key Staff:
  - Clinical staff (employees and contract)
  - Administrator, Clinical Director, and alternates
  - Governing body
  - Patients
- Prepare Agency:
  - Human resources
  - IT/EMR
  - Office space:
    - Walk around your agency

Preparation

- Helpful tools in the ACHC Accreditation Guide to Success
- Mock Surveys
  - Interview Questions — Survey Process
  - Observation of the environment — Survey Process
  - Items Needed for the On-Site Visit — Survey Process
  - Personnel file audits — Section 4
  - Home visits — Section 4
  - Medical chart audits — Section 5
  - Medicare CoP Checklist — Customer Central

Items Needed For On-Site Survey



ITEMS NEEDED FOR ON-SITE SURVEY

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MEDICARE CERTIFICATION AND RECERTIFICATION

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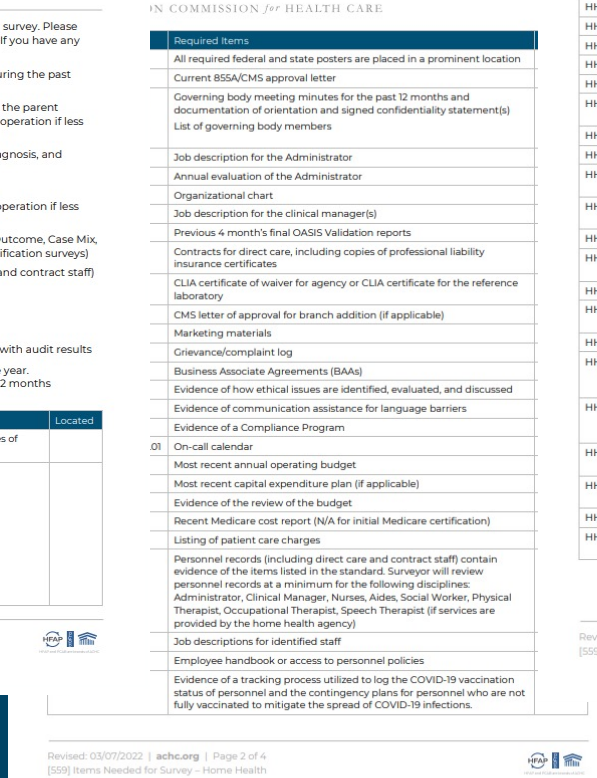
Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your Account Advisor.

- Number of unduplicated admissions per Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per branch location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer patient census for past 12 months (or since start of operation if less than one year)
- Most recent OASIS Reports, such as Adverse Outcome, Risk Adjusted Outcome, Case Mix, Submission Statistics, and Error Summary (N/A for initial Medicare Certification surveys)
- Personnel list with title, discipline, and hire date (including direct care and contract staff)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

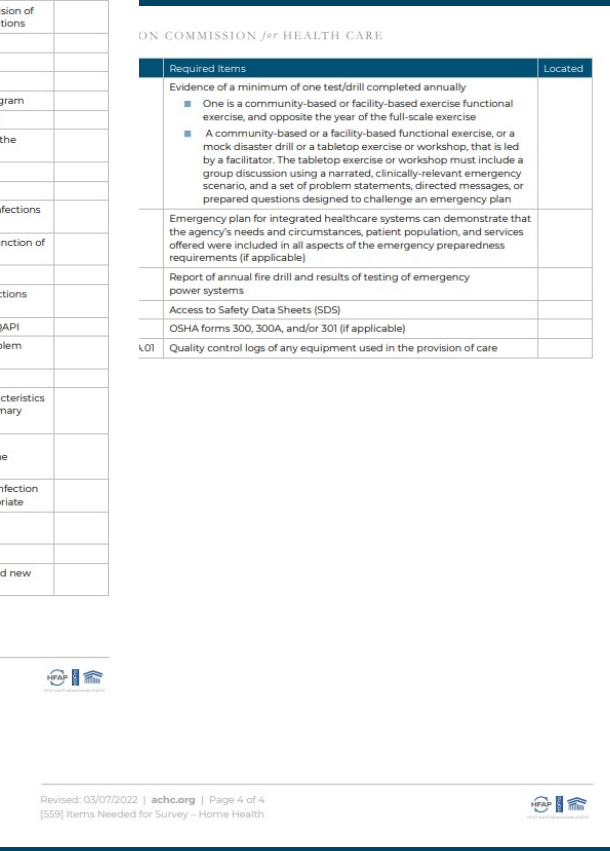
Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payor.

ACHC Standard	Required Items	Located
HH1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HH1-1A.01	Access to policies and procedures manual with the following policies flagged: ■ HH2-2A Patient rights and responsibilities policy ■ HH2-9A.01 Compliance Program ■ HH4-2K COVID-19 vaccination requirements ■ HH5-1B HIPAA policies ■ HH5-6A Transfer and discharge policies ■ HH5-8A Acceptance of verbal orders ■ HH7-3B Emergency Preparedness Plan/Policies	



	Required Items
	All required federal and state posters are placed in a prominent location
	Current 855A/CMS approval letter
	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s) List of governing body members
	Job description for the Administrator
	Annual evaluation of the Administrator
	Organizational chart
	Job description for the clinical manager(s)
	Previous 4 month's final OASIS Validation reports
	Contracts for direct care, including copies of professional liability insurance certificates
	CLIA certificate of waiver for agency or CLIA certificate for the reference laboratory
	CMS letter of approval for branch addition (if applicable)
	Marketing materials
	Grievance/complaint log
	Business Associate Agreements (BAAs)
	Evidence of how ethical issues are identified, evaluated, and discussed
	Evidence of communication assistance for language barriers
	Evidence of a Compliance Program
.01	On-call calendar
	Most recent annual operating budget
	Most recent capital expenditure plan (if applicable)
	Evidence of the review of the budget
	Recent Medicare cost report (N/A for initial Medicare certification)
	Listing of patient care charges
	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, Occupational Therapist, Speech Therapist (if services are provided by the home health agency)
	Job descriptions for identified staff
	Employee handbook or access to personnel policies
	Evidence of a tracking process utilized to log the COVID-19 vaccination status of personnel and the contingency plans for personnel who are not fully vaccinated to mitigate the spread of COVID-19 infections.

ACHC Standard	Required Items	Located
HH4-8A/HH4-8A.01	Evidence of ongoing education and/or written education plan	
HH4-12A/HH4-12B/ HH4-12C/HH4-12F	Home Health Aide competency evaluation and/or training materials (if applicable)	
HH5-11A	Evidence of skilled services are provided by or under the supervision of qualified professionals per ACHC Glossary of Personnel Qualifications	
HH5-12A.01	Patient education materials	
HH5-13A.01	Referral log	
HH5-16A.01	Verification of physician or allowed practitioner licensure	
HH6-1A	Quality Assessment and Performance Improvement (QAPI) Program	
HH6-1B.01	Job description for individual responsible for the QAPI Program	
HH6-1C	Governing body meeting minutes demonstrate involvement of the governing body in QAPI	
HH6-1D.01	Evidence of personnel involvement in QAPI	
HH6-3A.01	QAPI annual report	
HH6-4A.02	Evidence of monitoring processes that involve risks, including infections and communicable diseases	
HH6-4A.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HH6-4A.05	Satisfaction surveys utilized in QAPI	
HH6-4A.06	Evidence of monitoring of patient grievances/complaints and actions needed to resolve problems	
HH6-4A.07	Evidence of quarterly record reviews and results are utilized in QAPI	
HH6-5A	Evidence QAPI activities focus on high risk, high volume, or problem prone areas	
HH6-6A	Evidence of the monitoring of all patient related variances	
HH6-7A.01	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	
HH7-1A	Evidence of an Infection Control Program, Annual Agency TB Assessment, TB Exposure Control Plan, and OSHA Bloodborne Pathogen Plan	
HH7-1D	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	
HH7-3A	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HH7-3C	Communication Plan	
HH7-3D	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	



	Required Items	Located
	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. The tabletop exercise or workshop must include a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan	
	Emergency plan for integrated healthcare systems can demonstrate that the agency's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
	Report of annual fire drill and results of testing of emergency power systems	
	Access to Safety Data Sheets (SDS)	
	OSHA forms 300, 300A, and/or 301 (if applicable)	
.01	Quality control logs of any equipment used in the provision of care	

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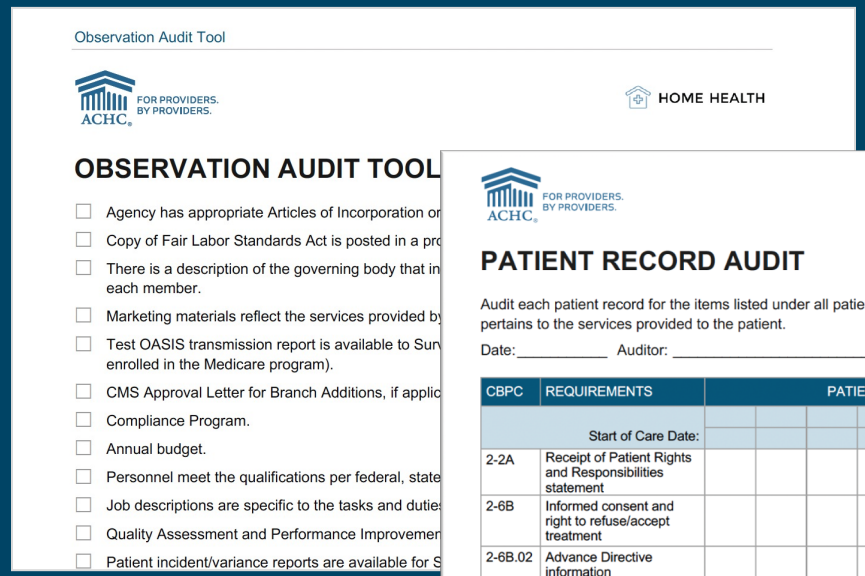
Survey Preparation Tools



Observation Audit Tool

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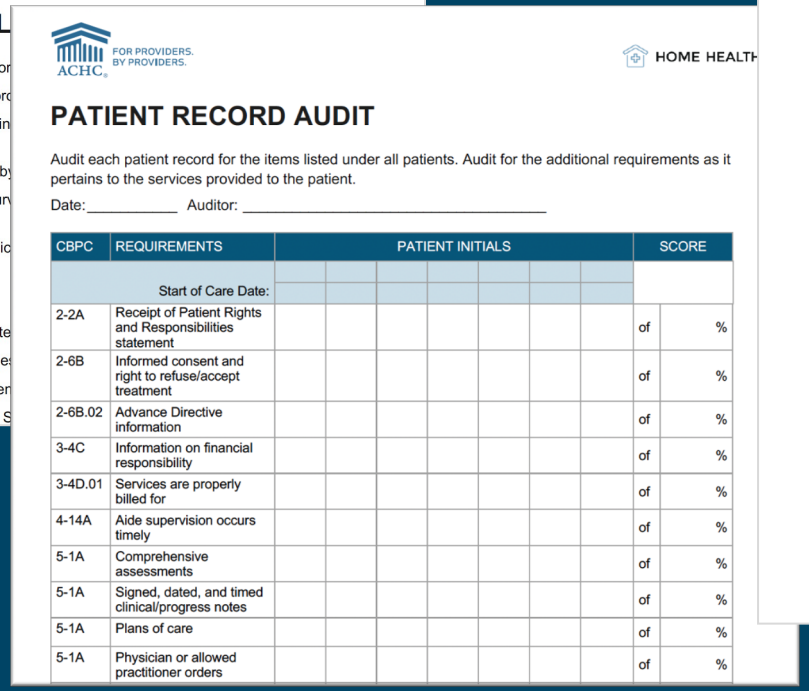
OBSERVATION AUDIT TOOL

- ☐ Agency has appropriate Articles of Incorporation or
- ☐ Copy of Fair Labor Standards Act is posted in a pro
- ☐ There is a description of the governing body that in each member.
- ☐ Marketing materials reflect the services provided by
- ☐ Test OASIS transmission report is available to Surv enrolled in the Medicare program).
- ☐ CMS Approval Letter for Branch Additions, if applic
- ☐ Compliance Program.
- ☐ Annual budget.
- ☐ Personnel meet the qualifications per federal, state
- ☐ Job descriptions are specific to the tasks and duties
- ☐ Quality Assessment and Performance Improvemen
- ☐ Patient incident/variance reports are available for S



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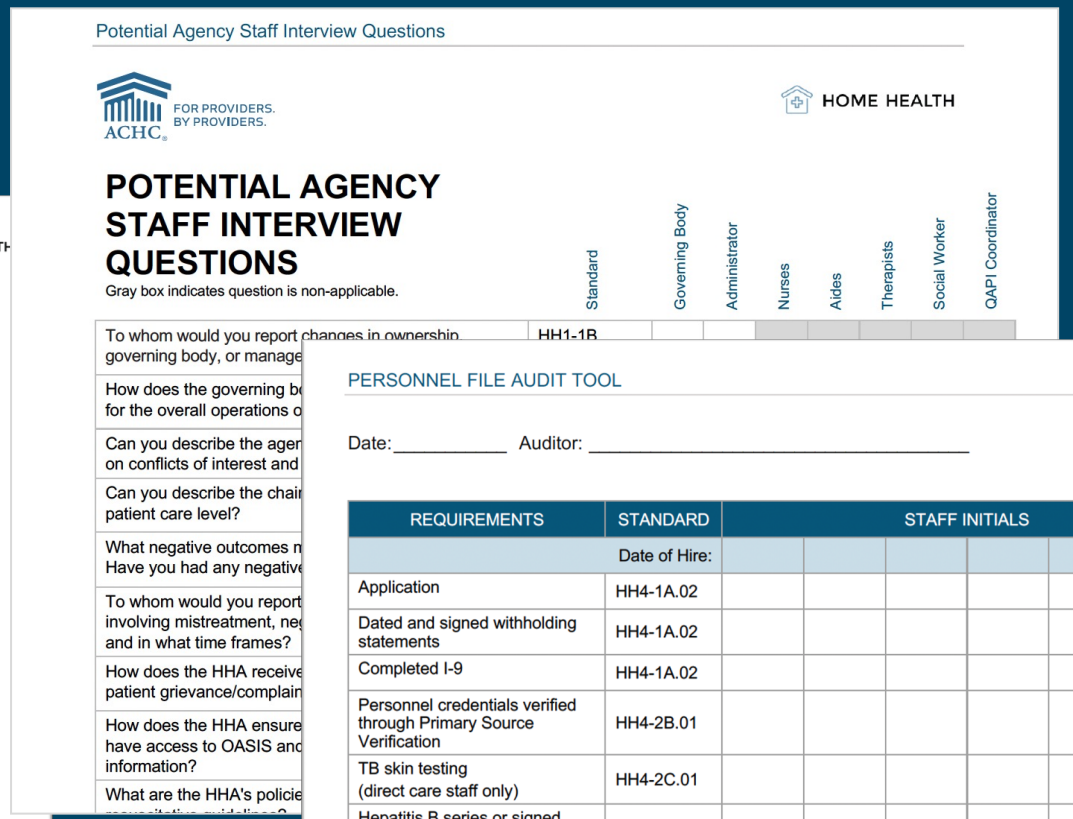
PATIENT RECORD AUDIT

Audit each patient record for the items listed under all patients. Audit for the additional requirements as it pertains to the services provided to the patient.

