ACHC U®
EDUCATIONAL RESOURCES

ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

HOME HEALTH

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Accreditation Guide to Success Disclaimer

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ACHCU - Workbooks
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Cary, NC 27513

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Dear Provider,

Thank you for your interest in ACHC Accreditation. The *ACHC Accreditation Guide to Success* is only one of the many resources we offer to help your organization improve efficiencies, as well as prepare your team for a successful on-site accreditation survey.

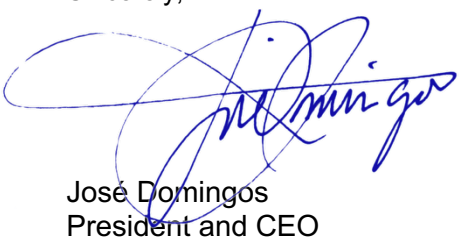
Our interest is to deliver an experience that you won't get with any other accrediting organization. Every one of our employees shares this commitment. From our Receptionist to our Surveyors, you will find that delivering the best possible experience is our top priority.

We provide knowledgeable, experienced Surveyors that can offer "best practices" guidance based on their experience. I believe you will find our Surveyors to be highly qualified in their respective areas of expertise, with a sincere interest in helping you attain your objective without compromising standards.

Our Account Advisors can be easily reached and are committed to returning all calls and emails within four hours of receipt. They are here to walk you through the entire accreditation process and are available to answer any questions. We also have a strong marketing team that is constantly developing new products that can assist our customers with their growing businesses.

If at any time you feel we do not deliver on these commitments, please do not hesitate to reach out to me directly. Again, thank you for your interest in ACHC Accreditation as well as your dedication to providing high-quality healthcare services.

Sincerely,



José Domingos
President and CEO

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WHY SEEK ACCREDITATION?

Become an Industry Leader

Accreditation is regarded as one of the key benchmarks for measuring the quality of an organization. Preparing for accreditation will give your organization an opportunity to identify strengths as well as opportunities for improvement. The accreditation process provides essential information needed to make decisions regarding operations that will improve the effectiveness and efficiency of your organization.

Become a Provider of Choice

- Differentiate your organization from other healthcare providers.
- Illustrate your commitment to quality and ensure that your patients are receiving the best care possible.
- Gain patient recognition and trust.
- Strengthen consumer confidence in your organization and the quality of services you provide.
- Illustrate your organization's ability to maintain compliance with national industry standards and changes.

THE ACHC DIFFERENCE

ACHC has gained respect and recognition as an accrediting organization uniquely committed to healthcare providers. Since 1986, ACHC has become synonymous with providing excellent customer service, integrity, and value. Our Surveyors and Account Advisors are friendly and helpful, ensuring that you obtain the highest quality of accreditation and ultimately helping you improve your business and provide excellent patient care.

ACHC is dedicated to listening to providers, and we want you to know that we understand your challenges and concerns. We take a consultative approach to accreditation, and we invite you to experience the ACHC difference.

- Standards that are relevant and realistic, easy to understand, and customized to your organization.
- Personal Account Advisors to assist you with any questions and provide guidance throughout the accreditation process.
- All-inclusive pricing with no annual or added fees.
- Friendly, experienced, and consultative Surveyors who offer evidence-based best practices to improve your business.
- Accreditation services for a variety of programs.
- Recognition by all major third-party payors.
- ACHC has achieved the international distinction of certification and continued compliance with ISO 9001:2015.

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STANDARDS

Format: Standard/Evidence

RESOURCES

Ongoing Support

HOW TO USE THIS WORKBOOK

Each standard is written with specific requirements and/or helpful hints to assist your organization in understanding what the expectations are for compliance.

ESSENTIAL COMPONENTS:

For each of the ACHC standards, you will find a section titled Essential Components. This is an indication of what needs to be readily identifiable in a policy and procedure, personnel file, patient record, or in the Quality Assessment and Performance Improvement Program/Plan.

Other Tools

Each section also contains audit tools, sample policies and procedures, templates, compliance checklists, and a self-assessment tool to further guide you in the preparation process.

ACHC HOME HEALTH ACCREDITATION STANDARDS

Customized for:

HHA – Home Health Aide

MSS – Medical Social Services

OT – Occupational Therapy

PT – Physical Therapy

SN – Skilled Nursing

SLP – Speech-Language Pathologist

Quick Standard Reference

Quickly locate important information for successfully completing the accreditation process with ACHC.

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SECTION 2

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PRE-SURVEY PREP

Federal, State, and Local Laws

One of the first steps in preparing for accreditation is to review all federal, state, and local laws that pertain to operating a Home Health Agency (HHA). HHAs requesting to participate in the Medicare program must operate and provide services in compliance with all applicable federal, state, and local laws and regulations.

The federal regulations that apply to operating an HHA are the Conditions of Participation (CoPs). CoPs are published in the Federal Register and can be located at www.federalregister.gov. The most helpful guidance and interpretation of the CoPs can be found in the State Operations Manual, Appendix B:Guidance to Surveyors: Home Health Agencies, which is located at www.cms.gov. Often, state and local regulations can be found on the state's home care association website.

Compliance with the most stringent regulation is required to be in compliance with ACHC Accreditation Standards.

Definition of a Home Health Agency (HHA), per the Centers for Medicare & Medicaid Services (CMS), is: An HHA is an entity that provides skilled nursing services and at least one of the following therapeutic services: speech therapy, physical therapy, occupational therapy, Home Health Aide services, and medical social services. The services must be furnished in a place of residence used as the beneficiary's home.

An HHA must also meet the general requirements of Section 1861(0) of the Act:

- Is primarily engaged in providing skilled nursing services and other therapeutic services.
- Has established policies and procedures.
- Provides for supervision of the above-mentioned services by a physician or Registered Nurse.
- Maintains clinical records on all patients.
- Is licensed pursuant to state or local law, or has approval as meeting the standards established for licensing by the state or locality.
- Has in effect an overall plan and budget for institutional planning.
- Meets the CoPs in the interest of the health and safety of individuals who are furnished services by the HHA.
- Meets additional requirements as the Secretary finds necessary for the effective and efficient operation of the program.

Deemed Status

CMS has granted ACHC deeming authority, which means if an organization applies for a deemed status survey, ACHC takes the place of the state agency for the initial Medicare certification survey and Medicare recertification surveys every 36 months. CMS retains the right to investigate complaints, Immediate Jeopardy (IJ) situations, and validation surveys.

A deemed, initial Medicare certification survey is for the organization that is seeking to participate in the Medicare program and is applying for their Medicare Provider Number.

At the time of application, an HHA must be able to demonstrate the following requirements in order for the survey process to continue:

- Be operational.

- Have completed the Medicare Enrollment Application Form CMS 855A and had this form verified by the assigned Medicare Administrative Contractor (MAC).
- Have met the capitalization requirements.
- Be providing nursing and at least one other therapeutic service (physical therapy, speech-language pathology, occupational therapy, medical social services, or Home Health Aide).
- The HHA must be providing at least one of these services directly and in its entirety by employees of the HHA.
- Be capable of demonstrating the operational capability of all facets of its operation.
- Have provided care to a minimum of 10 patients requiring skilled care (does not have to be Medicare beneficiaries).

At least 7 of the 10 required patients must be actively receiving skilled care from the HHA at the time of the initial Medicare survey. If the HHA is in a medically underserved area, as determined by the CMS Regional Office, then the HHA may reduce the number of patients served to five and the number of active patients to two.

These requirements will be verified again when the Surveyor arrives on-site.

If any of these requirements are not met at the time of the initial Medicare certification survey, the survey cannot continue and will need to be rescheduled.

Agencies that currently participate in the Medicare program and have an existing Medicare Provider Number can apply for a deemed status survey or a non-deemed status, accreditation-only survey. If an agency applies for a deemed status survey, ACHC will be responsible for conducting the agency's survey in place of the state agency. If an agency applies for a non-deemed status survey, ACHC will conduct an accreditation-only survey, and the state agency will retain the responsibility for conducting their required triennial survey.

Current Customers

If you are a current customer of ACHC and are applying for renewal of accreditation, the application, complete with deposit, should be submitted approximately seven to nine months before your certification/accreditation expires.

Create Your Customer Profile

Your first step in the accreditation process is to create your customer profile, where you will have access to all of the tools needed to achieve and maintain ACHC Accreditation. Once you have registered your account, you will have the ability to view ACHC standards, complete an online application, and access all of ACHC's accreditation resources. Your organization will also receive a personal Account Advisor who will serve as your consistent point of contact throughout the entire process.

Download ACHC Standards

The next step in the process is to download the ACHC standards relevant to the programs and services you provide. Your customer portal account will provide you with access to preview and purchase ACHC standards. By purchasing the standards, you will gain unlimited access to ACHC standards.

When downloading your standards, make sure you only select those services that your organization provides. Each set of standards is customized based on the products and services you select at the time of download. If you have any questions, please contact your Account Advisor.

Once standards are downloaded, it is important to read them thoroughly. ACHC standards follow a specific format that allows the reader to know the expectation for determining compliance.

Standards that end in a whole number signify that requirements from the CoPs are included in the standard language. The standard may include additional ACHC requirements. The CoP(s) and G tag(s) are referenced at the end of the standard to provide more guidance as to the requirements for compliance. Standards that end in a decimal are only requirements for ACHC, and signify ACHC requirements that go above and beyond the CoPs.

- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards, and what follows is the detailed description of what is required to be in compliance.
- Evidence
  - Provides items that will be reviewed, either on-site or as part of the Extended Policy Review (EPR), to determine if the standard is met.

HINT

The standard that follows illustrates the format that is used.

Standard HH1-1C:

The HHA is in compliance with accepted professional standards and principles.
CoP reference: (484.12(C)) 484.105(F)(2)

- 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 (i.e., the American Nurses Association standards).
- Evidence: Observation

WRITING POLICIES AND PROCEDURES

Well-written policies and procedures (P&P) are essential tools in guiding your staff in the delivery of consistent, high-quality care. The P&P are also necessary for the completion of the Preliminary Evidence Report (PER). A preliminary review of your P&P is a time-saving and necessary step to ensure that required ACHC components are included and "readily identifiable."

A **Policy Template** is provided at the back of this section as a reference tool.

HINT

If you are unclear as to whether the P&P meet the standard, they will most likely be questionable to the Surveyor as well.

What's the difference between a policy and a procedure?

- A policy is the "what" statement. It provides broad direction for appropriate actions and decision making. Policies are often based on regulations that specify what your organization must do or provide.
- A procedure is the internal process your organization develops and follows to implement a policy. A procedure describes the "who, when, and how" details of the policy. Be careful not to make procedures too restrictive. Also, write procedures to meet mandatory requirements and to provide consistency, but allow enough flexibility to permit staff to use their own professional judgment, as appropriate.

How to get started:

- First, assemble all applicable federal, state, and local regulations and ACHC standards. Remember, the strictest regulation/standard must be implemented in order to be in compliance.
- Decide how you are going to organize your P&P. Most organizations find that multiple manuals are required: an administrative manual, a clinical manual, and a human resources manual. Within each manual, subgroups/chapters are often needed. You may choose to organize the information by department or by topic. For simplicity, many organizations use the ACHC section headings as a way to organize their policy manuals.

Format:

All P&P must follow a standard format to ensure consistency and that all relevant items are included. The header must include:

- The name of your organization.
- The title of the P&P.
- The number of the P&P.
- The effective date of the P&P.

The body of the P&P should include:

- The scope defining the department or program to which the P&P are applicable.
- A policy statement that includes specific regulations, laws, and the guiding principles of your organization.
- Procedures that include specific tasks needed to implement the policy.
- References or resources that validate the P&P.

The footer should include:

- Author and title of the P&P.
- Creation date of P&P.
- Revision dates of P&P.

Control

It is a best practice to have a method of control over P&P. Sometimes, well-meaning staff create a form or revise a policy, provide care based on that form or policy, and soon are operating outside the organization's approved P&P.

To reduce the risk of inconsistencies and staff operating outside of your approved P&P, it is helpful to designate a specific individual or position that is responsible for overseeing this function.

SUBMIT REQUIRED DOCUMENTS

ACHC requires the following five items to be completed before scheduling your survey:

1. Online application
    - The online application is found in your customer portal. Here, you have the ability to complete the entire application process in one easy-to-use interface.
2. Deposit
    - Quickly and securely submit your accreditation deposit through customer portal.
3. Accreditation Agreement
    - Review and return your signed Accreditation Agreement to ACHC.
4. Payment methods
    - Schedule your payments by selecting the payment method of choice for the remaining accreditation balance.
5. Preliminary Evidence Report (PER) Checklist (only for initial applicants)
    - The PER allows your organization to submit select documentation to ACHC for review prior to the accreditation survey, and to attest to a date that your agency will be in compliance with all ACHC standards. This step provides supporting evidence to demonstrate your organization's compliance with ACHC standards.
    - The PER must be submitted electronically through your customer portal.

EXTENDED POLICY REVIEW

ACHC offers an optional Extended Policy Review, allowing customers to submit a comprehensive set of P&P for review by an ACHC Surveyor. This service is extremely valuable to companies that are undergoing initial accreditation to ensure that all documents and P&P are ready for the on-site survey.

After a Surveyor has completed the Extended Policy Review, a Desk Review Report will be returned directly from the Account Advisor. This report notes any deficiencies found within the P&P, including an indication of any information that the Surveyor was unable to locate.

You will have 21 days from the date of the Desk Review Report to revise and resubmit all corrections to the P&P submitted with your policies. All revisions must be sent directly (electronically) to your Account Advisor. Submitting revised documents within this time frame allows the Surveyor an opportunity to re-evaluate this information prior to your on-site survey.

Remember, policy often reflects practice! You have 30 days from receipt of the Desk Review Report to revise polices, educate staff regarding policy revisions, and ensure revisions are implemented in patient care before the ACHC Surveyor arrives on-site to conduct your survey.

The results of your Extended Policy Review will give an indication of your organization's readiness for the on-site ACHC survey. If multiple revisions were required in order to bring P&P into compliance, staff will likely need education on the revisions and time to implement these revisions in direct care. If few revisions were required in order to bring your P&P into compliance, your staff are likely providing care that is representative of your organization's policies.

A Desk Review Reference Guide has been provided in the back of this section to assist in organizing your policies for a policy review.

PREPARING YOUR ORGANIZATION

- **STAFF EDUCATION** – Educating staff is a vital aspect of survey preparation. Staff involvement is paramount during the survey process. It is not enough for higher-level staff, such as the Administrator and/or Clinical Manager, to be knowledgeable and prepared; direct patient care staff must be prepared as well.

  Staff are typically aware of the clinical procedures they perform on a daily basis, but often have difficulty with P&P surrounding the less-frequent issues that may arise. An example of this may be your organization's P&P regarding a patient complaint or incident.

  An **Interview Audit Tool** has been provided in the back of this section to assist you in educating your staff.

- **FIELD VISITS** – Field visits are powerful learning opportunities for your staff, including the Administrators and/or Clinical Managers. Your staff may become nervous while being observed, which often leads to the inability to remember the most common practices, like following your P&P for handwashing before providing patient care. Field visits not only desensitize staff to the process of being observed—they also provide the Clinical Managers the opportunity to observe staff and to ensure quality care is being provided, as well as to ensure staff are adhering to your organization's P&P.

  A **Home Visit Audit Tool** has been provided in the back of this section to assist you preparing your staff for a home visit.

- **AUDITING** – Audit, audit, and audit some more. Auditing of patient and personnel charts, as well as any logs, meeting minutes, and/or reports, are key components to a successful survey.

Auditing allows your organization an opportunity to identify both strengths and weaknesses, as well as put corrective actions into place before the Surveyor arrives. Not all items can be corrected, but processes can be improved to ensure ongoing compliance. It is best to identify and develop a Plan of Correction (POC) for any deficiencies found during the audit process, and to track your progress to determine if compliance has been achieved.

To develop a POC, refer to the **Plan of Correction Template** at the back of this section.

- **PRACTICE RUN** – Being organized allows the survey process to run smoothly and helps decrease anxiety staff may be experiencing. Organizations often find it useful to complete a practice run of the survey process.

  Here are a few things to consider:

  - Walk through the front door and observe the surroundings objectively:
    - Is signage present?
    - Is Protected Health Information (PHI)/Electronic Protected Health Information (EPHI) accessible to the public?
    - Is someone there to greet visitors and direct them to the proper person/department?
    - Are direct care staff wearing their name badges?
  - Ask yourself the following questions:
    - How long does it take to generate the required reports needed for the Surveyor?
    - Who is responsible for generating/maintaining the required reports?
    - If key staff are unavailable, who will gather this information?
    - Where is the information located?

An **Items Needed for Survey List** and an **Observation Audit Tool** have been provided at the back of this section.

ON-SITE SURVEY PROCESS

- **SURVEY ETIQUETTE** – The ACHC Surveyor will arrive shortly after the opening of business. Check the Surveyor's identification and make a photocopy for your files if you choose. Escort them to an appropriate work space, preferably one with a working phone and wall plug. Show the Surveyor where the bathrooms, coffee, etc., are located. It is ACHC policy that you may not purchase lunch, dinner, etc., for Surveyors.
- **OPENING CONFERENCE** – The opening conference can begin shortly after the Surveyor has been escorted to the work space. Feel free to invite appropriate staff to the opening conference. Remember, the opening conference starts the survey process, so this will need to happen quickly.

  This is the time to present any additional P&P revisions you have as a result of your desk review.
- **TOUR OF ORGANIZATION** – A facility tour typically happens after the opening conference. This is a good time to generate the Unduplicated Admissions Report as well as the Current Patient Census and Personnel/Staff Report and OASIS reports. (OASIS reports are not applicable for initial certification surveys.)
- **RECORDS SELECTION**
  - **PERSONNEL FILES** – Surveyors will review personnel files based on the services your organization provides. For example, if an HHA offers therapy services in addition to nursing services, the Surveyor will review personnel files that are representative of the therapy and nursing services provided. This includes staff that are employees of the agency, as well as contracted staff that provide services on behalf of the agency. HHAs are not required to maintain personnel files for contracted staff, but they must be able to demonstrate that contracted staff are in compliance with ACHC requirements.

    Depending on the size and complexity of your organization, it may be helpful to have a representative from Human Resources available to answer any questions the Surveyor may have while reviewing the personnel charts.
  - **MEDICAL/PATIENT RECORDS** – Medical records will be chosen by the Surveyor based on the complexity of the care and services provided and the unduplicated admissions for the past 12 months. Record reviews will occur on active and discharged patients. Record reviews will be conducted for all multiple-locations associated with the Medicare Provider Number. If a multiple-location has a larger unduplicated admissions number than the parent, the Surveyor will make an on-site visit to that location.
  - If your organization maintains electronic medical records, it is helpful to have someone knowledgeable with the system to navigate or demonstrate the layout of these records to the Surveyor. This helps to ensure all documentation is reviewed on-site. The HHA will need to provide the Surveyor with a laptop or desktop to access medical records and access must be "read-only."
  - "Unduplicated admissions" is the number of patients that have been admitted one time, in the past 12 months, regardless of payor.
  - Prior to the exit conference, provide any missing documentation or other items requested by your Surveyor as quickly as possible. This is the final opportunity to ensure the Surveyor has reviewed all required items necessary to determine compliance with the ACHC standards.

- **HOME VISITS** – Home visits will be chosen by the Surveyor based on the complexity of the care and services provided, as well as the unduplicated admissions for the past 12 months. The purpose of the visit is twofold: to ensure the care provided follows acceptable standards of practice, and to interview the patients regarding their perspective on the care provided.

  It is the responsibility of your organization to obtain consent, written or verbal, from the patient or the appropriate representative. Be certain to reassure the patient that the Surveyor was invited by your organization to participate in the survey process.

  The Surveyor may or may not stay for the entire home visit, so it is best for the Surveyor to drive independently or ride with an agency-appointed driver. If your Surveyor drives independently, please provide printed directions to the home he or she is visiting as well as directions for returning to the office.

Unduplicated Admissions	Minimum # of Active Record Reviews Without a Home Visit	Minimum # of Record Reviews With a Home Visit	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

Additional Requirements for a Distinction in Behavioral Health Survey

Unduplicated Admissions	Minimum # of Record Reviews Without a Home Visit	Minimum # of Record Reviews With a Home Visit	Total Record Reviews
Less than 150	2	1	3
150 or more	2	2	4

Additional Requirements for a Distinction in Palliative Care Survey

Unduplicated Admissions	Minimum # of Record Reviews Without a Home Visit	Minimum # of Record Reviews With a Home Visit	Total Record Reviews
Less than 150	2	1	3
150 or more	2	2	4

Additional Requirements for a Distinction in Telehealth Survey

Unduplicated Admissions	Minimum # of Record Reviews Without a Home Visit	Minimum # of Record Reviews With a Home Visit	Total Record Reviews
Any	2	1	3

- **STAFF INTERVIEWS** – Staff interviews will also be conducted during the survey. The Surveyor will choose clinical staff based on the services provided. In addition, the Surveyor will interview the Administrator, the Clinical Manager, and a governing body member, if applicable.
- **EXIT CONFERENCE** – You are allowed to invite whomever you choose to attend the exit conference. If the exit conference is recorded, two copies must be recorded simultaneously, and the Surveyor has the option to choose which recording he or she will return to ACHC. If an attorney is present, that must be disclosed to the Surveyor prior to the exit conference.

  The Surveyor will present the deficiencies found during the on-site survey. The deficiencies will be identified using the ACHC standard number and CoP, as appropriate. Take good notes during the exit conference. The final report, Summary of Findings (SOF), will come from your Account Advisor within 10 business days following the last day of the survey.

  Seek clarification from your Surveyor while they are still on-site; this is your last opportunity to talk to them directly, as once they leave, all communication will be with your Account Advisor.

A **Sample Survey Agenda** is provided at the back of this section.

POST-SURVEY PROCESS

- **ACCREDITATION DECISIONS** – Accreditation decisions are made by the Review Committee based on the findings of the survey.

  There are four Accreditation decisions:

  - Approved – Provider meets all requirements for full accreditation status.
  - Accreditation Pending – Provider meets basic accreditation requirements, but accreditation status is granted upon submission of an approved Plan of Correction (POC).
  - Dependent – Provider has significant deficiencies to address in order to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.
  - Denied – Accreditation is denied. Provider must start the process from beginning once deficiencies are addressed.
- **SUMMARY OF FINDINGS (SOF)** – An SOF will be sent to the organization within 10 business days following the last day of the survey. The SOF is the final account of deficiencies and will be the basis for the POC.
- **PLAN OF CORRECTION (POC)** – The POC template will be sent electronically from your Account Advisor. All documentation must be on the POC template.
- An acceptable POC contains the following elements:
  - The standard that was out of compliance (provided on the SOF).
  - POC: This is the action step the HHA initiates to become compliant. State what measures will be put into place or what systemic changes will be made to ensure that the deficient practice will be corrected. Explain what was done to fix each of the findings listed. Consider whether or not the agency needs to develop or modify a current process or

system, and describe the changes made.

- Date of Compliance: Provide dates when the action steps are to be accomplished. Dates should be realistic given the specifics of your agency, such as staffing and current operations. The date of compliance has to be no later than 30 calendar days from the receipt of the SOF if it is a standard-level deficiency and 10 calendar days if it is a condition-level deficiency.
- Title: Use title(s), not names, so the POC does not need to be redone if roles change or if staff leave.
- Process to Prevent Recurrence: Describe how your organization plans to monitor the changes to ensure the action steps put into place are effective. Consider the frequency of monitoring, sample size, acceptable threshold, and systems to monitor the new process. For corrective action measures that require chart audits, include the number or percentage of charts to be audited, the frequency of the audit, and a target threshold. A minimum of 10 charts or 10 percent of daily census (whichever is greater) must be audited on at least a monthly basis until the acceptable threshold is met. After the threshold is met, audits may be decreased to quarterly.

- **DEFICIENCIES ARE CITED AT TWO LEVELS –** Condition and Standard.
  - A deficiency is cited at the condition level when the HHA does not fulfill or provide the requirements of a CoP or when multiple standards under the CoP are cited.
  - A standard-level deficiency is cited when an HHA does not fulfill or provide the requirements under a particular ACHC standard or G tag.
    - For example, if an HHA provides Home Health Aide services (484.80), but the HHA does not provide written patient care instructions prepared by the Registered Nurse (RN) (484.80(g)(1)); the HHA does not obtain orders for the Home Health Aide from the physician or allowed practitioner (484.80(g)(2)); the Home Health Aides do not meet the qualifications (484.80(a)(1)); or the RN is not conducting a supervisory visit at least every 14 days (484.80(h)(1)) for any of the patients receiving Home Health Aide services, the HHA is likely to have the CoP of 484.80 cited as deficient at the condition level.
    - If only one of these G tags were cited as deficient, then it would likely be considered a standard-level deficiency.
- **EVIDENCE** – If evidence is requested, it will need to be submitted to ACHC within 60 calendar days of the receipt of the SOF. Accreditation can be terminated if evidence is not submitted within 60 calendar days.
- Acceptable evidence for the above deficiency would be a summary of the personnel file audits that provides a brief description of the audit, how many were reviewed, and how many were correct. These items are acceptable and expected evidence. ACHC has created an Evidence Chart Summation Tool to assist with the submission of evidence. This will be sent to you from your Account Advisor once your POC has been approved.
- Do not send any PHI or EPHI on patients or staff.
- Once an HHA that is seeking a recommendation for deemed status is in full compliance with all ACHC Accreditation Standards and Medicare CoPs, ACHC will issue a recommendation for deemed status for the HHA. The CMS Regional Office makes the final determination for deemed status. Once an HHA that is seeking accreditation only (i.e., a non-deemed status survey) is in full compliance with ACHC Accreditation Standards and Medicare CoPs, ACHC will prepare the proper documentation and send it to the HHA.

- A **Plan of Correction Template** and **Evidence Chart Summation Template** are provided at the back of this section.
- The **Home Health Medicare Conditions of Participation** Survey Requirements is provided at the back of this section.
- The **Accreditation Annual Compliance Checklist** is provided at the back of the section to help maintain compliance throughout the survey cycle.

Survey Process Tools:

- Policy Template
- Potential Agency Staff Interview Questions
- Items Needed for Survey
- Personnel File Review
- Observation Audit Tool
- Home Visit Audit Checklist
- Sample Agenda
- Plan of Correction Sample
- Sample Evidence Chart Template
- Home Health Medicare Conditions of Participation Survey Requirements
- Accreditation Annual Compliance Checklist
- Desk Review Reference Guide

POLICY TEMPLATE

Agency Name

Policy Title: Policy #:

Scope:

Effective:

Policy:

Procedure:

References:

Authored by:

Date Created: Date Revised:

ACHC FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Governing Body	Administrator	Nurses	Aides	Therapists	Social Worker	QAPI Coordinator
To whom would you report changes in ownership, governing body, or management?	HH1-1B							
How does the governing body exercise its responsibility for the overall operations of the organization?	HH1-2A							
Can you describe the agency's policies and procedures on conflicts of interest and how they affect you?	HH1-4A.01							
Can you describe the chain of command down to the patient care level?	HH1-6A							
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	HH1-9A.01							
To whom would you report any alleged violation involving mistreatment, neglect, or abuse of a patient and in what time frames?	HH2-3A							
How does the HHA receive, report, and resolve a patient grievance/complaint?	HH2-4A							
How does the HHA ensure that only specified personnel have access to OASIS and confidential assessment information?	HH2-5A							
What are the HHA's policies and procedures regarding resuscitative guidelines?	HH2-6B.01							
How do you provide information regarding Advance Directives to patients?	HH2-6B.02							
What training did you receive on the agency's policies and procedures on ethical issues? Give an example of an ethical issue you may encounter in your day-to-day work.	HH2-7A.01							
How would you provide care to a patient/family with a communication/language barrier?	HH2-8A							
How would you provide care to patients/families with various cultural backgrounds, beliefs, and religions?	HH2-8B.01							
To whom would you report any suspicion of fraud or abuse?	HH2-9A.01							
How do you access your supervisor during the day and after-hours?	HH2-10A.01							

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Governing Body	Administrator	Nurses	Aides	Therapists	Social Worker	QAPI Coordinator
How are patients informed of their financial responsibility?	HH3-A.01							
Describe the procedures for the management of personnel files, including positions that have access to personnel files and time frames for retention.	HH4-1A.01							
Did you receive an orientation? Describe the orientation process.	HH4-5A.01							
What would prevent you from hiring an individual who had a criminal background?	HH4-2H.01							
How does the HHA know you are competent to perform your job?	HH4-6A.01							
How do you verify personnel are competent to perform their job?	HH4-6A.01							
What type of in-service training have you received?	HH4-8A							
What type of ongoing training have you received?	HH4-8A.01							
How often does a supervisor visit the home of a patient receiving aide services?	HH4-14A							
Are there any drugs/drug classifications that your agency does not administer?	HH5-2F.01							
What are the requirements for administration of the first dose of a medication in the home setting?	HH5-2F.02							
How are you involved in the PI program? Describe the projects you are involved with.	HH6-1D.01							
What types of safety issues do you address while in the patient's home?	HH7-2B.01							
Which hazards were included in the facility's risk assessment, and why and how was the risk assessment conducted?	HH7-3A							
How does the agency plan to continue operations during an emergency?	HH7-3A							
What is the delegation of authority and succession plan?	HH7-3A							
What is your process to ensure the cooperation and collaboration with local, tribal, state, and federal emergency preparedness officials as an integrated response during a disaster or emergency situation?	HH7-3A							
What is your process to inform state and local officials of any on-duty personnel or patients that you are unable to contact?	HH7-3B							

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	ACHC Standard	Governing Body	Administrator	Nurses	Aides	Therapists	Social Worker	QAPI Coordinator
What method do you have for sharing information and medical documentation for patients under your care, as necessary, with other healthcare providers to maintain the continuity of care?	HH7-3C							
What emergency preparedness training have you received?	HH7-3D							
Please describe how your agency participated in the healthcare system training and planning. How did your agency participate after the test and what changes came out of the test?	HH7-3E							
How do you handle an exposure to a hazardous product while in the home?	HH7-6B.01							
Describe the accident/incident reporting process.	HH7-7A.01							

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

ITEMS NEEDED FOR ON-SITE SURVEY

MEDICARE CERTIFICATION AND RECERTIFICATION

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 Item	Located
HH1-1A	Copy of current applicable licenses or permits and copy of Articles of Incorporation/bylaws	
HH1-1A.01	Access to policy and procedure manual with the following policies flagged: ■ HH2-2A Patient rights and responsibilities policy ■ HH2-9A.01 Compliance Program ■ HH5-1B HIPAA policies ■ HH5-6A Transfer and discharge policies ■ HH5-8A Acceptance of verbal orders ■ HH7-3B Emergency Preparedness Plan/Policies	
HH1-1A.01	All required federal and state posters are placed in a prominent location	
HH1-1B	Current 855A/CMS approval letter	

ACHC Standard	Required Item	Located
HH1-2A, HH1-2A.03/ HH1-9A.01/HH2-4A/ HH2-7A.01/HH3-1A/ HH3-1C/HH6-1C	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s) List of governing body members	
HH1-5A	Job description for the Administrator	
HH1-5A.01	Annual evaluation of the Administrator	
HH1-6A	Organizational chart	
HH1-6B	Job description for the clinical manager(s)	
HH1-8A/HH1-8B	Previous 4 month's final OASIS Validation reports	
HH1-10A	Contracts for direct care, including copies of professional liability insurance certificates	
HH1-11A	CLIA certificate of waiver for agency or CLIA certificate for the reference laboratory	
HH1-12A.01	CMS letter of approval for branch addition (if applicable)	
HH2-1A.01	Marketing materials	
HH2-4A	Grievance/complaint log	
HH2-5C.01	Business Associate Agreements (BAAs)	
HH2-7A.01	Evidence of how ethical issues are identified, evaluated, and discussed	
HH2-8A	Evidence of communication assistance for language barriers	
HH2-9A.01	Evidence of a Compliance Program	
HH2-10A.01/HH2-11A.01	On-call calendar	
HH3-1A	Most recent annual operating budget	
HH3-1B	Most recent capital expenditure plan (if applicable)	
HH3-1C	Evidence of the review of the budget	
HH3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HH3-4A.01	Listing of patient care charges	
HH4-1B.01	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)	
HH4-2E.01	Job descriptions for identified staff	
HH4-2I.01	Employee handbook or access to personnel policies	
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	
HH5-134.01	Referral log	
HH5-16A.01	Verification of physician or allowed practitioner licensure	

ACHC Standard	Required Item	Located
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 used 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 used 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	
HH7-3D	Evidence of a minimum of one test/drill completed annually ■ One is a community-based or facility-based 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.	
HH7-3E	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)	

ACHC Standard	Required Item	Located
HH7-5A.01	Report of annual fire drill and results of testing of emergency power systems	
HH7-6B.01	Access to Safety Data Sheets (SDS)	
HH7-7A.01	OSHA forms 300,300A, and/or 301 (if applicable)	
HH7-8A.01/HH 7-9A.01	Quality control logs of any equipment used in the provision of care	

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HOME HEALTH

SURVEY CHECKLIST – PERSONNEL FILES

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

Compliance Date:

ACHC Standard	Item Required	Administrator	Clinical Manager	RN Name	LPN Name	Aide Name	PT/PTA Name	OT/COTA Name	SLP	BSW/MSW Name	Other Name
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										
HH4-2I.01	Evidence of access to personnel policies (N/A for contract staff)										
HH4-2J.01	Most recent annual performance evaluation										

ACHC Standard	Item Required	Administrator	Clinical Manager	RN Name	LPN Name	Aide Name	PT/PTA Name	OT/COTA Name	SLP	BSW/MSW Name	Other Name
HH4-4A.01	Verifications of qualifications for non-licensed personnel										
HH4-5A.01	Evidence of orientation										
HH4-6A.01 & HH4-12G	Initial and annual competency assessment										
HH4-6C.01	Evidence of training for the use of waived tests										
HH4-7C.01	Initial and annual on-site observation visit										
HH4-8A & HH4-8A.01	Evidence of annual education										
HH4-10A.01	Verification of additional education needed to administer pharmaceuticals or special treatments										
HH1-4A.01	Conflict of Interest Disclosure Form, if applicable										
HH2-5A	Signed confidentiality statement										
HH2-6B.01	Evidence of CPR, if applicable										
Other state or agency-specific requirements											

Observation Audit Tool

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HOME HEALTH

OBSERVATION AUDIT TOOL

- [ ] Agency has appropriate Articles of Incorporation or other documents of legal authority.
- [ ] State license, as applicable.
- [ ] Copy of Fair Labor Standards Act is posted in a prominent location.
- [ ] There is a description of the governing body that includes name, address, and telephone number for each member.
- [ ] Marketing materials reflect the services provided by the agency.
- [ ] Evidence of patient care charges in writing and available upon request.
- [ ] CMS Approval Letter for Branch Additions, if applicable.
- [ ] Compliance Program.
- [ ] Annual budget.
- [ ] Personnel meet the qualifications per federal, state, and agency requirements.
- [ ] Job descriptions are specific to the tasks and duties personnel are required to perform.
- [ ] QAPI activities and annual report.
- [ ] Patient incident/variance reports are available for the Surveyor to review.
- [ ] There is evidence of an on-call process to ensure nursing services are available 24 hours a day, 7 days a week, as necessary to meet patient needs.
- [ ] On-call schedule shows evidence that administrative and clinical supervision of personnel exists in all care/service areas provided 24 hours a day, 7 days a week.
- [ ] The agency has access to copies of federal, state, and local laws and regulations.
- [ ] Medical records and other PHI/ EPHI are located in a secure location.
- [ ] Organizational chart reflects current organizational structure.
- [ ] OASIS reports are available to the Surveyor upon arrival (N/A if initial survey).
- [ ] CLIA Waiver is posted, as applicable.
- [ ] There is evidence that financial records are kept for the time frames identified in the P&P.
- [ ] Contracts and Business Associate Agreements (BAAs) are current and reviewed as identified in the contract.
- [ ] Patient admission/education materials include at least the following:
    - » Description of services.
    - » Patient's Rights and Responsibilities.

- How to report a grievance.
- How to contact the state hotline and ACHC with a complaint.
- Confidentiality practices and policies of the HHA to include OASIS information.
- Advance Directive information and HHA policies on resuscitation.
- Charges for care.
- Disease- and medication-specific information.
- Disaster preparedness.
- Infection control practices.
- Clinical Manager contact information.

- [ ] Agency tests its emergency power system at least once per year.
- [ ] Evidence of a referral log or other tool to record all referrals.
- [ ] Personnel have access to appropriate SDS info for hazardous chemicals used to fulfill their job duties.
- [ ] There is evidence of quality control logs used for equipment that perform waived testing.
- [ ] There is evidence of cleaning and maintaining of equipment used in the provision of care.
- [ ] There is evidence that quarterly patient record reviews are completed.
- [ ] TB incidence and prevalence rates.
- [ ] Emergency Preparedness Plan.
- [ ] Evidence of one emergency preparedness test/drill annually.
- [ ] Communication Plan.
- [ ] Risk assessment that uses an all-hazards approach.
- [ ] Marketing materials describe the referral process, hours of operation, and contact information.
- [ ] There is evidence that hazardous chemicals or contaminated waste is properly maintained.
- [ ] Agency maintains and documents an effective infection control program.
- [ ] Signs designating a smoke-free facility are evident.
- [ ] Smoke detectors, fire alarms, and fire extinguishers are present and placed in secure areas.
- [ ] There is evidence of an annual fire drill documented and shared with personnel.
- [ ] Fire exits and escape routes are identified throughout the building.
- [ ] Fire extinguishers are inspected/maintained per the manufacturer's recommendations.
- [ ] The agency posts OSHA forms 300, 300A, and/or 301, as applicable.
- [ ] Home Health Aide competency program, if applicable.
- [ ] Home Health Aide training program, if applicable.
- [ ] All personnel perform their job duties according to accepted standards of practice and occupational licensure and HHA policies.