Date:_____ Auditor: _____

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
	Start of Care Date:									
2-2A	Receipt of Patient Rights and Responsibilities statement								of	%
2-6B	Informed consent and right to refuse/accept treatment								of	%
2-6B.02	Advance Directive information								of	%
3-4C	Information on financial responsibility								of	%
3-4D.01	Services are properly billed for								of	%
4-14A	Aide supervision occurs timely								of	%
5-1A	Comprehensive assessments								of	%
5-1A	Signed, dated, and timed clinical/progress notes								of	%
5-1A	Plans of care								of	%
5-1A	Physician or allowed practitioner orders								of	%



Potential Agency Staff Interview Questions

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POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	Standard	Governing Body	Administrator	Nurses	Aides	Therapists	Social Worker	QAPI Coordinator
To whom would you report changes in ownership, governing body, or manage	HH1-1B							
How does the governing b for the overall operations o								
Can you describe the ager on conflicts of interest and								
Can you describe the chai patient care level?								
What negative outcomes n Have you had any negative								
To whom would you report involving mistreatment, neg and in what time frames?								
How does the HHA receive patient grievance/complain								
How does the HHA ensure have access to OASIS and information?								
What are the HHA's policie								

PERSONNEL FILE AUDIT TOOL

Date:_____ Auditor: _____

REQUIREMENTS	STANDARD	STAFF INITIALS					
	Date of Hire:						
Application	HH4-1A.02						
Dated and signed withholding statements	HH4-1A.02						
Completed I-9	HH4-1A.02						
Personnel credentials verified through Primary Source Verification	HH4-2B.01						
TB skin testing (direct care staff only)	HH4-2C.01						
Hepatitis B series or signed declination statement (direct care staff only)	HH4-2D.01						
Signed job description	HH4-2E.01						
Valid driver's license & MVR check (if required to transport patient)	HH4-2F.01						

Compliance Checklist

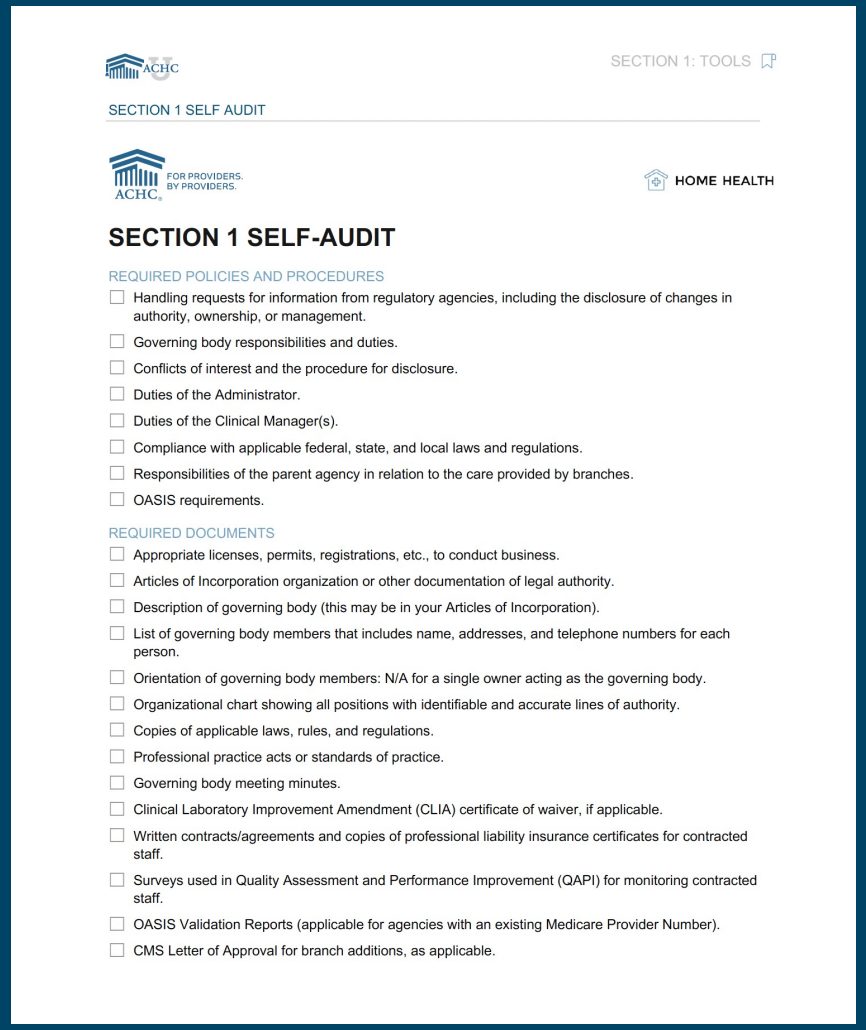
SECTION 1 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HH1-1A		Yes		Articles of Incorporation, appropriate licenses/ permits are posted; verification of personnel licensure	Observation Tool		
HH1-1A.01	Yes			Copies of required posters are posted	Observation Tool		
HH1-1B	Yes			Organizational chart & staff interviews	Observation Tool & Interview Tool		
HH1-1C				Observation of staff	Observation Tool		
HH1-2A	Yes			Governing body meeting minutes & staff interviews	Governing Body Meeting Minutes Template & Interview Tool		
HH1-2A.03				Orientation for governing body & list of governing body members	Observation Tool		
HH1-4A.01	Yes	Yes		Orientation to conflict of interest disclosure & staff interviews	Personnel File Audit Tool & Interview Audit Tool		
HH1-5A		Yes		Job description & Administrator's /Alternate Administrator's resume/application	Personnel File Audit Tool		
HH1-5A.01		Yes		Written evaluation of Administrator	Personnel File Audit Tool		
HH1-6A				Organizational chart & staff interviews	Observation Tool & Interview Tool		
HH1-6B	Yes	Yes		Clinical Manager's/Alternate Clinical Manager's resume/application	Personnel File Audit Tool		

SECTION 1: TOOLS

Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HH1-6C	Yes			Organizational chart	Observation Tool		
HH1-7A		Yes		Personnel files/contracts	Observation Tool & Hourly Contract Tool		
HH1-8A				OASIS Validation Report	Observation Tool		
HH1-8B	Yes		Yes	Documentation in patient records & OASIS Validation Report	Patient Record Audit Tool & Observation Tool		
HH1-9A.01				Governing body meeting minutes & staff interviews	Governing Body Meeting Minutes Template & Interview Audit Tool		
HH1-10A				Contracts for direct care services	Hourly Contract Tool		
HH1-11A				Clinical Laboratory Improvement Amendment (CLIA) waiver	Observation Tool		
HH1-12A.01				CMS Letter of Approval for branch additions	Observation Tool		

Self-Audit



SECTION 1 SELF AUDIT

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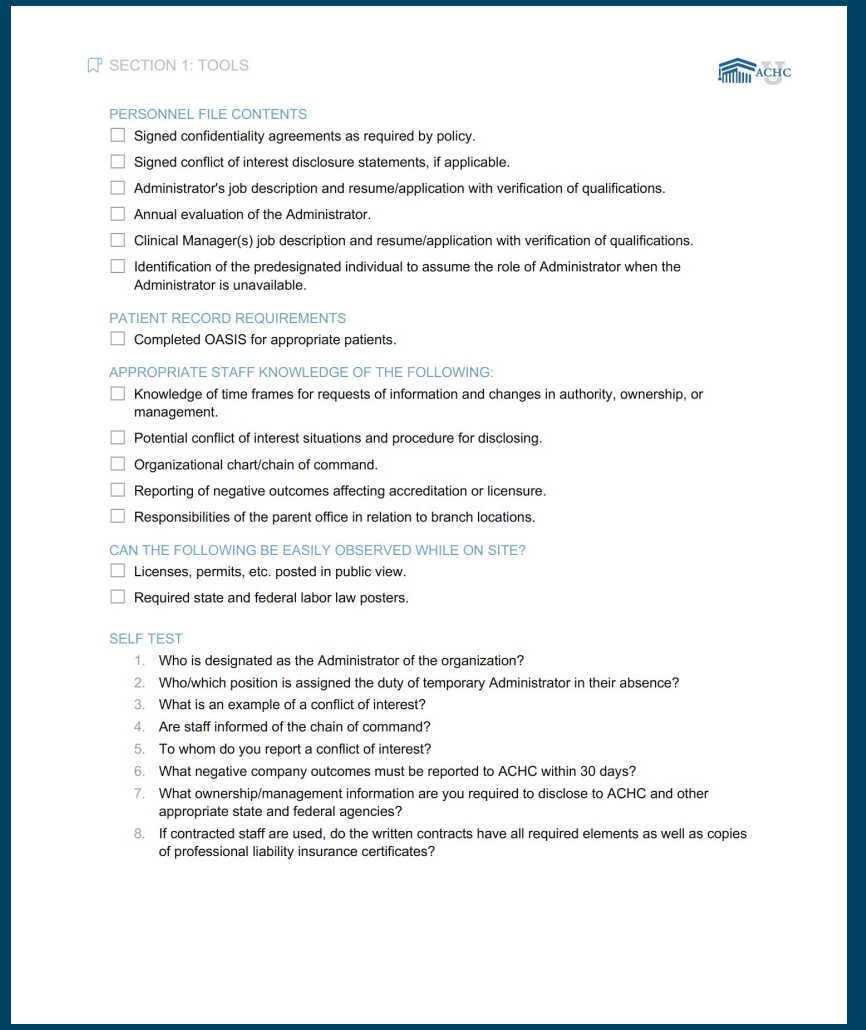
SECTION 1 SELF-AUDIT

REQUIRED POLICIES AND PROCEDURES

- ☐ Handling requests for information from regulatory agencies, including the disclosure of changes in authority, ownership, or management.
- ☐ Governing body responsibilities and duties.
- ☐ Conflicts of interest and the procedure for disclosure.
- ☐ Duties of the Administrator.
- ☐ Duties of the Clinical Manager(s).
- ☐ Compliance with applicable federal, state, and local laws and regulations.
- ☐ Responsibilities of the parent agency in relation to the care provided by branches.
- ☐ OASIS requirements.

REQUIRED DOCUMENTS

- ☐ Appropriate licenses, permits, registrations, etc., to conduct business.
- ☐ Articles of Incorporation organization or other documentation of legal authority.
- ☐ Description of governing body (this may be in your Articles of Incorporation).
- ☐ List of governing body members that includes name, addresses, and telephone numbers for each person.
- ☐ Orientation of governing body members: N/A for a single owner acting as the governing body.
- ☐ Organizational chart showing all positions with identifiable and accurate lines of authority.
- ☐ Copies of applicable laws, rules, and regulations.
- ☐ Professional practice acts or standards of practice.
- ☐ Governing body meeting minutes.
- ☐ Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver, if applicable.
- ☐ Written contracts/agreements and copies of professional liability insurance certificates for contracted staff.
- ☐ Surveys used in Quality Assessment and Performance Improvement (QAPI) for monitoring contracted staff.
- ☐ OASIS Validation Reports (applicable for agencies with an existing Medicare Provider Number).
- ☐ CMS Letter of Approval for branch additions, as applicable.



PERSONNEL FILE CONTENTS

- ☐ Signed confidentiality agreements as required by policy.
- ☐ Signed conflict of interest disclosure statements, if applicable.
- ☐ Administrator's job description and resume/application with verification of qualifications.
- ☐ Annual evaluation of the Administrator.
- ☐ Clinical Manager(s) job description and resume/application with verification of qualifications.
- ☐ Identification of the predesignated individual to assume the role of Administrator when the Administrator is unavailable.

PATIENT RECORD REQUIREMENTS

- ☐ Completed OASIS for appropriate patients.

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- ☐ Knowledge of time frames for requests of information and changes in authority, ownership, or management.
- ☐ Potential conflict of interest situations and procedure for disclosing.
- ☐ Organizational chart/chain of command.
- ☐ Reporting of negative outcomes affecting accreditation or licensure.
- ☐ Responsibilities of the parent office in relation to branch locations.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- ☐ Licenses, permits, etc. posted in public view.
- ☐ Required state and federal labor law posters.

SELF TEST

1. Who is designated as the Administrator of the organization?
2. Who/which position is assigned the duty of temporary Administrator in their absence?
3. What is an example of a conflict of interest?
4. Are staff informed of the chain of command?
5. To whom do you report a conflict of interest?
6. What negative company outcomes must be reported to ACHC within 30 days?
7. What ownership/management information are you required to disclose to ACHC and other appropriate state and federal agencies?
8. If contracted staff are used, do the written contracts have all required elements as well as copies of professional liability insurance certificates?

Medicare CoP Checklist

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

ACHC Accreditation Standards are developed in conjunction with the Medicare Conditions of Participation (CoPs). This checklist will assist you in auditing and preparing your home health agency for accreditation.

Non-compliance with a minimum of one condition-level CoP will require another on-site survey at your organization's expense. Following this checklist does not guarantee approval of accreditation by Accreditation Commission for Health Care (ACHC). You should refer to the State Operations Manual, Appendix B-Guidance to Surveyors: Home Health Agencies, for further information regarding Medicare CoPs. This document only reviews the Medicare CoPs. Please refer to ACHC Accreditation Standards for additional ACHC requirements.

How to use this pre-evaluation checklist:

Review each Medicare CoP and the associated G Tags in the State Operations Manual and Interpretive Guidelines.

If in compliance, score the G Tag as a "Yes." If not in compliance, score the G Tag as a "No." Deficiencies cited in Level I and Level II G Tags, as well as, multiple "No" answers under an individual CoP could put the agency at risk for a condition-level deficiency, and therefore should be a priority in correcting. Level I tags are identified as **blue** and Level II tags are identified as **green**.

Are you in compliance with the Medicare Condition of Participation pertaining to release of patient identifiable OASIS information (reference CFR 484.40)?

Yes	No	G Tag	
☐	☐	G350	Is there evidence that patients' OASIS information is protected, kept confidential, and is not released to the public?

Are you in compliance with the Medicare Condition of Participation pertaining to reporting OASIS information (reference CFR §484.45)?

Yes	No	G Tag	
☐	☐	G370	Does the agency electronically report all OASIS data collected in accordance with §484.55?
☐	☐	G372	Does the agency encode and electronically transmit each completed OASIS within 30 days of completing the assessment?
☐	☐	G374	Does the encoded OASIS data accurately reflect the patient's status at the time of the assessment?
☐	☐	G376	Is there evidence the agency transmits OASIS data?
☐	☐	G378	Does the agency transmit OASIS data in a format that meets CMS requirements?
☐	☐	G382	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 Condition of Participation pertaining to reporting OASIS information (reference CFR §484.45)?

Yes	No	G Tag	
☐	☐	G384	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	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?