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HOME HEALTH

HOME VISIT AUDIT CHECKLIST

The checklist below details performance expectations that will be reviewed for evidence of compliance during your ACHC Home Health Accreditation survey. To prepare for your survey, use this checklist as you observe clinicians performing home visits with patients. This form can help you determine if your organization is in compliance with applicable standards. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Staff Name and Title: _____ Date: _____

Supervisor: _____

Performance Expectations	Met	Not Met	Comments
Infection Control During a home visit, the clinician:			
Follows standard precautions based on care provided (wound care, Foley catheter care, etc.).	☐	☐	
Uses appropriate Personal Protective Equipment (PPE).	☐	☐	
Follows proper handwashing practices per agency policy, including procedure, supplies, and intervals.	☐	☐	
Follows proper bag technique practices per agency policy, including use of surface barriers, clean/dirty areas, and maintenance and cleaning of equipment and bag within the home and car.	☐	☐	
Ensures hazardous waste is accepted, transported, and disposed of properly.	☐	☐	
Patient Rights Clinician honors patient rights by ensuring the patient has the right to:			
Have their property and person treated with respect, consideration, and recognition of patient dignity and individuality.	☐	☐	
Exercise their rights as a patient of the agency, or the patient's family/legal representative may exercise the patient's rights when the patient has been judged incompetent.	☐	☐	

Performance Expectations	Met	Not Met	Comments
Be able to identify visiting personnel members through agency-generated photo identification.	☐	☐	
Choose a healthcare provider, including an attending physician.	☐	☐	
Receive appropriate care/service without discrimination, in accordance with physician's orders.	☐	☐	
Be informed of any financial benefits when referred to a home health agency.	☐	☐	
Be fully informed of their responsibilities.	☐	☐	
Be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of an unknown source and misappropriation of patient's property, with the right to report and have any allegation investigated.	☐	☐	
Care Provided Clinician ensures that care provided to patients is performed:			
In accordance with patient's plan of care.	☐	☐	
With patient's/patient representative's involvement in any changes to the plan of care.	☐	☐	
In accordance with scope of practice, agency policies and procedures, and/or job description.	☐	☐	
With respect to various cultural backgrounds, beliefs, and religions.	☐	☐	
With respect to communication or language barriers.	☐	☐	
With medication reconciliation performed.	☐	☐	
Documentation/Information Received in Writing Clinician ensures that the following is documented as being received in writing by the patient or their representative:			
Services covered under the Medicare home health benefit, scope of services that the HHA will provide; specific limitations on services, current charges, including payment for care/service expected from third parties; and any charges the patient is responsible for.	☐	☐	
Agency's process for receiving, investigating, and resolving complaints about services, including:			
■ Administrator's name, business address, and business phone number.	☐	☐	

Performance Expectations	Met	Not Met	Comments
■ State's toll-free hotline telephone number(s), contact information, hours of operations. ■ ACHC's telephone number	☐	☐	
	☐	☐	
Patient Rights and Responsibilities statement. Must be understandable to patients/patient representatives who have limited English proficiency and accessible to individuals with disabilities.	☐	☐	
Information on advance directives and the agency's policies on resuscitation, medical emergencies, accessing 911 services (EMS), transfers, and discharges.	☐	☐	
Confidentiality/privacy practices and policies to include Outcome and Assessment Information Set (OASIS) privacy notice for all whose patient information is included in OASIS data collection.	☐	☐	
Written instructions outlining the following:			
■ Visit schedule, including frequency of visits.	☐	☐	
■ Patient medication schedule and instructions.	☐	☐	
■ Any treatments to be administered by agency personnel/contractors, including therapy services.	☐	☐	
■ Any other pertinent instructions related to patient's care and treatments.	☐	☐	
■ Name and contact information of the agency's clinical manager.	☐	☐	
Patient education related to treatment, disease, and medication management, as appropriate.	☐	☐	
Safety and infection control education materials.	☐	☐	
Emergency preparedness education materials.	☐	☐	
Potential Patient Interview Questions Clinician ensures that the patient is aware of and has the ability to answer the following types of questions:			
Did you receive information about services covered under the agency, the scope of services the agency will provide, and specific limitations on those services?	☐	☐	
How did the agency inform you of your patient rights?	☐	☐	

Performance Expectations	Met	Not Met	Comments
Did you receive information on advance directives?	☐	☐	
Were you informed of your financial responsibilities at the start of care/service or when changes occurred?	☐	☐	
Have you received education on disease management as appropriate to the care/service being provided?	☐	☐	
Are you aware of the proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment and care/services provided?	☐	☐	
What safety training/education have you received?	☐	☐	
Did you participate in, and have you been instructed on your plan of care?	☐	☐	
How would you notify the agency of problems, concerns, and complaints?	☐	☐	
Were you provided information on emergency preparedness?	☐	☐	

Sample Agenda

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

SAMPLE AGENDA OPENING DAY

8:30 a.m. – 9:00 a.m. ..... Opening conference/review of PER documents

9:00 a.m. – 9:30 a.m. ..... Completion of CMS/ACHC paperwork

9:30 a.m. – 12:30 p.m. ..... Observation: Tour, evaluation of PI, PAC/governing body meeting minutes, complaints/variances, infection control logs, contracts, etc.

1:00 p.m. – 4:30 p.m. ..... Personnel chart review (one of each discipline, at a minimum, to ensure compliance with CoPs)

4:30 p.m. – 5:00 p.m. ..... Mini closing

Agency needs to gather any additional information needed for Surveyor to be ready at opening next day.

SAMPLE AGENDA DAYS 2-4

8:00 a.m. – 12:00 p.m. ..... Medical chart review/home visits/staff interviews

1:00 p.m. – 4:30 p.m. ..... Medical chart review/home visits/staff interviews

4:30 p.m. – 5:00 p.m. ..... Mini closing

Agency needs to gather any additional information needed for Surveyor to be ready at opening next day.

SAMPLE AGENDA DAYS FOR LAST DAY

8:00 a.m. – 3:00 p.m. ..... Finish medical chart review/staff interviews

3:00 p.m. – 4:00 p.m. ..... Surveyor preparation for closing

4:30 p.m. ..... Final exit conference

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PLAN OF CORRECTION (POC)

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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 Home Care, 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.				

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Sample Evidence Chart Template

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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 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%

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

OBSERVATION DEFICIENCIES

This section is to be completed when additional evidence is required.

ACHC Standard/G Tag	Deficiency	Evidence
Example: HH1-10A/G978	Incomplete contracts	Revised contracts

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HOME HEALTH

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

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.

Yes	No	G Tag	
Are you in compliance with the Medicare Condition of Participation pertaining to release of patient identifiable OASIS information (reference CFR 484.40)?			
☐	☐	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)?			
☐	☐	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?

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)?			
☐	☐	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 an unknown source, neglect, and misappropriation of property?
☐	☐	G432	To voice grievances without fear of reprisal?
☐	☐	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?

Yes	No	G Tag	
☐	☐	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 ongoing 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?
☐	☐	G464	If discharged for cause, is there evidence the patient and patient's primary care practitioner were informed that discharge for cause was being considered?
☐	☐	G466	If discharged for cause, is there evidence the agency made efforts to resolve the problem?
☐	☐	G468	If discharged for cause, is there evidence the agency provided the patient with contact information for other providers?
☐	☐	G470	If discharged for cause, is there evidence of documentation of the problems and efforts made to resolve the problems?
☐	☐	G472	Is there evidence patients were discharged due to death?
☐	☐	G474	Is there evidence the agency ceased to operate and therefore patients were discharged?
☐	☐	G476	Is there evidence the agency:
☐	☐	G478	Investigated complaints made by the patient or anyone acting on behalf of the patient regarding:

Yes	No	G Tag	
☐	☐	G480	■ Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately?
☐	☐	G482	■ Mistreatment, neglect, verbal, mental, sexual, physical, injuries of an unknown source and misappropriation of property?
☐	☐	G484	Is there evidence all complaints were properly documented, include the resolution of the complaint?
☐	☐	G486	Is there evidence that actions were taken to prevent further potential violations while the complaint is being investigated?
☐	☐	G488	Is there evidence that any incident or circumstance of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of an unknown source, or misappropriation of patient property, is reported immediately to the agency and other appropriate authorities in accordance with state law?
☐	☐	G490	Is there evidence that patients were provided information in plain language and in a manner that is accessible and timely to: ■ Persons with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual; and/or ■ Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations?
Are you in compliance with the Medicare Condition of Participation pertaining to comprehensive assessment of patients (reference CFR §484.55)?			
☐	☐	G510	■ Is there evidence for each patient that a patient-specific, comprehensive assessment has been completed? ■ For Medicare beneficiaries, is there evidence the agency verified the beneficiary's eligibility for the Medicare home health benefit, including homebound status?
☐	☐	G512	Is there evidence of an initial assessment visit?
☐	☐	G514	Is there evidence the RN conducted an initial assessment to determine immediate needs within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner-ordered start of care date?
☐	☐	G516	Is there evidence, in therapy-only cases, the initial assessment is completed needs within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner-ordered start of care date?
☐	☐	G518	Is there evidence of a comprehensive assessment?
☐	☐	G520	Is there evidence the comprehensive assessment is completed in a timely manner, consistent with the patient's immediate needs, but no later than five calendar days after the start of care?
☐	☐	G522	Is there evidence the comprehensive assessment is conducted by the RN unless patient only requires therapy services?
☐	☐	G524	Is there evidence the comprehensive assessment is conducted by the appropriate therapist in therapy only cases?
☐	☐	G526	Does the comprehensive assessment accurately reflect the patient's status at the time of the assessment?
☐	☐	G528	Does the comprehensive assessment address the patient's current health, psychosocial, functional, and cognitive status?

Yes	No	G Tag	
☐	☐	G530	Does the comprehensive assessment identify the patient's strengths, goals, and care preferences, and address the patient's progress toward goals and measurable outcomes?
☐	☐	G532	Does the comprehensive assessment identify the patient's continuing need for home health care?
☐	☐	G534	Does the comprehensive assessment identify the patient's medical, nursing, rehabilitative, social, discharge planning needs?
☐	☐	G536	Does the comprehensive assessment include a review of all medications the patient is currently using?
☐	☐	G538	Does the comprehensive assessment identify the patient's primary caregivers and other support: ■ Willingness and ability to provide care, and ■ Availability and schedules?
☐	☐	G540	Does the comprehensive assessment identify the patient's primary caregiver, if applicable?
☐	☐	G542	Does the comprehensive assessment incorporate the current version of the OASIS items?
☐	☐	G544	Is the comprehensive assessment updated and revised as frequently as the patient's condition warrants?
☐	☐	G546	Is the comprehensive assessment updated the last 5 days of every 60 days beginning with the start-of-care date, unless there is a: ■ Beneficiary elected transfer, ■ Significant change in condition, or ■ Discharge and return to the same agency during the 60-day episode?
☐	☐	G548	Is the comprehensive assessment updated within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on physician or allowed practitioner-ordered resumption date?
☐	☐	G550	Is the comprehensive assessment updated at discharge?
☐	☐	G562	Is there evidence in the medical record that the HHA provided patients who are transferring to another HHA or who are discharged to a SNF, IRF or LTCH, that the HHA assisted the patient and their caregivers in selecting a post-acute care provider by using and sharing quality measures data to assist in the transfer?
☐	☐	G564	Is there evidence in the patient record for patients who were transferred to another HHA or who were discharged to a SNF, IRF or LTCH, that the HHA sent all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.
Are you in compliance with the Medicare Condition of Participation pertaining to care planning, coordination of services, and quality of care (reference CFR 484.60)?			
☐	☐	G570	Is each patient accepted for treatment based on the expectation the agency can meet the needs of the patient?
☐	☐	G572	Is there an individualized written plan of care, which is established, periodically reviewed, and signed by a physician or allowed practitioner for each patient?
☐	☐	G574	Does the plan of care contain all required elements?

Yes	No	G Tag	
☐	☐	G576	Are patient care orders recorded in the plan of care?
☐	☐	G578	Is care delivered in accordance with physician or allowed practitioner orders?
☐	☐	G580	Are drugs, services, and treatments administered in accordance with physician or allowed practitioner orders?
☐	☐	G582	Are flu and pneumococcal vaccines only administered in accordance with agency policy?
☐	☐	G584	Are verbal orders accepted by authorized personnel?
☐	☐	G584	Are verbal orders signed, dated, and timed in accordance with state law and agency policy?
☐	☐	G586	Is the plan of care reviewed and revised as necessary?
☐	☐	G588	Is the plan of care reviewed as frequently as the patient's needs change or at least every 60 days?
☐	☐	G590	Is there documentation in the medical record the physician or allowed practitioner was notified that the plan of care should be altered due to a change in the patient's condition?
☐	☐	G592	Does the revised plan of care reflect the patient's progress toward goals?
☐	☐	G594	Are revisions to the plan of care communicated properly?
☐	☐	G596	Are revisions to the plan of care communicated to the patient, caregiver and relevant physicians or allowed practitioners?
☐	☐	G598	Are revisions appropriately communicated to the primary care practitioner who will be responsible for care after discharge?
☐	☐	G600	Is there evidence of coordination of care?
☐	☐	G602	Is there evidence of coordination of care with all physicians or allowed practitioners involved in the plan of care?
☐	☐	G604	Is there evidence orders from all physicians or allowed practitioners have been integrated into the plan of care?
☐	☐	G606	Is there evidence of coordination of care from all service providers providing care to the patients, whether care is provided directly or under contract?
☐	☐	G608	Is there evidence the patient, representative (if any) and caregivers have been involved in the coordination of care?
☐	☐	G610	Is there evidence the patient has received the appropriate education and training needed to ensure a timely discharge?
☐	☐	G612	Is there evidence in the medical record the agency provided the patient with the following written information:
☐	☐	G614	■ Visit schedule, including frequency of visits by agency personnel and personnel acting on behalf of the agency?
☐	☐	G616	■ Medication schedule and instructions, including medication name, dosage, and frequency and which medications will be administered by agency personnel and personnel acting on behalf of the agency?
☐	☐	G618	■ Any treatments and/or therapy services to be administered by agency personnel or personnel acting on behalf of the agency?
☐	☐	G620	■ Any other pertinent instruction related to the patient's care?

Yes	No	G Tag	
☐	☐	G622	■ Name and contact information for the agency clinical manager?
Are you in compliance with the Medicare Condition of Participation pertaining to Quality Assessment and Performance Improvement (QAPI) (reference CFR 484.65)?			
☐	☐	G640	Is there evidence the agency maintains an effective, ongoing, agency-wide QAPI program?
☐	☐	G642	Is the program capable of showing measurable improvement in indicators that improve the health and safety of patients?
☐	☐	G642	Does the program measure, analyze, and track quality indicators including adverse events?
☐	☐	G644	Does the program utilize quality indicator data, including OASIS data, in the design of its program?
☐	☐	G644	Does the agency use the data to monitor the effectiveness and safety of care?
☐	☐	G644	Does the agency use the data to identify opportunities for improvement?
☐	☐	G644	Is there evidence the governing body approved the frequency and detail of the data collection?
☐	☐	G646	Do the program activities:
☐	☐	G648	■ Focus on high-risk, high-volume, or problem-prone areas?
☐	☐	G650	■ Consider incidence, prevalence, and severity of problems?
☐	☐	G652	■ Lead to an immediate correction of any identified problem that threatens the health and safety of patients?
☐	☐	G654	Is there evidence the program tracks adverse patient events, analyzes their causes, and implements preventive actions?
☐	☐	G656	Is there evidence the agency tracks performance to ensure improvements are sustained?
☐	☐	G658	Is there evidence of quality improvement projects that include the reason for conducting the projects, along with the measurable progress achieved on these projects?
☐	☐	G660	Is there evidence the governing body ensures the following:
☐	☐	G660	■ That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained?
☐	☐	G660	■ The QAPI program addresses priorities for improved quality of care and patient safety?
☐	☐	G660	■ That clear expectations for patient safety are established, implemented, and maintained?
☐	☐	G660	■ That any findings of fraud or waste are appropriately addressed?
☐	☐	G640	■ Is there evidence the agency maintains an effective, ongoing, agency-wide QAPI program?
Are you in compliance with the Medicare Condition of Participation pertaining to infection control (reference CFR 484.70)?			
☐	☐	G680	Is there evidence the agency maintains and documents an infection control program with the goal of prevention and control of infections?

Yes	No	G Tag	
☐	☐	G682	Is there evidence the agency follows accepted standards of practice to prevent the transmission of infections and communicable diseases?
☐	☐	G684	Is there evidence the agency's infection control program is an integral part of the QAPI program?
☐	☐	G684	Does the agency have a method for identifying infections and communicable diseases?
☐	☐	G684	Does the agency take appropriate actions to address or prevent infections?
☐	☐	G686	Is there evidence the agency provides infection control education to staff, patients, and caregivers?
Are you in compliance with the Medicare Condition of Participation pertaining to skilled professional services (reference CFR 484.75)?			
☐	☐	G700	Is there evidence the agency provides skilled professional services as specified in §409.44 and §409.45?
☐	☐	G702	Are all skilled professional services authorized, delivered, and supervised only by appropriately qualified individuals?
☐	☐	G704	Is there evidence that skilled professionals assume responsibility for:
☐	☐	G706	■ Ongoing interdisciplinary assessment of the patient?
☐	☐	G708	■ Development and evaluation of the plan of care with the patient or representative and caregiver?
☐	☐	G710	■ Providing services that are ordered by the physician or allowed practitioner as indicated in the plan of care?
☐	☐	G712	■ Providing patient, caregiver, and family counseling?
☐	☐	G714	■ Providing patient and caregiver education?
☐	☐	G716	■ Preparing clinical notes?
☐	☐	G718	■ Communicating with all physicians or allowed practitioners involved in the plan of care?
☐	☐	G720	■ Participating in the agency's QAPI program?
☐	☐	G722	■ Participating in agency-sponsored in-service training?
☐	☐	G724	Is there evidence of the supervision of skilled professional assistants?
☐	☐	G726	Is there evidence that nursing services are provided under the supervision of an RN?
☐	☐	G728	Is there evidence that physical and occupational therapy services are under the supervision of a Physical Therapist (PT) or Occupational Therapist (OT)?
☐	☐	G730	Is there evidence that social services are provided under the supervision of a social worker with a master's degree or a doctoral degree from a school of social work?
Are you in compliance with the Medicare Condition of Participation pertaining to home health aide services (reference 484.80)?			
☐	☐	G750	Is there evidence all home health aide services are provided by individuals who meet the personnel requirements?
☐	☐	G752	Is there evidence home health aides meet the qualifications by successfully completing:

Yes	No	G Tag	
☐	☐	G754	■ A training and competency evaluation program as specified in paragraphs (b) and (c) respectively of this section; or ■ A competency evaluation program that meets the requirements of paragraph (c) of this section; or ■ A nurse aide training and competency evaluation program approved by the state as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the state nurse aide registry; or ■ The requirements of a state licensure program that meets the provisions of paragraphs (b) and (c) of §484.80?
☐	☐	G756	If any home health aides have had a 24-month lapse in furnishing services for compensation, is there evidence that the individual completed another program, as specified in paragraph (a)(1) of this section, before providing services?
☐	☐	G758	For aides that have completed the classroom and supervised practical training, is there evidence of:
☐	☐	G760	■ The classroom and practical training totaling at least 75 hours?
☐	☐	G762	■ The home health aides completing 16 hours of classroom training before supervised practical training begins?
☐	☐	G764	Does the home health aide training meet the specific training requirements?
☐	☐	G766	Is there documentation the training requirements have been met?
☐	☐	G768	Is there evidence of a competency evaluation for each home health aide providing services?
☐	☐	G768	Does the competency evaluation address the required subject areas and all subject areas are appropriately evaluated?
☐	☐	G768	Is the competency evaluation completed by an acceptable organization?
☐	☐	G768	Is there evidence the competency evaluation was performed by an RN?
☐	☐	G770	Have all home health aides received a satisfactory rating for all tasks they are performing?
☐	☐	G772	Does the home health agency maintain documentation of the competency evaluation?
☐	☐	G774	Is there evidence that all home health aides receive 12 hours of in-service training during each 12-month period?
☐	☐	G776	Is there evidence the in-service training is supervised by an RN?
☐	☐	G778	Does the agency maintain documentation of in-service training received by the home health aides?
☐	☐	G780	Does the RN who is supervising the practical training have a minimum of two years nursing experience, with at least one year in home health care?
☐	☐	G782	Is there evidence the home health aide training program is only offered by organizations that, within the past two years, have not:
☐	☐	G784	■ Been out of compliance with 484.80(b)(c)(d) or (e);
☐	☐	G786	■ Allowed an unqualified aide perform services;
☐	☐	G788	■ Had an extended or partially extended survey as a result of furnishing substandard care;
☐	☐	G790	■ Been assessed a civil monetary penalty of $5,000 or more;
☐	☐	G792	■ Had temporary management appointed to oversee their agency; or
☐	☐	G794	■ Had all or part of its Medicare payments suspended; or

Yes	No	G Tag	
☐	☐	G796	■ 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 AGENCYs; or » Been subjected to a suspension of Medicare payments to which it otherwise would have been entitled; or » Operated under temporary management that was appointed to oversee the operation of the AGENCY and to ensure the health and safety of the AGENCY's patients; or » Been closed, or had its patients transferred by the state; or » Been excluded from participating in federal healthcare programs or debarred from participating in any government program.
☐	☐	G798	Are the written patient care instructions prepared by the RN or other appropriate professional?
☐	☐	G800	Is the aide only providing services that are: ■ Ordered by the physician or allowed practitioner ■ Included in the plan of care ■ Permitted to be performed under state law ■ Consistent with home health aide training?
☐	☐	G802	Are the duties of the aide consistent with: ■ The provision of hands-on personal care ■ Performing simple procedures as an extension of therapy or nursing ■ Assisting in ambulation or exercise ■ Assisting in administering of medication ordinarily self-administered?
☐	☐	G804	Is there evidence aides report changes in the patient's condition to the appropriate skilled professional and complete records in compliance with the agency's policies and procedures?
☐	☐	G806	Is there evidence home health aides are properly supervised in accordance with the requirements?
☐	☐	G808	Is there evidence an on-site supervisory visit is completed at least every 14 days by the appropriate professional?
☐	☐	G810	Is there evidence for any area of concern regarding the aide's delivery of care, the appropriate skilled professional made an on-site visit to observe the aide while he or she is performing care?
☐	☐	G812	Is there evidence each aide had an annual on-site visit conducted by the appropriate skilled professional while the aide was performing care?
☐	☐	G814	Is there evidence that for any patients receiving non-skilled services the RN completes an on-site visit at least every 60 days?
☐	☐	G816	Is there evidence that any area of concern regarding the aide's performance, retraining has occurred and another competency evaluation, on the deficient task, was completed by the appropriate skilled professional?

Yes	No	G Tag	
☐	☐	G818	Does the supervisory documentation support the aide is: ■ Following the patient's plan of care for completion of tasks assigned to a home health aide by the RN or other appropriate skilled professional; ■ Maintaining an open communication process with the patient, representative (if any), caregivers, and family; ■ Demonstrating competency with assigned tasks; ■ Complying with infection prevention and control policies and procedures; ■ Reporting changes in the patient's condition; and ■ Honoring patient rights?
☐	☐	G820	Is there evidence the agency is responsible for aide services provided under contract?
☐	☐	G822	Is there evidence the agency ensures the quality of care provided by contracted home health aides?
☐	☐	G824	Is there evidence the aide services provided under contract are properly supervised?
☐	☐	G826	Is there evidence the aide services provided under contract are properly trained and competent?
☐	☐	G828	Is there evidence personal care attendants meet the qualification requirements and are competent to perform tasks assigned?
Are you in compliance with the Medicare Condition of Participation pertaining to compliance with Federal, State, and local laws related to the health and safety of patients (reference 484.100)?			
☐	☐	G848	Is there evidence the agency is in compliance with Federal, State, and local laws?
☐	☐	G850	Has the agency properly disclosed any change in ownership or management?
☐	☐	G852	Has the agency properly disclosed changes to the state survey agency at the appropriate time frames, which include:
☐	☐	G854	The names and addresses of all persons with an ownership or controlling interest in the agency?
☐	☐	G856	The name and address of each person who is an officer, a director, an agent, or a managing employee of the agency?
☐	☐	G858	The name and business address of the corporation, association, or other company that is responsible for the management of the agency, and the names and addresses of the chief executive officer and the chairperson of the board of directors of that corporation, association, or other company responsible for the management of the agency?
☐	☐	G860	Is the agency, branches, and all persons furnishing services licensed, certified, or registered, in accordance with state requirements?
☐	☐	G862	If the agency engages in laboratory testing, does the agency have the appropriate CLIA certificate?
☐	☐	G864	If the agency refers specimens for laboratory testing, does the agency have evidence that the laboratory is certified in the appropriate specialties and subspecialties?
Are you in compliance with the Medicare Condition of Participation pertaining to emergency preparedness (reference 484.102)?			
☐	☐	E0001	Does the agency have an Emergency Preparedness Plan?
☐	☐	E0004	Does the Emergency Preparedness Plan meet the following requirements:
☐	☐	E0006	■ Based on and include a documented, facility-based and community-based, all-hazards approach?

Yes	No	G Tag	
☐	☐	E0007	■ Address patient/client population, continuity of operations, including delegations of authority and succession plans?
☐	☐	E0009	■ Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials?
☐	☐	E0013	Is there evidence the policies and procedures are reviewed and updated at least every two years?
☐	☐	E0017	Does the patient's individual comprehensive assessment include an individual emergency plan?
☐	☐	E0019	Do the policies and procedures address patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment?
☐	☐	E0021	Do the policies and procedures address the process to follow up with on-duty staff and patients to determine services that are needed and the process to inform State and local officials of any on-duty staff or patients the agency is unable to contact?
☐	☐	E0023	Do the policies and procedures address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records?
☐	☐	E0024	Do the policies and procedures address the use of volunteers during an emergency situation or other emergency staffing strategies, including the process and role for integration of State and Federally designated healthcare professionals to address surge needs?
☐	☐	E0029	Is there evidence the communication plan is reviewed and updated at least every two years?
☐	☐	E0030	Does the communication plan include the names and contact information for the following: ■ Staff? ■ Entities providing services under arrangement? ■ Patients' physicians or allowed practitioners? ■ Other facilities? ■ Volunteers?
☐	☐	E0031	Does the communication plan include the contact information for the following: ■ Federal, State, tribal, regional, and local emergency preparedness staff? ■ Other sources of assistance?
☐	☐	E0032	Does the communication plan include a primary and alternate means for communicating with the staff and Federal, State, tribal, regional, and local emergency management agencies?
☐	☐	E0033	Does the communication plan include a method for sharing medical information with other health providers for the continuity of care and in the event of an evacuation, the process to release information?
☐	☐	E0034	Does the communication plan include a means of providing information about the agency's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee?
☐	☐	E0036	Is there evidence the training and testing program has been reviewed and updated at least every two years?
☐	☐	E0037	Is there documented evidence that all new and existing staff, individuals under contract and volunteers, consistent with their role, have received emergency preparedness training initially and at least every two years thereafter and can demonstrate understanding of their role during an emergency?

Yes	No	G Tag	
☐	☐	E0039	Is there documented evidence that the agency has completed an appropriate test of their emergency preparedness plan over a two-year period with at least one test each year?
☐	☐	E0042	Is there evidence, that if the agency is part of a healthcare system, the agency can demonstrate their participation in the development of the program?
Are you in compliance with the Medicare Condition of Participation pertaining to release of patient-identifiable OASIS information (reference CFR 484.40)?			
☐	☐	G940	Is there evidence the agency assumes responsibility for the administrative and supervisory functions of the home health agency and does not delegate this responsibility to another agency or organization?
☐	☐	G942	Is there a designated governing body or persons so functioning that assumes the legal authority and responsibility of the agency?
☐	☐	G944	Is there evidence the Administrator:
☐	☐	G946	■ Is appointed by and reports to the governing body?
☐	☐	G948	■ Is responsible for all day-to-day operations of the agency?
☐	☐	G950	■ Ensures that a Clinical Manager is available during all operating hours?
☐	☐	G952	■ Ensures that the agency employs qualified personnel, including the development of personnel qualifications and policies?
☐	☐	G954	Is there evidence that when the administrator is not available, a qualified, pre- designated person, authorized in writing by the administrator and governing body, is available to assume the same responsibilities?
☐	☐	G956	Is there evidence the administrator or pre-designated person is available during all operating hours?
☐	☐	G958	Is there evidence that one or more Clinical Managers provide oversight of the all patient care services and personnel to include:
☐	☐	G960	■ The making of patient and personnel assignment?
☐	☐	G962	■ The coordination of patient care?
☐	☐	G964	■ The coordination of referrals?
☐	☐	G966	■ Ensuring that patient needs are continually assessed?
☐	☐	G968	■ Ensuring the development, implementation, and updates to the plan of care?
☐	☐	G972	Have all branch locations, if applicable, been reported to the state survey agency at the appropriate time frames?
☐	☐	G974	Is there evidence the parent agency provides direct support and administrative control of its branches?
☐	☐	G976	Is there evidence all services furnished under arrangement meet the requirements of Section 1861(w) of the act?
☐	☐	G978	Is there a written agreement for all services furnished under arrangement? Does the written agreement specify that contracted services will not be provided by an agency that has been: ■ Denied Medicare or Medicaid enrollment; ■ Been excluded or terminated from any federal healthcare program or Medicaid; ■ Had its Medicare or Medicaid billing privileges revoked; or ■ Been debarred from participating in any government program?

Yes	No	G Tag	
☐	☐	G980	Is there evidence the primary agency is maintaining responsibility for patient care that is provided under arrangement?
☐	☐	G982	Does the agency provide skilled nursing services and at least one other therapeutic service and at least one of the services is provided directly by employees of the agency?
☐	☐	G984	Is there evidence all services are provided in accordance with current clinical practice guidelines?
☐	☐	G986	If the agency provides outpatient physical or speech-language pathology services, it is doing so in accordance with §485.711, §485.713, §485.715, §485.719, §485.723, and §485.727?
☐	☐	G988	Is there a budget that includes the annual operating budget and capital expenditure plan (if applicable) that was prepared under the direction of the governing body?
☐	☐	G988	Does the annual operating budget include all anticipated income and expenses?
☐	☐	G988	Is there a capital expenditure plan for any anticipated expenditures that exceed $600,000?
Are you in compliance with the Medicare Condition of Participation pertaining to clinical records (reference 484.110)?			
☐	☐	G1008	Is there evidence the agency maintains a clinical record for all patients accepted by the agency for home health services?
☐	☐	G1010	■ Is there evidence the clinical record contains:
☐	☐	G1012	■ The comprehensive assessment, clinical notes, plans of care and physician or allowed practitioner orders?
☐	☐	G1014	■ All interventions, including medication administration, treatments and services, and responses to those intervention?
☐	☐	G1016	■ Goals in the patient's plan of care and patient's progress toward achieving those goals?
☐	☐	G1018	■ Contact information for the patient, the representative (if any) and the primary caregiver?
☐	☐	G1020	■ Contact information for the primary care practitioner or other healthcare professional who will be providing care after discharge?
☐	☐	G1022	■ A completed discharge summary that is sent within five business days of the patient's discharge?
☐	☐	G1022	■ A completed transfer summary that is sent within two business days of a planned transfer or of two days of becoming aware of an unplanned transfer?
☐	☐	G1024	■ Entries that are legible, clear, complete, and appropriately authenticated, dated, and timed?
☐	☐	G1026	Is there evidence all clinical records are retained for five years after the discharge of the patient unless state law stipulates a longer period of time?
☐	☐	G1026	Is there evidence the agency's policies provide for retention of clinical records even if the agency discontinues operations?
☐	☐	G1028	Is there evidence that clinical records are safeguarded against loss or unauthorized use?
☐	☐	G1030	Is there evidence that the agency is able to provide a patient their clinical record, free of charge, upon request at the next home visit or within four business days (whichever comes first)?

Yes	No	G Tag	
Are you in compliance with the Medicare Condition of Participation pertaining to personnel qualifications (reference 484.115)?			
☐	☐	G1050	Is there evidence the agency staff meet the following qualifications:
☐	☐	G1052	The Administrator: For individuals that began employment with the agency prior to January 13, 2018, a person who: ■ Is a licensed physician, ■ Is a Registered Nurse, or ■ Has training and experience in health service administration and at least one year of supervisory administrative experience in home health care or a related healthcare program. For individuals that begin employment with an agency on or after January 13, 2018, a person who: ■ Is a licensed physician, a Registered Nurse, or holds an undergraduate degree; and ■ Has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or a related healthcare program.
☐	☐	G1054	An Audiologist: ■ Meets the education and experience requirements for a Certificate of Clinical Competence in audiology granted by the American Speech- Language-Hearing Association; or ■ Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.
☐	☐	G1056	A Clinical Manager is: ■ A person who is a licensed physician, Physical Therapist, Speech-Language Pathologist, Occupational Therapist, Audiologist, Social Worker, or a Registered Nurse.
☐	☐	G1058	A home health aide is: ■ A person who meets the qualifications for home health aides specified in Section 1891(a)(3) of the Act and implemented at §484.80.
☐	☐	G1060	A Licensed Practical (Vocational) Nurse is: ■ A person who has completed a practical (vocational) nursing program, is licensed in the state where practicing, and who furnishes services under the supervision of a qualified Registered Nurse.
☐	☐	G1062	An Occupational Therapist meets the requirements as determined by the state in which they practice and if licensure does not apply, they meet the requirements as defined in this standard.
☐	☐	G1064	An Occupational Therapist Assistant meets the requirements as determined by the state in which they practice and if licensure does not apply, they meet the requirements as defined in this standard.
☐	☐	G1066	A Physical Therapist meets the requirements as determined by the state in which they practice and if licensure does not apply, they meet the requirements as defined in this standard.
☐	☐	G1068	A Physical Therapist Assistant meets the requirements as determined by the state in which they practice, and if licensure does not apply, they meet the requirements as defined in this standard.
☐	☐	G1070	A physician meets the qualification and conditions as specified in Section 1861(r) of the Act.

Yes	No	G Tag	
☐	☐	G1072	A Registered Nurse is a graduate of an approved school of professional nursing who is licensed in the state where practicing.
☐	☐	G1074	A Social Worker Assistant has: ■ A baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least one year of social work experience in a health care setting; or ■ Two years of appropriate experience as a social work assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that the determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as a social work assistant after December 31, 1977.
☐	☐	G1076	A Social Worker is a person who has a master's or doctoral degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a healthcare setting.
☐	☐	G1078	A Speech-Language Pathologist: ■ A person who has a master's or doctoral degree in speech-language pathology, and who meets either of the following requirements: ■ Is licensed as a speech-language pathologist by the state in which the individual furnishes such services; or ■ In the case of an individual who furnishes services in a state which does not license speech-language pathologists: ■ Has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating supervised clinical experience); ■ Performed not less than nine months of supervised full-time speech- language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field; and ■ Successfully completed a national examination in speech-language pathology approved by the Secretary.

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

ACCREDITATION ANNUAL COMPLIANCE CHECKLIST

Use this checklist to audit your Home Health Agency (HHA) and operations annually to ensure compliance with annual requirements. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal Plan of Correction be implemented and results monitored for compliance.

Section 1: Organization and Administration		
Standard	Expectation	Comments
HH1-1A	All applicable licenses and permits are current and posted for all locations	
HH1-1A.01	Federal and state posters are posted	
HH1-1B	Any changes in ownership or of managing employees have been properly reported	
HH1-2A	Governing body minutes are properly documented	
HH1-2A.03	New governing body members have been oriented	
HH1-4A.01	Any conflict of interest has been properly disclosed	
HH1-5A	Administrator or other pre-designated individual is qualified and available during all operating hours	
HH1-5A.01	Annual evaluation of the Administrator has been completed	
HH1-6A	Organizational chart is up to date	
HH1-6B	Clinical manager or other pre-designated individual is qualified and available during all operating hours	
HH1-6C	Evidence is available to demonstrate the parent agency is responsible for any and all branches, if applicable	
HH1-7A	At least one service is provided directly by employees of the agency	
HH1-8A	OASIS data is collected on appropriate patients	
HH1-8B	OASIS data is reported within 30 days of completing the assessment, and clinical and data audits verify that collected OASIS data is consistent with reported OASIS data	
HH1-9A.01	Negative outcomes from sanctions, regulatory inspections, and/or audits have been reported, if applicable	

Section 1: Organization and Administration		
Standard	Expectation	Comments
HH1-10A	All contracts for direct care have been reviewed as required per the terms of the contract and the HHA does not have any contracts with agencies that have been: ■ Denied Medicare or Medicaid enrollment; ■ Been excluded or terminated from any federal healthcare program or Medicaid; ■ Had its Medicare or Medicaid billing privileges revoked; or ■ Been debarred from participating in any government program	
HH1-11A	CLIA certificate of waiver is current and posted	
HH1-12A.01	Any new branches have obtained Medicare approval prior to billing Medicare for services	

Section 2: Programs/Service Operations		
Standard	Expectation	Comments
HH2-1A.01	Marketing materials are current and accurately reflect care/services provided	
HH2-2A	Patient Rights and Responsibilities document is up to date and contains the current contact information for the Administrator	
HH2-3A	All alleged violations by anyone furnishing services on behalf of the HHA have been properly investigated and appropriate corrective action has been taken as needed	
HH2-4A	All grievances and complaints have been documented, investigated, resolved, and reported to the governing body quarterly	
HH2-4B	Patient-related materials have the correct contact information for: ■ Agency on Aging ■ Center for Independent Living ■ Protection and Advocacy Agency ■ Aging and Disability Resource Center ■ Quality Improvement Organization ■ State's toll-free hotline number to file complaints about the agency as well as issues concerning Advance Directives ■ HHA information to file a complaint ■ ACHC's phone number to file a complaint ■ Clinical manager information	
HH2-5C.01	Business Associate Agreements exist for non-covered entities	
HH2-7A.01	Summary of any ethical issues has been submitted to the governing body	
HH2-8A	Language resource information is available to assist patients with limited English proficiency as well as persons with disabilities	
HH2-9A.01	Evidence that any compliance issues have been reported, documented, and corrective action has been taken as appropriate	
HH2-10A.01	Evidence that administrative and clinical supervision is available during all times care is provided	
HH2-11A.01	Evidence of on-call scheduling	

Section 3: Fiscal Management		
Standard	Expectation	Comments
HH3-1A	Operating budget has been developed and approved by the appropriate individuals	
HH3-1B	Capital expenditure plan is available, if applicable	
HH3-1C	Operating budget has been reviewed by the appropriate individuals at least annually	
HH3-3B.02	Medicare cost report has been completed on time	

Section 4: Human Resource Management ■ Personnel records have been audited and contain all required elements. ■ Utilize the ACHC Personnel File Audit tool to assist in this process. ■ Internal plans of correction have been developed and implemented based on audit findings.		
Standard	Expectation	Comments
HH4-2B.01	All credentialing activities are up to date	
HH4-2C.01	TB annual risk assessment has been completed to determine type and frequency of screening/testing for direct care personnel	
HH4-2E.01	All job descriptions are up to date and any revisions have been signed by personnel	
HH4-2J.01	All employee personnel evaluations have been completed, reviewed, and signed by personnel	
HH4-5A.01	Orientation materials cover the required topics	
HH4-6A.01	Competency assessments have been completed on all direct care personnel (including contract personnel)	
HH4-7C.01	Annual on-site evaluation visits have been completed on direct care personnel (including contract personnel)	
HH4-8A	Home health aides have received 12 hours of in-service education in the past 12 months	
HH4-8A.01	All direct care personnel have 12 received hours of in-service education in the past 12 months and non-direct care personnel have received 8 hours in the past 12 months The required topics have been addressed: ■ How to handle grievances/complaints ■ Infection control training ■ Cultural diversity ■ Communication barriers ■ Ethics training ■ Workplace (OSHA) and patient safety ■ Patient Rights and Responsibilities ■ Compliance Program	

Section 5: Provision of Care and Record Management ■ Medical records have been audited and contain all required elements. ■ Utilize the ACHC Medical Record Audit tool to assist in this process. ■ Internal plans of correction have been developed and implemented based on audit findings.		
Standard	Expectation	Comments
HH5-1B	All patient records are retained for the appropriate period of time after discharge	
HH5-1B	All clinical records are safeguarded against loss or unauthorized use	
HH5-11A	Current copies of applicable rules and regulations and the state's Practice Acts are available to personnel	
HH5-12A.01	Patient education materials address, at a minimum: ■ 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	
HH5-14B.01	Agency does not admit any patients for whom it cannot care for and provides information to referral sources when patients cannot be admitted	
HH5-16A.01	Verification of referring physician or allowed practitioner license occurs before the acceptance of patient	

Section 6: Quality Outcomes/Performance Improvement		
Standard	Expectation	Comments
HH6-1A	Agency has evidence of a quality assessment process improvement program that measures, analyzes, and tracks quality indicators, including adverse patient events and other aspects of performance that enable the agency to assess processes of care, agency services, and operations	
HH6-1C	QAPI results are communicated to the governing body/organizational leaders	
HH6-1D.01	Personnel are involved in QAPI	
HH6-3A.01	QAPI report has been completed at least annually	
HH6-4A.02	Processes involving risks, including infections and communicable diseases, are being monitored	
HH6-4A.04	QAPI activities include ongoing monitoring of at least one important administrative function of the agency	
HH6-4A.05	The QAPI plan identifies the process for conducting satisfaction surveys	
HH6-4A.06	QAPI activities include ongoing monitoring of patient grievances/complaints and the actions needed to resolve grievances/complaints and improve patient care/service	
HH6-4A.07	Patient medical records are audited quarterly	
HH6-5A	QAPI activities focus on high-risk, high-volume, or problem-prone areas, with a consideration of incidence, prevalence, and severity of problems in those areas	
HH6-7A.01	QAPI activities include obtaining and systematically analyzing OASIS reports	

Section 7: Risk Management: Infection and Safety Control		
Standard	Expectation	Comments
HH7-1A	The HHA must maintain and document an infection control program that has as its goal the prevention and control of infections and communicable diseases	
HH7-1A	Copies of the TB Exposure Control and OSHA Blood-Borne Pathogen plans have been reviewed annually and are available to personnel	
HH7-1A	The agency provides infection control education to patients, family members, and personnel	
HH7-1D	The agency monitors infection statistics of patients and personnel, and data is analyzed for trends and incorporated into QAPI when appropriate	
HH7-2B.01	Safety education is provided to patients	
HH7-3A	Emergency Preparedness Plan is reviewed and updated at least every two years	
HH7-3A	Risk assessment using an all-hazards approach has been updated at least every two years	
HH7-3B	Emergency Preparedness policies have been reviewed and updated at least every two years	
HH7-3C	Communication plan has been reviewed and updated at least every two years	
HH7-3D	Training of Emergency Preparedness has occurred at least every two years	
HH7-3D	A minimum of two exercises/drills have been completed at least every two years; with at least one exercise/drill occurring annually	
HH7-3E	Agencies part of an integrated healthcare system have evidence that the Emergency Preparedness Plan addresses the specific needs of the home health agency	
HH7-5A.01	There is evidence of an annual fire drill; smoke detectors, fire alarms, and extinguishers are inspected and maintained as recommended by the manufacturer	
HH7-5A.01	Emergency power system is tested at least once a year	
HH7-6A.01	Hazardous waste, chemicals, and materials are handled appropriately	
HH7-6B.01	Current Safety Data Sheets (SDS) are accessible to personnel	
HH7-7A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into QAPI when appropriate	
HH7-8A.01	Quality control logs for equipment used for conducting waived tests, if applicable	
HH7-9A.01	Quality control logs for any equipment used in the provision of patient care, if applicable	

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HOME HEALTH

DESK REVIEW REFERENCE GUIDE

For a more timely review of your agency policies and procedures, use this reference guide to ensure you are submitting all ACHC required policies. Reference the ACHC Accreditation Standards for detailed policy and procedure requirements. Your organization must ensure additional state requirements are addressed, if applicable.

ACHC Standard	Policy/Document Description	Agency Policy
HH1-1B	Changes in authority, ownership, and/or management	
HH1-2A	Governing body activities	
HH1-4A.01	Conflict of interest disclosure requirements	
HH1-6B	Duties and responsibilities of the Clinical Manager	
HH1-6C	Parent agency responsibilities	
HH1-8B	Collection and transmission of OASIS	
HH2-1A.01	Description of care/services provided by the agency	
HH2-2A	Patient Rights and Responsibilities	
HH2-3A	Reporting and investigation of alleged violations involving patient care	
HH2-4A	Reporting and investigation of patient grievances/complaints	
HH2-5A	Securing and releasing confidential Protected Health Information and Electronic Protected Health Information	
HH2-6A	Patient's right to accept or refuse medical care	
HH2-6B.01	Written policies and procedures are established and implemented by the HHA in regard to resuscitative guidelines and the responsibilities of personnel.	
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.	
HH2-7A.01	Mechanisms utilized to identify, address, and evaluate ethical issues	
HH2-8A	Provision of care/services to patients with communication or language barriers	
HH2-8B.01	Provision of care to patients from various cultural backgrounds, religious belief systems	
HH2-9A.01	Compliance Program	
HH2-12A.01	Treatments, procedures, and patient care activities approved by the agency	
HH3-1A	Budget procedure requirements	
HH3-1B	Capital Expenditure Plan (if applicable)	
HH3-3A.01	Retention of financial records	

ACHC Standard	Policy/Document Description	Agency Policy
HH3-4A.01	Care/service rates	
HH4-1A.01	Management of personnel files	
HH4-2C.01	Tuberculosis baseline testing and annual screening	
HH4-2D.01	Hepatitis B vaccine requirements	
HH4-2H.01	Background checks	
HH4-2I.01	Employee Handbook and/or personnel policies	
HH4-2J.01	Annual performance evaluations	
HH4-5A.01	Orientation requirements	
HH4-6A.01	Competency assessment requirements	
HH4-6C.01	Utilization of waived tests	
HH4-7C.01	Observation and evaluation visit	
HH4-8A	Home Health Aide annual education/in-service training	
HH4-8A.01	Education plan	
HH4-10A.01	Special education and/or requirements necessary to administer pharmaceuticals and/or perform special treatments	
HH4-11H	Qualifications for each level of aide services provided	
HH5-1A.01	Patient record content requirements	
HH5-1B	Patient record access, storage, removal, and retention requirements	
HH5-2A.01	Completion of assessment and development of the plan of care	
HH5-2C	Requirements for the content of the comprehensive assessment	
HH5-2C.01	Requirements for therapy assessment	
HH5-2C.02	Requirements for social work assessment	
HH5-2F.01	Medications and/or medication routes not approved for administration by the agency	
HH5-2F.02	Administration of first-dose requirements	
HH5-4A	Unmet patient needs and referral to other agencies	
HH5-6A	Requirements for the transfer and discharge of patients	
HH5-8A	Requirements for the acceptance of verbal orders	
HH5-10A	Requirements for outpatient services	
HH5-12A.01	Requirements for patient/caregiver education	
HH5-13A.01	Requirements for the referral and acceptance of patients	
HH5-16A.01	Requirements for the verification of physician or allowed practitioner credentials	
HH6-1A	Quality Assessment Performance Improvement Plan	
HH6-6A	Investigation of adverse events	
HH7-1A	Infection control requirements	
HH7-2A.01	Safety education provided to personnel	
HH7-2B.01	Safety education and training provided to patients/caregivers	
HH7-3B	Emergency Preparedness	

ACHC Standard	Policy/Document Description	Agency Policy
HH7-5A.01	Office fire and safety management	
HH7-6A.01	Management of hazardous chemicals/materials	
HH7-6B.01	OSHA Hazard Communication requirements	
HH7-7A.01	Investigation of patient variances/incidents	
HH7-8A.01	Performing waived testing requirements	
HH7-9A.01	Use of equipment and supplies in the provision of patient care	
HH7-10A.01	Participation in clinical research/experimental therapies requirements	

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UNDERSTANDING THE STANDARDS

SECTION 1: ORGANIZATION AND ADMINISTRATION

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

SECTION 1 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

Standard HH1-1A:

The Home Health Agency (HHA) is in compliance with federal, state, and local laws.

HINT

A copy of all current applicable license(s)/permit(s) should be posted prominently at each location.

Articles of Incorporation/Bylaws and all applicable amendments or other documentation of legal authority to operate should be available for review.

CoP/G tag Reference: 484.100 (G848), 484.100(b) (G860)

Standard HH1-1A.01:

The HHA is in compliance with all applicable federal, state, and local laws and regulations.

- The HHA must be in compliance with all laws and regulations including, but not limited to:
  - Local and state licensure.
  - The Americans with Disabilities Act (ADA).
  - Equal Employment Opportunities Act (EEOA).
  - Fair Labor Standards Act (FLSA).
  - Title VI of the Civil Rights Act of 1964.
  - Occupational Safety and Health Administration (OSHA).
  - Medicare/Medicaid regulations.
  - Health Insurance Portability and Accountability Act (HIPAA).
  - U.S. Food and Drug Administration (FDA), if applicable.
  - Drug Enforcement Administration (DEA), if applicable.
  - Home Health Agency policies and procedures.
  - ACHC Accreditation Process.
  - Section 1557 of the Patient Protection and Affordable Care Act.
  - Other laws and regulations, as applicable to the care/service provided by the HHA.

HINT

Copies of all required federal and state posters should be placed in a prominent location for easy viewing by personnel. The Surveyor will expect to see that the HHA is in compliance with all applicable federal, state, and local laws and regulations as well as HHA policies and procedures (P&P).

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.

HINT

The Surveyor will expect to see a current 855A and/or verification letter from the appropriate agencies.

If interviewed, the Administrator and governing body must be knowledgeable of this policy.

CoP/G tag Reference: 484.100(a) (G850) (G852), 484.100(a)(1) (G854), 484.100(a)(2) (G856), 484.100(a)(3) (G858)

Standard HH1-1C:

The HHA is in compliance with accepted professional standards and principles.

HINT

The Surveyor will expect to observe staff following professional standards and principles including, but not limited to:

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

CoP/G tag Reference: 484.105(f)(2) (G984)

Standard HH1-2A:

The HHA is directed by a governing body/owner (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)

Standard HH1-2A.03:

Governing body members receive an orientation to their responsibilities and accountabilities.

Governing Body Orientation Essential Components

- Organizational structure.
- Confidentiality practices and signing of a confidentiality agreement.
- Review of the HHA's values, mission, and/or goals.
- Overview of programs, operation plans, services, and initiatives.
- Personnel and patient grievance/complaint P&P.
- Responsibilities for the Quality Assessment and Performance Improvement (QAPI) Program.
- Organizational ethics.
- Conflicts of interest.

HINT

The HHA must produce written evidence of an orientation for governing body members that includes the minimal requirements, at least. (This does not apply to organizations that have a single owner who serves as the governing body.) It is recommended that the agency develop an orientation checklist for governing body orientation.

The Surveyor will expect to see a list of governing body members that includes the name, address, and telephone number for each.

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.

P&P Essential Components

- Policies must define conflicts of interest and the procedure for disclosure, as well as conduct in relationships with personnel, customers, and patients.
  - The P&P 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 the patient.
  - Policies should also address, in the event of proceedings that require input, voting, or decisions, the individual(s) with a conflict of interest who are excluded from the activity.

HINT

There should be documentation of a signed Conflict of Interest Disclosure Statement for each employee, contracted individual(s), and governing body member(s) when a conflict of interest has been identified.

If interviewed, staff should be able to explain the conflict-of-interest policy and the procedure for disclosure.

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.

Job Description Essential Components

- The job description must specify the responsibilities and authority of the Administrator, which include, but are not limited to:
  - The responsibility for all day-to-day operations of the HHA.
  - Ensuring a clinical manager as described in 42 CFR 484.105(c) is available during all operating hours.
  - Ensuring the HHA employs qualified personnel, including the development of personnel qualifications and policies.
  - Arranging for a qualified pre-designated person who is authorized in writing by the Administrator and governing body to assume the same responsibilities and obligations as the Administrator when the Administrator is unavailable.
  - Ensuring the Administrator or a pre-designated person is available during all operating hours.

HINT

There must be evidence in the Administrator's personnel file that they meet the following qualifications:

- Is a licensed physician; or
- Is a Registered Nurse; or
- Has training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related healthcare program.

For individuals who began employment with the HHA on or after January 13, 2018, the Administrator must meet the following qualifications:

- Is a licensed physician, a Registered Nurse, or holds an undergraduate degree; and
- Has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or a related healthcare program.

The Surveyor will expect to see evidence that a qualified individual has been pre-designated to assume the responsibilities of the Administrator when the Administrator is unavailable. This person must be approved by the governing body.

The Administrator or the pre-designated individual must be available either in person via telephone or other electronic means during all hours the HHA is open and providing care to patients.

CoP/G tag, Reference: 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)

Standard HH1-5A.01:

The governing body, or its designee, writes and conducts annual evaluations of the Administrator.

HINT

There must be evidence of annual written and dated evaluations of the Administrator.

If interviewed, the Administrator should be able to discuss the evaluation process.

This criterion does not apply to sole proprietorships or to limited liability corporations (LLC) in which 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.

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.

HINT

The organizational chart must be current and show the relationship for each job function down to the patient care/service level.

CoP/G tag Reference: 484.105 (G940)

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 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.

P&P Essential Components

- A clinical manager:
  - Is a licensed Physician, Physical Therapist, Speech-Language Pathologist, Occupational Therapist, Audiologist, Social Worker, or a Registered Nurse.
  - Possesses the education and experience in the scope of services offered.
  - Has a minimum of two years' home care experience and at least one year of supervisory experience.
  - Provides the direction, coordination, and overall supervision of all services provided by direct or contracted personnel.
- The clinical manager's oversight must include, but not be limited to, the following:
  - Making patient and personnel assignments.
  - Coordinating patient care.
  - Coordinating referrals.
  - Ensuring that patient needs are continually assessed.
  - Ensuring the development, implementation, and updates of the individualized plan of care.
  - Being available at all times during operating hours.
  - Ensuring the quality of services offered and adequate staffing.

HINT

The Surveyor will expect to see evidence that all home healthcare services are provided under the direction of one or more qualified clinical manager(s) with sufficient education and experience in the scope of services offered.

The Surveyor will expect to see evidence that supervision for all skilled nursing and other therapeutic services is available at all times during operating hours.

If interviewed, staff should be able to discuss how supervision is available to them at all times.

CoP/G tag Reference: 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)

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.

P&P Essential Components

- P&P must demonstrate the responsibilities of the parent agency in relation to the coordination of care provided through branches. All services not provided directly by the HHA are monitored and controlled by the parent agency.

HINT

If interviewed, the Administrator and clinical manager should be able to discuss the lines of authority and responsibility for the administration, delivery, and supervision of services between the parent agency and its associated branches, as well as other service lines such as Hospice or Home Care.

CoP/G tag Reference: 484.105(d) (G970), 484.105(d)(1) (G972), 484.105(d)(2) (G974)

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.

HINT

An HHA must provide at least one of the qualifying services, in its entirety, through agency employees, as evidenced by the issuance of a W-2 form. The HHA may provide the second qualifying service and additional services under arrangements with another HHA or organization.

Contracted services may be used as an adjunct to staffing for a direct service but may not be used in lieu of HHA staff if the service is considered to be provided directly. The use of contracted staff in a direct service must be on a temporary basis to provide coverage for an unexpected staffing shortage or to provide a specialized service that the direct employees cannot provide.

If an HHA staff member is employed by more than one certified provider, each provider must maintain separate records regarding the employee's work schedule and issue a separate W-2 form to the employee.

CoP/G tag Reference: 484.105(f) (G982), 484.105(f)(1) (G982)

Standard HH1-8A:

The HHA electronically reports all OASIS data collected from the comprehensive assessment.

HINT

The Surveyor will expect to see the HHA collect, encode, and transmit data on all applicable patients in a format that meets CMS criteria. This includes all non-maternity Medicare (traditional and HMO/managed care) and Medicaid (traditional and HMO/managed care) patients that are ages 18 or older and receiving skilled services.

The Surveyor will expect to see the Outcome and Assessment Information Set (OASIS) Validation Reports for agencies with a current Medicare provider number.

CoP/G tag Reference: 484.45 (G370)

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.

P&P Essential Components

- P&P must describe activities to ensure safe, timely, and accurate collection and transmission of OASIS data and must include, at a minimum:
  - The encoded OASIS data accurately reflects the patient's status at the time of assessment.
  - Data is transmitted within 30 days of completing assessments.
  - OASIS data is reported electronically on all applicable patients in a format that meets CMS electronic data and edit specifications.
  - OASIS data is collected, encoded, and transmitted for the non-maternity Medicare and Medicaid patients who are ages 18 and over and receiving skilled services.
  - Clinical and data entry audits are conducted, and a process is in place to verify that collected OASIS data is consistent with reported OASIS data.
  - Any discrepancies in data collected and reported are identified and addressed.
  - An alternate plan is available when the HHA is unable to submit OASIS data to the state agency.

HINT

The Surveyor will expect to see OASIS Validation Reports for agencies with a Medicare provider number.

The Surveyor will expect to see evidence of how the organization conducts clinical and data entry audits to include:

- Verification that the OASIS data is consistent with reported OASIS data.
- How the agency identifies any discrepancies in data collected and reported, and how the discrepancies are addressed.
- How the agency handles the correction of errors.
- How the agency ensures consistency.

The Surveyor will expect to see evidence of OASIS data being transmitted within 30 days of completion of the assessments.

The Surveyor will expect to see evidence of a backup plan if the agency is unable to submit OASIS data within the required time frames.

The Surveyor will expect to see evidence that data submitted for branches have the appropriate CMS-assigned branch identification number.

CoP/G tag Reference: 484.45(a) (G372), 484.45(b) (G374), 484.45(c) (G376), 484.45(c)(1) (G378), 484.45(c)(2) (G380), 484.45(c)(3) (G382), 484.45(d) (G386)

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.

HINT

Incidents that must be reported to ACHC include but are not limited to:

- License suspension(s).
- License probation; conditions/restrictions to license(s).
- Non-compliance with Medicare (condition-level deficiency)/Medicaid regulations identified during survey by another state/regulatory body.
- Revocation of Medicare/Medicaid/third-party provider number.
- Any open investigation by any regulatory or governmental authority.
- The HHA agrees to a Corporate Integrity Agreement.

While on-site, the Surveyor will expect to see evidence of governing body involvement if any of the above incidents occurred, and that the incident was reported to ACHC within 30 days.

If interviewed, staff should be able to describe which negative outcomes are reportable and to whom they are reported.

Standard HH1-10A:

An HHA that uses outside personnel/organization 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.

Contract Essential Components

- Arranged care/services are supported by written agreements that require that all care/services are:
  - Authorized by the HHA.
  - Furnished in a safe and effective manner by qualified personnel/organization.
  - Delivered in accordance with the patient's plan of care.
- Written contracts/agreements used for personnel under an hourly or per-visit basis must include but are not limited to:
  - Patients are accepted for care only by the primary HHA.
  - The care/services to be furnished.
  - The necessity to conform to all applicable HHA P&P, including personnel qualifications, orientation, competencies, and required background checks.
  - The responsibility for participating in developing plans of care.
  - The manner in which care will be controlled, coordinated, and evaluated by the HHA.

- The procedures for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.
- The procedures for payment for care/services furnished under the contract.
- The duration of the contract/agreement.
- Overall responsibility for supervision of personnel.
- Other applicable laws and regulations.
- Requirements to meet the Medicare Conditions of Participation (CoPs).
- Any additional requirements as outlined in the Social Security Act, Section 1861(w).
- Liability insurance for individuals providing direct patient care and HHAs providing shared responsibility of patient care.

- HHAs must ensure that agencies or individuals providing services under arrangement have not:
  - Been denied Medicare or Medicaid enrollment.
  - Been excluded or terminated from any federal healthcare program or Medicaid.
  - Had their Medicare or Medicaid billing privileges revoked.
  - Been debarred from participating in any government program.

HINT

Audit all written agreements to ensure they contain the required components.

All written contracts/agreements should have evidence of review as required in the contract. This may be accomplished by making a notation of the review date on the contract along with the initials/signature of the individual completing the review.

The most reliable source of information to ensure that an entity providing services under arrangement is not excluded is the List of Excluded Individuals/Entities on the HHS Office of Inspector General (OIG) website: https://oig.hhs.gov/exclusions/.

The HHS OIG also issues Special Advisory Bulletins at: https://oig.hhs.gov/exclusions/advisories.asp.

To confirm whether an entity providing services under arrangement has been debarred in accordance with the debarment regulations at 2 CFR 180.300, an HHA may check the System for Award Management, an official website of the U.S. government: https://www.sam.gov/portal/SAM/##11#1.

All contracted personnel who provide direct care should provide copies of current professional liability insurance certificates, and they should be on file at the HHA.

All contracted personnel are subject to the personnel requirements as outlined in Section 4 of this workbook, except for standard HH4-1A.02 and HH4-2I.01.

CoP/G tag Reference: 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)

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 CFR 493 (Laboratory Requirements).

HINT

The Surveyor will expect to see a current Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver from the Department of Health and Human Services if the HHA engages in laboratory testing.

If the HHA engages in laboratory testing, the Surveyor will expect to see evidence that the HHA is in compliance with:

- All applicable requirements of CFR 493.
- Procedures for waived tests under the CLIA and state regulations when personnel perform waived tests.

HHAs must also ensure that referral laboratories are certified in the appropriate specialties and subspecialties of services in accordance with federal and state regulations.

The HHA may not substitute its equipment for a patient's equipment when assisting with self-administered tests.

The HHA may allow patients to use the HHA testing equipment for a short, defined period of time until the patient has obtained his or her own testing equipment.

If HHAs perform any testing as defined by CLIA, then the HHA is regarded as a laboratory. The CLIA definition of a laboratory is a facility that performs testing on materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or assessment of the health of human beings.

An HHA may request a Certificate of Waiver if it performs only waived laboratory tests. Waived tests are those tests that have been determined to be so simple that they will pose no risk of harm if performed incorrectly. A list of waived tests may be viewed at https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Categorization_of_Tests.

A parent HHA may apply for one Certificate of Waiver as long as all of its sites are under one HHA Medicare provider number.

CoP/G tag Reference: 484.100(c) (G862), 484.100(c)(1) (G862), 484.100(c)(2) (G864).

Standard HH1-12A.01:

Prior to adding additional locations, HHAs must obtain Medicare approval before providing care/service to Medicare patients.

HINT

The Surveyor will expect to see a letter of approval from CMS regarding the addition of branches prior to submitting Medicare claims.

Tools Available to Assist with Section 1:

- Section 1 Compliance Checklist
- Governing Body Meeting Agenda Template
- Governing Body Orientation
- Contracted Staff Audit Tool
- Organizational Chart
- Conflict of Interest Disclosure Statement
- Acknowledgement of Confidentiality
- OASIS Corrections Form Template
- Section 1 Self Audit
- Sample Policies and Procedures

SECTION 1 COMPLIANCE CHECKLIST

ACHC 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		

ACHC 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				CLIA waiver	Observation Tool		
HH1-12A.01				CMS Letter of Approval for branch additions	Observation Tool		

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GOVERNING BODY MEETING AGENDA TEMPLATE

- ORGANIZATION NAME
  - Date of meeting.
  - Members present.
- ANNUAL REVIEW
  - Annual budget preparation and review.
  - Annual QAPI review.
  - Periodic review of bylaws or equivalent.
  - Annual review of P&P.
  - Community needs planning, if applicable.
  - Human resource management oversight.
  - Data and outcomes from monitoring activities from contracted staff.
- QUARTERLY REVIEW
  - QAPI activities/reports.
  - Reportable negative outcomes.
  - Patient rights violations.
  - Grievance/complaint review.
- OTHER ITEMS:

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GOVERNING BODY ORIENTATION

ORIENTATION REQUIREMENTS FOR GOVERNING BODY MEMBERS

- [ ] Organizational structure.
- [ ] Confidentiality practices and copy of signed confidentiality agreement.
- [ ] HHA's mission, values, and/or goals.
- [ ] Overview of the programs, operational plans, services, and initiatives.
- [ ] Personnel grievance/complaint P&P.
- [ ] Responsibility for QAPI.
- [ ] Patient grievance/complaint P&P.
- [ ] Conflict of interest and disclosure policy; conflict of interest and disclosure statement, if applicable.
- [ ] Organizational ethics.

Signature of Governing Body Member _____ Date _____

Signature of Administrator
(Individual who performs orientation) _____ Date _____

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CONTRACTED STAFF AUDIT TOOL

Information Present in Contract	Name of Contract Staff													
Care/services to be delivered														
Supervision of personnel														
Conformance to HHA P&P														
Participation in plan of care development														
How care will be controlled, coordinated, and evaluated by the HHA														
Process for submitting progress notes, scheduling visits, & periodic review/evaluation of the patient														
Payment procedures for care/services provided														
Duration of contract														
Contracted personnel will follow any other applicable laws and regulations including those in SSA1861(w)														
Contract reviewed per terms of contract														
Requirements to meet Medicare CoPs														
Copy of liability insurance present and current														
Other state and/or local laws														
Will meet qualifications and orientation requirements, and will have competencies and background checks completed														

Information Present in Contract	Name of Contract Staff														
The contracted entity or individual has not been denied Medicare or Medicaid enrollment nor had Medicare and Medicaid billing privileges revoked															
The contracted entity or individual has not been debarred from participating in any government program/federal healthcare program or Medicaid															

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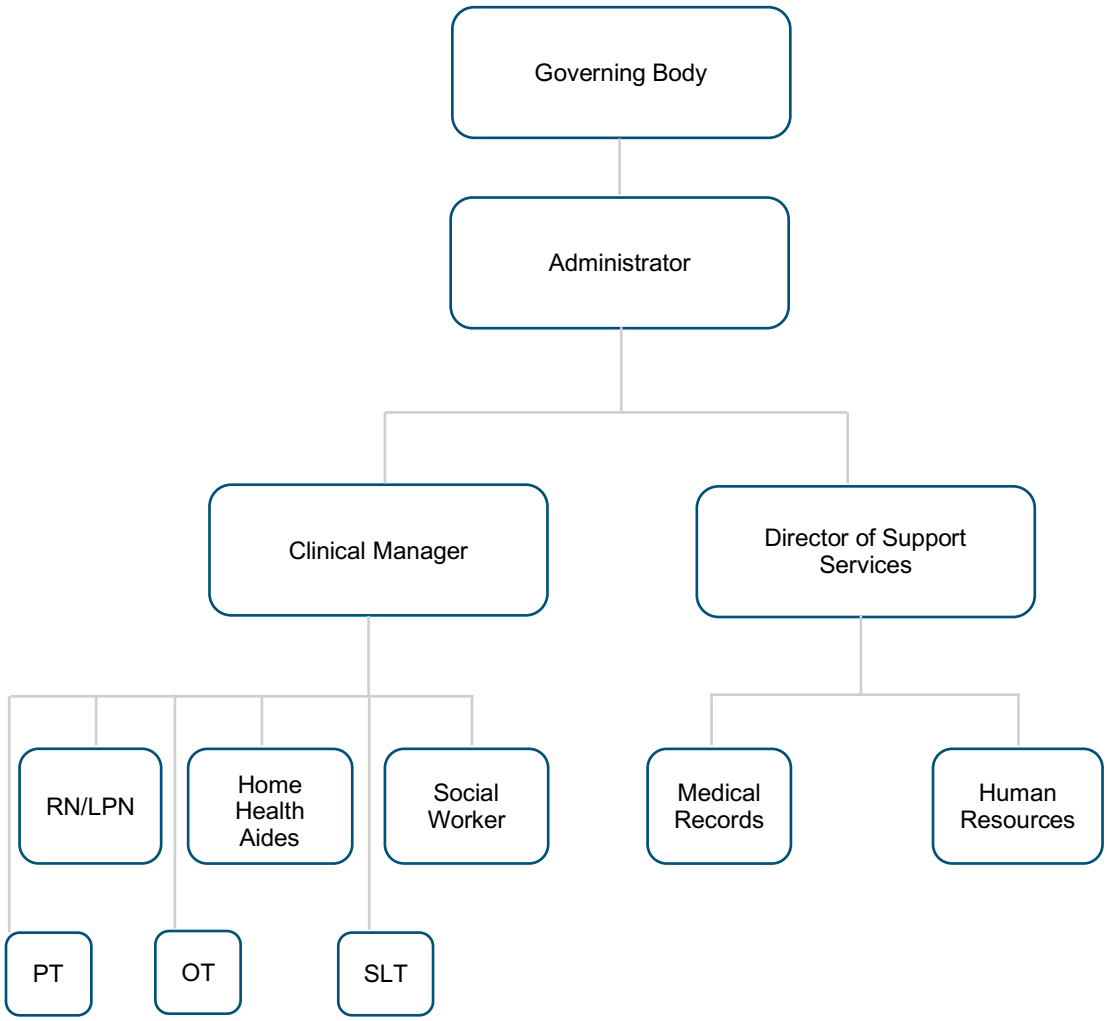
ORGANIZATIONAL CHART



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CONFLICT OF INTEREST DISCLOSURE STATEMENT

I acknowledge I have read the policy and procedure regarding conflict of interest disclosure. I understand that if I have an outside relationship that is personal, professional, or otherwise with a patient, vendor, or potential business associate, I must disclose the nature of that relationship to the Administrator.

I acknowledge, at this time, that I have a potential personal, professional, and/or financial relationship with:

_____

_____

_____

_____

_____

_____

_____ _____

Name (Please Print) Signature

_____

Date

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ACKNOWLEDGEMENT OF CONFIDENTIALITY

The Health Insurance Portability and Accountability Act (HIPAA) ensures the patient's right to privacy of Protected Health Information (PHI)/Electronic Protected Health Information (EPHI) is to be maintained at all times. Any information related to the care of patients through _____ (agency) will be held as confidential. All information, written or verbal, will be disclosed only to appropriate healthcare personnel, appropriate staff, those with a "need to know basis," or to individuals the patient requests.

_____ _____

Name (Please Print) Signature

_____

Date

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OASIS CORRECTIONS FORM TEMPLATE

Patient Name _____ Medical Record Number _____

Corrections were made to the following items for the following reasons:

Corrections:	Reasons:

Changes Made By _____ Date of Change _____

Reviewed with assessing RN/PT/OT/SLP

The above changes were reviewed with me, the assessing RN/PT/OT/SLP, and I agree with the above changes.

Signature _____ Date _____

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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/services provided by branches.
- [ ] OASIS requirements.

REQUIRED DOCUMENTS

- [ ] Appropriate licenses, permits, registrations, etc., to conduct business.
- [ ] Organization's Articles of Incorporation or other documentation of legal authority.
- [ ] Description of governing body (this may be in the Articles of Incorporation).
- [ ] List of governing body members that includes names, 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.
- [ ] CLIA Certificate of Waiver, if applicable.
- [ ] Written contracts/agreements and copies of professional liability insurance certificates for contracted staff.
- [ ] Surveys used in the QAPI Program 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 reporting 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 the 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 Alternate 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?

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NOTES

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HOME HEALTH

SECTION 1: ORGANIZATION AND ADMINISTRATION

HH1-1A.01

Policy: Compliance with Federal, State, and Local Laws

1. The HHA will be an established entity with legal authority to operate within the state of _____.
2. The HHA will obtain all required licenses and/or permits required to operate within the state of _____.
3. The HHA will take all reasonable steps to ensure compliance with all applicable federal, state, and local laws to include but not be limited to:
    - Local and state licensure.
    - Americans with Disabilities Act (ADA).
    - Equal Employment Opportunities Act (EEOA).
    - Fair Labor Standards Act (FLSA).
    - Title VI of the Civil Rights Act of 1964.
    - Occupational Safety and Health Standards (OSHA).
    - Medicare regulations.
    - Medicaid regulations.
    - Health Insurance Portability and Accountability Act (HIPAA).
    - U.S. Food and Drug Administration (FDA), if applicable.
    - Drug Enforcement Administration (DEA), if applicable.
    - Other laws and regulations, as applicable to the care/service provided by the HHA.
    - HHA's P&P.
    - ACHC Accreditation Process.
    - Section 1557 of the Patient Protection and Affordable Care Act.
    - Other laws and regulations, as applicable to the care/service provided by the HHA.
4. The HHA will post all required federal and state posters in a prominent location.

HH1-1B

Policy: Reportable Changes in Authority, Ownership, or Management

1. The CEO or designee will inform all appropriate state and federal agencies and accrediting organizations, in writing, within 30 days of the following changes:
    - Disclosure of persons having controlling interest or ownership of greater than five percent.
    - Disclosure of persons with controlling interest, or managing employees convicted of criminal offenses against Medicare, Medicaid, or the Title V (Maternal and Child Health

Services) and Title XX (Social Services) programs.
    - Changes in authority, ownership, or management.
2. The HHA will furnish updated information to CMS at intervals between recertification, re-enrollment, or contract renewals within 30 days of a written request.

HH1-2A & 2A.03

Policy: Governing Body Responsibilities

1. The governing body has ultimate responsibility and authority for all organizational activities.
2. The governing body is responsible for:
    - Decision making.
    - Appointing a qualified Administrator.
    - Adopting and periodically reviewing written bylaws or equivalent.
    - Establishing or approving written P&P governing overall operations.
    - Human resource management.
    - QAPI.
    - Community needs planning, if applicable.
    - Oversight of the management, operational plans, and fiscal affairs of the HHA.
    - Annual review of the P&P.
3. Members of the governing body must sign a confidentiality agreement and a Conflict of Interest Disclosure Statement during orientation, as applicable. Copies will be placed in the file of each governing body member.
4. The agency will maintain a listing of the members of the governing body and the list will contain (***if owner without board, your name and information would be supplied***):
    - Names.
    - Addresses.
    - Phone numbers.
5. All governing body members will be oriented to the following, at a minimum:
    - Organizational structure.
    - Confidentiality practices and the signing of a confidentiality agreement.
    - Conflicts of interest and disclosure procedures.
    - Review of the HHA's values, mission, and goals.
    - Overview of programs, operational plans, services, and initiatives.
    - Personnel and patient grievance/complaint P&P.
    - Responsibilities of the QAPI Program.
    - Organizational ethics.

HH1-4A.01

Policy: Conflict of Interest and Disclosure

1. A conflict of interest is a situation in which an employee, contracted individual, or governing board member knowingly enters into a relationship with another individual or agency that may prohibit any employee, contracted individual, or governing board member to act in the best interest of the

patients served by the HHA and the HHA itself.

2. All employees are required to disclose any such relationship, once the relationship is realized, to their immediate supervisor, who will report such a relationship to the Director of _____.
3. All governing body members are required to disclose any such relationship, once the relationship is realized, to the governing body.
4. All reported disclosures will be examined to determine if a conflict of interest exists. When it is determined a conflict of interest exists, employees will be removed from providing direct care to any and all patients in which the relationship may prohibit the employee from acting impartially and in the best interest of the patient. The governing body may be excused from meeting discussions and may have voting privileges suspended regarding items that are presented as conflicts of interest, until such relationship has ceased to exist.
5. All employees, governing body members, and contracted individuals will be educated regarding the HHA's P&P on conflicts of interest and disclosure. All employees, governing body members, and contracted individuals will sign a Conflict of Interest Disclosure Statement once a conflict has been identified. This also includes personnel having an outside interest in an entity providing services to the HHA, and personnel having an outside interest in an entity providing services to the patient.

HH1-6B

Policy: Clinical Manager

1. All skilled nursing and other therapeutic services will be furnished under the supervision and direction of an appropriately qualified individual as defined by:
    - Registered Nurse (RN).
    - Licensed Physician.
    - Physical Therapist.
    - Speech-Language Pathologist.
    - Occupational Therapist.
    - Audiologist.
    - Social Worker.
    - Having sufficient education and experience for the services supervised; and
    - Having a minimum of two years of home care experience; and
    - Having a minimum of one year of supervisory experience.
2. The Clinical Manager will be responsible for, at a minimum:
    - The direction, coordination, and overall supervision of all services provided by direct care staff as well as contracted staff that provide direct care.
    - The Clinical Manager's oversight must include the following:
        - Making patient and personnel assignments.
        - Coordinating patient care.
        - Coordinating referrals.
        - Ensuring that patient needs are continually assessed.
        - Ensuring the development, implementation, and updates of the individualized plan of care.
        - Clinical supervision of staff during operating hours.

- The quality of care/services provided to patients of the HHA.
- Ensuring that adequate staffing is available during all times of operation.

3. The Administrator or Clinical Manager will be available at all times during operating hours.

HH1-6C

Policy: Parent Agency Responsibilities

1. The parent agency will assume the following responsibilities for branch locations:
   - Administrative functions, including the supervision of staff on a daily basis by the Administrator or Clinical Manager.
   - Contracted arrangements provided to the patients of the branch location.
   - Coordination of patient services to include communication to staff who are caring for patients at a location other than their primary work location.
2. The branch location will maintain clinical records on-site for all patients served by the branch location.
3. The branch location will serve patients within a portion of the total geographic area served by the parent agency.

HH1-8B

Policy: Collection and Transmission of Oasis Data

1. The HHA will electronically report all OASIS data collected in accordance with federal regulations for all non-maternity Medicare and Medicaid patients ages 18 or over that are receiving skilled services.
2. The HHA will ensure that confidentiality of all OASIS data is maintained.
3. The HHA will encode and electronically transmit all completed OASIS assessments within 30 calendar days of completion to the state agency or the CMS OASIS contractor.
4. Validation reports will be obtained and reviewed to determine if corrections are required. Discrepancies will be addressed through appropriate action based on the discrepancy.
5. The encoded OASIS data will accurately reflect the patient's status at the time of assessment. Clinical and data entry audits will be conducted to verify that collected OASIS data is consistent with reported OASIS data.
6. The HHA will use software that conforms to the CMS standard electronic record layout, edit specifications, and data dictionary, and that includes the required data set.
7. The HHA will transmit data that includes the CMS-assigned branch identification number, as applicable.
8. The HHA will contact the state agency via phone, email, or other form of communication, within the allowable time frames, in the event the HHA is unable to submit OASIS data electronically.
9. OASIS corrections will be reviewed with staff completing assessments and documents on the OASIS form.

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UNDERSTANDING THE STANDARDS

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 (PHI), cultural diversity, and compliance with laws to prevent fraud and abuse.

SECTION 2 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

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.

P&P Essential Components

- P&P include but are not limited to:
  - Types of care/service available.
  - Care/service limitations.
  - Charges or patient responsibility for care/service.
  - Eligibility criteria.
  - Hours of operation, including on-call availability.
  - Contact information and referral procedures.

HINT

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

Patients will receive this information prior to receiving care/services, with evidence documented in the patients' records.

The Surveyor will expect to see evidence in the patients' records or in the admission packet that patients received this information in a timely manner.

If interviewed, patients should be able to describe the services and limitations to services the HHA provides.

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.