Are you in compliance with the Medicare Condition of Participation pertaining to patient rights (reference CFR 484.50)?

Yes	No	G Tag	
☐	☐	G406	Is there evidence the patient and representative have been informed of their rights in a language and manner understandable to them?
☐	☐	G408	Is there evidence the agency has provided the patient and representative a notice of rights?
☐	☐	G410	Is there evidence that the agency informed the patient or legal representative of their rights and responsibilities, in advance to furnishing care?
☐	☐	G412	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	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	Is there evidence an OASIS privacy notice was provided for all patients for whom the OASIS data is collected?
☐	☐	G418	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?
☐	☐	G422	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	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	Is there evidence the patient has the right to:
☐	☐	G428	■ Have his or her property and person treated with respect?
☐	☐	G430	■ Be free of verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property?
☐	☐	G432	■ To voice grievances without fear of reprisal?

Are you in compliance with the Medicare Condition of Participation pertaining to patient rights (reference CFR 484.50)?

Yes	No	G Tag	
☐	☐	**G434**	■ To participate in the planning of their care, with respect to: » 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	■ To receive all services as outlined in the plan of care?
☐	☐	**G438**	■ To a confidential clinical record?
☐	☐	G440	■ 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	■ 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	■ To be informed of the state hotline number and the hours of operation in order to lodge complaints against the agency?
☐	☐	G446	■ To be informed of the names, addresses and telephone numbers of the following entities: » Agency on Aging; » Center for Independent Living; » Protection and Advocacy Agency; » Aging and Disability Resource Center; and » Quality Improvement Organization?
☐	☐	G448	■ To be free from discrimination for exercising their rights to voice grievances?
☐	☐	G450	■ To be informed of the right to access auxiliary aids and language services and how to access these services?
☐	☐	G452	Is there evidence the patient was only transferred or discharged from the agency when:
☐	☐	G454	■ The transfer or discharge is necessary for the patent's welfare because the agency can no longer meet the patient's needs?
☐	☐	G456	■ The patient or payor will no longer pay for the services?
☐	☐	G458	■ The physician or allowed practitioner and the agency agree the goals of the patient have been met?
☐	☐	G460	■ The patient refuses services or requests a transfer or discharge?
☐	☐	G462	■ The patient is discharged for cause?

Standard- And Condition-Level Deficiencies

- Standard-level deficiencies are ACHC-only deficiencies and individual G tags:
  - Not as “severe”
  - Individual, random issue vs. a systemic issue
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple G tags under a single condition are out of compliance, or the deficiency is severe:
  - Home Health protocols — Level 1 and Level 2 G tags

Focus Areas

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education.
- Implement an internal Plan of Correction (POC).
- Share improvements with your Surveyor during survey.

Survey Success

Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!

Poll Question

Questions?

ACHC U®
EDUCATIONAL RESOURCES

HOME HEALTH

Achieving A Successful Survey Outcome

On-site Survey Process

On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/patient chart review
- Interview with staff, management, and governing body
- Review of agency's implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference

Opening Conference

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
- Good time to gather information needed by the Surveyor
- KEY REPORTS
  - Unduplicated admissions:
    - Every patient admitted one time in the past 12 months regardless of payor for all locations served by the Medicare provider number.
  - Current census and current schedule of visits:
    - Name, diagnosis, start-of-care date, disciplines involved
  - Discharge and transfers
  - OASIS reports
  - Personnel and contracted individuals:
    - Name, start of hire, and discipline/role

Opening Conference

- Any previous survey results from past 12 months
- Patient admission packet and education materials
- Any internal Plans of Correction developed to correct identified deficiencies
- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
  - Read-only access
- Agency policies and procedures
- Appoint a liaison

Tour

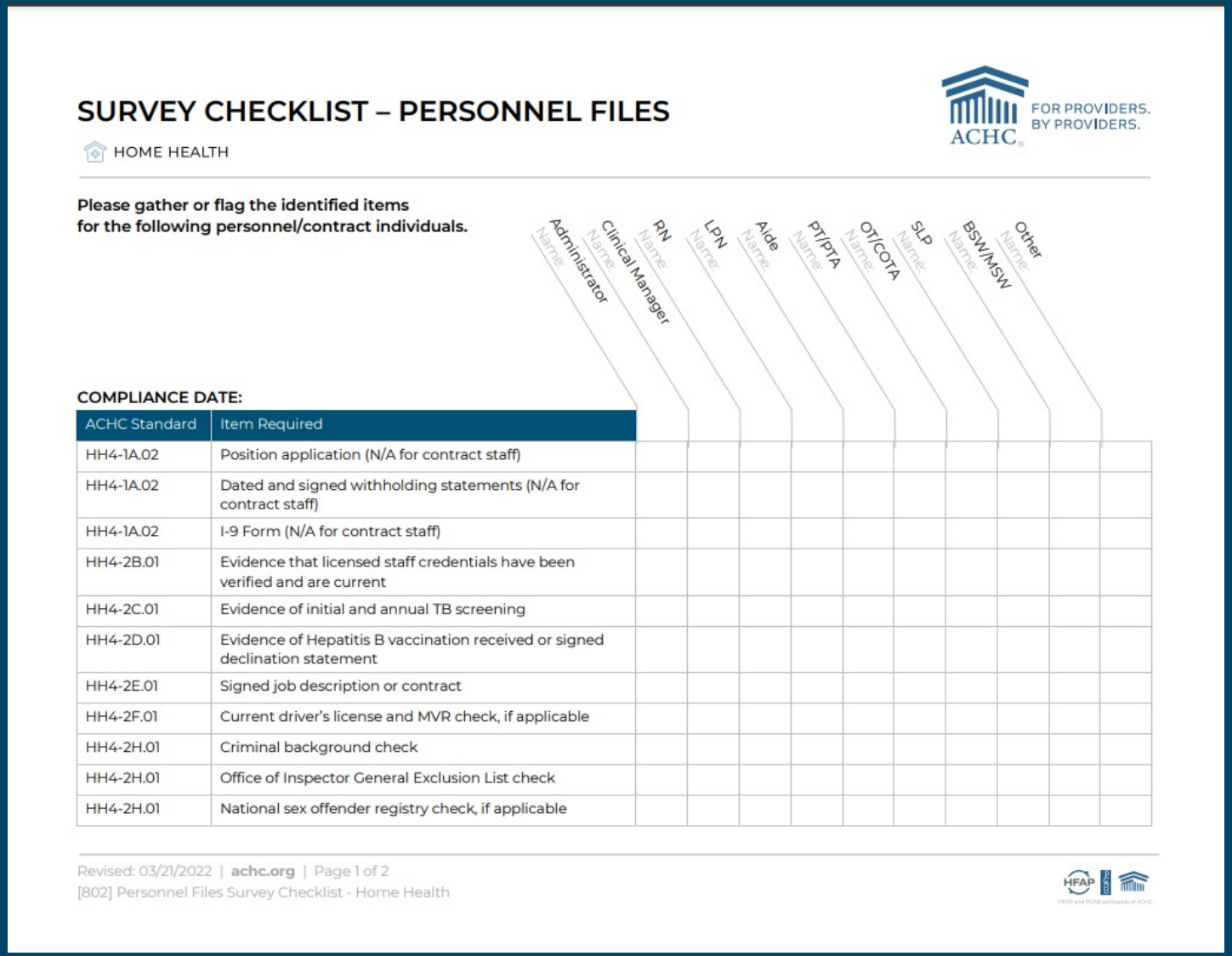
- Brief tour of facility
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms

Personnel File Review

- Review personnel records for key staff and contract staff
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, ongoing education
  - Medical information
  - Background checks

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

Personnel File Review



SURVEY CHECKLIST – PERSONNEL FILES

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

Please gather or flag the identified items for the following personnel/contract individuals.

Administrator Name: | Clinical Manager Name: | RN Name: | LPN Name: | Aide Name: | PT/PTA Name: | OT/COTA Name: | SLP Name: | BSW/MSW Name: | Other Name:

COMPLIANCE DATE:

ACHC Standard	Item Required
HH4-1A.02	Position application (N/A for contract staff)
HH4-1A.02	Dated and signed withholding statements (N/A for contract staff)
HH4-1A.02	I-9 Form (N/A for contract staff)
HH4-2B.01	Evidence that licensed staff credentials have been verified and are current
HH4-2C.01	Evidence of initial and annual TB screening
HH4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement
HH4-2E.01	Signed job description or contract
HH4-2F.01	Current driver's license and MVR check, if applicable
HH4-2H.01	Criminal background check
HH4-2H.01	Office of Inspector General Exclusion List check
HH4-2H.01	National sex offender registry check, if applicable

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[802] Personnel Files Survey Checklist - Home Health

Medical Chart Reviews

- CMS requirement based on unduplicated admissions for the last 12 months
- Representative of the care provided:
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - All locations
  - All payors
- Electronic Medical Record :
  - Do not print the medical record.
  - Surveyor needs access to the entire record — Read-only format.
  - Agency needs to provide a laptop/desktop for the Surveyor.
  - Navigator/outline.

Home Visits

- CMS requirement based on unduplicated admissions for last 12 months
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential home visits
- Surveyor transportation

Record Review/Home Visits

Unduplicated Admissions	Minimum # of Active Record Reviews Without Home Visits	Minimum # of Record Reviews With Home Visits	Minimum # of Closed Record Reviews	Total Record Reviews
300 or less	2	3	2	7
301-500	3	4	3	10
501-700	4	5	4	13
701 or greater	5	7	5	17

Exit Conference

- Mini-exit:
  - At end of each day, identify deficiencies; plan for next day.
- Final exit conference:
  - Present all corrections prior to the Exit Conference.
  - Surveyor cannot provide a score.
  - Invite those you want to attend.
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard/CoP.
  - Seek clarification from your Surveyor while still on site.

Corrected On Site

- ACHC only/non-CoP requirements can be corrected on site and a Plan of Correction (POC) will not be required.
- G tags that are corrected on site will still be scored as a “No” and a POC will be required.
  - Always want to demonstrate regulatory compliance

Poll Question

Questions?

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EDUCATIONAL RESOURCES

HOME HEALTH

Achieving A Successful Survey Outcome

Post-Survey Process

Post-Survey Process

- ACHC Accreditation Review Committee examines all the data.
- Accreditation decision is determined based primarily on CoP/G tag deficiencies.
- Summary of Findings is sent within 10 business days from the last day of survey.

Summary Of Findings Sample

Deficiency Category - COP: Standard Level			Defi-cient
Standard / CFR		**Comments**	
HH2-6A 484.50(c)(4) G434	**Written policies and procedures are established by the HHA in regard to the patient's right to make decisions about medical care, accept or refuse medical care, patient resuscitation, and surgical treatment. 484.50(c)(4) (G434), 484.50(c)(4)(i) (G434), 484.50(c)(4)(ii) (G434), 484.50(c)(4)(iii) (G434), 484.50 (c)(4)(iv) (G434), 484.50(c)(4)(v) (G434), 484.50(c)(4)(vi) (G434), 484.50(c)(4)(vii) (G434), 484.50(c)(4)(viii) (G434) .**	Upon medical record review, 1 of 7 (Patient #7) did not evidence the patient was correctly informed about the disciplines that will furnish the care. Patient #7 - The admission consent included ST 2 times weekly. ST was not ordered/provided. Corrective Action: The agency will need to ensure there is evidence that the patient had the right to, participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to: (i) Completion of all assessments (ii) The care to be furnished, based on the comprehensive assessment (iii) Establishing and revising the plan of care (iv) The disciplines that will furnish the care (v) The frequency of visits (vi) Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits (vii) Any factors that could impact treatment effectiveness (viii) Any changes in the care to be furnished Educate staff of requirement. Perform chart audits to ensure compliance.	X

Summary Of Findings Sample

Deficiency Category - COP: Condition Level Standard / CFR		Comments	Defi-cient
As a result of the Condition level noncompliance, the agency is prohibited for 2 years from offering a Nurse Aide training and competency evaluation program or a competency evaluation program as specified in 42 CFR 484.80(f).			
484.75	Condition of participation: Skilled professional services		
HH5-11A 484.75(b)(3) G710	The HHA furnishes skilled professional services. Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in 42 CFR 409.44, and physician and medical social work services as specified in 42 CFR 409.45. 484.75 (G700), 484.75(a) (G702), 484.75(b) (G704), 484.75(b)(1) (G706), 484.75(b)(2) (G708), 484.75(b)(3) (G710), 484.75(b)(4) (G712), 484.75(b)(5) (G714), 484.75(b)(6) (G716), 484.75(b)(7) (G718), 484.75(b)(8) (G720), 484.75(b)(9) (G722), 484.75(c) (G724), 484.75(c)(1) (G726) 484.75(c)(2) (G728) 484.75 (c)(3) (G730) .	Upon client record review, 6 of 11 records (Patient #1, #2, #4, #5, #6, #10) did not evidence in the patient record that skilled professionals assume responsibility for providing services that are ordered by the physician as indicated in the plan of care. #1--an MSW evaluation was documented for 2/9/18. There is no order for the MSW evaluation visit. #2--POC 4/2/19 has an order to teach the patient/CG foley care. SN frequency is 2 q 60 days and the one visit documented is the SOC visit 4/2/19. There is no nursing documentation that the patient/CG was taught foley catheter care and no knowledge assessment or return demonstration to indicate patient/CG competence in foley care. #4--POC 3/30/19 SN visit frequency is ordered and scheduled for 7w8. There are no SN visits documented for 3/31, 4/1, 4/2 and 4/3/19. #5--POC 9/1/18 there are orders for OT and ST evaluations, but no evidence in the record of an OT and ST evaluation being done. #6--POC 6/19/18 has an order for an ST evaluation, but there is no evidence in the record that an ST evaluation was completed. #10--during the surveyor attended home visit with the SN on 4/16/19 the SN did not follow the plan of care.	X

Standard- and Condition-Level Deficiencies

- Standard-level deficiencies are ACHC-only deficiencies and individual G tags:
  - Not as “severe”
  - Individual, random issue vs. a systemic issue
  - Only require a Plan of Correction
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple G tags under a single condition are out of compliance, or the deficiency is severe.
  - Home Health Agency Survey Protocols
    - Level 1 and Level 2 G tags
  - Requires another on-site survey
    - Startups require another full survey

ACHC Accreditation Decisions

ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*

ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.

DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.

DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

Plan of Correction

PLAN OF CORRECTION (POC)

FOR PROVIDERS. BY PROVIDERS.

Organization: <<Organization Name>> Company ID: <<CompanyID>> Application ID: <<ApplicationID>>

Address: <<Address>> Date Generated: <<Date>>

Services Reviewed: <<Services Reviewed>> Date of Survey <<Survey Date>> Surveyor: <<Surveyor>>

INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Ambulatory Care, Assisted Living, Behavioral Health, Palliative Care, and Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)
HH5-3A, §484.60	Staff will be in-serviced on how to document a complete and individualized plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.				

Page 1 [483] POC Template Revised: 08/18/2021

Plan of Correction Requirements

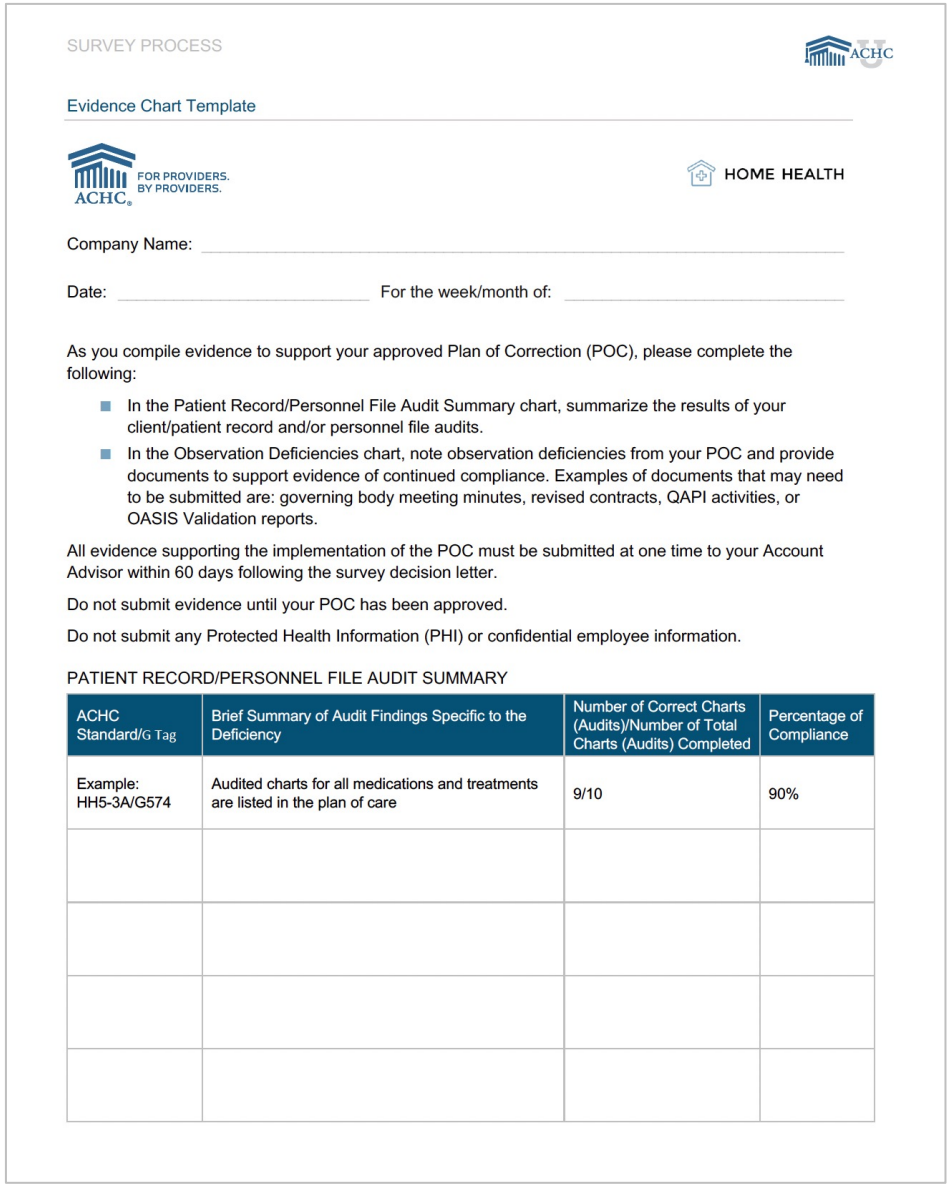
- Due in 10 calendar days to ACHC
- Deficiencies are autofilled
- Plan of Correction:
  - Specific action step to correct the deficiency
- Date of compliance of the action step:
  - 10 calendar days for condition-level
  - 30 calendar days for standard-level
- Title of individual responsible
- Process to prevent recurrence (two-step process):
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance

Evidence

- Evidence is required to support compliance.
- Once POC is approved, POC identifies which deficiencies will require evidence.
- All evidence to the Account Advisor within 60 days.
- No PHI or other confidential information of patients or employees.
- Accreditation can be terminated if evidence is not submitted.

Additional evidence may be required based on the decision of the ACHC Review Committee.

Sample Audit Summary



SURVEY PROCESS

ACHCU

Evidence Chart Template

ACHC FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

Company Name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Patient Record/Personnel File Audit Summary chart, summarize the results of your client/patient record and/or personnel file audits.
- In the Observation Deficiencies chart, note observation deficiencies from your POC and provide documents to support evidence of continued compliance. Examples of documents that may need to be submitted are: governing body meeting minutes, revised contracts, QAPI activities, or OASIS Validation reports.

All evidence supporting the implementation of the POC must be submitted at one time to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.

Do not submit any Protected Health Information (PHI) or confidential employee information.

PATIENT RECORD/PERSONNEL FILE AUDIT SUMMARY

ACHC Standard/G Tag	Brief Summary of Audit Findings Specific to the Deficiency	Number of Correct Charts (Audits)/Number of Total Charts (Audits) Completed	Percentage of Compliance
Example: HH5-3A/G574	Audited charts for all medications and treatments are listed in the plan of care	9/10	90%

After Accreditation

Poll Question

Questions?

Break time

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EDUCATIONAL RESOURCES

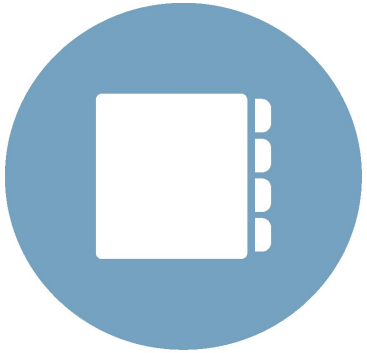
HOME HEALTH

Achieving A Successful Survey Outcome

Understanding The Standards

Review The Standards

- Identifier
  - HH: Home Health
- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
  - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
  - Items that will be reviewed to determine if the standard is met
- Services applicable



Standard Example

Standard HH1-1C: The HHA is in compliance with accepted professional standards and principles. 484.105(f)(2) (G984).

All HHA services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice, which include, but are not limited to:

- HHA federal regulation
- State Practice Act
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., the American Nurses Association standards)

Evidence: Observation

Standard Example

Standard HH2-10A.01: Supervision is available during all hours that care/service is provided.

There is administrative and clinical supervision of personnel in all care/service areas provided 24 hours per day, 7 days a week, as applicable. Supervision is consistent with state laws and regulations.

Evidence: On-Call Schedule, Observation , Response to Interviews

Most Stringent Regulation

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards.

Section 1

ORGANIZATION AND ADMINISTRATION

- The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Organization and Administration

Standard HH1-1A: The Home Health Agency (HHA) is in compliance with federal, state and local laws. 484.100 (G848), 484.100(b) (G860).

If state or local law provides for licensing of HHAs, the HHA must be licensed.

The HHA, its branches, and all persons furnishing services to patients must be licensed, certified, or registered, as applicable, in accordance with the state licensing authority as meeting those requirements.

All required license(s) and or permit(s) are current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

The entity, individual or HHA has a copy of the appropriate documentation or authorization(s) to conduct business.

Organization and Administration

Standard HH1-1A.01: The HHA is in compliance with all applicable federal, state, and local laws and regulations.

This standard requires compliance with all laws and regulations.

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Organization and Administration

Standard HH1-1B: Written policies and procedures are established and implemented by the HHA in regard to the disclosure of ownership and management information as required in 42 CFR Part 420, Subpart C and action required for a request of information. 484.100(a) (G850) (G852), 484.100(a)(1) (G854), 484.100(a)(2) (G856), 484.100(a)(3) (G858).

The HHA must disclose to the state survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management.

A disclosing entity must furnish updated information to CMS, state agencies, and ACHC at intervals between recertification, re-enrollment, or contract renewals, within 30 days of a written request or change in authority, ownership, or management.

Organization and Administration

Standard HH1-1C: The HHA is in compliance with accepted professional standards and principles. 484.105(f)(2) (G984).

All HHA services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice which include, but are not limited to:

- HHA federal regulation
- State Practice Act
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., the American Nurses Association standards)

Organization and Administration

Standard HH1-2A: The HHA is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the HHA. The governing body/owner duties and accountabilities are clearly defined. 484.105(a) (G942).

Although many governing bodies/owners delegate authority for some of these functions to individual personnel members or to an advisory committee, the ultimate responsibility continues to rest with the governing body/owner. In situations where the board of directors serves as the governing body for a large, multi-service organization, board activities will address the overall HHA; however, oversight of the HHA's program is evidenced in some manner such as in reports to the board or documented in minutes of board meetings.

Organization and Administration

Standard HH1-2A.03: Governing body members receive an orientation to their responsibilities and accountabilities.

There is evidence that the governing body members received an orientation to their responsibilities and accountabilities as defined by the HHA. Governing body members are provided the opportunity to evaluate the orientation process.

The HHA has a list of governing body members that includes name, address and telephone number. This criterion would not apply to a single owner who serves as the governing body.

Organization and Administration

Standard HH1-4A.01: Written policies and procedures are established and implemented by the HHA in regard to conflicts of interest and the procedure for disclosure.

The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body/owner
- Personnel having an outside interest in an entity providing services to the HHA
- Personnel having an outside interest in an entity providing services to patient

In the event of proceedings that require input, voting, or decisions, the individual(s) with a conflict of interest are excluded from the activity.

Governing board members and personnel demonstrate understanding of conflict of interest policies and procedures.

Organization and Administration

Standard HH1-5A: There is an individual who is designated as responsible for the overall operation and services of the HHA. The Administrator organizes and directs the HHA's ongoing functions and maintains ongoing liaison among the governing body/owner and the personnel. 484.105(b) (G944), 484.105(b)(1) (G944), 484.105(b)(1)(i) (G946), 484.105(b)(1)(ii) (G948), 484.105 (b)(1)(iii) (G950), 484.105(b)(1)(iv) (G952), 484.105(b)(2) (G954), 484.105(b)(3) (G956).

The Administrator is responsible for all programs and services and is appointed and accountable to the governing body/ owner.

There is a job description that specifies the responsibilities and authority of this individual.

Organization and Administration

The Administrator:

- Is responsible for all day-to-day operations of the HHA
- Ensures that a clinical manager is available during all operating hours
- Ensures that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies

When the Administrator is not available, a qualified, pre-designated person, who is authorized in writing by the Administrator and the governing body, assumes the same responsibilities and obligations as the Administrator. The pre-designated person may be the clinical manager, the Administrator or a pre-designated person is available during all operating hours

Organization and Administration

Standard HH1-5A.01: The governing body, or its designee, writes and conducts annual evaluations of the Administrator.

The governing body/owner may delegate the evaluation function to a specific person or entity such as an advisory or personnel committee.

The evaluation is reviewed with the Administrator and documented.

This criterion does not apply to sole proprietorships or to limited liability corporations (LLC), where the president and Administrator is also the owner and governing body.

This criterion is not applicable if the HHA has been in operation less than one year at the time of accreditation survey.

Organization and Administration

Standard HH1-6A: Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the HHA with identifiable lines of authority. 484.105 (G940).

The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled.

The services furnished by the HHA, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly defined in writing.

The governing body/owner and all positions are identified on the organizational chart. The organizational chart shows the position responsible for each program or service the HHA provides.

Organization and Administration

Standard HH1-6B: There is one or more individual who is qualified to act as clinical manager. A clinical manager is a licensed physician, physical therapist, speech-language pathologist, occupational therapist, audiologist, social worker, or a Registered Nurse. A clinical manager must provide oversight of all patient care services and personnel. This person, or a similarly qualified alternate, is available at all times during business hours and participates in all activities relevant to the professional services furnished. Administrative and supervisory functions are not delegated to another agency or organization. 484.105(c) (G958), 484.105(c)(1) (G960), 484.105(c)(2) (G962), 484.105(c)(3) (G964), 484.105(c)(4) (G966), 484.105(c)(5) (G968).

All skilled nursing and other therapeutic services are furnished under the supervision and direction of a qualified clinical manager with sufficient education and experience in the scope of services offered.

A minimum of two years of home care experience and at least one year of supervisory experience is required.

Organization and Administration

This person, or similarly qualified alternate, is available at all times during operating hours and participates in all activities relevant to the professional services furnished, including the development of qualifications and the assignment of personnel.

The clinical managers are responsible for the direction, coordination, and supervision of services. The clinical manager's oversight must include the following:

- Making patient and personnel assignments
- Coordinating patient care
- Coordinating referrals
- Assuring that patient needs are continually assessed
- Assuring the development, implementation, and updates of the individualized plan of care

Organization and Administration

Standard HH1-6C: Written policies and procedures are established and implemented that define the responsibilities of the parent agency in relation to coordination of care provided through branches. All services not furnished directly are monitored and controlled by the parent agency. 484.105(d) (G970), 484.105(d)(1) (G972), 484.105(d)(2) (G974).

The parent HHA is responsible for reporting all branch locations of the HHA to the state survey agency at the time of the HHA's request for initial certification, at each survey and at the time the parent proposes to add or delete a branch.

The parent HHA provides direct support and administrative control of its branches. A branch office, as an extension of the parent HHA, may not offer services that are different than those offered by the parent HHA.

Organization and Administration

Standard HH1-7A: The HHA provides part-time or intermittent skilled nursing services and at least one other therapeutic service (physical therapy, speech language pathology or occupational therapy; medical social services; or home health aide services) that are made available on a visiting basis, in a place of residence used as a patient's home. 484.105(f) (G982), 484.105(f)(1) (G982).

An HHA must provide at least one of the services described in this standard directly, but may provide the second service and additional services under arrangements with another HHA or organization.

An HHA is considered to be providing a service directly when the person providing the service is an employee of the HHA. An individual who works for a Home Health Agency on an hourly or per-visit basis may be considered an HHA employee if the HHA is required to issue a W-2 form in their name.

Organization and Administration

Standard HH1-8A: The HHA electronically reports all OASIS data collected from the comprehensive assessment. 484.45 (G370).

HHAs must continue to collect, encode, and transmit OASIS data for their non-maternity Medicare (traditional and HMO/managed care) and Medicaid (traditional and HMO/Managed Care) patients that are age 18 and over and receiving skilled services. Medicare (HMO/managed care) does include Medicare Advantage (MA), formerly known as Medicare+Choice (M+C) plans and Medicare PPO plans.

Organization and Administration

Standard HH1-8B: The HHA's policies and procedures describe activities and the implementation to ensure safe, timely and accurate collection and transmission of OASIS data. 484.45(a) (G372), 484.45(b) (374), 484.45(c) (G376), 484.45(c)(1) (G378), 484.45(c)(2) (G380), 484.45(c)(3) (G382), (484.45(d) (G386).

An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.

The encoded OASIS data must accurately reflect the patient's status at the time of assessment.

Organization and Administration

Standard 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.