P&P Essential Components

- P&P must outline patient rights and responsibilities. The Rights and Responsibilities statement must include, but is not limited to, a patient's right to:
  - Have his or her property and person treated with respect. (HH2-2C)
  - Be free from verbal, mental, sexual, and physical abuse, including injuries of an unknown source, neglect, and misappropriation of property. (HH2-3A)
  - Make complaints to the HHA regarding treatment or care/service that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA. (HH2-4A)
  - Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to: (HH2-6A)
    - 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.
- Receive all services outlined in the plan of care. (HH5-3B)
- Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164. (HH2-5A)
- Be advised of: (HH3-4C)
  - The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA;
  - The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA;
  - The charges the individual may have to pay before care is initiated; and
  - Any changes in the information provided in accordance with 42 CFR 484.50(c)(7) of this section when they occur. The HHA must advise the patient and representative (if any) of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f).
- Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care, or in advance of the HHA reducing or terminating ongoing care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204. (HH5-6A)
- Be advised of the state toll-free home health telephone hotline, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs. (HH2-4B)
- 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: (HH2-4B)
  - Agency on Aging.
  - Center for Independent Living.
  - Protection and Advocacy Agency.
  - Aging and Disability Resource Center.
  - Quality Improvement Organization.
- Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity. (HH2-4A)
- Be informed of the right to access auxiliary aids and language services as described in paragraph §484.50(f), and how to access these services. (HH2-8A)
- Be able to identify visiting personnel members through agency-generated photo identification. (HH2-2C)
- Choose a healthcare provider, including an attending physician or allowed practitioner. (HH2-2C)
- Receive appropriate care without discrimination in accordance with physician or allowed practitioner orders. (HH2-2C)
- Be informed of any financial benefits when referred to an HHA. (HH2-2C)

- The written notice must be provided to the patient and the legal representative (if any) during the initial evaluation visit and in advance of furnishing care.
- The written notice, along with the information on the HHA's transfer and discharge policies, must also be provided to the patient, legal representative (if any), and the patient-selected representative within four business days of the initial visit.
- The contact information of the HHA Administrator, including name, business address, and business phone number, must also be provided to the patient and the legal representative (if any).
- OASIS privacy notice must also be provided to all patients for whom OASIS data is collected.
- P&P should also state that if a patient cannot read the Patient Rights and Responsibilities statement, verbal notice in the individual's primary or preferred language and in a manner the individual understands must be provided free of charge. A copy is given to the patient in a language and manner the patient understands. For a minor or a patient needing assistance in understanding these rights and responsibilities, both the patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities.
- The HHA also provides written information concerning its policies on Advance Directives prior to the initiation of care.

HINT

When additional state or federal regulations exist regarding patient rights, the HHA's Patient Rights and Responsibilities statement must also include those components.

HHAs should provide the patient and representative a hard copy of the statement unless the patient requests an electronic copy.

There should be written documentation that the patient and the patient's representative received and understood the Patient Rights and Responsibilities statement in advance of furnishing care/service or during the initial evaluation visit.

There must be documentation that staff have been oriented and provided annual education regarding the agency's P&P on the Patient Rights and Responsibilities requirements.

“Representative” refers to the patient's legal representative, such as a guardian, who makes healthcare decisions on the patient's behalf, or a patient-selected representative who participates in making decisions related to the patient's care or well-being, including, but not limited to, a family member or an advocate for the patient. The patient determines the role of the representative to the extent possible.

When there is no evidence of a guardianship, a power of attorney for healthcare decision-making, or a designated healthcare agent, the information should be provided directly to the patient.

Language assistance should be provided through the use of competent bilingual staff; staff interpreters; contracted staff formal arrangements with local organizations providing interpretation, translation services, or technology; and telephonic interpretation services.

CoP/G tag Reference: 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)(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)

(Standard HH2-2A is in regard to the creation and distribution of the statement of the Patient Rights and Responsibilities and the standard reference next to the right is the standard that demonstrates the implementation of the right.)

Standard HH2-2C:

The HHA protects and promotes the exercise of the Patient's Rights.

HINT

This will be observed through home visits, chart review, and review of the complaint/grievance/variance logs.

HHA staff should be trained to identify patients with any language barriers that may prevent effective communication of the rights and responsibilities. Staff who have ongoing contact with patients who have language barriers should be trained in effective communication techniques, including the use of an interpreter.

CoP/G tag Reference: 484.50 (G406), 484.50(c) (G426), 484.50(c)(1) (G428)

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 an unknown source and misappropriation of patient property, by anyone furnishing services on behalf of the HHA.

P&P Essential Components

- P&P must describe the process for reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of an unknown source and misappropriation of patient property, by anyone furnishing services on behalf of the HHA. The policy must also include the action taken to prevent further potential violations while the alleged violation is being verified.
- The HHA ensures that verified violations are reported to ACHC as well as state and local bodies having jurisdiction (including to the state survey and certification agency) within five working days of becoming aware of the verified violation unless state regulations are more stringent.

HINT

The agency should provide documentation detailing the investigation of incidents and resolutions for each incident for Surveyor review.

The HHA addresses any allegations of or evidence of abuse to determine if immediate care is needed, a change in the plan of care is indicated, or if a referral to an appropriate agency is warranted.

The HHA must intervene immediately, as indicated by the circumstances, if an injury is the result of an HHA employee's actions. HHAs must immediately remove staff from patient care if there are allegations of misconduct related to abuse or misappropriation of property.

If interviewed, the staff should know the proper incidents to report and the agency's procedure for reporting.

CoP/G tag Reference: 484.50I(2) (G430), 484.50(e)(1)(i)(B) (G482), 484.50(e)(2) (G488)

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.

P&P Essential Components

- P&P must describe how patient grievances/complaints are investigated and resolved. P&P must include, at a minimum:
  - The appropriate person to be notified of the grievance/complaint.
  - Time frames for investigation activities, to include after hours.
  - Reporting of information.
  - Review and evaluation of the collected information.
  - Communication with the patient/family.
  - Documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution.

HINT

The Surveyor will expect to see evidence in the patient's record that the patient was provided information regarding his/her right to lodge a complaint to the HHA.

Patient education/admission materials must be provided to the patient or representative on how to report complaints to the HHA.

The agency must be able to present a complaint log to the Surveyor that documents customer complaints and the organization's process for resolving them.

A summary of grievances/complaints needs to be reported to the governing body at least quarterly. It is recommended that the agency include this on an agenda template for governing body meetings.

Grievances, complaints, and concerns need to be part of the Quality Assessment and Performance Improvement (QAPI) annual report.

Blank complaint logs are a red flag to a Surveyor.

Training must be provided to staff during orientation and annually thereafter.

CoP/G tag Reference: 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)(ii) (G484), 484.50(e)(1)(iii) (G486)

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 the time of admission.

Written Patient Information Essential Components

- Written information provided to the patient must include the names, addresses, and telephone numbers for the following federally funded and state-funded entities that serve the area where the patient resides:
  - Agency on Aging.
  - Center for Independent Living.
  - Protection and Advocacy Agency.
  - Aging and Disability Resource Center.
  - Quality Improvement Organization.

HINT

The agency must provide patients with written information of the state's toll-free home health telephone hotline that includes a phone number, contact person, and the organization's process for receiving, investigating, and resolving grievances/complaints about its care/services.

The agency must also have phone numbers of regulatory agencies, including the hours of operation and the purpose of the hotline number, on the documentation given to patients that includes ACHC's contact information (N/A if first survey with ACHC).

CoP/G tag Reference: 484.50(c)(9) (G444), 484.50(c)(10) (G446)

Standard HH2-5A:

Written policies and procedures are established and implemented by the HHA in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

P&P Essential Components

- P&P include but are not limited to:
  - A definition of protected health and confidential information, and the types of information that are covered by the policy, including electronic and computerized information, telephone and cell phone communications, and verbal and faxed information.
  - Persons/positions authorized to release PHI/EPHI and confidential information.
  - Conditions that warrant its release.
  - Persons to whom it may be released.
  - Signature of the patient or someone legally authorized to act on the patient's behalf.
  - A description of what information the patient is authorizing the HHA to disclose.
  - Securing patient records and identifying who has authority to review or access clinical records.
  - When records may be released to legal authorities.
  - The storage and access of records to prevent loss, destruction, or tampering of information.
  - The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement.
  - The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient-identifiable information contained in the clinical record, including OASIS data, and may not release patient-identifiable information to the public.

HINT

If interviewed, staff should be able to explain how patient records are kept confidential.

If interviewed, staff should be able to explain their role and what they would and would not be able to access and review.

If interviewed, staff should be able to explain how patients are instructed about their Health Insurance Portability and Accountability Act (HIPAA) rights.

The Surveyor will expect to see signed confidentiality statements for all employees, contracted staff, and governing body members.

CoP/G tag Reference: 484.40 (G350), 484.50(c)(6) (G438)

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.

HINT

The Surveyor will expect to see Business Associate Agreements (BAAs) for all business associates who have access to PHI.

Examples of non-covered entities include but are not limited to: a CPA firm whose accounting services to a healthcare provider involves access to PHI; an attorney whose legal services to a health plan involve access to PHI; a consultant that has access to PHI; or an independent medical transcriptionist who provides transcription services to a physician or allowed practitioner.

BAAs are not required with persons or organizations whose functions or services do not involve the use or disclosure of PHI, and where any access to PHI by such persons would be incidental, if at all (e.g., janitorial service or electrician).

More information can be located at https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html.

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.

P&P Essential Components

- P&P include, but are not limited to, providing all individuals with written information about their rights under state law regarding:
  - The 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.
  - To consent or refuse care in advance of and during treatment.

HINT

The Surveyor will expect to see evidence in the patient's record that this information was provided to the patient or his/her representative prior to or at the initiation of care and as changes in care occur and the patient or representative agrees to the changes.

CoP/G tag Reference: 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)

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.

P&P Essential Components

- P&P include:
  - Identification of which personnel, if any, may perform resuscitative measures, respond to medical emergencies, and use 911 services (EMS) for emergencies.
  - Definition of successful completion of appropriate training, such as cardiopulmonary resuscitation (CPR). Online CPR certification is acceptable with in-person verification of competency.
  - Addressing how patients and families are provided information about the HHA's P&P for resuscitation, medical emergencies, and accessing 911 services (EMS).

HINT

Personnel files should contain documentation of successful completion of appropriate training. Online CPR certification is accepted with in-person verification of competency.

Patients must be provided information about the organization's P&P for resuscitation, medical emergencies, and accessing 911 services (EMS).

If interviewed, staff should be able to explain the HHA's P&P regarding resuscitative guidelines and the responsibilities of personnel.

Standard HH2-6B.02:

Written policies and procedures are established and implemented in regard to the HHA providing advance directive information to the patient/responsible party orally and in writing prior to the initiation of care/services and documented in the patient record.

P&P Essential Components

- Providing all adult individuals with written information about their rights under state law to:
  - Make decisions about their medical care.
  - Accept or refuse medical or surgical treatment.
  - Formulate, at the individual's option, an Advance Directive.
- Informing patients about the HHA's written policies on implementing Advance Directives.
- Documenting in the patient's record whether he or she has executed an Advance Directive.
- Not limiting the provision of care or otherwise discriminating against an individual based on whether he or she has executed an Advance Directive.
- Ensuring compliance with the related state requirements on Advance Directives.
- Providing staff and community education on issues concerning Advance Directives.

HINT

The Surveyor will expect to see documented evidence in the patient's record that the patient or appropriate representative was provided information, orally and in writing, about medical care and Advance Directives prior to the initiation of care/services.

If interviewed, staff should be able to discuss the HHA's process for informing patients about Advance

Directives.

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.

P&P Essential Components

- P&P address the mechanisms used to identify, address, and evaluate ethical issues.

HINT

There should be documentation of any ethical issues and actions taken. If no ethical issues have occurred, staff should be able to explain the agency's P&P for handling ethical issues. The HHA should use forums for considering and discussing ethical issues (such as the QAPI Committee or Ethics Committee).

Training must be provided to staff during orientation and annually thereafter. Training must include maintaining professional relationships and professional boundaries.

Governing body minutes must reflect the discussion of any ethical issues that have occurred. It is recommended that the agency include this on an agenda template. If there have been no ethical issues, governing body minutes must reflect this.

If interviewed, the governing body and staff should be able to discuss how ethical issues are reported and resolved.

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.

P&P Essential Components

- Information must be provided to patients in plain language and in a manner that is accessible and timely to:
  - Persons with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
  - Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

HINT

If interviewed, staff should be able to explain how they would communicate with patients who have a language barrier. This may include the availability of bilingual personnel, interpreters, or assistive technologies. (Minors are discouraged from being used as interpreters.)

There must be documentation that staff have been oriented and provided annual education on the agency's P&P on communication barriers and how to access language services.

CoP/G tag Reference: 484.50(f) (G490), 484.50(f)(1) (G490), 484.50(f)(2) (G490)

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.

P&P Essential Components

- P&P must describe the mechanism used to provide care/services for patients of different cultural backgrounds, beliefs, and religions.

HINT

If interviewed, staff should be able to verbalize how patients of different cultural and religious beliefs are identified and treated, and how their individual beliefs are supported. This may also be observed through home visits.

The Surveyor will expect to see that staff have been oriented and provided annual education and resources to increase their cultural awareness of the patients they serve.

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.

P&P Essential Components

- P&P must address having an established Compliance Program that includes, at a minimum:
  - Implementation of written policies, procedures, and standards of conduct.
  - Designation of a Compliance Officer and Compliance Committee.
  - Conducting effective training and education programs.
  - Development of open lines of communication between the Compliance Officer and/or Compliance Committee and HHA personnel for receiving complaints and protecting callers from retaliation.
  - Performance of internal audits to monitor compliance.
  - Establishing and publicizing disciplinary guidelines for failing to comply with P&P and applicable statutes and regulations.
  - Prompt response to detected offenses through corrective action.

HINT

QAPI activities should include internal audits to monitor compliance.

If interviewed, staff should be able to identify the Compliance Officer and the types of issues that should be reported to that individual.

Employees must be able to report compliance concerns without fear of retaliation. An anonymous hotline number and a confidential compliance report form are two examples of reporting methods HHAs can implement.

Standard HH2-10A.01:

Supervision is available during all hours that care/service is provided.

HINT

Administrative and clinical supervision of personnel in all care/service areas are provided 24 hours per day, 7 days a week, as applicable, as evidenced by an on-call calendar or other type of schedule.

Supervision is consistent with state laws and regulations.

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.

HINT

The on-call schedule should be available when the Surveyor arrives. The on-call schedule should also show supervisor support and availability for on-call staff.

Standard HH2-12A.01:

Written policies and procedures are established and implemented that identify the approved treatments, procedures, and patient care activities.

P&P Essential Components

- P&P must list the procedures or treatments approved by the governing body that may be provided by clinical personnel as well as any exceptions and any special criteria for the acceptance of patients for this service.
- P&P must define any special education, experience, or licensure/certification requirements necessary for the clinical personnel to provide any special procedures or treatments. Qualifications may vary based on the national and state clinical board requirements.

HINT

The Surveyor will expect to observe staff performing care and treatments that have been approved by the governing body.

The Surveyor will expect to see evidence of appropriately qualified staff performing care and treatments approved by the governing body.

Tools Available to Assist with Section 2:

- Section 2 Compliance Checklist
- Patient Rights and Responsibilities Audit Tool
- Hints for an Effective Compliance Program
- Patient Complaint/Concern Form
- Ethical Issues/Concerns Reporting Form
- Section 2 Self Audit
- Sample Policies and Procedures

SECTION 2 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH2-1A.01	Yes		Yes	Marketing materials, admission packet, & staff interviews	Observation Tool, Interview Tool, & Patient Record Audit Tool		
HH2-2A	Yes		Yes	Patient Rights and Responsibilities statement, staff interviews, & orientation/ education records	Patient Rights and Responsibilities Audit Tool & Interview Tool		
HH2-2C							
HH2-3A	Yes			Complaint/ grievance/ variance log & staff interviews	Interview Tool		
HH2-4A	Yes		Yes	Complaint/ grievance/ variance log, governing body meeting minutes, patient education materials, & staff interviews	Governing Body Meeting Minutes Template, Interview Tool, & Items Needed for Survey		
HH2-4B			Yes	Patient education materials & home visits	Observation Tool		
HH2-5A	Yes	Yes		Orientation or other in-service logs & staff interviews	Orientation Tool & Interview Tool		
HH2-5C.01				BAAs	Items Needed for Survey		
HH2-6A	Yes		Yes	Patient Rights & Responsibilities statement	Patient Rights & Responsibilities Audit Statement		
HH2-6B.01	Yes	Yes		Current and appropriate CPR certification, staff interviews, & patient education materials	Personnel File Tool & Interview Tool		
HH2-6B.02			Yes	Patient record	Patient File Tool		
HH2-7A.01	Yes			In-service logs, governing body meeting minutes, & staff interviews	Personnel File Tool, Governing Body Template, & Interview Tool		

ACHC Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH2-8A	Yes	Yes		Orientation or other in-service logs & staff interviews	Personnel File Tool & Interview Tool		
HH2-8B.01	Yes	Yes		Orientation or other in-service logs & staff interviews	Personnel File Tool & Interview Tool		
HH2-9A.01	Yes			Compliance program & staff interviews	Items Needed for Survey & Interview Tool		
HH2-10A.01				On-call schedule & staff interviews	Observation Tool & Interview Tool		
HH2-11A.01				On-call schedule	Observation Tool		
HH2-12A.01	Yes			Home visits	Observation Tool		

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

PATIENT RIGHTS AND RESPONSIBILITIES AUDIT TOOL

- ☐ Have his or her property and person treated with respect.
- ☐ Be free from verbal, mental, sexual, and physical abuse, including injuries of an unknown source, neglect, and misappropriation of property.
- ☐ Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA.
- ☐ 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.
- ☐ Receive all care/services outlined in the plan of care.
- ☐ Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
- ☐ Be advised of:
    - » The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA.
    - » The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA.
    - » The charges the individual may have to pay before care is initiated.
    - » Any changes in the information provided in accordance with 42 CFR 484.50(c)(7) of this section when they occur. The HHA must advise the patient and representative (if any) of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f).
- ☐ Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care, or in advance of the HHA reducing or terminating ongoing care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.

- ☐ Be advised of the state toll-free home health telephone hotline, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.
- ☐ 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:
    - » Agency on Aging.
    - » Center for Independent Living.
    - » Protection and Advocacy Agency.
    - » Aging and Disability Resource Center.
    - » Quality Improvement Organization.
- ☐ Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.
- ☐ Be informed of the right to access auxiliary aids and language services, and how to access these services.
- ☐ 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.

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HOME HEALTH

HINTS FOR AN EFFECTIVE COMPLIANCE PROGRAM

The purpose of a Compliance Program is to have mechanisms in place to prevent fraud and abuse.

- There are seven steps to developing a Compliance Program.
  - Implement written policies, procedures, and standards of conduct that outline regulations, rules, and expectations of staff as well as internal operations.
  - Designate a Compliance Officer and Compliance Committee. The Compliance Officer should be someone who has a firm knowledge of the rules and regulations of the industry. Compliance is a multi-faceted concept that often requires the input from multiple individuals that are representative of the care/services your agency provides. The Compliance Committee should have individuals that are representatives of your agency.
  - Have effective training and education programs as key components in the prevention of fraud and abuse. Staff are often unaware of the rules and regulations that guide their daily practices. Education not only guides an individual's practice but provide staff the knowledge needed to identify potential fraud and abuse.
  - Have open lines of communication between the Compliance Officer or Compliance Committee and personnel through an anonymous hotline or other anonymous means to allow staff to report potential fraud and abuse. Having an anonymous means of reporting allows staff to report without the fear of retaliation.
  - Performing internal audits, from billing to finance to patient care, allow an agency to identify potential practices that could be perceived as fraudulent, and to correct them before they are identified by an external agency.
  - Make staff aware of the consequences of failing to comply with the agency's standards and policies and applicable statutes and regulations. Disciplinary guidelines need to be written and reviewed at orientation and perhaps on an annual basis with staff.
  - Respond promptly through necessary corrective action if an issue is discovered that could be perceived as fraud or abuse. Self-disclosure to the proper authorities is something that needs to be investigated, and legal advice may be necessary before notifying the proper authorities.

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HOME HEALTH

PATIENT COMPLAINT/CONCERN FORM

Patient Name:_____ Date: _____

Medical Record Number: _____ Time: _____

Patient Diagnosis: _____ M.D. Name: _____

Who reported the complaint/grievance?

☐ Patient ☐ Caregiver ☐ Physician/Allowed Practitioner ☐ Employee

☐ Other: _____

Who was notified about the grievance/complaint?

☐ RN ☐ Aide ☐ Social Worker ☐ Physician/Allowed Practitioner

☐ Physical Therapist ☐ Occupational Therapist ☐ Speech-Language Pathologist

☐ Other: _____

Name of person completing form, please print: _____

Signature: _____

Briefly state what happened: [FINDINGS, CONCLUSION]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

Briefly state what recommendations were given and actions taken: [RECOMMENDATION, ACTION]
(Attach additional documentation.)

_____

_____

_____

_____

_____

_____

Briefly state what follow-up was/will be done: [FOLLOW-UP]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

_____

_____

Creation Date

Form # X

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HOME HEALTH

ETHICAL ISSUES/CONCERNS REPORTING FORM

Name of Patient:_____ Date of Report: _____

Name of Employee Reporting Concern:_____

Description of ethical concern:

_____

_____

_____

_____

Discussion and Resolution (Follow-up determined by Ethics Committee members):

_____

_____

_____

_____ _____

Committee Member Signature/Date Committee Member Signature/Date

_____ _____

Committee Member Signature/Date Committee Member Signature/Date

Information to be reported during next governing body meeting scheduled for: _____

Creation Date Form # X

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HOME HEALTH

SECTION 2 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Description of care/services.
- [ ] Patient Rights and Responsibilities statement.
- [ ] Reporting of abuse, neglect, and mistreatment.
- [ ] Reporting of grievances, complaints, or concerns.
- [ ] HIPAA: Securing and releasing PHI/EPHI.
- [ ] Informed consent and right to participate in treatment decisions.
- [ ] Patient resuscitation.
- [ ] Ethical issues.
- [ ] Communication and language barriers.
- [ ] Cultural diversity.
- [ ] Compliance Program.
- [ ] Approved treatments/procedures.

REQUIRED DOCUMENTS

- [ ] Marketing materials/brochures.
- [ ] Admission packet/information given to patients.
- [ ] Patient Rights and Responsibilities statement.
- [ ] Incident reports for reported patient rights violations.
- [ ] Complaint/grievance forms and logs.
- [ ] BAAs, if applicable.
- [ ] QAPI audits that monitor the effectiveness of the Compliance Program.
- [ ] On-call schedule.

PERSONNEL FILE CONTENTS

- [ ] Staff-signed confidentiality statements.
- [ ] CPR certification (for required staff).

PATIENT RECORD REQUIREMENTS

- [ ] Receipt of care/service description.
- [ ] Receipt of Patient Rights and Responsibilities statement.

- [ ] Receipt of right to participate in treatment decisions.
- [ ] Receipt of grievance/complaint process with appropriate phone numbers.
- [ ] Receipt of confidentiality P&P including OASIS information.
- [ ] Receipt of Advance Directives and resuscitative guidelines.

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Patient rights and responsibilities.
- [ ] Care/services provided by the agency.
- [ ] How to report suspected abuse or neglect.
- [ ] How to handle patient grievances/complaints.
- [ ] Confidentiality practices.
- [ ] HHA's resuscitation guidelines and individual responsibilities.
- [ ] Examples of ethical issues and reporting requirements.
- [ ] How to address communication and language barriers with patients.
- [ ] How to address cultural diversity issues.
- [ ] Name of Compliance Officer and Compliance Committee and reportable compliance issues.
- [ ] HHA's on-call system.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] Posted hours of operation.
- [ ] PHI/EPHI is protected.

SELF TEST

1. What are three to four patient rights?
2. Is the agency capable of providing all care/services that are described in the marketing materials?
3. What agency phone numbers must be provided to patients for them to file a complaint?
4. To whom may you release PHI/EPHI?
5. Who is required to sign a confidentiality statement?
6. To whom would a potential ethical issue be reported and how would it be addressed?
7. To whom would a patient complaint or grievance be reported?
8. What entities are required to have a BAA?
9. How would you communicate with patients with language or communication barriers?
10. Who is the Compliance Officer?

NOTES

FOR PROVIDERS.
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HOME HEALTH

NOTES

FOR PROVIDERS. BY PROVIDERS.

SECTION 2: PROGRAM/SERVICE OPERATIONS

HH2-1A.01

Policy: Services Provided

1. The HHA can provide intermittent skilled nursing, physical therapy, occupational therapy, speech-language pathology, medical social services, and Home Health Aide services.
2. The HHA does not have the availability to provide continuous home care services. Patients needing continuous home care services will be referred to other agencies within the community.
3. The HHA will provide services 7 days a week, 24 hours per day. Telephone answering services will be available 7 days a week, 24 hours per day. Clinical staff will rotate on-call coverage as scheduled by the manager.
4. The HHA will accept Medicare, Medicaid, private insurance, and private pay. Patients will be notified of the charges and their individual financial responsibility for care/services upon admission and before the next home health visit.
5. The HHA will accept patients who have a skilled need, a physician's or allowed practitioner's order for service, and who consent to having care provided by the HHA.
6. Office hours are 8 a.m. to 5 p.m., with an RN on call 24/7.
7. Referrals can be made by contacting the Referral Department during the hours of 8 a.m.to 5 p.m. On-call referrals can be made by contacting the HHA's on-call number and then given to the RN on call.
8. Any patient that does not meet the eligibility criteria will be referred to other community resources, and the referring physician or allowed practitioner will be notified.
9. All marketing materials will clearly define, in lay language, the above information, and will be distributed to patients at the time of admission, as well as be available to the community at large.

HH2-2A

Policy: Patient Rights and Responsibilities

1. The HHA will provide the patient or legal representative (if any) with a written description of the Patient Rights and Responsibilities statement. Admission staff will also review the Patient Rights and Responsibilities statement orally at or prior to the initiation of services.
2. In addition to the Patient Rights and Responsibilities statement, the HHA will also provide:
    - Contact information for the HHA Administrator, including the Administrator's name, business address, and business phone number in order to receive complaints.
    - An OASIS privacy notice to all patients for whom OASIS data is collected.
    - Written notice of the HHA's transfer and discharge policies to a patient-selected representative within four business days of the initial evaluation visit.

3. The HHA will provide the Patient Rights and Responsibilities statement in a language and manner the patient understands.
4. Patients who are minors and patients that have been adjudged incompetent will have the Patient Rights and Responsibilities statement read to them, as well as to the appropriate representative.
5. Patients will also receive information regarding their right to formulate an Advance Directive. Patients will receive the HHA's policy regarding Advance Directives upon admission.
6. The HHA will obtain the patient's or legal representative's signature confirming that he or she has received a copy of the Patient Rights and Responsibilities statement.
7. The Patient Rights and Responsibilities statement will include, but is not limited to, the patient's right to:
    - Have his or her property and person treated with respect.
    - Be free from verbal, mental, sexual, and physical abuse, including injuries of an unknown source, neglect, and misappropriation of property.
    - Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA.
    - 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/service 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/service to be furnished.
    - Receive all services outlined in the plan of care.
    - Have a confidential clinical record.
    - Be advised of:
        - The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA.
        - The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA.
        - The charges the individual may have to pay before care is initiated.
        - The HHA must advise the patient and representative (if any) of these changes as soon as possible and in advance of the next home health visit.
    - Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care, or in advance of the HHA reducing or terminating ongoing care.

- Be advised of the state toll-free home health telephone hotline, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about the HHAs.
- 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:
  - Agency on Aging.
  - Center for Independent Living.
  - Protection and Advocacy Agency.
  - Aging and Disability Resource Center.
  - Quality Improvement Organization.
- Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.
- Be informed of the right to access auxiliary aids and language services and how to access these services.
- 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.

8. Personnel are provided training during orientation, and at least annually thereafter, concerning the HHA's P&P on the patient's rights and responsibilities.
9. The HHA will provide written notice of the patient's rights and responsibilities and on the HHA's transfer and discharge policies to a patient-selected representative within four business days of the initial evaluation visit if information is not provided on admission.
10. The HHA will provide written information concerning its policies on Advance Directives to the patient or legal representative (if any) before care is provided.

HH2-3A

Policy: Identifying and Reporting Abuse/Neglect/Exploitation of Patients

1. All HHA personnel, including those providing direct care under arrangement, have a responsibility to report any suspected mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of an unknown source and misappropriation of property of patients being served by the HHA.
2. Any and all suspected abuse/neglect/exploitation and/or misappropriation of patient property will be reported to _____ immediately. If suspected abuse/neglect/exploitation and/or misappropriation of property is identified after hours, a report will be made immediately to _____.
3. The _____ Director will immediately investigate any and all alleged violations involving anyone furnishing services on behalf of the HHA, and will immediately take action to prevent further potential violations while the alleged violation is being verified.
4. All investigations will be documented on the appropriate form and filed in the Patient Complaint folder.

5. Any confirmed abuse/neglect/exploitation or misappropriation of property of patients by HHA personnel will result in immediate termination. Criminal charges may be filed by the HHA, and appropriate reporting to federal, state, and accrediting organizations will be made within five working days.

HH2-4A

Policy: Patient Complaints

1. All patients or legal representatives (if any) will be informed of their right to voice a complaint/grievance against anyone furnishing services on behalf of the HHA.
2. All patients will receive, verbally and in writing, the HHA's process for receiving, investigating, and resolving complaints.
3. All patients will receive the state regulatory hotline number and ACHC's telephone number, as well as the appropriate person/department within the HHA to contact regarding a complaint/grievance about services furnished by the HHA and/or concerns regarding the implementation of Advance Directive requirements.
4. Any employee receiving a complaint/grievance will complete and submit the correct form to the appropriate manager. If a complaint is received after business hours, the manager on call will be notified and the complaint form will be submitted on the next business day.
5. The _____ Manager will immediately investigate the complaint/grievance by contacting the patient, investigating the problem, and taking appropriate action(s) to resolve the issue. Documentation of resolution of the complaint/grievance will be maintained.
6. The HHA will take immediate action to prevent further violations, including retaliation, while the complaint is being investigated.
7. The patient will not be discriminated against or experience any reprisal for exercising his or her right to voice grievances.
8. All complaints/grievances will be reviewed by the QAPI Committee quarterly for potential QAPI activities.
9. A summary of complaints/grievances will be reported to the governing body at least quarterly.
10. All personnel will receive instruction on the complaint/grievance policy and procedure during orientation and annually.

HH2-5A

Policy: Confidentiality

1. The HHA will ensure the patient's right to confidentiality of all patient-identifiable information, as well as OASIS data, by following appropriate safeguards to protect all PHI/EPHI. PHI/EPHI is defined as information that could identify an individual, including:
    - Name.
    - All geographical identifiers smaller than a state.
    - Dates (other than year) directly related to an individual.
    - Phone numbers.
    - Fax numbers.
    - Email addresses.
    - Social Security numbers.

- Patient record numbers.
- Health insurance beneficiary numbers.
- Account numbers.
- Certificate/license numbers.
- Full-face photographic images and any comparable images.
- Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

2. All personnel, including governing body members, will treat the following information concerning patient care/services with the utmost confidentiality:
    - Paper, electronic, and computerized information.
    - Telephone and cell phone communications.
    - Verbal communications.
    - Faxed information.
3. Admission staff will obtain the signed authorization form from the patient or appropriate representative that will allow the HHA to release confidential information for treatment, payment, and operations, including licensing, regulatory, and accrediting bodies.
4. Patients will receive the organization's privacy notice during the admission visit and will sign the Acknowledgement Form confirming receipt and understanding of HHA P&P regarding confidentiality.
5. If information is requested for any purpose other than treatment, payment, or operations, a separate authorization form listing the specific information to be released will be obtained and signed by the patient or appropriate representative prior to releasing the information requested.
6. All requests for release of information will be given to the _____ Manager. Only the _____ Manager may release PHI/EPHI and confidential information.
7. Records may be released without patient authorization only by court order, subpoena, or other legally recognized information-access procedure.
8. Accessibility to patient records is limited to medical records staff, billing staff, appropriate leadership, and staff caring for the patient. Staff members will discuss patient-related information with HHA personnel only on a need-to-know basis.
9. Patient records are kept in a secure location to prevent loss, tampering, and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water.
10. All employees, contracted staff, and governing body members will receive training in HIPAA procedures during orientation and annually thereafter. All employees, contracted staff, and governing body members will sign a confidentiality statement.
11. All business associates that may have access to PHI will have a BAA signed before the initiation of care/services.
12. The HHA and agent acting on behalf of the HHA, in accordance with a written contract, must ensure the confidentiality of all patient-identifiable information contained in the clinical record (including OASIS data), and may not release patient-identifiable information to the public.
13. Staff will follow all HIPAA regulations.

HH2-6A

Policy: Acceptance/Refusal of Medical Care

1. Patients have 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.

HH2-6B.01

Policy: Patient Resuscitation

1. The HHA will identify, by discipline, which staff will be permitted to perform CPR.
2. All personnel who are required to maintain CPR certification will have a copy of the current certificate placed in their personnel file. Online certification is acceptable with in-person verification of competency.
3. Only personnel who have a current CPR certification and have completed basic life support (BLS) will perform resuscitative measures; all other staff are instructed to contact 911 for medical emergencies.
4. All patients will be informed of the HHA's policies regarding the use of emergency services, 911, and which disciplines are permitted to perform CPR.

HH2-6B.02

Policy: Advance Directives

1. Patients have the right to formulate an Advance Directive.
2. Patient care is not prohibited based on whether or not the individual has an Advance Directive.
3. Patients or their legal representative (if any) will be provided written information regarding their right to formulate an Advance Directive upon admission to the HHA.
4. All staff, including contracted staff, will receive instruction on the Advance Directive/resuscitation policy during orientation and annually thereafter.
5. HHA personnel will assist patients with resources to obtain an Advance Directive upon request of the patient or legal representative (if any).

HH2-7A.01

Policy: Ethical Issues

1. The HHA will provide care within an ethical framework.

2. The HHA will address ethical concerns through a variety of forums to include, but not be limited to:
    - The Ethics Committee.
    - Access to professional experts.
    - The QAPI Committee.
3. A request for an Ethics Committee meeting will be directed to the chairperson(s) of the committee by the completion of the Ethics Committee Request form.
4. All information exchanged during the consultation is confidential.
5. When a formal consultation is held, a general notation will be placed in the patient's record.
6. A summary of all ethical issues will be presented at each governing body meeting.
7. Staff will be provided education regarding the process for addressing ethical concerns and examples of potential ethical issues during orientation and annually thereafter.

HH2-8A

Policy: Communication/Language Barriers

1. Discrimination will not be tolerated. It is a firm belief that everyone is to be treated equally with respect and integrity by all staff in every situation. When communication/language barriers are noted, they will be addressed by staff immediately. Personnel will communicate with the patient in the appropriate language or manner understandable to the patient.
2. Employees will determine if the patient needs an interpreter due to a communication/language barrier or if they require any special accommodations during the referral contact. An interpreter will be provided at no cost to the patient.
3. Mechanisms are in place to assist with language and communication barriers. This may include, but is not limited to:
    - Bilingual staff.
    - Interpreters.
    - Assistive technologies.
    - Accessible websites and auxiliary aids and services provided at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
4. All employees will be trained during orientation and annually regarding the resources available to assist patients that need an interpreter due to a language barrier or other assistive technology to assist with communication.

HH2-8B.01

Policy: Cultural Diversity

1. The HHA will provide care to patients and families regardless of their cultural backgrounds and beliefs.

2. Staff will respect and honor different cultural backgrounds, beliefs, and religions. Cultural backgrounds, beliefs, and religions impact the patient's lifestyle, habits, and view of health and healing. Employees must be able to identify differences in their own beliefs and the patient's beliefs and find ways to support the patient.
3. Upon admission, staff will identify the patient's individual beliefs based on their cultural background and develop the plan of care accordingly.
4. The HHA will not assign personnel unwilling to comply with the HHA policy, due to cultural values or religious beliefs, to situations in which their actions may be in conflict with the prescribed treatment or the needs of the patient.
5. Cultural diversity training will be completed for all new employees during orientation and on an annual basis.

HH2-9A.01

Policy: Compliance Program

1. The HHA will establish a Compliance Program, following the recommendations of the Office of Inspector General, that will guide the HHA in its attempt to prevent violations of fraud- and abuse-prevention laws. The Compliance Program identifies compliance risk areas particularly susceptible to fraud and abuse.
2. At a minimum, the Compliance Program will address the following areas:
    - Implementation of written policies, procedures, and standards of conduct.
    - Designation of a Compliance Officer and Compliance Committee.
    - Conducting effective training and education programs.
    - Developing open lines of communication between the Compliance Officer or Compliance Committee and HHA personnel for receiving complaints and protecting callers from retaliation.
    - Performance of internal audits to monitor compliance.
    - Establishing and publicizing disciplinary guidelines for failing to comply with the HHA standards and policies and applicable statutes and regulations.
    - Prompt response to detected offenses through corrective action.
3. The QAPI Plan will include summaries of compliance audits and actions taken to ensure the reduction of risk for fraud and abuse.

HH2-12A.01

Policy: Approved Treatment and Patient Care Activities

1. The HHA will only provide care and treatment that has been approved by the governing body.
2. The HHA will have written guidelines defining special education, experience, or licensure/certification required for clinical personnel to provide any such treatment or procedures.
3. All qualifications will be based on national and state clinical board requirements. [***List treatments and procedures as well as qualifications.***

UNDERSTANDING THE STANDARDS

SECTION 3: FISCAL MANAGEMENT

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

SECTION 3 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

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.

P&P Essential Components

- P&P address the budgeting process to include all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expenses.

HINT

The Surveyor will review the annual operating budget.

Governing body meeting minutes should reflect that the budget is prepared under the direction of the governing body by a committee of representatives of the governing body, administrative staff, and the medical staff (if any) of the HHA.

CoP/G tag Reference: 484.105(h) (G988), 484.105(h)(1) (G988), 484.105(h)(3) (G988)

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.

P&P Essential Components

- P&P address and identify, in detail, the anticipated sources of financing for, and the objectives of, each anticipated expenditure of more than $600,000 for items that would be considered capital items.

HINT

The Surveyor will expect to see a capital expenditure plan for at least a three-year period, including the operating year, if applicable.

CoP/G tag Reference: 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)

Standard HH3-1C:

The HHA performs an annual review and update of the budget.

HINT

Governing body meeting minutes should reflect the annual review and update of the budget.

CoP/G tag Reference: 484.105(h)(4) (G988)

Standard HH3-2A.01:

The HHA implements financial management practices that ensure accurate accounting and billing.

HINT

The Surveyor will review the financial management practices that include at least the following:

- Receipt and tracking of revenue.
- Billing of patients and third-party payors.
- Notification to the patient/family of changes in reimbursement from third-party payors.
- Collection of accounts.
- Reconciliation of accounts.
- Extension of credit, if applicable.
- Financial hardship, if applicable.
- Consequences of non-payment.
- Acceptance of gifts and/or funds, if applicable.
- Process for receiving, recording, and acknowledging contributions, if applicable.

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.

P&P Essential Components

- P&P must address that financial records will be kept, based on document type, for at least the required IRS time frame or as defined by state/federal law, whichever is the strictest.
- Medicare/Medicaid-certified programs are required to maintain financial records for at least five years after the last audited cost report.

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.

Financial Review Report Essential Components

- Number of patients served and number of patient visits by discipline and payor source (Medicare, Medicaid, and other).
- Unduplicated number of patients served by payor (Medicare, Medicaid, and other).
- Standard charge structure for all services.
- Square footage by Medicare cost center.
- Patient visits by discipline by Core-Based Statistical Area (CBSA) code.
- Medical supply charges by payor source (Medicare, Medicaid, and other).
- Related party transactions.
- Segregation of non-reimbursable activities—cost and utilization statistics.
- Having up-to-date access to Individuals Authorized Access to the CMS Computer Services (IACS).

- Full-time equivalent by discipline from payroll records.

HINT

The Surveyor will review the most recent Medicare Cost Report.

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.

P&P Essential Components

- P&P must include the process for establishing and conveying charges for the services provided to patients, the public, and referral sources.

HINT

The Surveyor will expect to see evidence that personnel responsible for conveying charges are oriented and provided with education regarding the care/service rates. It is recommended that this be included on the orientation checklist.