Negative outcomes affecting accreditation, licensure, or Medicare/Medicaid certification are reported to ACHC within 30 days.

The report includes all action taken and plans of correction.

Organization and Administration

Standard HH1-10A: An HHA that uses outside personnel to provide care/services on behalf of the HHA has a written contract/agreement for care furnished. The contract/agreement contains all requirements and is kept on file within the HHA. 484.105(e) (G976), 484.105(e)(1) (G976), 484.105(e)(2) (G978), 484.105(e)(2)(i) (G978), 484.105(e)(2)(ii) (G978), 484.105(e)(2)(iii) (G978), 484.105(e)(2)(iv) (G978), 484.105(e)(3) (G980).

An HHA must have a written agreement with another agency, with an organization, or with an individual when that entity or individual furnishes services under arrangement to the HHA's patients.

A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement or development of an updated contract/agreement.

Organization and Administration

Standard HH1-11A: If the HHA engages in laboratory testing outside of the context of assisting an individual in self-administering a test with an appliance that has been cleared for that purpose by the Food and Drug Administration (FDA), the testing must be in compliance with all applicable requirements of 42 CFR 493 (Laboratory Requirements). 484.100(c) (G862), 484.100(c)(1) (G862), 484.100(c)(2) (G864).

The HHA obtains and maintains a current certificate of waiver from the Department of Health and Human Services.

If the HHA refers specimens for laboratory testing, the referral laboratory must be certified in the appropriate specialties and subspecialties of services.

Organization and Administration

Standard HH1-12A.01: Prior to adding additional locations, HHAs must obtain Medicare approval before providing care/service to Medicare patients.

When an existing provider intends to add an additional location, it notifies CMS, the state survey agency (SA) and ACHC in writing of the proposed location if it expects this location to participate in Medicare or Medicaid.

The provider must also submit a CMS Form-855A change of information request (including all supporting documentation) to its Medicare Administrative Contractor (MAC) before CMS approval can be granted.

The provider must obtain CMS approval of the new location before it is permitted to bill Medicare for services provided from the new location.

Tips for Compliance

- Ensure license is current and posted
- Change in ownership/management properly reported
- Governing body
  - Orientation
  - List of members
  - Understand duties
- Conflict of Disclosure statement
- Administrator, Alternate Administrator, Clinical Manager, Alternate Clinical Manager
- Administrator annual evaluation

Tips For Compliance

- Organization chart is current
- Any negative outcomes have been properly reported
- Review contracts
- Evidence of how contracted care is monitored
- CLIA and/or reference laboratory CLIA
- OASIS Reports

Workbook Tools

- Compliance Checklist
- Self-Audit
- Governing Body Meeting Agenda Template
- Hourly Contract Staff Audit Tool
- Organizational Chart
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality statement
- Governing Body Orientation

Poll Question

Questions?

Section 2

PROGRAM/SERVICE OPERATIONS

- The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

Programs and Services

Standard HH2-1A.01: Written policies and procedures are established and implemented in regard to the HHA's descriptions of care/services and its distribution to personnel, patients, and the community.

Written descriptions of care/services with detailed information are available. Marketing and instructional materials use lay language and provide a more general description of care/services offered.

Patients will receive information about the services covered under the HHA benefit and the scope of services that the HHA will provide and specific limitations on those services.

The patient and/or family will receive this information prior to receiving care/service with evidence documented in the patient record.

Programs and Services

Standard HH2-2A: Written policies and procedures are established and implemented by the HHA in regard to the creation and distribution of the Patient Rights and Responsibilities statement. 484.50 (G406), 484.50(a) (G408), 484.50(a)(1) (G410), 484.50(a)(i) (G6412), 484.50(a)(ii) (G414), 484.50(a)(iii) (G416), 484.50(a)(2) (G418), 484.50(a)(3) (G420), 484.50(a)(4) (G422), 484.50 (b) (G424), 484.50(b)(1) (G424), 484.50(b)(2) (G424), 484.50(b)(3) (G424), 484.50(c) (G426), 484.50(c)(1) (G428), 484.50(c)(2) (G430), 484.50(c)(3) (G432), 484.50(c)(4) (G434), 484.50(c)(4)(i) (G434), 484.50(c)(4)(ii) (G434), 484.50(c)(4)(iii) (G434), 484.50(c)(4)(iv) (G434), 484.50(c)(4)(v) (G434), 484.50(c)(4)(vi) (G434), 484.50(c)(4)(vii) (G434), 484.50(c)(4)(viii) (G434), 484.50(c)(5) (G436), 484.50 (c)(6) (G438), 484.50(c)(7) (G440), 484.50(c)(7)(i) (G440), 484.50(c)(7)(ii) (G440), 484.50(c)(7)(iii) (G440), 484.50(c)(7)(iv) (G440), 484.50(c)(8) (G442), 484.50(c)(9) (G444), 484.50(c)(10) (G446), 484.50(c)(10)(i) (G446), 484.50(c)(10)(ii) (G446), 484.50(c)(10)(iii) (G446), 484.50(c)(10)(iv) (G446), 484.50(c)(10)(v) (G446), 484.50(c)(11) (G448), 484.50(c)(12) (G450).

Patient Rights and Responsibilities statement contains the required components.

The HHA obtains the patient’s or legal representative’s signature confirming that he or she has received a copy of the notice of rights and responsibilities.

Personnel are provided training during orientation and at least annually thereafter concerning the HHA's policies and procedures on the Patient Rights and Responsibilities.

Programs and Services

Standard HH2-2C: The HHA protects and promotes the exercise of the Patient's Rights. 484.50 (G406), 484.50(c) (G426), 484.50 (c)(1) (G428).

Personnel honor the patient right to:

- To exercise his or her rights as a patient of the HHA
- Have his or her property and person treated with respect
- Be able to identify visiting personnel members through agency-generated photo identification
- Choose a healthcare provider, including an attending physician or allowed practitioner
- Receive appropriate care without discrimination in accordance with physician or allowed practitioner orders
- Be informed of any financial benefits when referred to an HHA
- Be fully informed of one's responsibilities

Programs and Services

Standard HH2-3A: Written policies and procedures are established and implemented by the HHA in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the HHA. 484.50(c)(2) (G430), 484.50(e)(1)(i)(B) (G482), 484.50(e)(2) (G488).

Any HHA staff must report these findings immediately to the HHA and other appropriate authorities in accordance with state law.

The HHA immediately investigates all alleged violations involving anyone furnishing services and immediately takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The HHA ensures that verified violations are reported to ACHC, state and local bodies having jurisdiction within five working days of becoming aware of the verified violation.

Programs and Services

Standard HH2-4A: Written policies and procedures are established and implemented by the HHA requiring that the patient be informed at the initiation of care/service how to report grievances/complaints. 484.50(c)(3) (G432), 484.50(e) (G476), 484.50(e)(1) (G476), 484.50(e)(1)(i) (G478), 484.50(e)(1)(i)(A) (G480), 484.50(e)(1)(ii) (G484), 484.50(e)(1)(iii) (G486).

The HHA must investigate complaints made by a patient, the patient's representative, and the patient's caregivers and family.

The HHA must document both the existence of the complaint and the resolution of the complaint.

The HHA maintains records of grievances/complaints and their outcomes, submitting a summary report quarterly to the governing body/owner.

This information is included in the Quality Assessment and Performance Improvement annual report.

Programs and Services

Standard HH2-4B: The HHA provides the patient with written information concerning how to contact the HHA, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission. 484.50(c)(9) (G444), 484.50(c)(10) (G446).

The HHA provides all patients with written information listing a telephone number, contact person, and the HHA's process for receiving, investigating, and resolving grievances/complaints about its care/service.

The agency advises patients in writing of the state’s toll-free Home Health telephone hotline, its contact information, its hours of operation, and that its purpose is to receive complaints and questions about local HHAs.

Programs and Services

The patient should be advised of the names, addresses, and telephone numbers of the following federally funded and state-funded entities that serve the area where the patient resides:

i. Agency on Aging
ii. Center for Independent Living
iii. Protection and Advocacy Agency
iv. Aging and Disability Resource Center
v. Quality Improvement Organization

Programs and Services

Standard HH2-5A: Written policies and procedures are established and implemented by the HHA in regard to the securing and releasing of confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI). 484.40 (G350), 484.50(c)(6) (G438).

The HHA has clearly established written policies and procedures that address the areas listed above which are clearly communicated to all personnel.

There is a signed confidentiality statement for all personnel and governing body/owner. Personnel and the governing body/owner abide by the confidentiality statement and the HHA's policies and procedures.

The HHA designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

Programs and Services

Standard 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.

A copy of all Business Associate Agreements will be on file at the HHA for all non-covered entities as defined by the Health Insurance Portability and Accountability Act (HIPAA).

A Business Associate Agreement is not required with persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of protected health information.

Programs and Services

Standard HH2-6A: Written policies and procedures are established by the HHA in regard to the patient's right to make decisions about medical care, accept or refuse medical care, patient resuscitation, and surgical treatment. 484.50(c)(4)(G434), 484.50(c) (4)(i) (G434), 484.50(c)(4)(ii) (G434), 484.50(c)(4)(iii) (G434), 484.50(c)(4)(iv) (G434), 484.50(c)(4)(v) (G434), 484.50(c)(4)(vi) (G434), 484.50(c)(4)(vii) (G434), 484.50(c)(4)(viii) (G434).

The HHA's policies and procedures must describe the patient’s rights under law to make decisions regarding medical care, including the right to accept or refuse care/service.

Programs and Services

The patient has the right to, participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to:

- 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
- Any changes in the care to be furnished

Programs and Services

Standard HH2-6B.01: Written policies and procedures are established and implemented by the HHA in regard to resuscitative guidelines and the responsibilities of personnel.

The policies and procedures identify which personnel perform resuscitative measures, respond to medical emergencies and utilization of 911 services (EMS) for emergencies.

Successful completion of appropriate training, such as a CPR certification course is defined in the policies and procedures.

Online CPR certification is not accepted.

Patients are provided information about the HHA's policies and procedures for resuscitation, medical emergencies and accessing 911 services.

Programs and Services

Standard HH2-6B.02: Advance Directive information is provided to the patient/responsible party orally and in writing prior to the initiation of care/services and documented in the patient record.

Advance Directive information is provided to the patient/responsible party prior to the initiation of care/services.

The patient's decision regarding an Advance Directive is documented in the patient record.

Programs and Services

Standard HH2-7A.01: Written policies and procedures are established and implemented by the HHA in regard to the identification, evaluation, and discussion of ethical issues.

Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues in the HHA.

The HHA monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

Orientation and annual training of personnel includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Programs and Services

Standard HH2-8A: Written policies and procedures are established and implemented by the HHA in regard to the provision of care/service to patients and families with communication or language barriers. 484.50(f) (G490), 484.50(f)(1) (G490), 484.50(f)(2) (G490).

Personnel can communicate with the patient and/or family in the appropriate language or form understandable to the patient.

Mechanisms are in place to assist with language and communication barriers.

All personnel are knowledgeable regarding the written policies and procedures for the provision of care/service to patients and families with communication barriers.

Programs and Services

Standard 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.

Written policies and procedures describe the mechanism the HHA utilizes to provide care for patients and families of different cultural backgrounds, beliefs and religions.

All personnel are provided with annual education and resources to increase their cultural awareness of the patients/families they serve.

Programs and Services

Standard HH2-9A.01: Written policies and procedures are established and implemented by the HHA in regard to a Compliance Program aimed at preventing fraud and abuse.

The HHA has an established Compliance Program that provides guidance for the prevention of fraud and abuse.

The Compliance Program identifies numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the HHA takes to prevent violations of fraud and abuse.

There is a designated Compliance Officer and Compliance Committee.

Programs and Services

Standard HH2-10A.01: Supervision is available during all hours that care/service is provided.

There is administrative and clinical supervision of personnel in all care/service areas provided 24 hours per day, 7 days a week, as applicable.

Programs and Services

Standard 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.

The HHA provides nursing services 24 hours a day, 7 days a week as necessary to meet patient needs.

An on-call coverage system for nursing services must be used to provide this coverage during evenings, nights, weekends and holidays.

Supervision is consistent with state laws and regulations.

Programs and Services

Standard HH2-12A.01: Written policies and procedures are established and implemented that identify the approved treatments, procedures and patient care activities.

The HHA has written guidelines defining any special education, experience or licensure/certification requirements necessary for the clinical personnel to provide any special procedures or treatments.

Tips for Compliance

- Marketing materials
- Patient admission packet
  - Evidence in the medical record
- Patient Rights and Responsibilities statement
- Complaint log
- Signed confidentiality statement
- Business Associate Agreements

Tips for Compliance

- Evidence staff know how to handle:
  - Complaints
  - Ethical issues
  - Communication barriers
  - Cultural diversity
- Compliance Plan
- Evidence of proper certification/education needed to perform treatments per state regulations or agency policy

Workbook Tools

- Compliance Checklist
- Self-Audit
- Patient Rights and Responsibilities Audit Tool
- Hints for an Effective Compliance Program/Plan
- Sample Ethical Issues/Concerns Reporting Form
- Sample Patient Complaint/Concern Form

Poll Question

Questions?

Lunch Break

Teaching Tool: Kahoot!

- Cellphone or laptop
- Go to Kahoot.it
- Enter Game PIN
- Enter your nickname
  See “You’re in”
- You’re ready!

Section 3

FISCAL MANAGEMENT

- The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

Fiscal Management

Standard HH3-1A: Written policies and procedures are established and implemented that address the budgeting process. The HHA under the direction of the governing body/owner prepares an overall plan and a budget that includes an annual operating budget and capital expenditure. 484.105(h) (G988), 484.105(h)(1) (G988), 484.105(h)(3) (G988).

The overall plan and budget is prepared under the direction of the governing body of the HHA by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the HHA.

Fiscal Management

Standard HH3-1B: Written policies and procedures are established and implemented by the HHA in regard to a Capital Expenditure Plan. The HHA's Capital Expenditure Plan is developed in collaboration with management and personnel and under the direction of the governing body/owner, if applicable. 484.105(h)(2) (G988), 484.105(h)(2)(i) (G988), 484.105(h)(2)(ii) (G988), 484.105(h)(2)(ii)(A) (G988), 484.105(h)(2)(ii)(B) (G988), 484.105(h)(2)(ii)(C) (G988).

There is a Capital Expenditure Plan that includes and identifies in detail the anticipated sources of financing for, and the objectives of each anticipated expenditure of more than $600,000 for items that would, under generally accepted accounting principles, be considered capital items.

Fiscal Management

Standard HH3-1C: The HHA performs an annual review and update of the budget. 484.105(h)(4) (G988).

The overall plan and budget is reviewed and updated at least annually.

Fiscal Management

Standard HH3-2A.01: The HHA implements financial management practices that ensure accurate accounting and billing.

The HHA ensures sound financial management practices.

Fiscal Management

Standard HH3-3A.01: Written policies and procedures are established and implemented by the HHA in regard to the time frames financial records are kept.

Written policies and procedures reflect applicable statutes and IRS regulations in regard to the time frame requirements for the retention of financial records.

Medicare/Medicaid-certified programs are required to maintain financial records for at least five years after the last audited cost report.

Fiscal Management

Standard HH3-3B.02: The HHA will have a qualified individual conduct a financial review annually which includes identification of recommendations and a written report.

Medicare Cost Report

Fiscal Management

Standard 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.

There are written policies and procedures for establishing and conveying the charges for care/services provided to patients.

Written charges for care/services are available upon request.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Fiscal Management

Standard HH3-4C: The patient is advised orally and in writing of the charges for care/service at, or prior to, the receipt of care/ services. The HHA must advise the patient of changes both orally and in writing as soon as possible, in advance of the next home visit. Patients who are Medicare or Medicaid eligible are informed when Medicare/Medicaid assignment is accepted.(484.50(c)(7) (G440), 484.50(c)(7)(i) (G440), 484.50(c)(7)(ii) (G440), 484.50(c)(7)(iii) (G440), 484.50(c)(7)(iv) (G440).

The patient is provided written information concerning the charges for care/service at or prior to the receipt of care/service.

Patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third-party payors, and the financial responsibility of the patient.

Fiscal Management

Standard HH3-4D.01: There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the HHA.

The HHA verifies that patients and/or third-party payors are properly billed for care/service provided.

Tips for Compliance

- Budget
- Governing body meeting minutes to demonstrate review of budget
- Medicare Cost Report
- Evidence patients are informed of financial liability upon admission and when there are changes
- List of care/service rates

Workbook Tools

- Compliance Checklist
- Self-Audit
- Home Health Financial Disclosure Statement

Poll Question

Questions?

Section 4

HUMAN RESOURCE MANAGEMENT

- The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

Human Resource Management

Standard 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.

The HHA has a personnel record for all employees of the HHA that is available for inspection by federal, state regulatory agencies and accreditation organizations.

Personnel files are kept in a confidential manner.

Human Resource Management

Standard HH4-1A.02: Prior to or at the time of hire all personnel complete appropriate documentation.

Personnel files contain:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification which confirms citizenship or legal authorization to work in the United States)

Human Resource Management

Standard HH4-1B.01:All personnel files at a minimum contain or verify the following items. (Informational Standard Only)

Personnel includes, but is not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers.

For contract staff the organization must have access to all of the above items, except position application, withholding statement, I-9, and personnel handbook. The remainder of items must be available for review during survey but do not need to be kept on site.

Direct patient care - care of a patient provided personally by a staff member or contracted individual/organization in a patient's residence or healthcare facility. Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

Human Resource Management

Standard 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.

Credentialing information includes a review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

Primary source verification.

Human Resource Management

Standard HH4-2C.01:Written policies and procedures are established and implemented in regard to 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.

Prior to patient contact, direct care personnel provide or have:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high risk exposures have occurred since administration of the baseline TB test.
- If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

An organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of health care professionals is not recommended unless there is a known exposure or ongoing transmission.

Human Resource Management

Standard 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.

Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

Human Resource Management

Standard 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.

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

Reviewed at hire and whenever the job description changes.

Human Resource Management

Standard 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 in compliance with state laws.

The HHA conducts a Motor Vehicle Records (MVR) check on all personnel who are required to transport patients as part of their job duties, at time of hire and annually.

Human Resource Management

Standard HH4-2H.01: Written policies and procedures are established and implemented in regard to 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.

The HHA obtains a criminal background check, Office of Inspector General (OIG) exclusion list check and national sex offender registry check on all employees who have direct patient contact.

The HHA contracts require that all contracted entities obtain criminal background check, Office of Inspector General exclusion list check and national sex offender registry check on contracted employees who have direct patient contact.

Human Resource Management

The HHA obtains a criminal background check and OIG exclusion list check on all HHA employees who have access to patient records.

HHA contracts require that all contracted entities obtain criminal background checks and OIG exclusion list check on contracted employees who have access to patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states in which the individual has lived or worked during past three years.

Human Resource Management

Standard HH4-2I.01: Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

Personnel policies and procedures and/or an Employee Handbook include, but are not limited to:

- Wages
- Benefits
- Grievances and complaints
- Recruitment, hiring and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Human Resource Management

Standard HH4-2J.01: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

Policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted.

Personnel evaluations are completed, shared, reviewed and signed by the supervisor and employee on an annual basis.

Human Resource Management

Standard HH4-2K: Written policies and procedures are developed and implemented in regard to the requirement of all personnel to receive the COVID-19 vaccine. 484.70(d)(1-3)(G687)

The HHA must develop and implement policies and procedures to ensure that all personnel are fully vaccinated for COVID-19.

A process for ensuring the tracking and secure documentation of the vaccination status of personnel for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

Contingency plans for personnel who are not fully vaccinated for COVID-19.

Human Resource Management

Standard 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.

Education, training and experience are verified prior to employment.

This can be accomplished by obtaining copies of resumes, applications, references, diplomas, licenses, certificates, and workshop attendance records.

Human Resource Management

Standard 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.

The HHA creates and completes checklist or other method to verify that the topics have been reviewed with all personnel.

Human Resource Management

Standard HH4-5B.01: The HHA designates an individual who is responsible for conducting orientation activities.

The HHA designates an individual to coordinate the orientation activities ensuring that instruction is provided by qualified personnel.

Human Resource Management

Standard 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.

The HHA designs and implements a competency assessment program based on the care/service provided for all direct care personnel.

Competency assessments are conducted initially during orientation, prior to providing a new task and annually thereafter.

Competency assessment may be accomplished through clinical observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Human Resource Management

Standard HH4-6C.01: Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for using waived tests.

The HHA identifies which personnel may perform waived tests, and conducts and documents appropriate training for these individuals.

Human Resource Management

Standard 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.

Qualified personnel observe and evaluate each direct care personnel performing their job duties prior to providing care independently and at frequencies required by state or federal regulations.

This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Human Resource Management

Standard HH4-8A: Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education for each Home Health Aide and supervision requirements of the education. 484.80(d) (G774), 484.80(d) (1) (G776), 484.80(d)(2) (G778) (This standard only applies to Home Health Aide requirements.)

A Home Health Aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.

In-service training for Home Health Aides may be offered by any organization and must be supervised by a Registered Nurse.

The HHA must maintain documentation that demonstrates the requirements of this standard have been met.

The HHA must maintain a written description of the in-service training provided during the previous 12 months.

Human Resource Management

Standard 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.

Non-direct care personnel have a minimum of eight hours of ongoing education per year. Direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period.

Human Resource Management

The HHA has an ongoing education plan that annually addresses, but is not limited to:

- How to handle grievances/complaints
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Workplace (OSHA), patient safety and components of HH7-2A.01
- Patient Rights and Responsibilities
- Compliance Program

Human Resource Management

Standard 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.

Personnel files contain documentation of completion of all special education, experience, or licensure/certification requirements.

Qualifications may vary based upon Board of Nursing requirements for Licensed Practical Nurses and Registered Nurses.

Human Resource Management

Standard HH4-11H: All Home Health Aide Services are provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, federal regulations and the HHA's policies and procedures and/or job descriptions and ACHC Glossary of Personnel Qualifications as defined by Medicare's Conditions of Participation 484.80 (G750) , 484.80(a) (G752), 484.80(a)(1) (G754), 484.80(a)(1)(i) (G754), 484.80(a)(1)(ii) (G754), 484.80(a)(1)(iii) (G754), 484.80(a)(1)(iv) (G754), 484.80(a)(2) (G756)

A qualified Home Health Aide is a person who has successfully completed:

- A training and competency evaluation program as specified in 42 CFR 484.80 (b) and (c); or
- A competency evaluation program that meets the requirements of 42 CFR 484.80(c); or

Human Resource Management

- A nurse aide training and competency evaluation program approved by the state as meeting the requirements of 42 CFR 483.151 through 42 CFR 483.154, 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 42 CFR 484.80(b) and (c)
- If there has been a 24-month lapse in furnishing services for compensation, the individual must complete another program, as specified in 42 CFR 484.80(a)(1), before providing services.

Human Resource Management

Standard HH4-12A: For HHAs that conduct a Home Health Aide training program, the HHA meets all of the requirements of the Medicare Conditions of Participation. 484.80(b) (G758), 484.80(b)(1) (G760), 484.80(b)(2) (G762), 484.80(b)(3) (G764), 484.80(b)(3) (i) (G764), 484.80(b)(3)(ii) (G764), 484.80(b)(3)(iii) (G764), 484.80(b)(3)(iv) (G764), 484.80(b)(3)(v) (G764), 484.80(b)(3)(vi) (G764), 484.80(b)(3)(vii) (G764), 484.80(b)(3)(viii) (G764), 484.80(b)(3)(ix)(A) (G764), 484.80(b)(3)(ix)(B) (G764), 484.80(b)(3)(ix)(C) (G764), 484.80(b)(3)(ix)(D) (G764), 484.80(b)(ix)(E) (G764), 484.80(b)(ix)(F) (G764), 484.80(b)(3)(x) (G764), 484.80(b)(3)(xi) (G764), 484.80(b) (3)(xii) (G764), 484.80(b)(3)(xiii) (G764), 484.80(b)(3)(xiv) (G764), 484.80(b)(3)(xv) (G764), 484.80(b)(4) (G766)

A home health aide training program must address each of the required subject areas.

Communication skills , including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.

Recognizing and reporting changes in skin condition.

Human Resource Management

Standard HH4-12B: A Home Health Aide training program and competency evaluation program may be offered by any organization except an HHA that, within the previous two years, has been found out of compliance with Medicare Conditions of Participation. 484.80(c)(2) (G768), 484.80(f) (G782), 484.80(f)(1) (G784), 484.80(f)(2) (G786), 484.80(f)(3) (G788), 484.80(f)(4) (G790), 484.80(f)(5) (G792), 484.80(f)(6) (G794), 484.80(f)(7) (G796), 484.80(f)(7)(i) (G796), 484.80(f)(7)(ii) (G796), 484.80(f)(7)(iii) (G796), 484.80(f)(7)(iv) (G796), 484.80(f)(7)(v) (G796), 484.80(f)(7)(vi) (G796)

- Out of compliance with requirements of 42 CFR 484.80(b), (c), (d) or (e); or
- Permitted an individual that does not meet the definition of “a qualified Home Health Aide” as specified in 42 CFR 484.80(a) to furnish home health aide services (with the exception of licensed health professionals and volunteers); or
- Was subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State); or

Human Resource Management

- Was assessed a civil monetary penalty of not less than $5,000 or more as an intermediate sanction; or
- Was found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA; or
- Has had all or part of its Medicare payments suspended; or
- Was found under any federal or state law to have:
  - Had its participation in the Medicare program terminated; or
  - Been assessed a penalty of $5,000 or more for deficiencies in federal or state standards for HHAs; or
  - Been subject to a suspension of Medicare payments to which it otherwise would have been entitled; or
  - Operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients; or
  - Been closed or had its residents transferred by the state; or
  - Been excluded from participating in federal healthcare programs or debarred from participating in any government program

Human Resource Management

Standard HH4-12C: Home Health Aide training and competency evaluation programs are conducted by qualified instructors. 484.80(c)(3) (G768), 484.80(e) (G780)

Classroom and supervised practical training must be performed by a Registered Nurse who possesses a minimum of two years nursing experience, at least 1 year of which must be in home health care, or by other individuals under the general supervision of the Registered Nurse.

The required two years of nursing experience for the instructor should be "hands-on" clinical experience such as providing care and/or supervising nursing services or teaching nursing skills in an organized curriculum or in-service program.

Human Resource Management

Standard HH4-12F: For HHAs that conduct a Home Health Aide competency evaluation program, the HHA meets all of the requirements of the Medicare Conditions of Participation. 484.80(c) (G768), 484.80(c)(1) (G768)

Identified subject areas must be evaluated by observing an aide's performance of the task with patient or a pseudo-patient as part of a simulation.

Remaining identified subject areas may be evaluated through written examination, oral examination, or after observation of a Home Health Aide with a patient.

Human Resource Management

Standard HH4-12G: The HHA determines if the Home Health Aide successfully completes competency evaluations. 484.80(c)(4) (G770), 484.80(c)(5) (G772)

A Home Health Aide is not considered competent in any task for which he or she is evaluated as unsatisfactory.

The aide must not perform that task without direct supervision by a Registered Nurse until after he or she receives training in the task for which he or she was evaluated as unsatisfactory and passes a subsequent evaluation with satisfactory.

The HHA must maintain documentation which demonstrates that the requirements of this standard have been met.

Human Resource Management

- Standard HH4-13A: Personal Care Attendants (PCA) who are employed by HHAs to furnish services under a Medicaid personal care benefit must abide by all other requirements for Home Health Aides for the services the PCA perform. 484.80(i) (G828)

Before the individual may furnish personal care services, the individual must meet all qualification standards established by the state.

The individual only needs to demonstrate competency in the services the individual is required to furnish.

Human Resource Management

Standard HH4-14A: Aides providing skilled or personal care services are supervised in those tasks in the patient's home as appropriate to the service level provided. 484.80(h) (G806), 484.80(h)(1)(i) (G808), 484.80(h)(1)(i)(A), 484.80(h)(1)(i)(B), 484.80(h)(1)(ii) (G810), 484.80(h)(1)(iii) (G812), 484.80(h)(2) (G814), 484.80(h)(3) (G816), 484.80(h)(4) (G818), 484.80(h)(4)(i) (G818), 484.80(h)(4)(ii) (G818), 484.80(h)(4)(iii) (G818), 484.80(h)(4)(iv) (G818), 484.80(h)(4)(v) (G818), 484.80(h)(4)(vi) (G818), 484.80(h)(5) (G820), 484.80(h)(5)(i) (G822), 484.80(h)(5)(ii) (G824), 484.80(h)(5)(iii) (G826)

Appropriate skilled professional must complete a supervisory assessment of the aide services being provided no less frequently than every 14 days.

Aide does not need to be present.

The supervisory assessment must be completed onsite (that is, an in-person visit), or on the rare occasion by using two-way audio-video telecommunications technology that allows for real-time interaction between the register nurse (or other appropriate skilled professionals) and the patient, not to exceed one virtual supervisory assessment per patient in a 60-day episode.

Human Resource Management

Patients only receiving personal care services, the RN must make an on-site in person visit every 60 days.

Home Health Aide supervision must ensure that aides furnish care in a safe and effective manner, including, but not limited to, the following elements:

- Following the patient's plan of care for completion of tasks assigned to a Home Health Aide by the Registered Nurse 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
- Honoring patient rights

Tips for Compliance

- Utilize the Personnel File tools to audit:
  - Personnel files
  - Contracted individual files
- Evidence of proper supervision of professional assistants

Workbook Tools

- Compliance Checklist
- Self-Audit
- Job Description Template
- Physical Demands Documentation Checkoff List
- Sample Employee Educational Record
- Sample Annual Observation/Evaluation Visit form
- Personnel Record Audit Tool
- Hints for Developing an Educational Plan
- Sample Hepatitis B Declination Statement
- Tuberculosis Screening Tool
- Sample In-Service Attendance form

Poll Question

Questions?