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 that are Medicare or Medicaid eligible are informed when Medicare/Medicaid assignment is accepted.

HINT

The Surveyor will expect to see documentation in the patient record that the HHA informed the patient or legal representative (if any) of:

- The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the HHA;
- The charges for services that will not be covered by Medicare, Medicaid, or any other federally funded or aided program known to the HHA;
- The charges that the individual may have to pay before care is initiated; and
- The HHA must advise the patient and legal representative (if any) of these changes as soon as possible and in advance of the next home health visit or prior to the start of the new service.

CoP/G tag Reference: 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)

Standard HH3-4D.01:

There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the HHA.

HINT

The Surveyor will review billing records against patient charts to ensure patients are properly billed for care/services provided.

The Surveyor will expect to see that signed physician or allowed practitioner orders are filed in the patient record, and documentation in the patient record supports that the visits were completed before a claim was submitted for Medicare beneficiaries.

Tools Available to Assist with Section 3:

- Section 3 Compliance Checklist
- Home Health Financial Disclosure Statement
- Section 3 Self Audit
- Sample Policies and Procedures

SECTION 3 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH3-1A	Yes		Annual operating budget	Observation Tool		
HH3-1B	Yes		Capital expenditure plan	Observation Tool		
HH3-1C			Governing body meeting minutes	Governing Body Meeting Minutes Template		
HH3-2A.01			Financial management practices	Observation Tool		
HH3-3A.01	Yes		Retention of financial records	Observation Tool		
HH3-3B.02			Process for obtaining data for financial review & Medicare Cost Report	Observation Tool		
HH3-4A.01	Yes		Written charges for care/services & staff interviews	Observation Tool & Interview Tool		
HH3-4C		Yes	Patient education materials	Observation Tool		
HH3-4D.01		Yes	Billing records	Observation Tool		

FOR PROVIDERS.
BY PROVIDERS.

HOME HEALTH

HOME HEALTH
FINANCIAL DISCLOSURE STATEMENT

Patient Name:_____ Medical Record #:_____

I understand that I will be charged for all services provided at the following rates, but if the bill causes financial hardship, now or at any time in the future, I may call a billing representative of the agency to arrange a payment schedule.

Nurse: _____ $ _____ Per visit

Home Health Aide: _____ $ _____ Per visit

Social Worker: _____ $ _____ Per visit

Physical Therapist: _____ $ _____ Per visit

Occupational Therapist: _____ $ _____ Per visit

Speech-Language Pathologist: _____ $ _____ Per visit

I acknowledge that I have read and understand the above Financial Disclosure Statement.

Signature of patient: _____Date: _____

Creation Date Form # X

ACHC FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

SECTION 3 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Budgeting process.
- [ ] Capital expenditure plan.
- [ ] Financial record retention.
- [ ] Conveying charges to patients and referral sources.

REQUIRED DOCUMENTS

- [ ] Current annual budget.
- [ ] Governing body meeting minutes documenting annual review and updates of the budget.
- [ ] Accounting system that tracks revenue and expenses.
- [ ] List of care/services with corresponding charges.
- [ ] Patient bills/claims.
- [ ] Medicare Cost Report.

PERSONNEL FILE CONTENTS

- [ ] None.

PATIENT RECORD REQUIREMENTS

- [ ] Receipt of financial responsibilities of the patient.

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- [ ] How the budget is created and approved.
- [ ] How patients are informed of their financial responsibilities.
- [ ] How often the financial information of the agency is reviewed.
- [ ] How data is gathered to prepare the Medicare Cost Report.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] Proper storage of financial records.

SELF TEST

1. How often must the budget be reviewed? By whom?
2. Whose regulations must be followed regarding financial record retention?
3. What financial responsibility information must be shared with patients?
4. How many days do you have to notify patients of changes in financial liability?
5. How is information gathered to complete the Medicare Cost Report?

FOR PROVIDERS.
BY PROVIDERS.

HOME HEALTH

NOTES

SAMPLE POLICIES AND PROCEDURES

FOR PROVIDERS. BY PROVIDERS.

SECTION 3: FISCAL MANAGEMENT

HH3-1A & 1B

Policy: Annual Budget and Capital Expenditure Plan

1. The governing body, with input from the HHA's leadership and medical staff, will prepare and approve an overall plan and budget to include an annual operating budget and a long-term capital expenditure plan, if necessary.
2. The annual operating budget includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. The HHA's budget includes projected revenue and expenses for all programs and the care/service they provide. The budget is reflective of the HHA's care/services and programs. The operating budget may include, but is not limited to, the following:
    - Revenue.
    - Payroll.
    - Benefits.
    - Inventory.
    - Office supplies.
    - Transportation.
    - Rent.
    - Utilities.
    - Maintenance.
    - Insurance.
    - Continuing education.
3. The budget will be reviewed and updated at least annually by the governing body and leadership personnel.
4. The HHA will have a capital expenditure plan for at least a three-year period, including the current budget year. The plan shall include and identify, 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.

HH3-3A.01

Policy: Financial Record Retention

1. The HHA will retain financial records for a minimum of at least five years after the last audited cost report, unless otherwise specified by state regulations.
2. All other financial records will be kept for the required time frame, as identified by the IRS and/or state/federal law.

HH3-4A.01

Policy: Care/Service Rates and Notification of Charges

1. All care/service rates will be set by the governing body based on the current market value of such services. Care/service rates will be reviewed annually and adjusted as recommended by the governing body.
2. The HHA will maintain a current listing of care/service rates for the services provided. This list will be available to patients and staff and to the general public upon request.
3. During the initial assessment visit, admission staff will provide patients or the appropriate representative with a written notice of the HHA's care/service rates.
4. Admission staff will explain the financial responsibility to the patient or appropriate representative.
5. Patients or the appropriate representative will also receive a written notification of their anticipated financial responsibility upon admission.
6. Patients or the appropriate representative will also receive notification of their anticipated financial responsibility prior to the next home visit or before the start of the new service when their financial liability changes.
7. Patients or the appropriate representative will also be informed when Medicare/Medicaid is accepted, along with their financial responsibility and any services that will not be covered under Medicare/Medicaid.
8. Copies of the patient's financial responsibility will be maintained in the patient's record and in the admission folder in the home.

UNDERSTANDING THE STANDARDS

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 files, including skill assessments and competencies.

SECTION 4 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

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.

P&P Essential Components

- P&P must include but are not limited to:
  - Positions having access to the personnel file.
  - Proper storage.
  - The required contents.
  - Procedures to follow for employees to review their personnel file.
  - Time frames for retention of personnel files.

HINT

The Surveyor will review personnel files as well as other documents to ensure compliance with ACHC requirements.

Standard HH4-1A.02:

Prior to or at the time of hire, all personnel complete appropriate documentation.

Personnel File Essential Components

- P&P must include but are not limited to:
  - Position application.
  - Dated and signed withholding statements.
  - Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States).

HINT

The Surveyor will review personnel files as well as other documents to ensure compliance with ACHC requirements.

This standard is not applicable to contracted staff.

Standard HH4-1B.01:

All personnel files at a minimum contain or verify the following items (Informational Standard Only).

Personnel File Essential Components

- Informational only.
  - Position application.
  - Dated and signed withholding statements.
  - Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States).
  - Personnel credentials.

- Initial and annual TB screening requirements.
- Hepatitis B vaccination.
- Job description.
- Motor vehicle license, if applicable.
- Criminal background check.
- National sex offender.
- Personnel policies or employee handbook.
- Annual performance evaluations.
- Conflict of Interest Disclosure Statement, if applicable.
- Verification of qualifications by Primary Source Verification.
- Orientation.
- Confidentiality agreement.
- Competency assessments.
- Annual observation of job duties.

HINT

Personnel files should contain all the required documentation for review by the Surveyor. Files should be organized for easy review and access to the needed information.

The Surveyor will select a sampling of personnel files for each service provided.

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.

Personnel File Essential Components

- All professionals who furnish services directly, under an individual contract, or under arrangements with an HHA must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope of his or her state license, state certification, or registration.
- All personnel qualifications must be kept current at all times.

HINT

Review personnel files for up-to-date credentialing activities. It is recommended that the agency develop a tracking system for monitoring expiration dates. The Surveyor will expect to see evidence of Primary Source Verification credentialing information for all individuals that provide direct care.

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.

P&P Essential Components

- Upon hire, all direct care staff, including contracted staff, will provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, all direct care staff, including contracted staff, will complete an individual TB risk assessment and symptom evaluation to determine if high-risk exposures have occurred since administration of the baseline TB test.
- Results of the TB risk assessment and symptom evaluation will determine if further testing is needed prior to patient contact.
- If an individual cannot provide evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.
- The organization will conduct an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

HINT

The Surveyor will review personnel files for verification that an initial and annual TB testing/screening was completed on all direct care personnel.

The type of testing or screening required will be based on the prevalence rate of TB in the community as well as the rate of TB in patients serviced by the agency.

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.

P&P Essential Components

- This process describes how all direct care personnel and contracted staff will have access to the Hepatitis B vaccine as each job classification indicates, per Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) standards.
- Declination statements must be signed within 10 working days of employment.

HINT

The Surveyor will expect to see evidence that the HHA offered the vaccination series to all employees and contracted staff who have occupational exposure at no cost to the worker.

The HHA must obtain a written opinion from the licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination.

There should be a declination statement for those employees refusing the Hepatitis B vaccine within 10 days of employment.

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.

☑ Job Description Essential Components

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

HINT

The Surveyor will expect to see evidence of a signed job description for each employee. The job description should be signed at orientation and whenever the job description changes.

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.

☑ Personnel File Essential Components

- A current copy of the employee's valid driver's license will be kept in each employee file on all employees and contracted staff that transport patients in the course of their duties, along with all inquiries made on individual Motor Vehicle Records (MVRs) through the State Department of Motor Vehicles.
- The HHA conducts an MVR check on all personnel who are required to transport patients at the time of hire and annually thereafter.

HINT

Employee files should contain verification of a valid driver's license for those employees and contracted staff who transport patients, as well as an MVR check at hire and annually thereafter.

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.

☑ P&P Essential Components

- The HHA should conduct criminal background checks for all employees and contracted staff who have access to patients and/or access to patient records in accordance with state requirements. In the absence of state requirements, criminal background checks must be obtained within three months of employment for all states where the employee has lived or worked in the past three years.
- The HHA should conduct Office of Inspector General (OIG) exclusion list checks for all employees and contracted staff who have access to patients and/or access to patient records upon hire.
- The HHA should conduct national sex offender registry checks for all employees and contracted staff who have access to patients upon hire.

- Special circumstances must be identified in the policy for the hiring of a person convicted of a crime. The policy must include at least:
  - Documentation of special circumstances.
  - Restrictions.
  - Additional supervision.

HINT

The Surveyor will expect to see evidence that background checks are completed in a timely manner.

HHAs must complete any additional registry or background checks based on state requirements.

ACHC requires a national sex offender registry check, not a state sex offender registry check.

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.

P&P Essential Components

- Wages.
- Benefits.
- Complaints and grievances.
- Recruitment, hiring, and retention of personnel.
- Disciplinary action/termination of employment.
- Professional boundaries.
- Conflict of interest.
- Performance expectations and evaluations.

HINT

The Surveyor will expect to see evidence that all employees and direct care staff have received and reviewed the employee handbook and/or personnel policies specific to their role in the HHA.

Wage information should be available in the form of salary scales, with information about beginning salaries for each position classification, salary range, overtime, on-call, holiday pay, and exempt versus non-exempt status.

An explanation of benefits is shared with all benefit-eligible personnel. HHAs that do not provide benefits to some categories of personnel communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are used on an "as needed" basis may address that benefits are not available to persons employed in that classification.

Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

The process for recruitment, hiring, and retention of personnel should demonstrate non-discriminatory practices.

Disciplinary action and termination of employment policies and procedures (P&P) define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

Professional boundary expectations have been established and staff have been trained on the expectations.

This is not applicable to contracted staff.

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.

P&P Essential Components

- Employee evaluations will be conducted at least annually on all personnel.
- The HHA must have evidence that evaluations were shared, reviewed, and signed by the supervisor and the individual.
- Evaluations must be based on the specific job descriptions for each individual.

HINT

The Surveyor will expect to see that all employees and contracted staff have had a performance evaluation completed at least annually. The HHA should maintain documentation that the evaluation was reviewed.

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.

P&P Essential Components

- Personnel files demonstrate evidence of personnel being qualified for the positions they hold by

meeting the education, training, and experience requirements defined by the HHA.

HINT

The Surveyor will expect to see evidence that all personnel and contracted staff meet the qualifications, training, and experience as defined by the HHA. Personnel hired for specific positions must meet minimum qualifications for those positions in accordance with applicable laws or regulations and job descriptions. For example, if a job description requires a Bachelor of Science in Nursing (BSN) degree, then the agency would need to obtain a copy of the diploma for the personnel file.

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.

P&P Essential Components

- P&P must address that the HHA has an orientation that includes at least the following:
  - Review of the individual's job description, duties performed, and role in the HHA.
  - Organizational chart.
  - HHA philosophy.
  - Record keeping and reporting.
  - Confidentiality and privacy of Protected Health Information (PHI)/Electronic Protected Health Information (EPHI).
  - Patient's rights.
  - Advance Directives.
  - Conflict of interest.
  - HHA's P&P.
  - Emergency Preparedness Plan.
  - Training specific to job requirements.
  - Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and substance abuse).
  - Cultural diversity.
  - Communication and language barriers.
  - Ethical issues.
  - Professional boundaries.
  - Quality Assessment and Performance Improvement (QAPI) Plan.
  - Conveying of charges for care/service.
  - OSHA requirements, safety, and infection control.
  - Compliance Program.
  - Orientation to equipment, if applicable, as outlined in job description.
  - Incident/variance reporting.
  - Handling of patient complaints/grievances.
  - Outcome and Assessment Information Set (OASIS) and other required documentation.

HINT

The Surveyor will expect to see documentation, such as an orientation checklist, in each employee file that they have received orientation on all required items. This includes contracted staff.

It is recommended that any staff members hired prior to application with ACHC receive training in any topics not covered in orientation.

Standard HH4-5B.01:

The HHA designates an individual who is responsible for conducting orientation activities.

HINT

There should be documented evidence of a designated, qualified individual who is responsible for orientation activities. This should be included in the individual's job description.

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.

P&P Essential Components

- P&P must state that:
  - Personnel will receive training and/or education to perform the required patient care/service activities prior to working independently.
  - Personnel will be determined competent to perform the required patient care/service activities prior to working independently.
- P&P must define:
  - The minimum education and training, licensure, certification, experience, and the minimum competencies required for each care/service offered.
  - The method for documenting that personnel have received the required training (certificates, diplomas, etc.).
  - Competencies must be done initially during orientation, annually, and any time prior to performing a new task.
  - Competencies must be specific to the employee's role and job description.
  - There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

HINT

The Surveyor will expect to see that competency assessments are completed for all direct care staff and contracted staff prior to providing care independently.

Competencies must be based on the skills performed.

If interviewed, staff should be able to describe how they are determined competent to perform their job duties.

Competency assessments must be done initially during orientation and annually thereafter, and any time prior to performing a new task.

Competency assessments can be accomplished through observation skills labs, supervisory visits, knowledge-based tests, case studies, self-assessments, or a combination of any of the above.

A self-assessment tool alone is not acceptable.

Peer review by like disciplines is acceptable if defined in the policy.

Standard HH4-6C.01:

Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for using waived tests.

P&P Essential Components

- P&P must define the utilization purposes and personnel training requirements for using waived tests.

HINT

The Surveyor will expect to see evidence that staff performing waived tests are properly trained.

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.

P&P Essential Components

- P&P must define the evaluation criteria.
  - Observation and evaluation must be conducted by qualified personnel while the individual is performing his or her job duties at frequencies required by state or federal regulations.
  - The observation and evaluation must be performed in the environment in which the individual provides care.
  - If no regulation exists, the evaluation is performed at least once annually to assess that quality care/services are being provided.

HINT

The Surveyor will expect to see evidence that an observation visit was completed on all direct care personnel and contracted staff prior to providing care independently and annually thereafter in the environment in which they provide patient care.

Standard HH4-8A:

Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education required for each Home Health Aide and supervision requirements of the education.

P&P Essential Components

- P&P must indicate that Home Health Aides must have a minimum of 12 hours of in-service/continuing education per year. Aide in-service training may be conducted while the aide is providing care to a patient.
- P&P must also include that in-service training must be supervised by a Registered Nurse (RN).

HINT

The Surveyor will expect to see evidence of 12 hours of in-service being provided to aides at least annually.

If interviewed, Home Health Aides should know how many hours of in-service/continuing education are required annually.

An RN must approve the content and attend the presentation to ensure the content is consistent with the HHA's P&P.

All in-service/continuing education programs should be documented and include the hours assigned in order to determine if the required hours of in-service/continuing education have been met.

CoP/G tag Reference: 484.80(d) (G774), 484.80(d)(1) (G776), 484.80(d)(2) (G778)

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.

Education Plan Essential Components

- The education plan is a written document and must include:
  - Training provided during orientation.
  - Ongoing in-service education.
  - Reliable and valid assessment of needs relevant to individual job responsibilities.
  - Activities that include a variety of methods for educating staff with current relevant information to assist with their learning needs.
- Annual education that is part of the education plan includes but is not limited to:
  - How to handle complaints/grievances.
  - 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.

- The education plan must also define that non-direct personnel have a minimum of 8 hours of ongoing education per year, and direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period.

HINT

The Surveyor will expect to see evidence that direct and non-direct care staff, including contracted staff, have received the correct number of ongoing education hours per year.

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.

P&P Essential Components

- P&P must define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

HINT

The Surveyor will expect to see evidence of completion of all special education, experience, or licensure/certification requirements to administer pharmaceuticals and/or perform special treatments as defined by the state Board of Nursing.

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 the ACHC Glossary of Personnel Qualifications as defined by Medicare's Conditions of Participation.

P&P Essential Components

- P&P must define the minimum personnel qualifications, experience, and educational requirements for each level of aide services, as well as the tasks that can be performed at each level.
- 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
  - 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 484.40(b) and (c).
- A Home Health Aide is not considered to have completed a program if there has been a continuous period of 24 consecutive months during which none of the services furnished by the individual were for compensation. Another program must be completed.

HINT

The Surveyor will expect to see evidence that Home Health Aide services are provided in accordance with the recognized occupational certification, state and federal regulations, the HHA's P&P and/or job descriptions, and the ACHC Glossary of Personnel Qualifications as defined by Medicare Conditions of Participation (CoPs).

In situations where a state has more stringent requirements for aide education, training, competency evaluations, certification, and supervision, those state requirements take precedence over federal requirements. Likewise, in situations where the federal requirements are more stringent, those federal requirements would take precedence over the more lenient state requirements.

CoP/G tag Reference: 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)

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.

P&P and Aide Training Program Essential Components

- A Home Health Aide training program must include classroom and supervised practical training totaling at least 75 hours, with 16 hours devoted to supervised practical training.
- The training must consist of the following 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.
  - Observation, reporting, and documentation of patient status and the care or service furnished.
  - Reading and recording temperature, pulse, and respiration.
  - Basic infection control procedures.
  - Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
  - Maintenance of a clean, safe, and healthy environment.
  - Recognizing emergencies and knowledge of instituting emergency procedures and their application.
  - The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy, and his or her property.
  - Appropriate and safe techniques in personal hygiene and grooming that include:
    - Bed bath.
    - Sponge, tub, and shower bath.
    - Hair shampooing in sink, tub, and bed.
    - Nail and skin care.
    - Oral hygiene.
    - Toileting and elimination.
  - Safe transfer techniques and ambulation.
  - Normal range of motion and positioning.

- Adequate nutrition and fluid intake.
- Any other task that the HHA may choose to have the Home Health Aide perform as permitted under state law.

HINT

The Surveyor will expect to see evidence that the HHA maintains documentation that all Home Health Aides have successfully completed a training program.

For individuals who met the qualification requirements for HHA Aides prior to January 13, 2018, new training content in these requirements may be completed via in-service training. New training content added in the January 13, 2018, requirements include:

- Communication skills in regard to the aide's ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff; and
- Recognizing and reporting changes in skin condition.

COP/G tag Reference: 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)

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.

HINT

The Surveyor will expect to see evidence that Home Health Aides have received training or completed a competency evaluation program from allowable HHA programs.

If a partially extended survey is conducted, but no CoP is found to be out of compliance, the HHA would not be precluded from offering its own aide training and/or competency evaluation program. If a CoP is found to be out of compliance during a partially extended survey, the HHA may complete any training course and competency evaluation program in progress. However, the HHA may not accept new candidates into the program or begin a new program for two years after receiving written notice from the CMS Regional Office that the HHA was found to be out of compliance with one or more CoPs.

Correction of the condition-level deficiency does not remove the two-year restriction identified in this standard.

The most reliable source of information to ensure that an entity providing services under arrangement is not excluded is the List of Excluded Individuals and Entities on the HHS Office of Inspector General (OIG) website: https://oig.hhs.gov/exclusions/.

The HHS OIG also issues Special Advisory Bulletins at: https://oig.hhs.gov/exclusions/advisories.asp.

To confirm whether an entity providing services under arrangement has been debarred in accordance with the debarment regulations at 2 CFR 180.300, an HHA may check the System for Award Management (SAM), an official website of the U.S. government: https://www.sam.gov/portal/SAM/##11#1.

CoP/G tag Reference: 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)

Standard HH4-12C:

Home Health Aide training and competency evaluation programs are conducted by qualified instructors.

Personnel File Essential Components

- Personnel files must demonstrate that the individual responsible for the supervised practical portion of the training and competency evaluation is an RN with a minimum of two years' nursing experience and at least one year of which must be in home health care.
- 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.

HINT

The Surveyor will expect to see evidence that Home Health Aide training and competency programs are conducted by qualified instructors.

Other skilled professionals may provide input into the components of the competency evaluation. For example, a Physical Therapist may contribute to the competency evaluation/observation for assessing transfer techniques or ambulation; however, an RN is ultimately responsible for the competency assessment of the HHA aide. The competency evaluation may be completed by more than one RN.

CoP/G tag Reference: 484.80(c)(3) (G768), 484.80(e) (G780)

Standard HH4-12F:

For HHA's that conduct a Home Health Aide competency evaluation program, the HHA meets all of the requirements of the Medicare Conditions of Participation.

Personnel File Essential Components

- The Home Health Aide personnel file must include evidence of a completed competency that contains the following components:
  - Communications skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as other HHA staff.
  - Observation, reporting, and documentation of patient status and the care or service furnished.
  - Reading and recording temperature, pulse, and respiration.
  - Basic infection control procedures.
  - Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
  - Maintenance of a clean, safe, and healthy environment.
  - Recognizing emergencies and knowledge of instituting emergency procedures and their applications.
  - The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy, and his or her property.

- Appropriate and safe techniques in personal hygiene and grooming tasks that include:
  - Bed bath.
  - Sponge, tub, and shower bath.
  - Hair shampooing in sink, tub, and bed.
  - Nail and skin care.
  - Oral hygiene.
  - Toileting and elimination.
- Safe transfer techniques and ambulation.
- Normal range of motion and positioning.
- Adequate nutrition and fluid intake.
- Any other task that the Home Health Aide may perform as permitted under state law.

- The following competencies must be evaluated while observing the aide's performance of the task with a patient or with a pseudo-patient as part of a simulation:
  - Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as other HHA staff.
  - Reading and recording temperature, pulse, and respiration.
  - Safe transfer techniques and ambulation.
  - Normal range of motion and positioning.
  - Appropriate and safe techniques in performing personal hygiene and grooming tasks that include:
    - Bed bath.
    - Sponge, tub, and shower bath.
    - Hair shampooing in sink, tub, and bed.
    - Nail and skin care.
    - Oral hygiene.
    - Toileting and elimination.
- The other remaining subject areas may be evaluated through written examination or observation of the Home Health Aide with a patient.

HINT

The Surveyor will expect to see evidence that the competency evaluation program addresses the required components, per §484.80(c)(1), and that all Home Health Aides have successfully completed a competency evaluation prior to performing tasks independently.

Competency is considered successful completion of both a written test and a practicum test to confirm knowledge and skill.

Each task must be observed in its entirety to confirm the competence of the Home Health Aide.

CoP/G tag Reference: 484.80(c) (G768), 484.80(c)(1) (G768)

Standard HH4-12G:

The HHA determines if the Home Health Aide successfully completes competency evaluations.

Personnel File Essential Components

- Personnel files must demonstrate that Home Health Aides are not performing any tasks independently for which they have not been deemed competent.

HINT

The Surveyor will expect to see documented evidence that all Home Health Aides have successfully completed competency, per §484.80(c)(1), prior to providing care independently. Documentation of competency must include:

- A description of the competency evaluation program, including the qualifications of the instructors.
- Documentation that confirms that competency was determined by direct observation and the results of those observations.
- Documentation that distinguishes between skills evaluated during patient care and those taught in a laboratory (i.e., using a volunteer or combination of evaluation techniques including direct observation of patient care, skills lab demonstrations, and written and oral examinations).
- How additional skills (beyond the basic skills listed in the regulation) are taught and tested if the admission policies and case-mix of HHA patients require aides to assist medically complex patients.

CoP/G tag Reference: 484.80(c)(4) (G770), 484.80(c)(5) (G772)

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.

Personnel Files Essential Components

- PCAs 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 performs.

HINT

The Surveyor will expect to see evidence that PCAs are not providing services for which they have not been determined competent to perform.

CoP/G tag Reference: 484.80(i) (G828)

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.

Patient Record Essential Components

- There must be documentation in the patient record that an RN or other appropriate skilled professional makes an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the aide if receiving skilled nursing, physical or occupational therapy, or speech-language pathology services. If HHA services are provided to a patient who is not receiving skilled services, a RN must make an on-site in-person visit every 60 days.

- If an area of concern is noted by the supervising professional, then the HHA must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is performing care.

☑ Personnel File Essential Components

- There is evidence in the aide's personnel file that an RN or other appropriate skilled professional made an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while he or she is performing care.
- Semi-annually, the RN must make an on-site visit to the location where each patient is receiving care in order to observe and assess each Home Health Aide while he or she is performing non-skilled care.

HINT

The Surveyor will expect to see evidence that all Home Health Aides are properly supervised by the appropriate skilled professional who is familiar with the patient and the patient's plan of care, as well as the written patient care instruction as evidenced by a completed supervisory assessment no less frequently than every 14 days.

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

The Home Health Aide does not need to be present during the supervisory assessment.

If Home Health Aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy, or speech-language pathology services, the RN must make an on-site, in-person visit every 60 days to assess the quality of care and services provided by the Home Health Aide, and to ensure that services meet the patient's needs and that the Home Health Aide does not need to be present during the visit.

Semi-annually, the RN must make an on-site visit to the location where each patient is receiving care in order to observe and assess each Home Health Aide while he or she is performing non-skilled care.

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

- Following the patient's plan of care for completion of tasks assigned to a Home Health Aide by the RN or other appropriate skilled professional.
- Maintaining an open communication process with the patient, representative (if any), caregivers, and family.
- Demonstrating competency with assigned tasks.
- Complying with infection prevention and control P&P.
- Reporting changes in the patient's condition.
- Honoring patient rights.

CoP/G tag Reference: 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)

Tools Available to Assist with Section 4:

- Section 4 Compliance Checklist
- Job Description Template
- Physical Demands Documentation Checkoff List
- Orientation Requirements Checklist
- Employee Educational Record
- Annual Observation/Evaluation Visit Tool
- Personnel File Audit Tool
- Hints for Developing an Educational Plan
- Sample Hepatitis B Vaccine Declination Statement
- Tuberculosis Screening Tool
- In-Service Attendance Record
- Section 4 Self Audit
- Sample Policies and Procedures

SECTION 4 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HH4-1A.01	Yes			Agency has personnel files for all employees	Observation Tool		
HH4-1A.02		Yes		Application, withholding statements, & I-9 forms	Personnel File Audit Tool		
HH4-1B.01		Yes		Required contents are present	Personnel File Audit Tool		
HH4-2B.01		Yes		Primary Source Verification	Personnel File Audit Tool		
HH4-2C.01	Yes	Yes		TB test results/ annual screening	Personnel File Audit Tool		
HH4-2D.01	Yes	Yes		Hepatitis B vaccine series or declination statement	Personnel File Audit Tool		
HH4-2E.01		Yes		Signed job description	Personnel File Audit Tool		
HH4-2F.01		Yes		Copy of valid driver's license, if applicable	Personnel File Audit Tool		
HH4-2H.01	Yes	Yes		Evidence of background checks completed	Personnel File Audit Tool		
HH4-2I.01	Yes	Yes		Employee handbook or access to personnel policies & staff interviews	Personnel File Audit Tool & Interview Tool		
HH4-2J.01	Yes	Yes		Annual job evaluations & staff interviews	Personnel File Audit Tool & Interview Tool		
HH4-4A.01		Yes		Verification of qualifications	Personnel File Audit Tool		
HH4-5A.01	Yes	Yes		Orientation checklist & staff interviews	Orientation Tool & Interview Tool		
HH4-5B.01		Yes		Job descriptions	Observation Tool		
HH4-6A.01	Yes	Yes		Completed competency assessments & staff interviews	Personnel File Audit Tool & Interview Tool		

ACHC Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HH4-6C.01	Yes	Yes		Completed competency assessments or training logs	Personnel File Audit Tool		
HH4-7C.01	Yes	Yes		Evidence of annual observation visit	Personnel File Audit Tool		
HH4-8A	Yes	Yes		Training logs or in-service records & staff interviews	Personnel File Audit Tool & Interview Tool		
HH4-8A.01	Yes	Yes		Evidence of annual education & staff interviews	Personnel File Audit Tool & Interview Tool		
HH4-10A.01	Yes	Yes		Training logs or in-service records	Personnel File Audit Tool		
HH4-11H	Yes	Yes		Verification of qualifications	Personnel File Audit Tool		
HH4-12A				Home Health Aide Training Program	Observation Tool		
HH4-12B				Home Health Aide Training Program	Observation Tool		
HH4-12C		Yes		Verification of qualifications	Personnel File Tool		
HH4-12F		Yes		Home Health Aide Competency Program	Observation Tool & Personnel File Tool		
HH4-12G		Yes		Competency evaluations	Personnel File Tool		
HH4-13A		Yes		Competency evaluations	Personnel File Tool		
HH4-14A		Yes	Yes	Documentation of supervision in patient record	Personnel File Audit Tool & Patient File Tool		

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HOME HEALTH

JOB DESCRIPTION

JOB TITLE: (***insert title***)
FLSA Status: (exempt or non-exempt)
SUPERVISED BY: (***insert position***)

JOB PURPOSE: _____

_____

_____

QUALIFICATIONS

1. _____
2. _____
3. _____

REQUIRED EDUCATION, TRAINING, AND LICENSURE/CERTIFICATION: _____

_____

_____

RESPONSIBILITIES:

- Main Point
  - » Sub Point
- Main Point
  - » Sub Point
- Main Point
  - » Sub Point

LANGUAGE SKILLS: _____

MATHEMATICAL SKILLS: _____

REASONING ABILITY: _____

PHYSICAL DEMANDS: _____

I have read and understand my job description.

_____ _____

Signature Date

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PHYSICAL DEMANDS CHECKOFF LIST

Job Title: _____ Date: _____

Required:
Documentation in a job description to accurately reflect the essential duties of the job and physical demands.

Specify Significant PHYSICAL DEMANDS for the Job Requirements:
Clarify how much on-the-job time is spent on the physical activities required to perform the job effectively. Use the chart below to develop your description of physical demands by checking the appropriate boxes.

1. How much daily/weekly on-the-job time is spent on the following physical activities?

	Amount of Time			
	None	Under 1/3	Up To 2/3	Over 2/3
Stand	☐	☐	☐	☐
Walk	☐	☐	☐	☐
Sit	☐	☐	☐	☐
Use hands to finger, handle, or feel	☐	☐	☐	☐
Reach with hands and arms	☐	☐	☐	☐
Climb or balance	☐	☐	☐	☐
Stoop, kneel, crouch, or crawl	☐	☐	☐	☐
Talk or hear	☐	☐	☐	☐
Taste or smell	☐	☐	☐	☐

2. Does this job require that weight be lifted or force exerted? If so, how much and how often?

	Amount of Time			
	None	Under 1/3	Up To 2/3	Over 2/3
Up to 10 pounds	☐	☐	☐	☐
Up to 25 pounds	☐	☐	☐	☐
Up to 50 pounds	☐	☐	☐	☐
Up to 100 pounds	☐	☐	☐	☐
More than 100 pounds	☐	☐	☐	☐

3. Does this job have any special vision requirements?
   - Close vision (clear vision at 20 inches or less).
   - Distance vision (clear vision at 20 feet or more).
   - Color vision (ability to identify and distinguish colors).
   - Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point).
   - Depth perception (three-dimensional vision, ability to judge distances and spatial relationships).
   - Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus).
   - No special vision requirements.

Specify the essential job duties that require the physical demands indicated above.

- e.g., Position requires standing 1/3 of the time.
- e.g., Position requires lifting 1/3 of the time up to 10 pounds.

Any special physical demands should be clearly communicated to any applicant applying for this position and all employees occupying this position.

ADA Physical Demands Documentation Checkoff List

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ORIENTATION REQUIREMENTS CHECKLIST

- [ ] Review of the individual's job description, duties performed, and role in the HHA.
- [ ] Organizational chart.
- [ ] HHA philosophy.
- [ ] Record keeping and reporting.
- [ ] Confidentiality and privacy of PHI/EPHI.
- [ ] Patient rights.
- [ ] Advance Directives.
- [ ] Conflicts of interest.
- [ ] HHA's P&P.
- [ ] Emergency Preparedness Plan.
- [ ] Training specific to job requirements.
- [ ] Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and substance abuse).
- [ ] Cultural diversity.
- [ ] Communication and language barriers.
- [ ] Ethical issues.
- [ ] Professional boundaries.
- [ ] QAPI Plan.
- [ ] Conveying of charges for care/services.
- [ ] OSHA requirements, safety, and infection control.
- [ ] Compliance Program.
- [ ] Orientation to equipment, if applicable, as outlined in the job description.
- [ ] Incident/variance reporting.
- [ ] Handling of patient complaints/grievances.
- [ ] OASIS and other required documentation.

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EMPLOYEE EDUCATIONAL RECORD

EMPLOYEE EDUCATIONAL RECORD		
Print Employee Name:	Performance Review Date:	Supervisor:
Department:		Position:

Mandatory In-Services	Date	Method: Staff Meeting or Make-up Class/Activity	Method/Length
Communication and language barriers			
Infection control			
Safety testing on equipment, if appropriate			
Workplace (OSHA) & patient safety			
Compliance Program			
Patient complaint/grievance process			
Cultural diversity training			
Ethics training			
Patient Rights and Responsibilities			

Date	In-Services/Continuing Education	Attendance Hours	Date	In-Services/Continuing Education	Attendance Hours

Please document all educational activities on this form providing date, title of in-service, and the amount of time involved in attending this in-service.

EMPLOYEE EDUCATIONAL RECORD

Instructions: This record is maintained by the employee from review date to review date. The form needs to be completed 14 days prior to review date and turned into the employee's reviewing supervisor. The employee is responsible for attending all mandatory in-services and meetings, and for meeting job-specific educational requirements.

Number of Mandatory In-Services Attended: _____

Number of Discipline/Role-Specific Hours of Education: _____

Employee Signature: _____ Date turned in to Supervisor: _____

Supervisor Review: _____ Date: _____

Creation Date

Form # X

ACHC FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

ANNUAL OBSERVATION/EVALUATION VISIT

Employee Name and Title: _____ Date: _____

Supervisor: _____

E= Exceeds expectations M=Meets expectations N=Needs improvement/Plan of Correction Required

PERFORMANCE EXPECTATIONS	E	M	N	COMMENTS/PLAN OF CORRECTION ACTION STEPS
Pre-Home Visit Format				
1. Reviews plan of care				
2. Calls to inform patient of expected arrival time				
3. Assesses for any changes that may alter the plan of treatment				
4. Organizes supplies				
Home Visit				
1. Arrives on time				
2. Follows proper infection control practices				
3. Involves patient in any changes needed to the plan of care				
4. Implements interventions identified in plan of care				
5. Updates plan of care as needed				
6. Completes visit in timely manner				
7. Maintains professional and personal boundaries				
Documentation				
8. Completes documentation during visit as appropriate				
9. Documentation is accurate and consistent with visit				
10. Notifies MD/PA/NP/APRN (if appropriate)				
11. Communicates with other team members as needed				

PERFORMANCE EXPECTATIONS	E	M	N	COMMENTS/PLAN OF CORRECTION ACTION STEPS
Procedures: (Note as demonstrated during visit)				

Employee Signature: _____

Supervisor Signature:_____

Creation Date

Form # X

PERSONNEL FILE AUDIT TOOL

Date:_____ Auditor: _____

REQUIREMENTS	ACHC 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 patients)	HH4-2F.01						
Background checks:	HH4-2H.01						
■ OIG exclusion list	HH4-2H.01						
■ National sex offender registry	HH4-2H.01						
■ Criminal background check	HH4-2H.01						
Evidence of receipt of Employee Handbook or access to personnel policies	HH4-2I.01						
Annual performance evaluations	HH4-2J.01						
Evidence of CPR certification (if required)	HH2-6B.01						
Orientation:	HH4-5A.01						
■ Review of job description and duties	HH4-2E.01						
■ Organizational chart	HH1-6A						
■ Confidentiality and privacy of PHI/EPHI	HH2-5A						
■ Patient rights	HH2-2A						
■ HHA philosophy	HH4-5A.01						

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
■ Record keeping/reporting	HH4-5A.01						
■ Cultural diversity	HH2-8B.01						
■ Advance Directives	HH2-6B.02						
■ Conflict of interest	HH1-4A.01						
■ Professional boundaries	HH4-5A.01						
■ Written P&P	HH4-5A.01						
■ Emergency Preparedness Plan	HH7-3D						
■ Training specific to job requirements	HH4-5A.01						
■ Additional training for specific populations	HH4-5A.01						
■ QAPI Plan	HH6-1D.01						
■ Communication and language barriers	HH2-8A						
■ Ethical issues	HH2-7B.01						
■ Compliance Program	HH2-9A.01						
■ Conveying charges for care/services	HH3-4C						
■ OSHA requirements	HH7-6B.01						
■ Orientation to equipment as applicable	HH7-8A.01						
■ Incident/variance reporting	HH7-7A.01						
■ Handling of patient complaints/grievances	HH2-4A						
■ OASIS and documentation requirements	HH4-5A.01						
Contents of Employee Handbook:	HH4-2I.01						
■ Wages	HH4-2I.01						
■ Benefits	HH4-2I.01						
■ Professional boundaries & conflict of interest	HH4-2I.01						
■ Recruitment, hiring, and retention of personnel	HH4-2I.01						
■ Disciplinary action/termination of employment	HH4-2I.01						

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
■ Performance expectations and evaluations	HH4-2I.01						
■ Handling of employee grievances/complaints	HH4-2I.01						
Personnel Requirements:							
■ Competency assessments completed prior to performing duties independently at orientation and annually	HH4-6A.01						
■ Competency for waived testing	HH4-6C.01						
■ 12 hours of annual training for direct care staff	HH4-8A & HH4-8A.01						
■ 8 hours of annual training for non-direct care staff	HH4-8A.01						
■ Signed Conflict of Interest Disclosure Statement	HH1-4A.01						
■ Signed confidentiality statement	HH2-5A						
■ Annual observation of job duties for direct care staff	HH4-7C.01						
■ Administrator	HH1-5A						
■ Clinical Manager	HH1-6B						
■ Specialized nursing services	HH4-10A.01						
■ Home Health Aide qualifications	HH4-11H						
■ Home Health Aide training and competency by qualified instructors	HH4-12C						
■ Home Health Aide competency evaluation	HH4-12G						
■ PCAs	HH4-13A						
Annual Training Requirements:	HH4-8A.01						
■ Patient complaints/grievances	HH4-8A.01						
■ Infection control	HH4-8A.01						
■ Cultural diversity	HH4-8A.01						

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS					
■ Communication and language barriers	HH4-8A.01						
■ Ethics training	HH4-8A.01						
■ Workplace and patient safety (OSHA)	HH4-8A.01						
■ Compliance Program	HH4-8A.01						
■ Patient Rights and Responsibilities	HH4-8A.01						
Additional State-Specific Requirements:							
Additional Agency-Specific Requirements:							

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HOME HEALTH

HINTS FOR DEVELOPING AN EDUCATIONAL PLAN

The Education Plan is a written document that outlines the education that will be provided for staff on an annual basis.