Break time

Section 5

PROVISION OF CARE AND RECORD MANAGEMENT

- The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

Provision of Care and Record Management

Standard HH5-1A: There is a patient record for each individual who receives care/service that contains all required documentation. All entries are legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry. 484.110 (G1008), 484.110(a) (G1010), 484.110(a)(1) (G1012), 484.110(a)(2) (G1014), 484.110(a)(3) (G1016), 484.110(a)(4) (G1018), 484.110(a)(5) (G1020), 484.110(b) (G1024)

Each home visit, treatment, or care/service is documented in the patient record and signed by the individual who provided the care/service.

Signatures are legible, legal and include the proper designation of any credentials.

All entries are timed.

Provision of Care and Record Management

Standard HH5-1A.01: Written policies and procedures are established relating to the required content of the patient record.

Additional ACHC medical record content requirements.

Provision of Care and Record Management

Standard HH5-1B: Written policies and procedures are established and implemented that address access, storage, removal, and retention of patient records and information. 484.110(c) (G1026), 484.110(c)(1) (G1026), 484.110(c)(2) (G1026), 484.110(d) (G1028), 484.110(e) (G1030)

Access, storage, removal and retention of medical records and patient information.

All patient records are retained for a minimum of five years after the discharge of the patient, unless state law stipulates a longer period of time.

A patient's clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit, or within four business days (whichever comes first).

Provision of Care and Record Management

Standard HH5-2A.01: Written policies and procedures are established that describe the process for assessment and the development of the plan of care.

Written policies and procedures describe the process for a patient assessment, the development of the plan of care and the frequency and process for the plan of care review.

Provision of Care and Record Management

Standard HH5-2B: All patients referred for services have an initial assessment. The initial assessment is conducted within 48 hours of referral and/or within 48 hours of the patient's return home or on the physician's or allowed practitioner's ordered start of care date. 484.55(a) (G512), 484.55(a)(1) (G514), 484.55(a)(2) (G516), 484.60 (G570)

A Registered Nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral or within 48 hours of the patient's return home, or on the physician/allowed practitioner ordered start of care date.

When rehabilitation therapy service is the only service ordered by the physician/allowed practitioner who is responsible for the home health plan of care, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.

Provision of Care and Record Management

Standard HH5-2C: Written policies and procedures are established and implemented in regard to the comprehensive assessment being completed in a timely manner, consistent with patient's immediate needs, but no later than 5 calendar days after the start of care. 484.55 (G510), 484.55(b) (G518), 484.55(b)(1) (G520), 484.55(b)(2) (G522), 484.55(b)(3) (G524), 484.55(c) (G526), 484.55(c)(1) (G528), 484.55(c)(2) (G530), 484.55(c)(3) (G532), 484.55(c)(4) (G534), 484.55(c)(6)(i) (G538) 484.55(c)(6)(ii) (G538), 484.55(c)(7) (G540), 484.55(c)(8) (G542)

Each patient must receive, and an HHA must provide, a patient-specific comprehensive assessment that accurately reflects the patient’s current health; psychosocial, functional, and cognitive status; and the patient's strengths, goals, and care preferences.

Standard addresses the required content of the comprehensive assessment.

Provision of Care and Record Management

Standard HH5-2C.01: 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.

ACHC discipline specific assessment requirements.

Provision of Care and Record Management

Standard 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.

ACHC discipline specific assessment requirements.

Provision of Care and Record Management

Standard HH5-2E: The comprehensive assessment is updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but no less frequently than described in interpretive guidelines. 484.55(d) (G544), 484.55(d)(1) (G546), 484.55(d)(1)(i) (G546), 484.55(d)(1)(ii) (G546), 484.55(d)(1)(iii) (G546), 484.55(d)(2) (G548), 484.55(d)(3) (G550)

The comprehensive assessment is updated and revised the last five days of every 60 days beginning with the start of care date unless there is a:

- Beneficiary elected transfer
- Significant change in condition
- Discharge and return to the same HHA during the 60-day episode

Provision of Care and Record Management

- Within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason except diagnostic tests or physician or allowed practitioner ordered resumption date.
- At discharge
- A significant change in condition as defined by the Home Health Agency

Provision of Care and Record Management

Standard HH5-2F: The comprehensive assessment includes a review of all medications the patient is currently using, both prescription and non-prescription. The drug regimen review occurs as an ongoing part of the care to the patient. 484.55(c)(5) (G536)

A medication profile is part of the patient-specific comprehensive assessment.

A Registered Nurse (RN) or Physical Therapist, Occupational Therapist or Speech-Language Pathologist (for therapy only cases) reviews all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy on an ongoing basis.

The physician or allowed practitioner is notified promptly regarding any medication discrepancies, side effects, problems or reactions.

Provision of Care and Record Management

Standard 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.

Written policies and procedures identify the drugs or drug classifications and/or routes not approved by the governing board for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Provision of Care and Record Management

Standard 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.

The HHA defines when first dose policies and procedures are appropriate based on the medication route and potential reaction.

The HHA may elect not to administer the first dose of a medication in the home.

Provision of Care and Record Management

Standard HH5-3A: There is a written plan of care for each patient accepted to services. 484.60 (G570), 484.60(a) (G572), 484.60(a) (1) (G572), 484.60(a)(2) (G574), 484.60(a)(2)(i) (G574), 484.60(a)(2)(ii) (G574), 484.60(a)(2)(iii) (G574), 484.60(a)(2)(iv) (G574), 484.60 (a)(2)(v) (G574), 484.60(a)(2)(vi) (G574), 484.60(a)(2)(vii) (G574), 484.60(a)(2)(viii) (G574), 484.60(a)(2)(ix) (G574), 484.60(a)(2)(x) (G574), 484.60(a)(2)(xi) (G574), 484.60(a)(2)(xii) (G574), 484.60(a)(2)(xiii) (G574), 484.60(a)(2)(xiv) (G574), 484.60(a)(2)(xv) (G574), 484.60(a)(2)(xvi) (G574), 484.60(a)(3) (G576)

The plan of care is current and complete.

All patient care orders, including verbal orders, must be recorded in the plan of care.

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 or allowed practitioner is consulted to approve additions or modification to the original plan.

Provision of Care and Record Management

Standard HH5-3B: Care follows a written plan of care established and periodically reviewed by a Doctor of Medicine, osteopathy, or podiatric medicine. 484.60(a)(1) (G572), 484.60(b) (G578), 484.60(b)(1) (G580), 484.60(b)(2) (G582)

Drugs, services and treatments are administered only as ordered by the physician or allowed practitioner. Influenza and pneumococcal vaccines may be administered per agency policy developed in consultation with a physician, physician assistant, nurse practitioner, or clinical nurse specialist, and after an assessment of the patient to determine any contraindications.

Provision of Care and Record Management

Standard HH5-3C: The HHA must provide the patient and caregiver with a copy of written instruction in regard to care to be provided. 484.60(e) (G612), 484.60(e)(1) (G614), 484.60(e)(2) (G616), 484.60(e)(3) (G618), 484.60(e)(4) (G620), 484.60(e)(5) (G622)

The medical record must reflect the HHA must provide the patient and caregiver with a copy of written instructions outlining:

- Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA
- Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA

Provision of Care and Record Management

- Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services
- Any other pertinent instruction 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 HHA clinical manager

Provision of Care and Record Management

Standard HH5-4A: All personnel involved in the patient's care are responsible for coordinating care effectively to support the objectives outlined in the patient's plan of care. 484.60(d) (G600), 484.60(d)(1) (G602), 484.60(d)(2) (G604), 484.60(d)(3) (G606), 484.60(d)(4) (G608), 484.60(d)(5) (G610)

The HHA coordinates care by:

- Ensuring communication with all physicians or allowed practitioners involved in the plan of care
- Integrating orders from all physicians or allowed practitioners involved in the plan of care to assure the coordination of all services and interventions provided to the patient

Provision of Care and Record Management

- Integrating services, whether services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines
- Coordinating care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities
- Ensuring that each patient, and his or her caregiver(s) where applicable, receives ongoing education and training provided by the HHA, as appropriate, regarding the care and services identified in the plan of care. The HHA must provide training, as necessary, to ensure a timely discharge

Provision of Care and Record Management

Standard HH5-5A: There is evidence that the plan of care is reviewed by personnel involved in the patient's care and the attending physician or allowed practitioner at least once every 60 days. 484.60(c)(1) (G588) (G590)

The individualized plan of care must be reviewed and revised by the physician or allowed practitioner who is responsible for the home health plan of care and the HHA as frequently as the patient's condition or needs requires, but no less frequently than once every 60 days, beginning with the start-of-care date.

Provision of Care and Record Management

Standard HH5-6A: Written policies and procedures are established and implemented in regard to the process for transferring or discharging a patient receiving Home Health Services. 484.50(c)(8) (G442), 484.50(d) (G452), 484.50(d)(1) (G454), 484.50(d)(2) (G456), 484.50(d)(3) (G458), 484.50(d)(4) (G460), 484.50(d)(5) (G462), 484.50(d)(5)(i) (G464), 484.50(d)(5)(ii) (G466), 484.50(d)(5)(iii) (G468), 484.50(d)(5)(iv) (G470), 484.50(d)(6) (G472), 484.50(d)(7) (G474), 484.110(a)(6)(i) (G1022), 484.110(a)(6)(ii) (G1022), 484.110 (a)(6)(iii) (G1022)

Discharge or transfer is conducted in compliance with the standard.

Transfer and discharge summary are sent within the required time frames.

Transfer and discharge summary contain the required components.

Medicare and Medicare HMO patients are issued a Notice of Medicare Non-Coverage (NOMNC) at least 48 hours prior of termination of services.

Provision of Care and Record Management

Standard HH5-8A: Written policies and procedures are established and implemented in regard to verbal orders only being accepted by personnel authorized to do so by applicable state and federal laws and regulations, as well as by the HHA's policies and procedures. 484.60(b)(3) (G584), 484.60(b)(4) (G584)

When services are provided on the basis of a physician's or allowed practitioner's verbal orders a nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's polices, must document the orders in the patient's clinical record, and sign, date and time the orders.

Verbal orders must be authenticated and dated by the physician or allowed practitioner in accordance with applicable state law and regulations, as well as the HHA's internal policies.

Provision of Care and Record Management

- Standard HH5-8B: The HHAs personnel promptly alert the physician(s) or allowed practitioner(s) to any changes in the patient's condition or needs that suggest outcomes are not being achieved and/or that the plan of care should be altered. 484.60(c)(1) (G588) (G590), 484.60(c)(2) (G592), 484.60(c)(3) (G594), 484.60(c)(3)(i) (G596) 484.60(c)(3)(ii) (G598)

Any revision to the plan of care due to a change in patient health status must be communicated to the patient, representative (if any), caregiver, and all relevant physicians or allowed practitioner's issuing orders for the HHA plan of care.

Provision of Care and Record Management

Standard HH5-10A: Written policies and procedures are established and implemented in regard to how outpatient services are rendered. 484.105(g) (G986)

An HHA that furnishes outpatient therapy services on its own premises, including its branches, must comply with the listed citations as well as meet all other Medicare Conditions of Participation.

Provision of Care and Record Management

Standard HH5-11A: The HHA furnishes skilled professional services. Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in 42 CFR 409.44, and physician or allowed practitioner and medical social work services as specified in 42 CFR 409.45. 484.75 (G700), 484.75(a) (G702), 484.75(b) (G704), 484.75(b)(1) (G706), 484.75(b)(2) (G708), 484.75(b)(3) (G710), 484.75(b)(4) (G712), 484.75(b)(5) (G714), 484.75(b)(6) (G716), 484.75 (b)(7) (G718), 484.75(b)(8) (G720), 484.75(b)(9) (G722), 484.75(c) (G724), 484.75(c)(1) (G726) 484.75(c)(2) (G728) 484.75(c)(3) (G730)

Skilled professionals must assume responsibility for, but not be restricted to, the following:

- Ongoing interdisciplinary assessment of the patient
- Development and evaluation of the plan of care in partnership with the patient, representative (if any), and caregiver(s)

Provision of Care and Record Management

- Providing services that are ordered by the physician or allowed practitioner as indicated in the plan of care
- Patient, caregiver, and family counseling
- Patient and caregiver education
- Preparing clinical notes
- Communication with all physicians or allowed practitioners involved in the plan of care and other healthcare practitioners (as appropriate) related to the current plan of care
- Participation in the HHA's QAPI program
- Participation in HHA-sponsored in-service training
- Supervision of skilled therapy professional assistants and licensed practical or vocational nurses and social worker assistants
  - At least every 60 days

Provision of Care and Record Management

Standard HH5-11F: The HHA defines the duties of the Home Health Aide and ensures they are implemented in patient care. 484.80(g) (G798), 484.80(g)(1) (G798), 484.80(g)(2) (G800), 484.80(g)(2)(i) (G800), 484.80(g)(2)(ii) (G800), 484.80(g)(2)(iii) (G800), 484.80(g)(2)(iv) (G800), 484.80(g)(3)(i) (G802), 484.80(g)(3)(ii) (G802), 484.80(g)(3)(iii) (G802), 484.80(g)(3)(iv) (G802), 484.80(g)(4) (G804)

The Registered Nurse or other qualified skilled professional must develop the plan of care; indicate what tasks are to be done by the Aide and the frequency of these tasks.

The use of "PRN" or "per patient choice," for any task, whether personal care or non-personal care tasks, is not acceptable.

Home Health Aides must report changes in the patient's condition to a Registered Nurse or other appropriate skilled professional.

Provision of Care and Record Management

Standard HH5-12A.01: Written policies and procedures are established in regard to the process for patient/caregiver education.

The policies and procedures include, but are not limited to:

- Treatment and disease management education
- Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment provided
- Plan of care
- Emergency preparedness information

Provision of Care and Record Management

Standard HH5-13A.01: Written policies and procedures are established and implemented in regard to the patient referral and acceptance process.

Referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

Care/service needs which cannot be met by the HHA are addressed by referring the patient to other organizations when appropriate.

The HHA maintains a referral log or other tool to record all referrals.

Referral sources are notified when patient needs cannot be met and are not being admitted to the HHA.

Provision of Care and Record Management

Standard 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.

The physician or allowed practitioner must certify, per the Medicare Benefits Policy Manual section 30.5.1.

Provision of Care and Record Management

Standard HH5-16A.01: Written policies and procedures are established and implemented in regard to the verification of the credentials of the referring physician or the allowed practitioner prior to providing service/care.

Ongoing periodic assessments of current physician credentials are obtained from state and federal licensing/certification boards.

The HHA has a mechanism to ensure that orders are only accepted from currently credentialed physicians or allowed practitioners.