The plan needs to specify the number of hours required for staff, such as direct care. Direct care staff need a minimum of 12 hours annually and non-direct care staff need a minimum of 8 hours annually.

The education plan needs to include the ACHC-required annual in-services:

- How to handle patient complaints/grievances.
- Infection control training.
- Cultural diversity.
- Communication and language barriers.
- Reporting of possible ethical issues and reporting responsibilities.
- Workplace and patient safety (OSHA).
- Patient Rights and Responsibilities statement.
- Compliance Program.

Staff can be trained in a variety of methods, such as online, in-person by agency staff, at external conferences, by a manufacturer representative, etc. The important thing to remember is to assign a length of time to each in-service in order to verify staff have received the required number of education hours annually. Attendance at in-services also needs to be recorded. It is recommended that a tracking log be kept for each individual who attends an in-service along with the length of the in-service.

The education plan also needs to consider how the agency will determine additional ongoing education and include the methodology in the plan. For example, the plan should state that additional education will also be developed based on industry changes, outcomes from variances, grievance/complaints, etc. This allows an agency to individualize the plan to the needs and issues of itself and industry.

SAMPLE HEPATITIS B DECLINATION STATEMENT

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

HEPATITIS B DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee: _____

Date:_____

Creation Date

Form # X

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

TUBERCULOSIS SCREENING TOOL

Name:_____ Date of Birth: _____

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?	DESCRIPTIONS	YES	NO
1. Unexplained productive cough	Cough greater than 3 weeks in duration		
2. Unexplained fever	Persistent temp elevations greater than 1 month		
3. Night sweats	Persistent sweating that leaves sheets and bedclothes wet		
4. Shortness of breath/chest pain	Presently having shortness of breath or chest pain		
5. Unexplained weight loss/appetite	Loss of appetite with unexplained weight loss		
6. Unexplained fatigue	Very tired for no reason		
7. Have you been exposed to anyone with TB?	Personally or professionally within the past 12 months		
8. Have you traveled outside the US?	In the past 12 months		

The above health statement is accurate to the best of my knowledge. I will report any change in my health status to my supervisor.

Signature of Employee: _____

Date:_____

Creation Date

Form # X

FOR PROVIDERS.
BY PROVIDERS.

HOME HEALTH

IN-SERVICE ATTENDANCE RECORD

In-Service:

Presenter and Credentials:

Locations:

Date:

Length:

PRINT NAME	SIGNATURE	DEPARTMENT	MANAGER

Creation Date

Form # X

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

SECTION 4 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Management of personnel files and confidential personnel records.
- [ ] TB screening and annual verification.
- [ ] Hepatitis B vaccine or declination statement.
- [ ] Background checks and special circumstances for hiring a person convicted of a crime.
- [ ] Personnel policies and/or employee handbook.
- [ ] Annual performance evaluation requirements.
- [ ] Orientation requirements.
- [ ] Competency testing requirements.
- [ ] Ongoing education requirements.
- [ ] Annual observation and evaluation of direct care personnel.
- [ ] Aide staff providing care in accordance with the state's occupational certification regulations.
- [ ] Qualifications and supervisory requirements for staff.

REQUIRED DOCUMENTS

- [ ] Employee handbook or personnel policies.
- [ ] Orientation materials.
- [ ] Annual training materials.
- [ ] Home Health Aide training and competency program, if applicable.
- [ ] Tracking of ongoing education.

PERSONNEL FILE CONTENTS

- [ ] Position application.
- [ ] Withholding statements.
- [ ] I-9 form.
- [ ] Personnel credentialing/verification of qualifications/Primary Source Verification.
- [ ] TB screening and annual screening.
- [ ] Hepatitis B vaccination series or declination statement.
- [ ] Signed job description.

- [ ] Copy of current driver's license, if required to transport patients.
- [ ] Background checks (MVR, OIG, criminal, and national sex offender registry).
- [ ] Evidence of receipt of Employee Handbook or access to personnel policies.
- [ ] Annual performance evaluations.
- [ ] Signed Conflict of Interest and Disclosure Statement, if applicable.
- [ ] Orientation checklist.
- [ ] Signed confidentiality agreement.
- [ ] Competency assessments.
- [ ] Annual education requirements.
- [ ] On-site observation evaluations.

PATIENT RECORD REQUIREMENTS

- [ ] Evidence of supervision of Home Health Aides and PCAs, as applicable.

APPROPRIATE PERSONNEL KNOWLEDGE OF THE FOLLOWING:

- [ ] Individual job duties and responsibilities.
- [ ] Personnel P&P or Employee Handbook contents.
- [ ] Orientation process and topics addressed in orientation.
- [ ] How staff are determined competent to perform their job duties.
- [ ] How many hours of in-service education are required annually.
- [ ] How staff receive ongoing education.
- [ ] How supervision is provided after hours.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] Appropriate documentation is kept for all employees and the information is kept confidential.
- [ ] Employee Handbook/personnel policies are accessible to employees.
- [ ]

SELF TEST

1. Does each personnel file for employees have all the required documentation?
2. Are all staff qualified for the positions they hold?
3. Do all contracted staff have documented evidence of the required items?
4. Have all staff (employees and contract) been oriented in the required topics?
5. Have all staff (employees and contract) been provided annual training in the required topics?
6. Have all staff (employees and contract) had an annual performance evaluation?
7. Are competencies completed on all direct care staff and any staff with the potential to perform direct care, including contracted staff?
8. Have all direct care staff (employees and contract) had an annual on-site observation visit performed?

HOME HEALTH

NOTES

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

SECTION 4: HUMAN RESOURCE MANAGEMENT

HH4-1A.01

Policy: Personnel File Management

1. Personnel files will be established and maintained for all personnel. Personnel files will be kept confidential in locked files/offices accessed only by the _____ Director and appropriate staff. Employees may request to review personnel files in the presence of the _____ Director.
2. Personnel files will contain, at a minimum, the following items:
    - Position application.
    - Dated and signed withholding statements.
    - Complete I-9 form.
    - Evidence of personnel credentialing/verification of qualifications.
    - Evidence of TB screening.
    - Evidence of Hepatitis B vaccination series or declination statement.
    - Job description.
    - Copy of motor vehicle license and Motor Vehicle Registry check if required to transport patients.
    - Criminal background check.
    - National sex offender registry check.
    - OIG's exclusion list.
    - Personnel policies review or employee handbook.
    - Annual performance evaluation.
    - Conflict of Interest disclosure, if applicable.
    - Verification of orientation.
    - Signed confidentiality agreement.
    - Competency assessments.
    - Annual on-site evaluation of job duties.
3. The agency will maintain a complete personnel file for all employees of the agency and is available for inspection by federal, state regulatory, and accreditation agencies. Personnel files will be retained for a minimum of _____ years after employee resignation or termination.
4. Prior to or at the time of hire, the following information will be completed:
    - Position application.
    - Dated and signed withholding statements.
    - Complete I-9 form.

5. All clinical staff will have their credentials and licenses verified at the time of hire and prior to expiration and thereafter by the _____ Director.
6. Primary Source Verification will be the method to verify licenses.

HH4-2C.01

Policy: Tuberculin Screening and Annual Assessment

1. Upon hire, all direct care staff, including contracted staff, will provide evidence of a baseline TB skin or blood test.
2. Prior to patient contact, all direct care staff, including contracted staff, will complete an individual TB risk assessment and symptom evaluation to determine if high-risk exposures have occurred since administration of the baseline TB test.
3. Results of TB risk assessment and symptom evaluation will determine if further testing is needed prior to patient contact.
4. If an individual cannot provide evidence of baseline TB skin or blood test, TB testing is conducted by the agency.
5. If the prevalence rate is classified as low risk, additional annual TB screening of individuals is not necessary unless an exposure to TB has occurred.
6. If the prevalence rate is classified as medium risk, all direct care staff will complete a TB symptom screen.
7. If the prevalence rate is classified as potential ongoing transmission, testing for infection will be performed every 8–10 weeks until lapses in infection control have been corrected, and no additional evidence of ongoing transmission is apparent.
8. The classification of potential ongoing transmission will be used as a temporary classification only. After a determination that ongoing transmission has ceased, the prevalence rate will be reclassified as medium risk. Maintaining the classification of medium risk for at least one year is recommended.
9. Any direct care staff with a baseline positive or newly positive test result for TB infection or documentation of previous treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease.

HH4-2D.01

Policy: Hepatitis B Vaccination

1. The Hepatitis B vaccine will be offered to all direct care employees, as each job classification indicates, at no cost to the employee.
2. Employees may sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.
3. The vaccine record or declination statement will be kept in the employee's file. The only exceptions for offering the series are the following:
    - The complete Hepatitis B vaccination series was previously received.
    - Antibody testing shows the personnel to be immune.
    - The vaccine cannot be given to the individual for medical reasons, or the individual cannot receive antibody testing.

HH4-2H.01

Policy: Background Checks

1. Employees will have the appropriate background checks completed based on their job description.
2. All employees who have access to patients and/or access to patient records will have a criminal background check in accordance with state requirements. In the absence of state requirements, a criminal background check will be obtained within three months of the date of employment for all states that the individual has lived or worked in the past three years.
3. All employees who have access to patients and/or access to patient records will have an OIG exclusion list check.
4. All employees who have direct access to patients will have a national sex offender registry check.
5. Any employee that has findings on any background checks may still be hired but will require additional supervision depending on the duties.
6. The personnel file will contain the documentation of the special circumstances as to why the individual was hired as well as the additional supervision provided.

HH4-2I.01

Policy: Employee Handbook

1. All employees will receive a copy of the employee handbook and/or personnel policies during orientation.
2. The employee handbook will contain information that will enable the employee to better understand their role in the organization as well as their responsibilities.
3. The employee handbook includes, but is not limited to, the following:
    - Wages.
    - Benefits.
    - Reporting of employee complaints and grievances.
    - Recruitment, hiring, and retention of personnel.
    - Disciplinary action/termination of employment.
    - Professional boundaries and conflict of interest.
    - Performance expectations and evaluations.
4. A signed statement of acknowledgement of receipt of personnel policies will be maintained in the employee file.
5. All employees will be trained on any and all updates made to the employee handbook and personnel policies and will also be provided updated, written information to incorporate into their handbook.

HH4-2J.01

Policy: Employee Evaluations

1. All employees will receive an annual evaluation of their performance completed by their immediate supervisor or designee.
2. Employee evaluations are based on specific job descriptions and will be conducted at least annually but may be more frequently if deemed necessary by their immediate supervisor.

3. Personnel evaluations are reviewed and signed by the employee and supervisor and will be maintained in the employee's personnel file.

HH4-5A.01

Policy: Employee Orientation

1. All employees will undergo orientation in the first _____ days/weeks of employment.
2. Orientation activities will be coordinated by the _____ Director.
3. The completed orientation checklist will be maintained in the employee's personnel file.
4. Orientation will include, but not be limited to, the following areas:
    - Review of the individual's job description, duties performed, and their role in the HHA.
    - Organizational chart.
    - HHA philosophy.
    - Record-keeping and reporting requirements.
    - Confidentiality and privacy of PHI/EPHI.
    - Patient's rights.
    - Advance Directives.
    - Conflict of interest and procedure for disclosure.
    - HHA written P&P.
    - Emergency Preparedness Plan.
    - Training specific to job requirements.
    - Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care, and individuals with developmental disabilities).
    - Cultural diversity.
    - Communication barriers.
    - Ethical issues.
    - Professional boundaries.
    - QAPI Plan.
    - Compliance Program.
    - Conveying of charges for care/services.
    - OSHA requirements, safety, and infection control.
    - Orientation to equipment, if applicable as outlined in the job description.
    - Incident/variance reporting.
    - Handling of patient complaints/grievances.
    - OASIS requirements and other appropriate documentation (applicable to Medicare-certified HHAs).

HH4-6A.01

Policy: Education/Training Requirements and Competency Evaluation

1. All employees and contracted staff will have the required education and/or training as defined by federal, state, and HHA policy/job descriptions to fulfill their role within the HHA.

2. If appropriate, employees will receive additional training appropriate to their job description that will allow them to fulfill their role within the HHA.
3. All direct care employees and contracted staff will also demonstrate competence to perform the required patient care/service activities prior to performing those activities independently.
4. Validation of skills is specific to the individual's role and job responsibilities within the HHA.
5. All competency assessments will be documented and maintained in the employee's personnel file.
6. Competency assessments will be conducted initially during orientation and annually thereafter.
7. Any individual considered not competent to perform an activity will not be assigned to perform that activity until competency has been demonstrated and documented.
8. Employees and contracted staff will be trained and demonstrate competency to perform any new activities/procedures prior to performing those activities/procedures independently.
9. Contracted staff may have their competencies completed at the contracted agency but must be made available for review when requested by the HHA.

HH4-6C.01

Policy: Laboratory Testing

1. The HHA staff will only perform waived testing procedures that they have been deemed competent to perform, and competency is documented in the employee's personnel file.
2. All testing will be administered according to the physician's or allowed practitioner's orders.

HH4-7C.01

Policy: Observation Visit

1. All direct care and contracted staff will have an observation visit completed in the environment in which they provide care prior to providing care independently and annually thereafter. All observation visits will be completed by their immediate supervisor or designee.
2. The visit will be performed while the employee is providing care/services to the patient in order to verify the employee's knowledge and skill appropriate to assigned responsibilities, HHA's P&P, and mission and philosophy.
3. Professional-level staff who have patient care responsibilities or potential for patient care responsibilities will be observed by peers, or outside consultation will be obtained.
4. Documentation of the initial and annual observation visit will be in the employee's personnel file. Contracted staff documentation may be maintained at the contracted agency but must be made available for review when requested by the HHA.

HH4-8A & 8A.01

Policy: Continuing Education

1. In-service education and staff training will be provided and documented on an ongoing basis for all employees throughout the HHA.
2. All Home Health Aides will receive, at a minimum, 12 hours of in-service training each calendar year.
3. All training provided to Home Health Aides will be under the supervision of a qualified RN.
4. All direct care staff will receive, at a minimum, 12 hours of in-service training each calendar year.
5. All non-direct care staff will receive, at a minimum, eight hours of in-service training each calendar

year.

6. Education topics will be determined based on needs identified through employee competencies, industry changes, variance reports, OASIS reports, complaints, etc.
7. Mandatory annual in-services include the following:
    - How to handle patient and caregiver complaints/grievances.
    - Infection control training.
    - Cultural diversity.
    - Communication barriers.
    - Ethics training.
    - Workplace (OSHA) and patient safety.
    - Patient rights and responsibilities.
    - Compliance Program.
8. Professional personnel must complete the required continuing education units (CEUs) mandated by their professional organization.
9. Documentation of attendance at in-services, workshops, etc., will be maintained in the employee's personnel file.
10. Direct care contracted staff must obtain at least 12 hours of ongoing education and address the required topics. Documentation may be maintained at the contracted agency but must be available for review when requested by the HHA.

HH4-10A.01

Policy: Administration of Pharmaceuticals

1. Only RNs and/or LPNs/LVNs who are qualified by education, experience, or licensure/certification requirements may administer prescribed medications and/or perform special treatments.
2. RNs and/or LPNs/LVNs must complete a competency assessment on medication administration and any additional special treatments/procedures during orientation and at least annually thereafter.
3. Personnel files will contain documentation of completion of all special education, experience, or licensure/certification requirements based on state Board of Nursing requirements.

HH4-11H

Home Health Aide Services

1. All Home Health Aide services will be provided in accordance with the recognized occupational certification, state and federal regulations, the HHA's P&P, and/or job descriptions.
2. All Home Health Aide services will be supervised by an RN.
3. Home Health Aides will only be assigned duties for which they have been deemed competent on and state/federal regulations allow.

    [***Insert a list of duties, per classification, each Home Health Aide may perform.***]

UNDERSTANDING THE STANDARDS

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

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

SECTION 5 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

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.

Patient Record Essential Components

- The patient record contains documentation of all care/services provided, which includes but is not limited to:
  - Comprehensive assessment:
    - Current comprehensive assessment.
    - All of the assessments from the most recent home health admission, clinical notes, plan of care, and the physician or allowed practitioner orders.
  - Plans of care.
    - Goals in the patient's plans of care and the patient's progress toward achieving them.
  - Physician or allowed practitioner orders.
  - All interventions:
    - Medication administration.
    - Treatment and services.
    - Responses to those interventions.
  - Identifying information.
    - Contact information for the patient, patient's representative, and the patient's primary caregiver(s).
  - Contact information for the primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA.
  - Signed, timed, and dated clinical and progress notes.
  - Copies of summary reports sent to the attending physician or allowed practitioner.
  - Discharge summary.
  - Transfer summary.
  - All other items required by ACHC Standard HH5-1A.01.

HINT

The Surveyor will expect to see that all signatures are legible, legal, and include the proper designation of any credentials. Stamped signatures are not acceptable.

Entries must record the time the task was completed, not when the documentation was entered into the clinical record.

All documents should be filed in the clinical record according to HHA and state policy/guidelines.

CoP/G tag Reference: 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)

Standard HH5-1A.01:

Written policies and procedures are established relating to the required content of the patient record.

Patient Record Essential Components

- P&P must define the required content of the patient record. The content includes but is not limited to:
  - Source of referral.
  - Diagnosis.
  - Signed release of information and other documents for Protected Health Information (PHI).
  - Admission and informed consent documents.
  - Assessment of the home, if applicable.
  - Signed notice of receipt of Patient Rights and Responsibilities statement.
  - Advance Directives, if applicable.
  - Admission and discharge dates from a hospital or other institution, if applicable.
  - Names of power of attorney and/or healthcare power of attorney, if applicable.
  - Evidence of coordination of care/service provided by the HHA with others who may be providing care/services, if applicable.
  - Copies of summary reports sent to physicians or allowed practitioners, if applicable.
  - Patient/family response to care/services provided.

HINT

The Surveyor will expect to see that documentation is complete and filed in the clinical record in accordance with agency P&P.

Audit patient records to ensure all clinical records contain the required content.

Standard HH5-1B:

Written policies and procedures are established and implemented that address access, storage, removal, and retention of patient records and information.

P&P and Patient Record Essential Components

- P&P must be consistent with Health Insurance Portability and Accountability Act (HIPAA) standards, which include but are not limited to:
  - Who can have access to patient records.
  - Personnel authorized to enter information and review the records.
  - Any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas.
  - A description of the protection and access of computerized records and information.
  - Backup procedures, which include but are not limited to:
    - Electronic transmission procedures.
    - Storage of backup disks and tapes.

        - Methods to replace information if necessary.
    - Conditions for release of information.
    - Retention time frames.
    - Retention even if the organization discontinues operations. The HHA must inform the state agency where clinical records will be maintained.
    - How copies of portions of the patient's record will be transported and stored to preserve confidentiality.

HINT

All patient records are retained for a minimum of five years from the date of the most-recent discharge, or the death of the patient, or per state law, whichever is greater.

Records of patients who are minors are retained until at least 5 years following the patient's 18th birthday or according to state laws and regulations.

A patient's clinical record (either 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.

CoP/G tag Reference: 484.110(c) (G1026), 484.110(c)(1) (G1026), 484.110(c)(2) (G1026), 484.110(d) (G1028), 484.110(e) (G1030)

Standard HH5-2A.01:

Written policies and procedures are established that describe the process for assessment and the development of the plan of care.

☑ P&P and Patient Record Essential Components

- P&P describe, at a minimum:
    - The process for a patient assessment.
    - The development of the plan of care.
    - The frequency and process for the plan of care review.
    - A Registered Nurse, Physical Therapist, or Speech-Language Pathologist conducts an initial assessment to determine eligibility, immediate care, and support needs of the patient.
    - The plan of care should be appropriate for the type of care that is needed.
    - Care planning is directed toward driving positive patient outcomes.
    - Medicare patients must have documented eligibility for Medicare benefits and determination of homebound status.
    - The initial assessment visit must be held either within 48 hours of referral, within 48 hours of the patient's return home, or on the physician- or allowed practitioner-ordered start of care date.
    - A comprehensive assessment is completed in a timely manner, consistent with the patient's immediate needs, but no later than five calendar days after the start of care.
    - Define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

HINT

The Surveyor will expect to see that the HHA follow its P&P regarding the completion of the initial and comprehensive assessments.

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.

Patient Record Essential Components

- An RN conducts an initial assessment visit to determine the immediate care/service and support needs of the patient.
- If therapy is the only service ordered, the initial visit may be made by the appropriate therapist.
- The initial assessment visit must be held either within 48 hours of referral, within 48 hours of the patient's return home, or on the physician-ordered start of care date.
- Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.

HINT

The Surveyor will expect to see documentation in the clinical record that the RN or appropriate therapist established eligibility for the Medicare home health benefit, including homebound status. Patients should only be accepted for treatment on the basis the HHA can meet the needs of the patient in the patient's place of residence. A patient who requires short-term nursing determined at the start of care in addition to ongoing therapy is not considered a therapy-only case (e.g., a one-time visit by a nurse scheduled to remove sutures). Therefore, the RN must do the initial assessment.

If an HHA is unable to complete the initial assessment within 48 hours, it is not acceptable to request a different start of care date from the physician or allowed practitioner to ensure compliance with the regulation or to accommodate the convenience of the agency.

Audit charts to ensure an RN or a therapist, when appropriate, is conducting the initial assessment visits for patients in a timely manner.

CoP/G tag Reference: 484.55(a) (G512), 484.55(a)(1) (G514), 484.55(a)(2) (G516), 484.60 (G570)

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 the patient's immediate needs, but no later than five calendar days after the start of care.

P&P and Patient Record Essential Components

- The comprehensive assessment must address at least the following items:
  - Patient information:
    - Patient demographics.
  - The physical health component:
    - Diagnosis.

- Vital signs.
- Identification of additional health problems or pertinent health history.
- Data items collected at inpatient facility admission or discharge only.
- Review of medications.
- Allergies.
- Special nutritional needs or dietary requirements and weight loss.
- Complete pain and other symptoms assessment.
- Head-to-toe assessment.
  - Respiratory status.
  - Elimination status.
  - Sensory status.
  - Integumentary status.
- Emergent care.
- Equipment and supply needs.
- Patient/family preferences for treatment and concerns.
- Other needed information that could impact the level of services required to meet the patient and family needs.

» The mental component:
- Orientation/memory.
- Reasoning/judgment.
- Neuro/emotional/behavioral status.
- Depression and suicide risk.
- Substance abuse.
- Coping mechanisms.

» The social component:
- Identification of the patient's representative, if any.
- The patient's primary caregiver(s), if any, and other available supports, including their:
  - Willingness and ability to provide care.
  - Availability and schedules.
- Identification of an emergency contact.
- Role changes and family dynamics.
- Language preference.
- Communication strengths and barriers, literacy, and language skills.
- The patient's involvement with social and community resources.
- Financial, economic, and community resources.
- Advance Directive decisions.
- Supportive assistance.

» The environmental component:
- Identification of safety and health hazards.
- Presence of adequate living arrangements (no heat, electricity, or water).

- Home environmental assessments, which include the potential for safety and security hazards (e.g., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and other fire risks).
- Emergency preparedness (individualized to the patient).

» The economic component:

- A review of financial resources.

» Functional limitations:

- The patient's ability to ambulate.
- Documentation of all functional limitations.
- Documentation of ability to complete Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) that include:
  - Bathing.
  - Dressing.
  - Feeding.
  - Toileting.
  - Transferring.
  - Ambulation.
  - Use of telephone.
  - Shopping.
  - Meal preparation.
  - Housework.
  - Money management.
  - Ability to take medication, as appropriate.

» A complete pain and symptom assessment is conducted at the time of admission based on P&P and/or protocols for assessment and management of pain. The assessment includes but is not limited to:

- History of pain and its treatment, including non-pharmacological and pharmacological treatment.
- Characteristics of pain, such as:
  - Intensity of pain (e.g., as measured on a standardized pain scale).
  - Descriptors of pain (e.g., burning, stabbing, tingling, aching).
  - Pattern of pain (e.g., constant or intermittent).
  - Location and radiation of pain.
  - Frequency, timing, and duration of pain.
  - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood).
  - Factors such as activities, care, or treatment that precipitate or exacerbate pain.
  - Strategies and factors that reduce pain.
  - Patient's/family's goals for pain management and their satisfaction with the current level of pain control.

- Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on P&P/protocols for symptom identification and management. Common symptoms include but are not limited to:
  - Nausea and vomiting.
  - Anorexia.
  - Constipation.
  - Anxiety.
  - Restlessness.
  - Dyspnea.
  - Dehydration.
  - Skin breakdown.
  - Sleep disorders.

HINT

The Surveyor will expect to see that each patient admitted to the HHA has a complete comprehensive assessment completed within five calendar days after the start of care. Audit the comprehensive assessment forms to ensure that all required components are captured on the form.

Personnel should be educated to answer all components of the comprehensive assessment and to mark "N/A= Not Applicable" instead of leaving blanks.

The comprehensive assessment is appropriate to the patient's age and diagnosis. Specialized populations, such as infants and children, are assessed by personnel with appropriate training and experience.

The HHA must incorporate the use of the current Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items into its comprehensive assessments.

The comprehensive assessment is conducted and documented whether services continue or not.

The comprehensive assessment must clearly demonstrate the continuing need and eligibility for skilled home health services.

CoP/G tag Reference: 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)

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.

☑ P&P and Patient Record Essential Components

- The therapy assessment includes but is not limited to:
  - The environmental component:
    - Identification of safety or health hazards and presence of adequate living arrangements.
    - Home environmental assessments that include the potential for safety and security hazards (e.g., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire

risks).
        - Instructions and interventions that minimize safety risks and prevent injury.
    - Functional limitations component:
        - Patient's mobility.
        - Patient's restrictions.
        - Assistive devices.
        - Medical equipment.
    - The physical health component:
        - Patient diagnosis.
        - Other needed information that could impact the level of services required to meet the patient's needs.

HINT

The Surveyor will expect to see that therapy assessments are completed and filed in the clinical record according to the HHA's P&P. Audit therapy assessment forms to ensure all components are captured on the form.

Educate personnel to answer all components of the assessment and to mark "N/A= Not Applicable" instead of leaving blanks.

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.

P&P and Patient Record Essential Components

- The assessment includes but is not limited to:
    - The social component:
        - Identification of the responsible party.
        - An emergency contact.
        - The patient's involvement with social and community activities.
    - The economic component:
        - A review of the financial resources available to pay for the care/services provided.
        - A review of the financial resources to maintain current independent status.
    - Functional limitations that include resources needed to manage functional limitations.
    - The mental health component:
        - Orientation.
        - Memory.
        - Reasoning.
        - Judgment.
    - The physical health component:
        - Identification of health problems and other needed information that could impact the level of services required to meet the patient's needs.

HINT

The Surveyor will expect to see that social work assessments are completed and filed in the clinical record according to the HHA's P&P. Audit social work assessments to ensure all components are captured on the form.

Educate personnel to answer all components of the assessment and to mark "N/A= Not Applicable" instead of leaving blanks.

Standard HH5-2E:

The comprehensive assessment is updated and revised (including the administration of 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.

Patient Record Essential Components

- Patient records must demonstrate that the comprehensive assessment is being updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants.
- At a minimum, the comprehensive assessment must be updated and revised no less frequently than:
  - The last 5 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.
  - When there is a significant change in condition as defined by the HHA.
  - 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 on the physician- or allowed practitioner-ordered resumption date.
  - At discharge.

HINT

The Surveyor will expect to see that the comprehensive assessment is updated and revised at the appropriate times, and the patient plan of care should be updated when the comprehensive assessment is revised.

The Surveyor will expect to see documentation of collaboration with the ordering practitioner.

Audit patient records for evidence of the comprehensive assessment being updated in a timely manner.

CoP/G tag Reference: 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)

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.

Patient Record Essential Components

- Patient records must demonstrate that the drug regimen was reviewed during the development of the initial comprehensive assessment and that it occurs as an ongoing part of the care to the patient to identify any potential adverse effect, drug reactions, and are accountable for evaluating the following, which includes but is not limited to:
  - Effectiveness of drug therapy.
  - Ineffective drug therapy.
  - Significant drug side effects.
  - Immediate desired effects.
  - Unusual and unexpected effects.
  - Significant drug interactions.
  - Duplicate drug therapy.
  - Noncompliance with drug therapy.
  - Drug therapy currently associated with laboratory monitoring.
  - Allergic reactions.
  - Changes in the patient's condition that contradicts continued administration of the medication.
- A medication profile includes but is not limited to:
  - All current patient medications.
  - Date prescribed or taken.
  - Name of medication.
  - Dose, route, and frequency.
  - Date discontinued.
  - Drug and/or food allergies.

HINT

The Surveyor will expect to see documented evidence of an ongoing medication review. Documentation should exist in the patient's record of notification to the physician or allowed practitioner regarding any medication discrepancies, side effects, problems, or reactions. Qualified personnel should be able to anticipate potential effects that may rapidly endanger a patient's life or well-being. The HHA should also instruct the patient, family members, and/or caregiver, as necessary, in following the prescribed regimen.

In therapy-only cases, the therapist submits a list of the medications, which he/she collects during the comprehensive assessment, to an HHA nurse for review. The HHA should contact the physician or allowed practitioner if indicated.

The HHA should have policies that guide the clinical personnel in the event there is a concern identified with a medication that should be reported to the physician or allowed practitioner.

Audit patient records for documentation of medication regimen evaluation by a qualified individual.

CoP/G tag Reference: 484.55(c)(5) (G536)

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.

☑ P&P and Patient Record Essential Components

- P&P must define, at a minimum:
  - The drugs or drug classifications and/or routes not approved by the governing body for administration by nursing personnel.
  - Any blood or blood products that may or may not be administered.

HINT

Educate staff on agency policy regarding allowable classifications and routes that are approved for administration.

Audit patient records to ensure personnel are abiding by HHA policy.

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.

☑ P&P and Patient Record Essential Components

- P&P must define at a minimum:
  - When the organization chooses to administer the first dose, the HHA must have specific written requirements for the first dose of a medication in the home.
  - The HHA defines when the first-dose P&P are appropriate, based on the medication route and potential reaction.
  - When the HHA elects to administer the first dose of a medication in the home, the following are reviewed prior to administering the first dose in the home:
    - The history of being allergic to this class of medication is provided.
    - Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur.
    - Giving the first dose in the hospital, physician's or allowed practitioner's office, or other medical facility has been considered and has been rejected.
    - The location and phone numbers for emergency support have been identified and a procedure to use these facilities has been developed.
    - The nurse administering the medication stays with the patient at least 30 minutes after the administration of the medication to ensure the patient has tolerated the medication well.
    - The appropriate monitoring of the patient is provided after the first dose is administered.

HINT

Educate staff on the agency's policy for first-dose administration.

Audit patient records to ensure the above criteria have been reviewed prior to administering the first dose of a medication in the home.

Standard HH5-3A:

There is a written plan of care for each patient accepted to services.

☑ Patient Record Essential Components

- Patient records must demonstrate that the initial plan of care includes but is not limited to:
  - Start of care date.
  - Certification period.
  - Patient demographics.
  - Principle diagnoses and other pertinent diagnoses.
  - Medications: dose/frequency/route.
  - Allergies.
  - Orders for therapy services that include specific procedures and modalities to be used.
  - Orders for all disciplines that include amount, frequency, and duration.
  - Equipment and supply needs.
  - Caregiver needs.
  - Functional limitations.
  - Diet and nutritional requirements.
  - Safety measures to protect against injury.
  - Patient-specific interventions and education and measurable outcomes and goals identified by the HHA and the patient.
  - Problems/needs.
  - Interventions.
  - Expected patient outcomes/goals.
  - Treatments/orders.
  - Mental/psychosocial/cognitive status.
  - Rehabilitation potential.
  - Activities permitted.
  - Prognosis.
  - Patient and caregiver education and training to facilitate timely discharge.
  - A description of the patient's risk for emergency department visits and hospital readmission, and all necessary interventions to address the underlying risk factors.
  - Information related to any Advance Directives.
  - Any additional items the HHA or physician or allowed practitioner may choose to include.

HINT

The Surveyor will expect to see an individualized plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s). The Surveyor will expect to see documentation that all services and treatments identified in the plan of care are addressed. All services must be furnished in accordance with accepted standards of practice.

Audit patient records to ensure all components of the plan of care are addressed.

All frequency, medication, and treatment orders prescribed as PRN must include an indicator for when the medication or treatment is to be administered.

A complete order for wound care must include the following information:

- Location of wound.
- Type of wound.
- Type of cleaning/irrigation solution.
- Whether skin prep is being used.
- Type of primary dressing being applied.
- Type of secondary dressing being applied.
- How dressing is being secured.
- Wound care frequency.

Audit patient records to ensure the physician's or allowed practitioner's orders are obtained prior to the initiation of services and include the frequency, duration, and expected outcomes for the patient. Therapy orders must also include the modalities and specific procedures that will be used. Verbal orders must be signed within the time frame established by HHA policy and/or state requirements. All patient care orders, including verbal orders, are recorded in the plan of care.

CoP/G tag Reference: 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)

Standard HH5-3B:

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.

Patient Record Essential Components

- There is evidence in the patient record that:
  - Care is delivered in accordance with the plan of care and is directed at the achievement of established goals.
  - The plan of care conforms to physician or allowed practitioner orders.

HINT

The Surveyor will expect to see documentation in the clinical record that all drugs, services, and treatments are administered only as ordered by the physician or allowed practitioner.

If the HHA misses visits or services as required by the plan of care, it must notify the responsible physician or allowed practitioner of the missed visit if there is any potential for clinical impact upon the patient. The physician or allowed practitioner decides whether the patient visit may be skipped or if additional intervention is required by the HHA due to the impact on the patient.

If the patient or the patient's representative refuses care (such as dressing changes, essential medication, or other services that could impact the patient's clinical well-being) on more than one occasion, the HHA attempts to identify the cause of the refusal. If the HHA is unable to identify and address the cause, the HHA must communicate with the patient's responsible physician or allowed practitioner to discuss the options.

The physician or allowed practitioner should not be approached about reducing the frequency of services based solely on the availability of HHA personnel.

Audit patient records to ensure documentation exists that care was delivered as ordered.

CoP/G tag Reference: 484.60(a)(1) (G572), 484.60(b) (G578), 484.60(b)(1) (G580), 484.60(b)(2) (G582)

Standard HH5-3C:

The HHA must provide the patient and caregiver with a copy of written instructions in regard to the care to be provided.

Patient Record Essential Components

- 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.
- Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.
- Any other pertinent instructions related to the patient's care and treatments that the HHA will provide, specific to the patient's care needs.
- Name and contact information of the HHA clinical manager.

HINT

The Surveyor will expect to see documented evidence in the clinical record that the patient and caregiver were provided the required written instructions within the required time frame.

The most current written visit schedule is provided to the patient and is consistent with the most current plan of care.

The written information regarding the patient's medication regimen is provided to the patient and/or caregiver and is based on the results of the medication review conducted. The medication administration instructions must be written in plain language that avoids the use of medical abbreviations.

CoP/G tag Reference: 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)

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.

Patient Record Essential Components

- Patient records must reflect documentation that all personnel furnishing services maintain a liaison to ensure that their efforts are effective and support the objectives outlined in the plan of care. At a minimum, the clinical record must reflect:
  - 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 ensure the coordination of all services and interventions provided to the patient.
  - Integrating services, whether services are provided directly or under arrangement, to ensure 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.

HINT

The Surveyor will expect to see documentation in the clinical record or in case conference minutes of coordination of patient care among the different disciplines providing care, the physicians involved in the patient's care, patient, and caregiver.

Upon admission or upon any change in patient condition, the responsible physician identifies any other relevant physicians that should be contacted for orders to be included in the HHA plan of care. The clinical manager or other personnel designated by the HHA is responsible for integrating orders from all relevant physicians involved into the HHA plan of care and ensuring the orders are approved by the responsible physician.

Audit patient records or case conference notes for documentation of coordination of care.

CoP/G tag Reference: 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)

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.

Patient Record Essential Components

- The patient record must demonstrate evidence that the individualized plan of care is reviewed by the attending physician or allowed practitioner who is responsible for the home health plan of care and the HHA as frequently as the patient's condition requires, but no less frequently than once every 60 days and more frequently if there is a:

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

- In addition, the plan of care is reviewed:
  - When there are changes in the patient's response to therapy.
  - When the physician's or allowed practitioner's orders change.
  - At the request of the patient.
  - As defined in the HHA's P&P.
- The review of the plan of care should reflect:
  - Appropriateness (care being provided is still needed).
  - Effectiveness (patient outcomes/response to care).
  - Whether all needed care is being provided.
  - Change in patient's condition.

HINT

The Surveyor will expect to see documentation in the clinical record of the review of the individualized plan of care. Audit patient records for documentation that reflects that the plan of care is reviewed at least every 60 days, unless one of the above conditions exists.

CoP/G tag Reference: 484.60(c)(1) (G588) (G590)

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.

P&P Essential Components

- P&P must define the circumstances when a patient would be transferred to another organization or discharged. The patient and patient representative (if any) have the right to be informed of the HHA's P&P on transfers and discharges. The HHA may only discharge or transfer a patient from the HHA if:
  - The transfer or discharge is necessary for the patient's welfare because the HHA and the physician or allowed practitioner who is responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities;
  - The patient or payor will no longer pay for the services provided by the HHA;
  - The transfer or discharge is appropriate because the physician or allowed practitioner who is responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care in accordance with 42 CFR 484.60(a)(2)(xiv) have been achieved, and the HHA and the physician or allowed practitioner who is responsible for the home health plan of care agree that the patient no longer needs the HHA's services;
  - The patient refuses services or elects to be transferred or discharged.
  - The HHA determines, under a policy set by the HHA for the purpose of addressing discharge for cause that meets the requirements of 42 CFR 484.50(d)(5)(i) through

(d)(5)(iii), that the patient's (or other person's in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired. The HHA must do the following before it discharges a patient for cause:

- Advise the patient, representative (if any), the physician(s) or allowed practitioner(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered;
- Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
- Provide the patient and representative, if any, with contact information for other agencies or providers who may be able to provide care; and
- Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.

» The patient dies; or

» The HHA ceases to operate.