Tips for Compliance

- Utilize audit tools to audit medical records
  - Is the plan of care current and correct?
  - Are all verbal orders documented in the chart?
  - Are all visit notes properly documented?
  - Do you see evidence that newly identified problems have interventions and goals developed?
  - Do you see evidence of progress towards goals?
  - Have all relevant physicians been notified as appropriate?
  - Are forms compliant?
- Fix any identified issues in the correct manner per state regulations and agency policy

Workbook Tools

- Compliance Checklist
- Self-Audit
- Referral Log
- Patient Record Audit
- Sample Medication Profile

Poll Question

Questions?

Break Time

Section 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

- The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

Quality Outcomes/Performance Improvement

Standard HH6-1A: The HHA must develop, implement, evaluate and maintain an effective, ongoing, HHA-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS. The HHA measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, services, and operations.
484.65 (G640), 484.65(a) (G642), 484.65(a)(1) (G642), 484.65(a)(2) (G642), 484.65(b) (G644), 484.65(b)(1) (G644), 484.65(b)(2) (G644), 484.65(b)(2)(i) (G644), 484.65(b) (G644), (2)(ii) (G644), 484.65(b)(3) (G644), 484.65(c) (G646), 484.65(c)(1) (G648), 484.65(c) (1)(i) (G648), 484.65(c)(1)(ii) (G650), 484.65(c)(1)(iii) (G652), 484.65(c)(2) (G654), 484.65(c)(3) (G656), 484.65(d) (G658), 484.65(d)(1)(G658), 484.65(d)(2) (G658)

Quality Outcomes/Performance Improvement

- Agency-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program
- Reflects the complexity of the program
    - High-risk, high-volume, problem-prone areas
- Involves all home health services
    - Care provided directly or under contract
- Focus on indicators related to improved outcomes
- Takes action to improve performance
- Governing body approval of the QAPI program
- Designated individual responsible for the QAPI program
- Personnel are involved in QAPI

Quality Outcomes/Performance Improvement

Standard 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.

Duties and responsibilities relative to QAPI coordination include:

- Assisting with the overall development and implementation of the QAPI program
- Assisting in the identification of goals and related patient outcomes
- Coordinating, participating and reporting of activities and outcomes

Quality Outcomes/Performance Improvement

Standard HH6-1C: There is evidence of involvement of the governing body/owner and organizational leaders in the Quality Assessment and Performance Improvement (QAPI) process. 484.65(e) (G660), 484.65(e)(1) (G660), 484.65(e)(2) (G660), 484.65(e) (3) (G660), 484.65(e)(4) (G660)

The governing body/owner are ultimately responsible for all actions and activities of the HHA QAPI program. The QAPI program includes, but is not limited to:

- That an ongoing program for QAPI and patient safety is defined, implemented, and maintained
- That the HHA-wide QAPI efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness
- That clear expectations for patient safety are established, implemented, and maintained
- That any findings of fraud or waste are appropriately addressed

Quality Outcomes/Performance Improvement

Standard HH6-1D.01: There is evidence of personnel involvement in the Quality Assessment and Performance Improvement (QAPI) program.

Personnel receive training related to QAPI activities and their involvement.

Training includes, but is not limited to:

- The purpose of QAPI activities
- Person(s) responsible for coordinating QAPI activities
- Individual's role in QAPI
- PI outcomes resulting from previous activities

Quality Outcomes/Performance Improvement

Standard HH6-3A.01: There is an annual Quality Assessment and Performance Improvement (QAPI) report written.

The QAPI annual report includes, but is not limited to:

- The effectiveness of the QAPI program
- Summary of all QAPI activities, findings and corrective actions
- The effectiveness, quality and appropriateness of care/service provided to the patients, service areas and community served
- Effectiveness of all programs including care/service provided under contractual arrangements
- Review and revision of policies and procedures, and forms used by the HHA

Quality Outcomes/Performance Improvement

Standard HH6-4A.01: Each Quality Assessment and Performance Improvement (QAPI) activity contains the required items.

Each performance improvement activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be 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 or regulations

Quality Outcomes/Performance Improvement

Standard HH6-4A.02: Quality Assessment and Performance Improvement (QAPI) activities include an assessment of processes that involve risks, including infections and communicable diseases.

A review of all variances, which includes, but is not limited to incidents, accidents, complaints/grievances, and worker compensation claims, are conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Quality Outcomes/Performance Improvement

Standard HH6-4A.04: Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of at least one important administrative function of the HHA.

The HHA conducts monitoring of at least one important administrative/operational function of the HHA.

Quality Outcomes/Performance Improvement

Standard HH6-4A.05: Quality Assessment and Performance Improvement (QAPI) activities include satisfaction surveys.

The QAPI plan identifies the process for conducting satisfaction surveys.

Quality Outcomes/Performance Improvement

Standard HH6-4A.06: Quality Assessment and Performance Improvement (QAPI) activities include the ongoing monitoring of patient grievances/complaints.

QAPI activities include ongoing monitoring of patient complaints/grievances and the actions needed to resolve complaints/ grievances and improve patient care/service.

Quality Outcomes/Performance Improvement

Standard HH6-4A.07: The Quality Assessment and Performance Improvement (QAPI) program includes a review of the patient record.

At least quarterly, patient chart audits are completed representing the scope of the program, reviewing a sample of both active and closed patient records to determine if regulatory requirements are met and patient outcomes are achieved.

Quality Outcomes/Performance Improvement

Standard HH6-5A: Quality Assessment and Performance Improvement (QAPI) activities focus on high-risk, high-volume, or problem-prone areas; considering incidence, prevalence and severity of problems in those areas. 484.65(c)(1)(i) (G648), 484.65 (c)(1)(ii) (G650), 484.65(c)(1)(iii) (G652)

The HHA conducts monitoring of important aspects of the care/service provided by the HHA. An important aspect of care/service reflects a dimension of activity that may be high-volume (occurs frequently or affects a large number of patients), high-risk (causes a risk of serious consequences if the care/service is not provided correctly), or problem-prone (has tended to cause problems for personnel or patients in the past).

Performance activities that identify issues of this severity lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.

Quality Outcomes/Performance Improvement

Standard HH6-6A: The written policies and procedures established and implemented by the HHA identify, monitor, report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care. 484.65(c)(2) (G654)

The HHA investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve patient care and develop a plan of correction to prevent the same or similar event from occurring again.

There is a standardized form developed by the HHA used to report incidents.

This data is included in the Performance Improvement plan. And the HHA assesses and utilizes the data for reducing further safety risks.

Quality Outcomes/Performance Improvement

Standard 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.)

Quality Assessment and Performance Improvement (QAPI) activities include obtaining and systematically analyzing OASIS reports.

Tips for Compliance

- Review of QAPI materials
  - Job description
  - What is being monitored
  - What are established thresholds
  - Performance Improvement Projects
  - Evidence of governing body involvement and approval
  - Evidence of personnel involvement
  - Complaint logs
  - Incident logs
  - Satisfaction surveys
  - Evidence of chart audits
  - Annual QAPI report

Workbook Tools

- Compliance Checklist
- Self-Audit
- Annual QAPI Evaluation Template
- QAPI Activity/Audit Descriptions
- Sample QAPI Plan

Poll Question

Questions?

Section 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

- The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

Risk Management: Infection and Safety Control

Standard HH7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards. 484.70 (G680), 484.70(a) (G682), 484.70(c) (G686)

The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

Written policies and procedures detail OSHA Blood Borne Pathogen and TB Exposure Control Plan.

The TB Exposure Control plan includes a current agency assessment indicating the prevalence rate of TB in the communities serviced by the agency as well as the rate of TB of the patients serviced by the agency.

Risk Management: Infection and Safety Control

Standard HH7-1D: The HHA reviews and evaluates the effectiveness of the infection control program. 484.70(b) (G684), 484.70(b) (1) (G684), 484.70(b)(2) (G684)

The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program.

The HHA monitors infection statistics of both patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Data is utilized to assess the effectiveness of the infection control program.

Risk Management: Infection and Safety Control

Standard HH7-2A.01: Written policies and procedures are established and implemented that address the education of personnel concerning safety.

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel.

Risk Management: Infection and Safety Control

Standard HH7-2B.01: Written policies and procedures are established and implemented that address patient safety in the home.

Written policies and procedures address patient safety in the home.

Risk Management: Infection and Safety Control

Standard HH7-3A: An Emergency Preparedness Plan outlines the process for meeting patient and personnel needs in a disaster or crisis situation. Part of this process includes conducting a community based risk assessment and the development of strategies and collaboration with other health organization in the same geographic area. 484.102 (E-0001), 484.102(a), 484.102 (a)(1-4) (E-0004), (E-0006), (E-0007), (E-0009)

Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. Should include man-made and natural disasters as well as emerging infections.

Include strategies for addressing emergency events identified by the risk assessment.

Address patient population, including, but not limited to:

- The type of services the HHA has
- The ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans

Risk Management: Infection and Safety Control

Include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the HHA's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Risk Management: Infection and Safety Control

Standard HH7-3B: Written policies and procedures and an Emergency Preparedness Plan outline the process for meeting patient and personnel needs in a disaster or crisis situation. Part of this process is the development of specific policies and procedures and review of them every two years. 484.102(b)(1-5) (E-0013) (E-0017) (E-0019) (E-0021) (E-0023) (E-0024)

The plans for the HHA's patients during a disaster. Individual plans for each patient must be included as part of the comprehensive assessment, which must be conducted according to the provisions at 42 CFR 484.55.

The procedures to inform state and local emergency preparedness officials about HHA 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.

Risk Management: Infection and Safety Control

The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact.

A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of state or federally designated healthcare professionals to address surge needs during an emergency.

Risk Management: Infection and Safety Control

Standard HH7-3C: An Emergency Preparedness Plan includes the development of a communication plan that includes personnel, patients and other emergency and healthcare organization in same geographic area. 484.102(c)(1-6) (E-0029) (E-0030) (E-0031) (E-0032) (E-0033) (E-0034)

The communication plan must include all of the following:

Names and contact information for the following:

- Staff
- Entities providing services under arrangement
- Patients' physicians or allowed practitioners
- Volunteers

Risk Management: Infection and Safety Control

Contact information for the following:

- Federal, state, tribal, regional, or local emergency preparedness staff
- Other sources of assistance

Primary and alternate means for communicating with the HHA's staff, federal, state, tribal, regional, and local emergency management agencies.

A method for sharing information and medical documentation for patients under the HHA's care, as necessary, with other healthcare providers to maintain the continuity of care.

A means of providing information about the general condition and location of patients under the facility's care.

A means of providing information about the HHA's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Risk Management: Infection and Safety Control

Standard HH7-3D: An Emergency Preparedness Plan includes the process of training and testing the emergency preparedness plan. 484.102(d)(1-2) (E-0036) (E-0037) (E-0039)

Training program.

The HHA must do all of the following:

- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles
- Provide emergency preparedness training every two years unless there is a significant change in policy/procedure
- Maintain documentation of the training
- Demonstrate staff knowledge of emergency procedures

Risk Management: Infection and Safety Control

The HHA must conduct 1 exercise to test the emergency plan at least annually. The HHA must do the following:

- Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based functional exercise every two years or if the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale exercise.
- Conduct an additional exercise (opposite year) that may include, but is not limited to the following:
  - A second full-scale exercise that is community-based or individual, facility-based functional exercise or
  - A mock disaster drill or
  - A tabletop exercise or workshop that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
- Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.

Risk Management: Infection and Safety Control

Standard HH7-3E: The Emergency Preparedness Plan identifies each separately certified facility and how each facility participated in the development of the unified and integrated program. 484.102(e)(1-5) (E-0042)

Integrated healthcare systems. If a HHA is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the HHA may choose to participate in the healthcare system's coordinated emergency preparedness program.

If elected, the unified and integrated emergency preparedness program must do all of the following:

- Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program

Risk Management: Infection and Safety Control

Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

Risk Management: Infection and Safety Control

Standard HH7-5A.01: Written policies and procedures are established and implemented that address the HHA's fire safety and emergency power systems.

Providing emergency power

Testing of emergency power systems (at least annually)

A no-smoking policy and how it will be communicated

Fire drills

Maintenance of:

- Smoke detectors
- Fire alarms
- Fire extinguishers

Risk Management: Infection and Safety Control

Standard HH7-6A.01: Written policies and procedures are established and implemented for the acceptance, transportation, pickup, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care.

Written policies and procedures include safe methods of handling, labeling, storage, transportation, disposal and pick-up of hazardous wastes, hazardous chemicals and/or contaminated materials used in the home/HHA. The HHA follows local, state and federal guidelines.

Risk Management: Infection and Safety Control

Standard 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.

OSHA's Hazard Communication Standard detailing:

- The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheet (SDS) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Risk Management: Infection and Safety Control

Standard 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.

Process for reporting, monitoring, investigating and documenting a variance.

There is a standardized form developed by the HHA used to report incidents.

The HHA documents all incidents, accidents, variances, and unusual occurrences.

The reports are distributed to management and the governing body/owner and are reported as required by applicable law and regulation.

This data is included in the Performance Improvement program. The HHA assesses and utilizes the data for reducing further safety risks.

Risk Management: Infection and Safety Control

Standard HH7-8A.01: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

Policies and procedures for the use of equipment in the performance of conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing and maintenance
- Quality control procedures

Risk Management: Infection and Safety Control

Standard 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.

Personnel implement the policies and procedures for the use of the HHA's equipment/supplies in the provision of care to the patient.

The cleaning and maintenance of equipment used in the provision of care is documented.

Supplies used in the provision of care are also documented.

Risk Management: Infection and Safety Control

Standard HH7-10A.01: Written policies and procedures are established and implemented for participating in clinical research/experimental therapies and/or administering investigational drugs.

Informing patients of their responsibilities.

Informing patient of right to refuse acceptance of investigational drugs or experimental therapies.

Informing patient of right to refuse participation in research and clinical studies.

Notifying patients that they will not be discriminated against for refusal to participate in research and clinical studies.

Stating which personnel are administering investigational medications/treatments.

Describing personnel monitoring a patient's response to investigational medications/treatments.

Identifying the responsibility for obtaining informed consent.

Defining the use of experimental and investigational drugs and other atypical treatments and interventions.

Tips for Compliance

- Infection control plan
  - Staff in-service records
  - Patient education materials
- Evidence of office safety
  - Fire drill results
  - Testing of emergency power systems
- Standardized form for reporting of employee incidents
- Safety and maintenance logs for any agency issued equipment
- Check for expired supplies in the supply closet

Tips for Compliance

- Emergency Preparedness
  - All-hazards risk assessment
  - Communication plan is specific to the contact information for your area
  - Policies address the specific strategies based on the all-hazards risk assessment
  - One test/drill is conducted annually, alternating type of drill
    - Community-based drill or facility-based drill if unable to participate in a community-based drill
    - Tabletop drill or workshop that meets the requirements
  - All components of the plan are to be reviewed and updated at least every two years

Workbook Tools

- Compliance Checklist
- Self-Audit
- Hints for Developing an Emergency Preparedness Plan
- Hints for an Infection Control Plan
- Infection Control Tracking Form
- Safety Tracking Log
- Report of Employee Accident Investigation
- Quality Maintenance Log

Poll Question

Questions?

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