- A transfer summary is completed and maintained in the patient record, and a copy is forwarded to the receiving organization. A transfer summary includes but is not limited to:
  - » Date of transfer.
  - » Patient-identifying information and emergency contact.
  - » Destination of patient transferred.
  - » Date and name of person receiving report.
  - » Patient's physician or allowed practitioner and phone number.
  - » Diagnosis related to the transfer.
  - » Significant health history.
  - » Transfer orders and instructions.
  - » A brief description of services provided and ongoing needs that cannot be met.
  - » Status of patient at the time of transfer.
- The discharge summary includes but is not limited to:
  - » Date of discharge.
  - » Patient-identifying information.
  - » Patient's physician or allowed practitioner and phone number.
  - » Diagnosis.
  - » Reason for discharge.
  - » A brief description of care provided.
  - » Patient's medical and health status at the time of discharge.
  - » Any instructions given to the patient or responsible party.
- Discharge summary
  - » A completed discharge summary is sent to the primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within five business days of the patient's discharge.

- Transfer summary
  - A completed transfer summary is sent within two business days of a planned transfer, if the patient's care will be immediately continued in a healthcare facility; or
  - A completed transfer summary is sent within two business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a healthcare facility at the time when the HHA becomes aware of the transfer.

HINT

The Surveyor will expect to see documentation of the circumstances that require a patient transfer or discharge as well as evidence of a transfer or discharge summary in the clinical record. The Surveyor will expect to see documentation that a transfer summary was sent within two business days of a planned transfer or within two business days of becoming aware of an unplanned transfer. The Surveyor will expect to see documentation that a discharge summary was sent to the appropriate healthcare professional that will be responsible for providing care to the patient within five days of the patient's discharge from the HHA.

The patient and/or their representative and the physician or allowed practitioner issuing orders for the home health care must be notified that a discharge for cause is being considered. If the HHA is able to identify other healthcare professionals who may be involved with the patient's care after the discharge occurs, those individuals should be notified when discharge becomes imminent.

A patient who occasionally declines a service is differentiated from a patient who refuses service altogether or who habitually declines skilled care visits. It is the patient's right to refuse. It is the agency's responsibility to educate the patient on the risks and potential adverse outcomes from refusing services. In the case of patient refusals of skilled care, the HHA would document the communication with the physician or allowed practitioner, as well as the measures the HHA took to investigate the patient's refusal and interventions by the HHA to obtain patient participation with the plan of care.

The HHA may consider discharge if the patient's declination of services compromises the agency's ability to safely and effectively deliver care to the extent that the agency can no longer meet the patient's needs.

The Surveyor will expect to see documentation in the patient's record that the HHA provided the patient/representative with information including contact numbers for other community resources and/or names of other agencies that may be able to provide services.

CoP/G tag Reference: 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), 484.58(a), 484.58(b)(1), 484.58(b)(2), 484.110(a)(6)(i) (G1022), 484.110(a)(6)(ii) (G1022), 484.110(a)(6)(iii) (G1022)

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.

P&P Essential Components

- P&P must define that verbal orders will only be accepted by authorized personnel according to applicable state and federal laws and regulations.

HINT

The Surveyor will expect to see documentation in the patient record that verbal orders are put in writing,

signed, timed, and dated with the time and date of receipt by the RN or qualified therapist responsible for furnishing or supervising the ordered services, and countersigned by the physician or allowed practitioner in accordance with state laws and regulations as well as HHA policy.

CoP/G tag Reference: 484.60(b)(3) (G584), 484.60(b)(4) (G584)

Standard HH5-8B:

The HHA's personnel promptly alert the physician(s) or allowed practitioners(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.

Patient Record Essential Components

- The patient record must demonstrate evidence that the physician or allowed practitioner was informed promptly of any changes that suggest a need to alter the plan of care.
- The patient record must reflect that any revisions to the plan of care are communicated to the patient, representative (if any), caregiver, and all physicians or allowed practitioners issuing orders for the HHA plan of care.
- The patient record must demonstrate that all physicians or allowed practitioners issuing orders for the HHA plan of care are notified of discharge. The patient's primary care practitioner or other healthcare professional who will be responsible for providing care after discharge are notified as well.

HINT

The Surveyor will expect to see documentation in the patient record that all physicians or allowed practitioners issuing orders for the HHA plan of care are notified of any changes in the patient's condition that would suggest a need to alter the plan of care.

CoP/G tag Reference: 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)

Standard HH5-10A:

Written policies and procedures are established and implemented in regard to how outpatient services are rendered.

P&P and Patient Record Essential Components

- P&P must address how outpatient services will be rendered by the HHA.
- Patient records must reflect that a therapist developed a plan of care for patients receiving outpatient physical therapy and speech pathology services.
- Medicare patients must have their plan of care and results of treatment reviewed by a physician or allowed practitioner.
- Non-Medicare patients can have their plan of care reviewed by the therapist who established it or by a physician or allowed practitioner.

HINT

The HHA that wishes to furnish outpatient physical therapy or speech pathology must meet all the pertinent conditions of this part as well as the additional health and safety requirements set forth in 42 CFR 485.711, 42 CFR 485.713, 42 CFR 485.715, 42 CFR 485.719, 42 CFR 485.723, and 42 CFR

485.727 to implement the Social Security Act, Section 1861(p).

CoP/G tag Reference: 484.105(g) (G986)

Standard HH5-11A:

The HHA furnishes skilled professionals. 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.

Patient Record Essential Components

- Patient records must show evidence that skilled professionals 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).
  - 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.

HINT

The Surveyor will expect to see evidence in the patient record of supervision of skilled professional assistants (LPN/LVN, PTA, COTA) by:

- A visit to the patient's home by a qualified supervising professional, with or without the assistants present, at least every 60 days, unless state laws require more frequently.
- Patient record reviews, conferences, and ongoing communication.
- Collaborative care planning.

The Surveyor will expect to see evidence in the patient record of supervision of social worker assistants by master's degree-prepared medical social worker:

- Periodically approves the plan of care.
- Provides clinical supervision at least every 60 days, unless state laws require more frequently.
- Case conferences, joint visits, or both depending on the needs of the patient and skills of the assistant.

The Surveyor will expect to see documentation in the patient record that professional services are delivered in accordance with the plan of care and communicated with all physicians or allowed practitioners involved in the plan of care as well as other healthcare practitioners, as appropriate, related to the patient's current plan of care.

The Surveyor will expect to see documentation in the patient record that professional personnel are involved in the development and evaluation of the plan of care in partnership with the patient representative (if any) and caregiver (if any).

All professional personnel are expected to participate in patient, caregiver, and family counseling and to provide education.

All professional personnel are expected to complete appropriate documentation in accordance with the agency's P&P and accepted standards of practice.

The Surveyor will also expect to see evidence that skilled professionals participate in the HHA's QAPI program and in HHA-sponsored in-service training.

The Surveyor will expect to see evidence in personnel files that nursing services are provided under the direction of a qualified RN; rehabilitative therapy services are provided under the supervision of a qualified PT, OT, or SLP; and medical social services are provided under the supervision of a qualified Social Worker.

CoP/G tag Reference: 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)

Standard HH5-11F:

The HHA defines the duties of the Home Health Aide and ensures they are implemented in patient care.

Patient Record Essential Components

- Patient records must show evidence that:
  - The Home Health Aide is assigned to a specific patient by the RN or other appropriate skilled professional.
  - Written patient care instructions are prepared by the RN or other appropriate professional who is responsible for the supervision of the Home Health Aide.
  - The Home Health Aide provides services that are ordered by the physician or allowed practitioner, included in the plan of care, consistent with the Home Health Aide training, and permitted under state law.

HINT

The written instructions provided to the Home Health Aide must specify the task to be provided and how frequently to provide it. "Per patient request" and PRN orders should not be used for any tasks, as the Home Health Aide lacks the decision-making ability to interpret information/data needed to revise the plan of care. Revisions to the aide plan of care must be discussed, approved, and documented by the RN or other qualified professional. The Home Health Aide should document the discussion with the RN or other qualified professional if a revision is made to the plan of care while the Aide is currently in the patient's residence.

The Surveyor will expect to see evidence in the patient's record that the Home Health Aide reported changes in the patient's condition to the RN or other appropriate skilled professional.

The Home Health Aide is expected to complete documentation in accordance with the HHA's policies and procedures.

CoP/G tag Reference: 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)

Standard HH5-12A.01:

Written policies and procedures are established in regard to the process for patient/caregiver education.

P&P Essential Components

- P&P must include the process for patient/caregiver education including but 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.

HINT

The Surveyor will review patient education materials and will expect to see evidence in the patient record the appropriate education was provided to the patient/caregiver.

Standard HH5-13A.01:

Written policies and procedures are established and implemented in regard to the patient referral and acceptance process.

P&P Essential Components

- P&P must describe the patient referral and acceptance process to include but not be limited to:
  - The required information to be received from the referring entity.
  - Positions in the HHA that may receive referrals.
  - That referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.
  - Care and service needs that cannot be met by the HHA are addressed by referring the patient to other organizations when appropriate.
  - Referral sources are notified when patient needs cannot be met and the patient is not being admitted to the HHA.

HINT

The Surveyor will expect to see that referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

The Surveyor will expect to see evidence of a referral log or other tool to record all referrals, and that patients are not admitted to the HHA if the HHA cannot meet the needs the patient requires. All patients whose needs cannot be met by the HHA are referred to other organizations and the referring entity is notified.

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.

Patient Record Essential Components

- The physician or allowed practitioner must certify, per the Medicare Benefits Policy Manual, section 30.5.1, that the patient is eligible for home health services.

HINT

The Surveyor will expect to see documentation in the patient record of certification statement for Medicare beneficiaries.

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 allowed practitioner prior to providing service/care.

P&P Essential Components

- P&P need to define the process for verification of licensure of the referring physician or allowed practitioner prior to providing care.

HINT

The Surveyor will expect to see evidence that referrals are only accepted from physicians or allowed practitioner that are currently licensed.

If interviewed, personnel should be able to explain how physicians' licenses are verified.

Verification of current physician or allowed practitioner credentials must be obtained from state and federal licensing/certification boards.

Verification via NPI or PECOS is not acceptable.

Tools Available to Assist with Section 5:

- Section 5 Compliance Checklist
- Referral Log
- Sample Patient Record Audit Tool
- Medication Profile
- Section 5 Self Audit
- Sample Policies and Procedures

SECTION 5 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH5-1A		Yes	Patient records	Observation Tool & Patient Record Audit Tool		
HH5-1A.01	Yes	Yes	Patient records	Patient Record Audit Tool		
HH5-1B	Yes	Yes	Patient records			
HH5-2A.01	Yes					
HH5-2B		Yes	Initial assessment	Patient Record Audit Tool		
HH5-2C	Yes	Yes	Comprehensive assessment	Patient Record Audit Tool		
HH5-2C.01	Yes	Yes	Therapy assessment	Patient Record Audit Tool		
HH5-2C.02	Yes	Yes	Social work assessment	Patient Record Audit Tool		
HH5-2E		Yes	Comprehensive assessment	Patient Record Audit Tool		
HH5-2F		Yes	Comprehensive assessment & medication profile	Patient Record Audit Tool		
HH5-2F.01	Yes	Yes	Medication administered	Patient Record Audit Tool		
HH5-2F.02	Yes	Yes	First-dose administration	Patient Record Audit Tool		
HH5-3A		Yes	Plan of care	Patient Record Audit Tool		
HH5-3B		Yes	Plan of care	Patient Record Audit Tool		
HH5-3C		Yes	Patient records	Observation Tool		
HH5-4A		Yes	Case conference notes/other documentation of coordination of care	Patient Record Audit Tool		
HH5-5A		Yes	Patient record documentation & staff interviews	Patient Record Audit Tool & Interview Tool		
HH5-6A	Yes	Yes	Transfer summary & discharge summary	Patient Record Audit Tool		
HH5-8A	Yes	Yes	Documentation of verbal orders	Patient Record Audit Tool		
HH5-8B		Yes	Patient record documentation	Patient Record Audit Tool		
HH5-10A	Yes	Yes	Patient record documentation	Patient Record Audit Tool		
HH5-11A		Yes	Patient record documentation & job descriptions for skilled staff	Patient Record Audit Tool		

ACHC Standard	Policy/ Procedure	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH5-11F		Yes	Patient record documentation	Patient Record Audit Tool		
HH5-12A.01	Yes		Patient education materials	Observation Tool		
HH5-13A.01	Yes		Referral log	Observation Tool		
HH5-14B.01		Yes	Certification, recertification, & face-to-face documentation	Patient Record Audit Tool		
HH5-16A.01	Yes		Staff interviews	Interview Tool		

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HOME HEALTH

REFERRAL LOG

Patient	Referral Date	ID Number	Referral Source	Admission Date	Did Not Admit	Comments

Form #

Creation Date

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HOME HEALTH

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: _____

HH	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 in a timely manner								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	%
5-1A	All interventions: » Medication administration » Treatments and services » Response to treatments								of	%
5-1A	Identification data of patient								of	%
5-1A	Identification data of legal representative (if any)								of	%
5-1A	Identification data of primary caregiver								of	%

HH	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-1A	Physician, allowed practitioner, or other healthcare professional responsible for care after discharge								of	%
5-1A	Transfer summary, if applicable								of	%
5-1A	Discharge summary, if applicable								of	%
5-1A	Copies of summary reports sent to the attending physician or allowed practitioner								of	%
5-1A.01	Admission/informed consent documents								of	%
5-1A.01	Assessment of home, if applicable								of	%
5-1A.01	Source of referral								of	%
5-1A.01	Diagnosis								of	%
5-1A.01	Signed release of information								of	%
5-1A.01	Admission/discharge dates from hospital								of	%
5-1A.01	Evidence of care coordination with others providing care								of	%
5-1A.01	Name of Healthcare POA/Durable POA								of	%
5-1A.01	Copies of summary reports sent to other ordering physicians or allowed practitioners								of	%
5-2B	Initial assessment completed timely and thoroughly								of	%
5-2C	Comprehensive assessment completed timely and thoroughly including individualized Emergency Preparedness Plan for patient								of	%
5-2C	OASIS is completed								of	%
5-2C.01	Therapy assessments completed timely and thoroughly, if applicable								of	%
5-2C.02	Social work assessment completed timely and thoroughly, if applicable								of	%
5-2D	Comprehensive assessment completed by appropriate discipline								of	%

HH	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-2E	Comprehensive assessment (including OASIS) is updated and revised appropriately								of	%
5-2F	Medication review/medication profile is current								of	%
5-3A	Written plan of care is specific and individualized								of	%
5-3A	Physician's or allowed practitioner's orders for care are obtained								of	%
5-3A	Verbal orders are properly documented and returned								of	%
5-3B	Plan of care is periodically reviewed by the physician or allowed practitioner								of	%
5-3C	Patient was provided: » Visit schedule » Medication schedule » Information on treatments to be delivered » Name and contact information of clinical manager » Any other pertinent information								of	%
5-4A	Coordination of care with all physicians or allowed practitioners involved in the plan of care, patient, representative, and caregivers								of	%
5-5A	Review of plan of care at least every 60 days								of	%
5-6A	Transfer or discharge summary, if applicable								of	%
5-6A	Evidence of receipt of transfer and discharge policies								of	%
5-6A	Notice of non-covered care								of	%
5-6A	NOMNC issued for Medicare beneficiaries								of	%
5-8A	Verbal orders are only accepted by authorized personnel								of	%

HH	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-8B	Physician or allowed practitioner promptly notified of changes requiring alterations to plan of care								of	%
5-10A	Outpatient therapies								of	%
5-11A	Evidence skilled services follow and adhere to the plan of care								of	%
5-11F	Home Health Aides follow and adhere to a plan of care								of	%
5-11F	Home Health Aide plan of care is specific to the task and frequency								of	%
5-14B.01	Certification is completed correctly								of	%
5-14B.01	Recertification is completed correctly								of	%
								Total	of	%

MEDICATION PROFILE

Patient Name: _____ Medical Record Number: _____ DOB: _____

Drug and Food Allergies: _____ DX:_____

Prescription and Over the Counter						
START DATE	MEDICATION	DOSE	ROUTE	FREQUENCY	DISCONTINUATION DATE	COMMENTS

RN Signature: _____ Date: _____

Creation Date

Form #

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HOME HEALTH

SECTION 5 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] Required patient record contents.
- [ ] Access, storage, removal, and retention of patient records and confidential information to include when the HHA discontinues operations.
- [ ] Completion of patient assessments, initial and discipline specific.
- [ ] Initial and comprehensive assessment requirements.
- [ ] Patient referral process and acceptance process with established eligibility requirements.
- [ ] Patient transfer and discharge process.
- [ ] Drugs/drug routes not approved to be administered by the HHA.
- [ ] Administration of first-dose requirements.
- [ ] Acceptance of verbal order requirements.
- [ ] Outpatient services.
- [ ] Patient/caregiver education requirements.
- [ ] Physician or allowed practitioner licensure verification.

REQUIRED DOCUMENTS

- [ ] Referral log.
- [ ] Patient/caregiver education and admission materials.
- [ ] Evidence of verification of physician or allowed practitioner licensure.

PERSONNEL FILE CONTENTS

- [ ] Evidence all skilled personnel meet the qualifications as outlined in the ACHC Glossary of Personnel Qualifications and any additional state or HHA requirements.

PATIENT RECORD REQUIREMENTS

- [ ] Identification data of patient, legal representative (if any), and caregiver(s).
- [ ] Source of referral.
- [ ] Contact information of physician or allowed practitioner responsible for care after discharge from the HHA, as well as contact information of all physicians or allowed practitioners ordering care.
- [ ] Diagnosis.
- [ ] Physician's or allowed practitioner's orders that include medications, dietary, treatment, and activity orders (as appropriate to the level of care/service the patient is receiving).

- [ ] Signed release of information and other documents for PHI/EPHI.
- [ ] Admission and informed consent documents.
- [ ] Initial and comprehensive assessments/plans of care/clinical/progress notes.
- [ ] All entries into the patient record are signed, timed, and dated.
- [ ] Signed notice of receipt of Patient Rights and Responsibilities statement.
- [ ] Evidence of coordination of care/service of all providing care to the patient.
- [ ] Written information provided to the patient and representative (if any).
- [ ] Assessment of the home.
- [ ] Copies of summary reports sent to physicians or allowed practitioners, if applicable.
- [ ] Patient response to care/service provided.
- [ ] A discharge summary, if applicable.
- [ ] A transfer summary, if applicable.
- [ ] Advance Directives, if applicable.
- [ ] Admission and discharge dates from a hospital or other institution, if applicable.

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- [ ] Required time frames for the completion of assessments.
- [ ] How to properly document verbal orders.
- [ ] How the patient/caregiver participates in the development and revision of the plan of care.
- [ ] The process for patient/caregiver education.
- [ ] Eligibility requirements for admission to the HHA.
- [ ] Transfer/discharge policies.
- [ ] Physician or allowed practitioner licensure verification process.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] There is a complete record for each patient served by the HHA and it is maintained in a confidential manner.
- [ ] Entries in the patient record are legible, clear, complete, appropriately authenticated, timed, and dated.
- [ ] Patient records are properly safeguarded against loss or unauthorized use.
- [ ] Patient records are maintained for the proper amount of time.

SELF TEST

1. Within what time frames should the initial assessments be completed?
2. How often should the plan of care be reviewed?
3. How is the patient involved in the development of the plan of care as well as revisions?
4. When would a patient be discharged?
5. How and what education is provided to patients?

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HOME HEALTH

NOTES

SECTION 5: PROVISION OF CARE AND RECORD MANAGEMENT

HH5-1A.01

Policy: Required Patient Record Contents

1. The HHA will maintain a separate patient record for each individual who receives care, and the record will contain all required documentation.
2. All patient information will be regarded as confidential and available only to authorized users.
3. All patient records will contain, at a minimum, the following information:
    - Comprehensive assessment:
        - Current comprehensive assessment.
        - All of the assessments from the most-recent home health admission, clinical notes, plans of care, and physician or allowed practitioner orders.
    - Plan of care:
        - Goals in the patient's plans of care and the patient's progress toward achieving them.
    - Physician or allowed practitioner orders.
    - All interventions:
        - Medication administration.
        - Treatments and services.
        - Response to those interventions.
    - Identifying information:
        - Contact information for the patient, patient's representative, and the patient's primary caregiver(s).
    - Contact information for the primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA.
    - Signed and dated clinical and progress notes.
    - Source of referral.
    - Diagnosis.
    - Physician's or allowed practitioner's orders that include medications, dietary, treatment, and activity orders.
    - Signed release of information and other documents for PHI/EPHI.
    - Admission and informed consent documents.
    - Assessment of the home.

- Signed notice of receipt of Patient Rights and Responsibilities statement.
- Advance Directives, if applicable.
- Admission and discharge dates from a hospital or other institution, if applicable.
- Names of power of attorney and/or healthcare power of attorney, if applicable.
- Evidence of coordination of care/services provided by the HHA with others who may be providing care/services, if applicable.
- Copies of summary reports sent to physicians or allowed practitioners, if applicable.
- Patient/family response to care/services provided.
- A discharge summary, if applicable.
- A transfer summary, if applicable.

4. Each home visit, treatment, or care/service is documented in the patient record, signed, dated, and timed by the individual who provided the care/service.
5. If using an Electronic Medical Record (EMR), it is preferred that the agency has written P&P and a mechanism to maintain all patient records in an electronic format.

HH5-1B

Policy: Patient Record Retention

1. Patient records are retained for a period of five years (unless state law dictates a longer period of time) from the date of the most-recent discharge or the death of the patient. If the patient is a minor, the records are retained for 5 years following the patient's 18th birthday.
2. PHI/EPHI will only be accessed by those with “a need to know.” HHA procedures will be followed to ensure that PHI is kept confidential.
3. Original copies of all active patient records are kept in a secure location at the HHA. Current electronic patient records are stored in an appropriate secure manner to maintain the integrity of the patient data through routine backups on- and off-site.
4. Patients will have the right to review their medical information per state/federal law and HHA policy.
5. An off-site computer program is designed to back up records throughout the day. At the close of business, a backup is done on-site. The computer program can be re-established off-site if the HHA is compromised. (If not using a computer system, state how records are stored and secured.)
6. The following employees are authorized to make entries or review the patient record:
   - Clinical management personnel.
   - Medical records personnel.
   - Clinical personnel providing care/service to the patient.
   - QAPI Coordinator.
7. Records may be reviewed by authorized employees with respect to HHA policies regarding confidentiality of patient information. Accessibility to patient charts is limited to medical record personnel, billing personnel, appropriate leadership, personnel caring for the patient, and licensing, regulatory, and accrediting bodies. Personnel will discuss patient-related information with HHA personnel only on a need-to-know basis.

8. Portions of patient records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care when needed. Copies will be transported in a secured folder and protected for confidentiality.
9. Admission personnel will obtain the signed authorization form from the patient or appropriate representative that will allow the organization to release confidential information for treatment, payment, and operations, including licensing, regulatory, and accrediting bodies.
10. If information is requested for any other purpose than treatment, payment, or operations, a separate authorization form, listing the specific information to be released, will be obtained and signed by the patient or someone legally authorized to act on the patient's behalf prior to releasing the information requested.
11. All requests for release of information will be given to the _____ Manager. Only the _____ Manager may release PHI/EPHI and confidential information.
12. Records may only be released without patient authorization by court order, subpoena, or other legally recognized information-access procedure.
13. Patient records will be retained at a designated location if the agency discontinues operations.

HH5-2A.01

Policy: Assessment and Development of The Plan of Care

1. All patients receiving care from the HHA will have an initial assessment and plan of care developed based on the type of care that is needed.
2. An initial assessment identifies immediate needs that will be performed by a Registered Nurse (RN), Physical Therapist (PT), or Speech-Language Pathologist (SLP). The initial assessment will be conducted within 48 hours of referral and/or within 48 hours of the patient's return home, or on the physician- or allowed practitioner-ordered start of care date.
3. The initial assessment will determine eligibility, immediate care, and support needs of the patient and if that need supports eligibility; for Medicare beneficiaries, it will determine eligibility for the Medicare Home Health benefit, including homebound status for Medicare beneficiaries.
4. This will be documented by one of the following:
    - The plan of care will be signed by the patient/caregiver.
    - A notation is made in the patient's record that the patient/caregiver participated in the development and revision of the plan of care.
5. A comprehensive assessment will be completed in a timely manner, consistent with the patient's immediate needs, but no later than five calendar days from the start of care.
6. The physician or allowed practitioner will be notified if the plan of care is revised and new orders will be required.
7. Other personnel caring for the patient will be notified of any changes to the plan of care.
8. Define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

HH5-2C

Policy: Completion of the Comprehensive Assessment

1. A patient-specific comprehensive assessment that accurately reflects the patient's current health status will be completed on all patients receiving care from the HHA by the Registered Nurse (RN), or by the Physical Therapist (PT), Occupational Therapist (OT), or Speech-Language Pathologist (SLP) if it is a therapy-only case (unless state law requires the comprehensive assessment to be completed by the RN only).
2. The comprehensive assessment will also identify the patient's continuing need for home health care and will address the patient's medical, nursing, rehabilitative, social, and discharge planning needs.
3. The comprehensive assessment will address the patient's eligibility for the Medicare Home Health benefit as well as determine homebound status for Medicare beneficiaries.
4. The individualized plan of care will be developed based on the identified needs in the initial assessment. The patient will be involved in the development of the initial plan of care and any changes made to the plan of care thereafter.
5. The comprehensive assessment will incorporate the use of the current OASIS items for applicable Medicare and Medicaid patients.
6. The comprehensive assessment will include the following information:
    - Patient information:
        - Patient demographics.
    - The physical health component:
        - Diagnosis.
        - Vital signs.
        - Identification of additional health problems or pertinent health history, including recent hospital stays.
        - Review of medications.
        - Allergies.
        - Special nutritional needs or dietary requirements and weight loss.
        - Complete pain and other symptoms assessment.
        - Head-to-toe assessment.
            - Respiratory status.
            - Elimination status.
            - Sensory status.
            - Integumentary status.
            - Emergent care.
        - Equipment and supply needs.
        - Patient/family preferences for treatment and concerns.
        - Other needed information that could impact the level of services required to meet patient and family needs.
    - The mental component:
        - Orientation/memory
        - Reasoning/judgment.

- Neuro/emotional/behavioral status.
- Depression and suicide risk.
- Substance abuse.
- Coping mechanisms.

- The social component:
  - The patient's primary caregivers, if any, and other available support, including their:
    - Willingness and ability to provide care.
    - Availability and schedules.
  - Identification of the responsible party.
  - Identification of an emergency contact.
  - Role changes and family dynamics.
  - Language preference.
  - Communication strengths and barriers, including literacy and language skills.
  - The patient's involvement with social and community resources.
  - Financial, economic, and community resources.
  - Advance Directive decisions.
  - Supportive assistance.
- The environmental component:
  - Identification of safety and health hazards.
  - Presence of adequate living arrangements (no heat, electricity, or water).
  - Home environmental assessments, which include the potential for safety and security hazards (e.g., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks).
  - Emergency preparedness.
- The economic component:
  - A review of the financial resources.
- Functional limitations:
  - The patient's ability to ambulate.
  - Documentation of all functional limitations.
  - Documentation of ability to complete Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) that include:
    - Bathing.
    - Dressing.
    - Feeding.
    - Toileting.
    - Transferring.
    - Ambulation.
    - Use of telephone.
    - Shopping.

- Meal preparation.
- Housework.
- Money management.

- The pain assessment includes but is not limited to:
  - History of pain and its treatment (including non-pharmacological and pharmacological treatment).
  - Characteristics of pain, such as:
    - Intensity of pain (e.g., as measured on a standardized pain scale).
    - Descriptors of pain (e.g., burning, stabbing, tingling, and aching).
    - Pattern of pain (e.g., constant or intermittent).
    - Location and radiation of pain.
    - Frequency, timing, and duration of pain.
    - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood).
    - Factors such as activities, care, or treatment that precipitate or exacerbate pain.
    - Strategies and factors that reduce pain.
    - Patient's/family's goals for pain management and their satisfaction with the current level of pain control.
- Additional symptoms to be assessed:
  - Nausea and vomiting.
  - Anorexia.
  - Constipation.
  - Anxiety.
  - Restlessness.
  - Dyspnea.
  - Dehydration.
  - Skin breakdown.
  - Sleep disorders.
- Assessment findings will be communicated to all personnel providing care to the patient.
- The comprehensive assessment will be maintained in the patient record even if the patient is not admitted.

HH5-2C.01

Policy: Therapy-Specific Assessment

1. Therapists will complete a discipline-specific assessment completed within _____ days of referral for therapy services.
2. All assessments will be maintained in the patient record, even if the patient is not admitted.
3. The assessment will be appropriate to the patient diagnosis and age and will address the physical and functional status of the patient.

4. The discipline assessment will include:
    - The environmental component:
        - Identification of safety or health hazards and presence of adequate living arrangements.
        - Home environmental assessments include the potential for safety and security hazards (e.g., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks).
        - Instructions and interventions are directed for minimizing safety risks and preventing injury.
    - Functional limitations component:
        - Patient's mobility.
        - Patient's restrictions.
        - Assistive devices.
        - Medical equipment.
    - The physical health component:
        - Patient diagnosis.
        - Other needed information that could impact the level of services required to meet the patient's needs.

HH5-2C.02

Policy: Social Work Assessment

1. Patients referred for Social Worker services will complete a discipline-specific assessment within _____ days of referral for Social Worker services.
2. All assessments will be maintained in the patient record, even if the patient is not admitted.
3. The assessment will be based on patient need or perceived need and will address the financial and social issues impacting the delivery of patient care.
4. The assessment includes:
    - The social component:
        - Identification of the responsible party.
        - An emergency contact.
        - The patient's involvement with social and community activities.
    - The economic component:
        - A review of the financial resources available to pay for the care/services provided.
        - A review of the financial resources to maintain current independent status.
    - Functional limitations:
        - Resources needed to manage functional limitations.
    - The mental health component:
        - Orientation.
        - Memory.
        - Reasoning.

- Judgment.

» The physical health component:

- Identification of health problems and other needed information that could impact the level of services required to meet the patient's needs.

HH5-2F.01

Policy: Unapproved Medications

1. Only drug classifications and routes approved by the governing body and leadership will be administered by the organization.

   [Include an approved list of medications and routes.]

   [Include any blood or blood products that may or may not be administered.]

HH5-2F.02

Policy: First-Dose Requirements

1. Each first-dose medication administration will be reviewed on an individual basis. The decision to administer a first dose in the home will be at the discretion of the _____.
2. When the HHA decides to administer the first dose of a medication in the home setting, the following will be considered:
   - The history of being allergic to this class of medication.
   - Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur.
   - Giving the first dose in the hospital, physician's or allowed practitioner's office, or other medical facility has been considered and has been rejected.
   - The location and phone numbers for emergency support have been identified and a procedure to use these facilities has been developed.
   - The nurse administering the medication stays with the patient at least 30 minutes after the administration of the medication to ensure the patient has tolerated the medication well.
   - The appropriate monitoring of the patient is provided after the first dose is administered.

HH5-4A

Policy: Coordination of Care

1. All personnel furnishing services, whether provided directly or under contract, will communicate and coordinate the patient's care to ensure the objectives outlined in the plan of care are met.
2. Coordination of care will occur with all physicians or allowed practitioners involved in the plan of care, and personnel will document in the patient's record communication with the physician(s) or allowed practitioner(s).
3. Personnel will integrate all orders from physicians or allowed practitioners involved in the plan of care into the patient's record to ensure coordination of all services and interventions provided to the patient.

4. Personnel will involve the patient, the legal representative (if any), and caregivers, as appropriate, in the coordination of care.
5. Personnel will ensure each patient and caregiver, when appropriate, receives ongoing education and training provided by the HHA, as appropriate, regarding the care and services identified in the plan of care and to ensure a timely discharge from the HHA.

HH5-6A

Policy: Transfer and Discharge Process

1. All patients being transferred will have the required documentation to ensure appropriate communication is provided to the receiving agency.
2. A patient may be transferred because the patient moves out of the HHA's geographic service area, the patient requires care/service not provided by the agency, the agency is not a preferred provider by the patient's insurance company, the physician or allowed practitioner who is responsible for the home health plan of care agrees that the patient no longer needs the HHA's services, or the patient refuses services or requests a transfer.
3. A transfer summary will be completed, with the original maintained in the patient's record and a copy forwarded to the receiving organization. A transfer summary will contain at least the following information:
    - Date of transfer.
    - Patient-identifying information.
    - Emergency contact.
    - Destination of patient transferred.
    - Date and name of person receiving report.
    - Patient's physician or allowed practitioner and phone number.
    - Diagnosis related to the transfer.
    - Significant health history.
    - Transfer orders and instructions.
    - A brief description of services provided and ongoing needs that cannot be met.
    - Status of the patient at the time of transfer.
4. All patients being discharged will have required documentation to ensure appropriate communication is provided to the physician or allowed practitioner as requested.
5. A patient may be discharged for one of the following reasons: the patient moves out of the HHA's geographic service area, the patient's condition improves and the care is no longer needed, the physician or allowed practitioner discontinues the order for care, the patient declines the care, or the patient expires.
6. A patient may be discharged for cause, when the patient's or other individual's behavior in the home becomes disruptive, abusive, or uncooperative to the extent that delivery of care to the patient by the HHA is seriously impaired. When discharge for cause is considered, the HHA must:
    - Advise the patient, representative (if any), the physicians(s) or allowed practitioner(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered.

- Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation.
- Provide the patient and representative, if any, with contact information for other agencies or providers who may be able to provide care.
- Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into the clinical record.

7. The patient/caregiver will be involved in discharge planning activities, and services will be coordinated with other care/service providers, if applicable. At least a 48-hour notice will be given unless there is imminent danger, and then discharge is completed as soon as possible.
8. A discharge summary will be completed, with the original maintained in the patient's record and a copy available to the primary physician or allowed practitioner upon request.
9. The discharge summary will contain at least the following information:
   - Date of discharge.
   - Patient-identifying information
   - Patient's physician or allowed practitioner and phone number.
   - Diagnosis.
   - Reason for discharge.
   - A brief description of care provided.
   - Patient's medical and health status at the time of discharge.
   - Any instructions given to the patient.
10. All Medicare and Medicare HMO beneficiaries will be issued a Notice of Medicare Non-Coverage (NOMNC) at least 48 hours prior to the termination of Home Health Services that will explain the patient's right to an immediate, independent review of the proposed discontinuation of services.
11. A completed transfer summary will be sent to the physician or allowed practitioner within two days of a planned transfer if the patient's care will be immediately continued by another healthcare agency/facility or within two days of becoming aware of an unplanned transfer if the patient is still receiving care from another healthcare agency/facility.
12. A completed discharge summary will be sent to the primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA within five business days of discharge.

HH5-8A

Policy: Verbal Orders

1. All treatments, procedures, medications, therapy modalities, and services must have a physician's or allowed practitioner's order prior to the delivery of such services.
2. Orders may be received in writing or verbally.
3. Verbal orders may be taken only by licensed personnel, in accordance with state/federal regulations and HHA policy.
4. All verbal orders will be documented in the patient's record with the signature and discipline of the individual receiving the order and date/time the order was received.
5. Verbal orders will be mailed to the referring physician or allowed practitioner to be countersigned as designated by state regulation and/or HHA policy.

HH5-10A

Policy: Outpatient Services

1. HHAs that wish to provide outpatient therapy services must meet the Medicare Conditions of Participation (CoPs) as well as Sections 485.711, 485.713, 485.715, 485.719, 485.723, and 485.727 of this chapter to implement Section 1861(p) of the Act. 484.105(g)2. Patient records must reflect that a therapist developed a plan of care for patients receiving outpatient physical therapy and speech therapy services.
2. Medicare patients must have their plan of care and results of treatment reviewed by a physician or allowed practitioner.
3. Non-Medicare patients can have their plan of care reviewed by the therapist who established it or by a physician or allowed practitioner.

HH5-12A.01

Policy: Patient/Caregiver Education

1. Personnel will provide patients/caregivers with education at admission and at each subsequent visit thereafter, as appropriate.
2. Education will include but is 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.
3. All education will be documented in the patient's record.
4. Verbal and written instructions will be provided, as appropriate.

HH5-13A.01

Policy: Patient Referral and Acceptance Process

1. Patients are accepted for home healthcare services by the HHA on the basis that the patient's medical, nursing, and social needs can be met by the HHA in the patient's place of residence.
2. All clinical personnel are permitted to accept a referral for home health care from a physician or allowed practitioner, patient, family member, hospital discharge planner, physician's or allowed practitioner's office, or other medical provider.
3. Orders for services will be obtained in writing from the physician or allowed practitioner.
4. Verbal orders for services are given to the designated professional for verification and documentation of the order. All orders will be sent to the physician or allowed practitioner for signature as defined in HHA policy and state/federal regulation.
5. All orders for care will be maintained in the patient's record.

HH5-16A.01

Policy: Physician or Allowed Practitioner Licensure Verification

1. All orders for home health services will only be received from physicians or allowed practitioners who are currently licensed to practice in the state in which the HHA operates.

2. The _____ Coordinator will be responsible for verifying physicians' or allowed practitioners' licensure through the appropriate state Licensing Board of Medicine and for verifying the NP number on the National Provider Identifier (NPI) website. The license and NP will be verified at the time of the first referral and annually thereafter.
   A copy of the printed license verification and NPI page will be maintained in a binder in the _____ Coordinator's office.

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UNDERSTANDING THE STANDARDS

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.

SECTION 6 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

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 readmissions; 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.

P&P Essential Components

- The written plan and/or P&P must address the following but not be limited to:
  - The HHA's governing body must ensure that the program reflects the complexity of its organization and services, which includes:
    - Involving all HHA services (including those services provided under contract or arrangement).
    - Focusing on indicators related to improved outcomes.
    - Including the use of emergent care services.
    - Tracking hospital admissions and readmissions.
    - Taking actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors.
  - The HHA's Performance Improvement activities must:
    - Focus on high-risk, high-volume, or problem-prone areas;
    - Consider incidence, prevalence, and severity of problems in those areas; and
    - Lead to an immediate correction of any identified problem that directly or potentially threatens the health and safety of patients.
    - Performance Improvement activities must track adverse patient and personnel events, analyze their causes, and implement preventive actions.
    - The HHA must take actions aimed at Performance Improvement, and after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.
  - The program must use quality indicator data, including measures derived from OASIS, where applicable, and other relevant data in the design of its program.
  - The HHA must use the data collected to:
    - Monitor the effectiveness and safety of services and quality of care; and
    - Identify opportunities for improvement.
    - The frequency and detail of the data collection must be approved by the HHA's governing body.
  - Beginning July 13, 2018, HHAs must conduct Performance Improvement projects:
    - The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and

operations.

- The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.

HINT

The Surveyor will expect to see documented evidence of a QAPI Program that is specific to the services of the HHA.

The Surveyor will expect to see that the QAPI Program is capable of showing measurable improvement in indicators that will improve health outcomes, patient safety, and quality of care. The indicators used in the HHA QAPI Program are selected by the agency and are based on identified adverse or negative patient outcomes or agency processes that the HHA wishes to monitor and measure. Each indicator must be measurable through data in order to evaluate any HHA change in procedure, policy, or intervention.

The program must use quality indicator data, including measures derived from OASIS, where applicable, and other relevant data in the design of its program.

The Surveyor will also expect to see that the frequency and detail of the data collected is approved by the HHA's governing body.

After July 13, 2018, the Surveyor will expect to see the initiation of Performance Improvement projects.

CoP/G tag Reference: 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)(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)

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.

Personnel File Essential Components

- 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 in, and reporting of activities and outcomes.

HINT

The Surveyor will expect to see, through evidence in the personnel record, an individual responsible for coordinating QAPI activities who may be the owner, manager, supervisor, or other personnel.

It is expected that the QAPI duties and responsibilities are included in the designated person's job description.

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.

HINT

The governing body is ultimately responsible for the QAPI Program and ensuring, at a minimum, the following:

- That an ongoing program for quality improvement 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; and
- That any findings of fraud or waste are appropriately addressed.

The Surveyor will expect to see evidence in the governing body meeting minutes that the results of QAPI activities are communicated to the governing body and organizational Administrators and that the HHA-wide QAPI efforts address priorities for improved quality of care and patient safety. Any findings of fraud and abuse are appropriately addressed.

The Surveyor will expect to see that the HHA's Administrator allocates resources for the implementation of a QAPI Program.

CoP/G tag Reference: 484.65(e) (G660), 484.65(e)(1) (G660), 484.65(e)(2) (G660), 484.65(e)(3) (G660), 484.65(e)(4) (G660)

Standard HH6-1D.01:

There is evidence of personnel involvement in the Quality Assessment and Performance Improvement (QAPI) program.

Personnel File Essential Components

- Training related to QAPI includes but is not limited to:
  - The purpose of QAPI activities.
  - The person responsible for coordinating QAPI activities.
  - The individual's role in QAPI.
  - The QAPI outcomes resulting from previous activities.

HINT

The Surveyor will expect to see evidence that QAPI activities are shared with all staff through orientation and annual in-service records and/or meetings.

It is recommended this be included as an agenda item for staff meetings.

If interviewed, staff should be able to discuss how they are involved in QAPI activities/initiatives and what type of training they have received regarding QAPI activities/initiatives.

Standard HH6-3A.01:

There is an annual Quality Assessment and Performance Improvement (QAPI) report written.

QAPI Report Essential Components

- The annual QAPI report must be a comprehensive, written annual report that describes the QAPI activities, findings, and corrective actions that relate to the care/service provided. The annual QAPI 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/services provided to the patients, service areas, and community served.
- Effectiveness of all programs, including care/services provided under contractual arrangements.
- Review and revision of P&P and forms used by the HHA.

HINT

The Surveyor will expect to see a written QAPI annual report.

Standard HH6-4A.01:

Each Quality Assessment and Performance Improvement (QAPI) activity contains the required items.

QAPI Activity Essential Components

- Each QAPI activity 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.
  - Plans to re-evaluate if findings fail to meet acceptable limits.
  - Written Plan of Correction (POC) when thresholds are not met.
  - Any other activities required under state or federal laws or regulations.

HINT

The Surveyor will review QAPI activities and will expect to see all components addressed in each QAPI activity. The Surveyor will expect to see a written POC for any QAPI activity that did not meet an acceptable threshold.

Standard HH6-4A.02:

Quality Assessment and Performance Improvement (QAPI) activities include an assessment of processes that involve risks, including infections and communicable diseases.

QAPI Plan Essential Components

- QAPI activities must include the review of all variances, which include, but are not limited to, incidents, accidents, complaints/grievances, infections, and communicable diseases.

HINT

The Surveyor will expect to see evidence of quarterly assessments of all variances to detect trends and create action plans to decrease occurrences.

Standard HH6-4A.04:

Quality Assessment and Performance Improvement (QAPI) activities include ongoing monitoring of at least one important administrative function of the HHA.

QAPI Plan Essential Components

- The HHA conducts monitoring of at least one important administrative/operational function of the HHA.
- Examples of activities include but are not limited to:
  - Monitoring compliance with conducting performance evaluations.
  - Number of in-service hours completed by personnel.
  - Conducting billing audits.

HINT

The Surveyor will expect to see evidence of ongoing monitoring of at least one important administrative/operational function of the HHA.

Standard HH6-4A.05:

Quality Assessment and Performance Improvement (QAPI) activities include satisfaction surveys.

QAPI Plan Essential Components

- The QAPI Plan identifies the process for conducting satisfaction surveys that include but are not limited to:
  - Patient.
  - Personnel.
  - Referral source.
  - Home Health Care Consumer Assessment of Health Providers and Systems (CAHPS) Surveys, if applicable.

HINT

The Surveyor will expect to see evidence that the HHA has conducted satisfaction surveys and that the results are included in the QAPI Program.

Standard HH6-4A.06:

Quality Assessment and Performance Improvement (QAPI) activities include the ongoing monitoring of patient grievances/complaints.

QAPI Plan Essential Components

- The QAPI Program includes an ongoing monitoring of patient grievances/complaints and the action(s) needed to resolve complaints/grievances.

HINT

The Surveyor will expect to see evidence of the ongoing monitoring of complaints/grievances and the actions needed to resolve complaints/grievances included in QAPI reports.

Standard HH6-4A.07:

The Quality Assessment and Performance Improvement (QAPI) program includes a review of the patient record.

QAPI Plan Essential Components

- The QAPI Program includes a review of the patient record, at least quarterly, by the appropriate health professionals representing the scope of the program. This would include a sampling of active and closed patient records.

HINT

The Surveyor will expect to see the results of the patient record reviews in QAPI reports.

The Surveyor will expect to see that the HHA has included an adequate sampling of open and closed patient records.

The Surveyor will expect to see a representation of services provided in the patient record review. For example, if an HHA offers therapy services and therapy services were provided during that quarter, therapists should be part of the review.

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.

QAPI Plan Essential Components

- The HHA conducts monitoring of a high-risk, high-volume, or problem-prone area related to the care/service provided by the HHA.

HINT

The Surveyor will expect to see evidence of ongoing monitoring of a high-risk, high-volume, or problem-prone area related to the care/service provided by the HHA.

High-risk factors are those issues that would be associated with significant risk to the health and safety of patients.

High-volume areas are those services that are frequently provided by the HHA to a large patient population, thus increasing the scope of the problem.

Problem-prone areas are those services that have the potential for negative outcomes that are associated with a diagnosis or condition for a particular patient group or a particular component of the HHA operation.

Adverse patient events are those that are negative and unexpected; impact the patient's HHA plan of care; and have the potential to cause a decline in the patient's condition.

CoP/G tag Reference: 484.65(c)(1)(i) (G648), 484.65(c)(1)(ii) (G650), 484.65(c)(1)(iii) (G652)

Standard HH6-6A:

Written policies and procedures are established and implemented by the HHA to identify, monitor, report, investigate, and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care.

P&P Essential Components

- P&P describe the process for identifying, reporting, monitoring, investigating, and documenting all adverse events, incidents, accidents, variances, or unusual occurrences, and must include at least the following:
  - Action to notify the Supervisor or after-hours personnel.
  - Time frame for verbal and written notification.
  - Appropriate documentation and routing of information.
  - Guidelines for notifying the physician or allowed practitioner, if applicable.
  - Follow-up reporting to the Administrator/governing body/owner.
  - Identification of the person responsible for collecting incident data and monitoring trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.
  - Compliance with the FDA Medical Device Tracking program and facilitate any recall notices submitted by the manufacturer.
- P&P define adverse events as including but not limited to:
  - Unexpected death, including suicide of patient.
  - Any act of violence.
  - A serious injury.
  - Psychological injury.
  - Significant adverse drug reaction.
  - Significant medication error.
  - Other undesirable outcomes as defined by the HHA.
  - Adverse patient care outcomes.
  - Patient injury (witnessed and unwitnessed), including falls.

HINT

The Surveyor will expect to see a standardized form developed by the HHA used to report incidents. The Surveyor will expect to see that this data is included in the QAPI Program. The HHA assesses and uses the data for reducing further safety risks.

CoP/G tag reference: 484.65(c)(2) (G654)

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.)

QAPI Plan Essential Components

- QAPI activities include obtaining and systematically analyzing OASIS reports to:

- Collect and trend data to monitor performance.
- Recognize statistically significant data.
- Identify patient population trends.
- Establish criteria for focused record review.
- Identify and reduce risk.
- Investigate factors that contribute to potentially avoidable events.
- Determine staff education that can promote improved outcomes.
- Use evidence-based practices in quality improvement initiatives.

HINT

The Surveyor will expect to see Outcome and Assessment Information Act (OASIS) data used in the QAPI Program.

Tools Available to Assist with Section 6:

- Section 6 Compliance Checklist
- Sample Annual Quality Assessment and QAPI Report
- Patient Incident/Variance Report
- Sample Quality Assessment Activity and QAPI Activity/Description Plan
- Sample QAPI Plan
- Section 6 Self Audit
- Sample Policies and Procedures

SECTION 6 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel File	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH6-1A	Yes		QAPI Program/reports	Sample QAPI Program & Observation Tool		
HH6-1B.01		Yes	Job description	Personnel File Tool		
HH6-1C			Governing body meeting minutes & staff interviews	Governing Body Meeting Template & Interview Tool		
HH6-1D.01			In-service records & staff interviews	Interview Tool		
HH6-3A.01			Annual QAPI report	Annual QAPI Template & Observation Tool		
HH6-4A.01			QAPI activity reports	QAPI Activity Description Template		
HH6-4A.02			QAPI activity specific to risks/infectious diseases	Sample QAPI Program		
HH6-4A.04			QAPI activity specific to administrative functions	Sample QAPI Program		
HH6-4A.05			Satisfaction surveys	Sample QAPI Program		
HH6-4A.06			QAPI activity specific to patient complaints/grievances	Sample QAPI Program		
HH6-4A.07			Quarterly chart audits	Sample QAPI Program		
HH6-5A			QAPI activity specific to high-risk, high- volume, & problem-prone areas	Sample QAPI Program		
HH6-6A	Yes		QAPI activity specific to incident/variance reports	Observation Tool		
HH6-7A.01			OASIS reports	Sample QAPI Program		

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

ANNUAL QUALITY ASSESSMENT AND QAPI REPORT

Year:_____

1. Overall effectiveness of the QAPI Program:

2. Summary of all QAPI activities for the previous year to include the projects, findings, and corrective actions:

3. The effectiveness, quality, and appropriateness of care/services provided to patients, service areas, and communities served:

4. Effectiveness of all programs including care/services provided under contractual arrangements:

5. Review and revision of policies and procedures and forms used:

Completed By: _____ Date: _____ _____

Creation Date Form # X

ACHC FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

PATIENT INCIDENT/VARIANCE FORM

Patient Name:_____ Date: _____

Medical Record Number: _____ Time: _____

Patient Diagnosis: _____ M.D. Name: _____

Brief description of what happened:

_____

_____

_____

☐ Damage of patient property ☐ DME/oxygen services ☐ Drug administration error
☐ Alleged patient abuse or neglect ☐ Unexpected death
☐ Medication reaction ☐ Treatment refusal ☐ Burn
☐ Other: _____

Did the incident require hospitalization?

☐ Yes ☐ No

Who discovered the incident/occurrence?

☐ Employee ☐ Patient/Caregiver ☐ Physician/Allowed Practitioner ☐ Referral ☐ Dept/Director
☐ Other: _____

Who was notified about the incident/occurrence?

☐ RN/Case Manager ☐ Patient/Caregiver ☐ Physician/Allowed Practitioner ☐ Management
☐ Other: _____

Name of person completing form, please print: _____

Signature: _____

Signature of Supervisor: _____

QAPI Coordinator: _____

Briefly state what happened: [FINDINGS, CONCLUSION]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

Briefly state what recommendations were given and actions taken: [RECOMMENDATION, ACTION]
(Attach additional documentation.)

_____

_____

_____

_____

_____

_____

Briefly state what follow-up was/will be done: [FOLLOW-UP]
(Attach additional documentation, as appropriate.)

_____

_____

_____

_____

_____

Creation Date

Form # X

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

QUALITY ASSESSMENT ACTIVITY AND QAPI ACTIVITY/DESCRIPTION

Date:

Description of Audit/Indicators:

Conducted By:

Frequency of Activities:

Data Collection Methods:

Threshold/Goal:

Plan for re-evaluation if the threshold/goal is not met:

All QAPI reports will be presented to the QAPI Committee and leadership. In the event an audit fails to meet a threshold/goal, a written plan of correction will be created that indicates plans to re-evaluate.

QAPI activities also need to include any additional federal or state requirements.

Creation Date

Form # X

SAMPLE QAPI PLAN

Performance Improvement Activities		
Description of Activities	Method & Frequency of Activities	Individual Responsible for Collecting Data and Data Analysis
Any monitoring activity that fails to meet the acceptable thresholds will become a QAPI activity. If all monitoring activities meet the acceptable thresholds, additional data collection methods will be used for the QAPI activities.		
HH6-4A.05 Satisfaction Surveys from Patients, Personnel, Referral Sources, & CAHPS	Patient satisfaction surveys, CAHPS, will be conducted quarterly on all patients that have been discharged from care/service. ■ Threshold is 92% of patients will score agency as "Good" or "Excellent." Employee satisfaction surveys will be conducted annually. ■ Threshold is 92% of employees will score agency as a "Great place to work." ■ Referral source satisfaction surveys will be conducted every six months. ■ Threshold is 92% of referral sources will score agency as "Satisfied with care delivered by agency."	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. The QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership, the governing body, and staff.
HH6-4A.07 Patient Chart Reviews	Patient chart reviews will be conducted daily on all admissions to ensure all required paperwork is completed. ■ Threshold is 97% of all admissions will have the required documentation when staff turn in the admission folder. Patient chart reviews will be conducted quarterly on a 25% sampling of active and discharged charts. ■ Threshold is 92% of all charts will be in compliance with physician or allowed practitioner orders for services, and all clinical notes will be signed, timed, and dated appropriately.	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. The QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership, the governing body, and staff.
HH6-4A.06 Patient Complaint and/or Grievance	All patient complaints and grievances will be monitored quarterly to identify any trends that warrant immediate action. ■ Threshold is that any complaint/grievance involving the same individual or service failure three times in one quarter will be considered unacceptable.	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. The QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership, the governing body, and staff.

Performance Improvement Activities		
Description of Activities	Method & Frequency of Activities	Individual Responsible for Collecting Data and Data Analysis
HH6-4A.02 Risks, Infections, & Communicable Diseases	Infection/communicable disease reports will be monitored on a quarterly basis to identify any trends that warrant immediate attention. ■ Indicator will be any: » Agency-acquired infection three times within one quarter. » Employee injury three times within one quarter. ■ The threshold will be to reduce infections and injuries to less than one incident per quarter.	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. The QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership, the governing body, and staff.
HH6-5 Patient Care	100% of chart audits for wound care patients will be conducted monthly for progress toward identified goals. ■ Indicator will be any: » Stage III or Stage IV wounds that do not progress toward healing. » Stage I or Stage II wounds that progress to Stage III or IV. ■ The threshold will be to have 90% of wounds progress toward healing.	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. The QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership, the governing body, and staff.
HH6-4A.04 Administrative Function	Billing audits will be conducted quarterly on 50% of charts to ensure services billed coincide with services received. ■ Threshold is 98% correct.	It will be the responsibility of the QAPI Coordinator to collect and analyze all data. The QAPI Coordinator will also be responsible for creating and distributing surveys, etc., as well as all reporting requirements to leadership, the governing body, and staff.

Creation Date

Form # X

FOR PROVIDERS. BY PROVIDERS.

HOME HEALTH

SECTION 6 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] QAPI Program/Plan.
- [ ] Patient incident and adverse event reporting requirements.

REQUIRED DOCUMENTS

- [ ] Governing body meeting minutes document involvement in the QAPI Program.
- [ ] Personnel meeting minutes document staff involvement in the QAPI Program.
- [ ] Annual evaluation of the QAPI Program.
- [ ] Evidence of monitoring the following:
    - [ ] Process that involves high-risk, high-volume, or problem-prone areas, including infections and communicable diseases.
    - [ ] At least one important aspect related to the care/service provided.
    - [ ] At least one important administrative aspect of the agency.
    - [ ] Quarterly chart reviews.
    - [ ] Satisfaction surveys.
    - [ ] OASIS Reports.
    - [ ] Patient complaints/grievances and incidents/variances.
- [ ] A written POC is developed for any QAPI activity that does not meet an acceptable threshold.

PERSONNEL FILE CONTENTS

- [ ] Job description of the person designated as responsible for the QAPI Program.

PATIENT RECORD REQUIREMENTS

- [ ] None.

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- [ ] QAPI initiatives of the program.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] QAPI Program is specific to the needs of the agency.

SELF TEST

1. Can you identify a QAPI project or the initiatives the agency is currently working on?
2. How are you involved in the QAPI Program?
3. What type of training has been provided for the individual designated as responsible for QAPI?

HOME HEALTH

NOTES

SECTION 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

HH6-1A

Policy: Quality Assessment and Performance Improvement

1. The organization develops, implements, evaluates, and maintains an effective, ongoing, HHA-wide QAPI Program. The governing body is ultimately responsible for the QAPI Program and ensuring, at a minimum, the following:
    - That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained;
    - That the HHA-wide quality assessment and performance improvement 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; and
    - That any findings of fraud or waste are appropriately addressed.
2. The organization measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the organization to assess processes of care, services, and operations.
3. HHA-wide QAPI efforts address priorities for improved quality of care/services and patient safety, and that all improvement actions are evaluated for effectiveness. The QAPI activities will focus on high-risk, high-volume, or problem-prone areas and will track events, analyze their causes, and implement preventive actions when appropriate.
4. The QAPI Program will be specific to the services provided by the HHA and will focus on:
    - Indicators related to improved patient outcomes;
    - The use of emergent care services by patients;
    - Patient hospitalizations and readmissions to the hospital; and
    - Actions to address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors.
5. All appropriate services and staff are involved in QAPI activities.
6. The Administrator will provide adequate resources necessary to ensure quality patient care, maintain good business practices, and confirm that resources are used appropriately.
7. The QAPI Program will ensure that opportunities to improve patient care and resolve problems are identified, and that follow-up actions are taken as appropriate when thresholds are not met.
8. The QAPI Program will use data derived from OASIS reports in the design of its program.

9. All audits and data collection will be the responsibility of the QAPI Coordinator or designee.
10. All data collected will be submitted to the QAPI Coordinator quarterly for review with decisions on action plans for follow-up.
11. All personnel will be trained on the organization's QAPI Program during orientation and will be updated on initiatives during staff meetings, through newsletters, etc.
12. The HHA will maintain documentary evidence of its QAPI Program and will demonstrate its operation to CMS, when applicable.

HH6-6A

Policy: Incident/Adverse Event Reporting

1. All adverse events, incidents, accidents, variances, or unusual occurrences involving patients will be reported immediately to the _____ through completing the incident form and/or verbal communication during normal business hours. After hours, all incidents should be immediately reported to the on-call Administrator.
2. An incident is defined as an unusual circumstance that may result or did result in personal injury of a patient from the delivery of care provided by the HHA. Incidents to be reported include but are not limited to:
    - Unexpected death, including suicide of patient.
    - Any act of violence.
    - A serious injury.
    - Psychological injury.
    - Significant adverse drug reaction.
    - Significant medication error.
    - Adverse patient care outcomes.
    - Patient injury (witnessed and unwitnessed), including falls.
    - Other undesirable outcomes as defined by the HHA.
3. The physician or allowed practitioner will be notified immediately regarding any incident that involves injury or potential injury, any incident that may involve a revision to the plan of care, and any incident that involves hospitalization of the patient.
4. The agency will comply with the FDA's Medical Device Tracking program and will facilitate any recall notices submitted by the manufacturer.
5. A summary of incident reports and/or safety concerns will be reported to the QAPI Coordinator and the governing body quarterly.
6. All employees will be educated on when and how to complete an incident report and the reporting process during orientation and annually.

UNDERSTANDING THE STANDARDS

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.

SECTION 7 — QUICK REFERENCE

NOTE: HINTS WILL BE HIGHLIGHTED IN BLUE

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.

P&P Essential Components

- P&P relative to infection control must include but are not limited to:
  - General infection control measures appropriate for care/services provided.
  - Handwashing.
  - Use of standard precautions and personal protective equipment (PPE).
  - Needle-stick prevention and sharps safety, if applicable.
  - Appropriate cleaning/disinfecting procedures.
  - Infection surveillance, monitoring, and reporting of employees and patients.
  - Disposal and transportation of regulated waste, if applicable.
  - Precautions to protect immune-compromised patients.
  - Employees' health conditions limiting their activities.
  - Assessment and use of data obtained about infections and the infection control program.
  - Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care.
  - Guidelines on caring for patients with multidrug-resistant organisms.
  - Policies on protecting patients and personnel from blood-borne or airborne pathogens.
  - Monitoring staff for compliance with HHA P&P related to infection control.
  - Protocols for educating patients and personnel in standard precautions, including the prevention and control of infection.
  - Identifying the personnel who are responsible for implementing infection control activities and personnel education.
  - Occupational Safety and Health Administration (OSHA) Blood-Borne Pathogen and TB Exposure Control Plan training for all direct care personnel.

HINT

The Surveyor will expect to see that the agency maintains and documents an effective infection control program designed to protect patients, families, and home health employees through the prevention, monitoring, and controlling of infections and communicable diseases.

The Surveyor will expect to see evidence of the OSHA Blood-Borne Pathogen and TB Exposure Control Plans being reviewed annually and updated to reflect significant modifications in tasks or procedures that may result in occupational exposure.

The TB Exposure Control Plans include engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent.

The Surveyor will expect to see evidence that the HHA provides infection control education to employees, contracted providers, and to patients and families regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

During home visits, the Surveyor will expect to see staff following standards of practice and HHA P&P pertaining to infection control while providing care/services.

CoP/G tag Reference: 484.70 (G680), 484.70(a) (G682), 484.70(c) (G686)

Standard HH7-1D:

The HHA reviews and evaluates the effectiveness of the infection control program.

☑ Infection Control Program Essential Components

- The HHA monitors the 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.
- Surveillance data is analyzed for trends and related factors that may contribute to the correlations between personnel, patients, and infection control practices.
- Data is used to assess the effectiveness of the infection control program.
- Corrective action plans and steps for improvement are to be implemented as needed.
- Data and action plans must be included in the Quality Assessment and Performance Improvement (QAPI) reports and communicated to leadership and personnel.
- The HHA reports all communicable diseases, as required by the local county health department, to the local county or state department of health.

HINT

The Surveyor will review infection tracking records or logs and QAPI reports to determine the proper tracking of infections and use of data in the QAPI Program.

It is recommended that the HHA develop infection control reports/logs to track and trend infections.

CoP/G tag Reference: 484.70(b) (G684), 484.70(b)(1) (G684), 484.70(b)(2) (G684)

Standard HH7-2A.01:

Written policies and procedures are established and implemented that address the education of personnel concerning safety.

☑ P&P Essential Components

- P&P include the types of safety training as well as the frequency of training. Safety training activities must include but are not limited to:
  - Body mechanics.
  - Safety management.
    - Fire.
    - Evacuation.
    - Security.
    - Office equipment.
    - Environmental hazards.
    - In-home safety.
  - Personal safety techniques.

HINT

The Surveyor will expect to see evidence that safety training is conducted during orientation and at least annually for all personnel.

If interviewed, staff should be familiar with safety training activities.

Standard HH7-2B.01:

Written policies and procedures are established and implemented that address patient safety in the home.

P&P Essential Components

- P&P pertaining to patient safety training must include but are not limited to:
  - Compliance-monitoring measures relating to the patient's medication.
  - Patient medical equipment safety, if applicable.
  - Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, and electrical safety).

HINT

The Surveyor will expect to see evidence that patient safety training/education is provided to patients as appropriate.

If interviewed, staff should be able to discuss what safety training/education is provided to patients.

If interviewed, patients should be able to discuss the safety education provided by employees.

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.

Emergency Plan Essential Components

- Be based on and include a documented, facility-based and community-based risk assessment, using an all-hazards approach.
- 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.
- 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.

HINT

The Surveyor will expect to see a comprehensive plan that will meet the health, safety, and security needs of the agency's staff and patients during an emergency or disaster situation. This should be accomplished by using an "all-hazards" approach that is specific to the parent location of the facility as

well as the location of all multiple locations associated with the Medicare provider number. The plan should address specific patient populations served by the agency as well as identify steps needed to ensure the continuity of business operations.

When addressing specific patient populations, the agency should take into consideration any special issues, such as the need for medical equipment mobility issues, or communication or cognitive barriers.

The emergency plan also needs to address the types of services that the HHA would be able to provide during the emergency event.

The emergency plan must also include succession planning and delegations of authority in order to identify individuals who would be able to assume key functions within the agency.

Once the risks have been identified, the agency should develop specific strategies to address the potential emergencies or disasters.

The emergency plan must also include the process for collaborating and communicating with local, tribal, regional, state, and federal emergency preparedness officials. Agencies are encouraged to collaborate with healthcare coalitions in their area and to document all efforts to contact emergency preparedness officials.

The plan must be reviewed and updated at least every two years. The review must be documented to include the date of the review and any updates made to the emergency plan based on the review.

CoP/E-tag Reference: 484.102 (E-0001), 484.102(a), 484.102(a)(1-4) (E-0004), (E-0006), (E-0007), (E-0009)

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 the review of them every two years.

P&P Essential Components

- P&P must include but not be limited to:
  - The plans for the HHA's patients during a natural or man-made 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.
  - 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 and patients that they are unable to contact.
  - Procedures to inform state and local 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.
  - 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 and other emergency staffing strategies, including the process and role for integration of state and federally designed healthcare professionals to address surge needs during an emergency.

HINT

The agency must address the process for developing an individualized emergency plan for each patient.

The agency must also address how it is going to notify local and state emergency preparedness officials of the medical needs of patients who may require evacuation from their place of residence.

Agencies must also ensure they maintain compliance with applicable Health Insurance Portability and Accountability Act (HIPAA) rules at 45 CFR parts 160 and 164, as appropriate. See (81 FR 63879, Sept. 16, 2016).

All emergency preparedness P&P should be reviewed and updated at least every two years.

CoP/E-tag Reference: 484.102(b)(1-5) (E-0013) (E-0017) (E-0019) (E-0021) (E-0023) (E-0024)

Standard HH7-3C:

An Emergency Preparedness Plan includes the development of a communication plan that includes personnel, patients, and other emergency and health care organizations in the same geographic area.

Communication Plan Essential Components:

- Names and contact information for the following:
  - Staff.
  - Entities providing services under arrangement.
  - Patients' physicians or allowed practitioners.
  - Volunteers.
- 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 following:
  - HHA employees.
  - 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 as permitted under 45 CFR 164.510(b)(4):
  - Use and disclosures for disaster relief purposes. A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2) and (3) of this section apply to such uses and disclosure to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.
- 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.

HINT

The Surveyor will expect to see a written communication plan that addresses how the agency will coordinate patient care within the agency, across healthcare providers, and with state and local public

health departments. The communication plan should include how the agency interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster.

The communication plan should include procedures regarding when and how alternate communication methods will be used, and who will use them. In addition, the agency should ensure that its selected alternative means of communication is compatible with communication systems of other facilities, agencies, and state and local officials with whom they will communicate during emergencies.

P&P must have a means of providing information about the HHA's needs as well as its ability to provide assistance to the authority having jurisdiction. The authority having jurisdiction varies by local, state, and federal emergency management structures as well as the type of disaster.

The communication plan must be reviewed and updated at least every two years.

CoP/E-tag Reference: 484.102(c)(1-6) (E-0029) (E-0030) (E-0031) (E-0032) (E-0033) (E-0034)

Standard HH7-3D:

An Emergency Preparedness Plan includes the process of training and testing the emergency preparedness plan.

Emergency Preparedness Training Essential Components

- Initial training in emergency preparedness P&P to all new and existing agency employees and individuals providing services under arrangement, consistent with their expected roles.
- Demonstrate staff knowledge of emergency procedures.
- Provide emergency preparedness training at least every two years.
- Periodically review and rehearse the emergency preparedness plan with employees (including non-employee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others.
- Maintain documentation of all emergency preparedness training.
- If the emergency preparedness P&P are significantly updated, the HHA must conduct training on the updated P&P.

Emergency Preparedness Testing Essential Components

- The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:
  - When a community-based exercise is not accessible, conduct an individual facility-based functional exercise every two years; or
  - If the HHA experiences a natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual facility-based functional exercise following the onset of the emergency event.
- Conduct an additional exercise every two years, opposite the year the full-scale or functional exercise under 42 CFR 484.102(d)(2)(i) is conducted. 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 is led by a facilitator and includes 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.
- 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.

HINT

The Surveyor will expect to see evidence of training and testing that reflects the risks identified in the agency's risk assessment.

Agencies are required to provide initial training in emergency preparedness P&P that are consistent with their roles in an emergency to all new and existing staff, individuals providing services under arrangement, and volunteers. This includes individuals who provide services on a per diem basis such as agency nursing staff and any other individuals who provide services on an intermittent basis and would be expected to assist during an emergency. Ongoing emergency preparedness training should be part of the agency's orientation and annual training. It is recommended that training be modified as needed, incorporating any lessons learned from the most recent exercises, from real-life emergencies that occurred in the last year, and during the annual review of the agency's emergency program.

Documentation must include the specific training completed as well as the methods used for demonstrating knowledge of the training program.

Agencies must conduct at least two tests every two years.

Testing allows the agency to evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement.

The emergency preparedness training and testing program must be documented and reviewed and updated at least every two years.

CoP/E-tag Reference: 484.102(d)(1-2) (E-0036) (E-0037) (E-0039)

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.

☑ Essential Components of Emergency Preparedness for Integrated Healthcare System

- If the agency chooses to participate in the healthcare system's coordinated emergency preparedness program, the unified and integrated emergency preparedness program must do the following:
  - Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
  - 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.
  - Include a unified and integrated emergency plan that meets the requirements of standard HH7-3A. The unified and integrated emergency plan must also be based on and include the following:

- A documented community-based risk assessment, using an all-hazards approach.
- A documented individual, facility-based risk assessment for each separately certified facility within the health system, using an all-hazards approach.

» Include integrated P&P that meet the requirements set forth in standard HH7-3B, a coordinated communication plan and training and testing programs that meet the requirements of standards HH7-3C and HH7-3D, respectively.

HINT

The Surveyor will expect to see evidence that each certified agency within the system that elected to participate in the system's integrated program actively participated in the development of the program. Therefore, each agency should designate personnel who will collaborate with the healthcare system to develop the plan. The unified and integrated plan should include documentation that verifies each agency participated in the development of the plan.

If this option is taken, the healthcare system's unified emergency preparedness program should be updated each time a facility enters or leaves the healthcare system's program.

All components of the emergency preparedness program that are required to be reviewed and updated at least every other year must include all participating agencies. Each agency must be able to prove that it was involved in the reviews and updates of the program.

CoP/E-tag Reference: 484.102(e)(1-5) (E-0042)

Standard HH7-5A.01:

Written policies and procedures are established and implemented that address the HHA's fire safety and emergency power systems.

P&P Essential Components

- P&P address fire safety and management for all office and worksite environments. The P&P must address providing emergency power to critical areas that include but are not limited to:
  - » Providing emergency power to critical areas, such as:
    - Alarm systems, if applicable.
    - Illumination of exit routes.
    - Emergency communication systems.
  - » Testing of emergency power systems, at least annually.
  - » A no-smoking policy and how it will be communicated.
  - » Maintenance of:
    - Smoke detectors.
    - Fire alarms.
    - Fire extinguishers.
  - » Fire drills.
    - Conducted at least annually.
    - Fire drills are evaluated, and results communicated to all personnel.

HINT

The Surveyor will expect to see evidence of safety training provided to staff.

The Surveyor will expect to see evidence that an annual fire drill is conducted and that results are shared with staff.

Standard HH7-6A.01:

Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care.

P&P Essential Components

- P&P to address hazardous wastes include at least the following:
  - The safe method of handling, labeling, storage, transportation, pickup, and/or disposal of hazardous wastes, chemicals, and/or contaminated materials used in the provision of patient care.
  - That the HHA follows local, state, and federal guidelines.

HINT

The Surveyor will expect to see that hazardous waste is handled, labeled, stored, transported, picked up, and disposed of properly.

Standard HH7-6B.01:

Written policies and procedures are established and implemented in regard to the OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

P&P Essential Components

- P&P that address OSHA's Hazard Communication Standard contain at least the following:
  - The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard warnings.
  - Current Safety Data Sheets (SDSs) accessible to personnel.
  - The proper use, storage, and disposal of hazardous chemicals and/or materials.
  - The use of appropriate PPE.
  - How personnel handle an exposure to a hazardous product while in the home environment.

HINT

The Surveyor will expect to see how staff access SDS information, which is expected to be through a log of SDS information sheets from the manufacturer, SDS hotline, and/or internet access.

If interviewed, staff should be able to discuss how to handle exposure to a hazardous product while in the home or office.

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.

P&P Essential Components

- P&P describe the process for reporting, monitoring, investigating, and documenting a variance.
  - P&P include but are not limited to:
    - Action to notify the supervisor or after-hours personnel.
    - Time frame for verbal and written notification.
    - Appropriate documentation and routing of information.
    - Guidelines for medical care.
    - Follow-up reporting to the governing body.
    - Compliance with OSHA guidelines regarding the recording of work-related injuries and illnesses that are diagnosed by a physician or licensed healthcare professional, and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11 as applicable to the HHA.
    - Identifying the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.
    - Compliance with the FDA's Medical Device Tracking program and facilitating any recall notices submitted by the manufacturer, if applicable.
  - Incidents to be reported include but are not limited to:
    - Personnel injury or endangerment.
    - Motor vehicle accidents when conducting agency business.
    - Environmental safety hazards.
    - Equipment safety hazards, malfunctions, or failures.
    - Unusual occurrences.

HINT

The Surveyor will expect to see:

- A standardized form developed by the HHA to report incidents.
- That incident reports are distributed to management and the governing body and are reported as required by applicable laws and regulations.
- That incidents are included in the QAPI reports and used to reduce further safety risks.
- Evidence that the organization educated all personnel on its P&P for documenting and reporting incidents/variances.
- OSHA 300, 300A, and 301 Forms, as applicable.

If interviewed, staff should be able to discuss the incident/accident reporting process.

Standard HH7-8A.01:

Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

P&P Essential Components

- P&P address how waived tests will be used in patient care for screening, treatment, or diagnostic purposes.
  - P&P 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.

HINT

The Surveyor will expect to see:

- Quality control logs for the equipment used to perform waived tests.
- That personnel have been trained on performing waived tests.

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.

P&P Essential Components

- P&P that address the use of equipment and supplies include but are not limited to:
  - Storage and transportation of equipment used to provide care/services.
  - Electrical safety of the equipment.
  - Use of cleaning and disinfecting agents.
  - Cleaning of equipment after each use.
  - Maintenance and repair of equipment used by the HHA personnel.
  - Calibration per the manufacturer's guidelines, if applicable.
  - Requirements for dispensing of any disposable supply used in the provision of care/service.
  - Manufacturer recalls.

HINT

The Surveyor will expect to see maintenance logs for equipment used in the provision of care.

Standard HH7-10A.01:

Written policies and procedures are established and implemented for participating in clinical research/experimental therapies and/or administering investigational drugs. (This criterion is applicable to HHAs that are participating in clinical research/experimental therapies or administering investigational drugs.)

P&P Essential Components

- P&P that address participation in clinical research/experimental therapies and/or investigational drugs include but are not limited to:
  - Informing patients of their responsibilities.
  - Informing patients of their right to refuse investigational drugs or experimental therapies.
  - Informing patients of their right to refuse to participate 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 can administer investigational medications/treatments.
  - Describing the personnel's role in 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.

HINT

The Surveyor will expect to see evidence of patients' knowledge and understanding of participation in clinical research, as applicable.

Tools Available to Assist with Section 7:

- Section 7 Compliance Checklist
- Sample All-Hazards Vulnerability Assessment
- Emergency Preparedness Plan Checklist
- Hints for an Infection Control Plan
- Infection Control Tracking Form
- Safety Tracking Log
- Report of Employee Accident Investigation
- Quality Maintenance Log
- Section 7 Self Audit
- Sample Policies and Procedures

SECTION 7 COMPLIANCE CHECKLIST

ACHC Standard	Policy/ Procedure	Personnel Record	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH7-14	Yes			Community and company prevalence rates assessment, infection control program, patient education materials, infection control education materials, & staff interviews	Observation Tool, Employee Annual Education Tool, & Interview Tool		
HH7-1D				QAPI reports & infection control logs	Observation Tool		
HH7-2A.01	Yes			In-service records & staff interviews	Employee Annual Education Tool & Interview Tool		
HH7-2B.01	Yes			Patient education materials	Observation Tool		
HH7-3A				Emergency Preparedness Plan, Risk Assessment, & staff interviews	Observation Tool, Interview Tool, Items Needed for Survey, & Emergency Preparedness Plan Checklist		
HH7-3B	Yes		Yes	Patient education materials	Interview Tool, Emergency Preparedness Plan Checklist, & Patient Record Audit Tool		
HH7-3C				Communication Plan & staff interviews	Interview Tool & Emergency Preparedness Plan Checklist		
HH7-3D		Yes		In-service records, evidence of training, & staff interviews	Interview Tool & Emergency Preparedness Plan Checklist		
H7-3E				Emergency Preparedness Plan & staff interviews	Interview Tool & Emergency Preparedness Plan Checklist		
HH7-5A.01	Yes			Observation of office space & fire drill log	Observation Tool		
HH7-6A.01	Yes			Observation on home visits & office space	Observation Tool		
HH7-6B.01	Yes			SDS log or access to SDS information; observation of staff & staff interviews	Observation Tool & Interview Tool		

ACHC Standard	Policy/ Procedure	Personnel Record	Patient Record	Observation	Audit Tool Provided	Compliance Y/N	Comments
HH7-7A.01	Yes			Variance logs for personnel; OSHA Forms 300, 300A, & 301 (if applicable); PI activities; & staff interviews	Observation Tool & Interview Tool		
HH7-8A.01	Yes			Quality control logs orientation/education checklist	Observation Tool & Orientation/ Employee Annual Education Tool		
HH7-9A.01	Yes			Maintenance logs & staff interviews	Observation Tool & Interview Tool		
HH7-10A.01	Yes						

SAMPLE ALL-HAZARDS VULNERABILITY RISK ASSESSMENT

ALL-HAZARDS VULNERABILITY RISK ASSESSMENT																				
EVENT	PROBABILITY			RISK/DISRUPTION									PREPAREDNESS				TOTAL SCORE			
SCORE	HIGH	MED	LOW	Loss of Life	Safety	HIGH	MED	LOW	Poor	Fair	Good									
	3	2	1	5	4	3	2	1	3	2	1									
Hurricane																				
Tornado																				
Blizzard																				
Ice storm																				
Earthquake																				
Drought																				
Flood																				
Epidemic																				
Internal fire																				
Internal flood damage																				
Cyberattack																				
Supply shortage																				
Staffing shortage																				
Act of terrorism																				
Civil unrest																				

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HOME HEALTH

EMERGENCY PREPAREDNESS PLAN CHECKLIST

The Surveyor will review documented evidence of a written Emergency Preparedness Plan that outlines the agency's approach to meeting the health, safety, and security needs of patients and staff during an emergency or disaster situation.

Does your Emergency Preparedness Plan include:

- An all-hazards risk assessment has been completed that identifies the top emergencies/disasters that pose a threat to the agency based on the specific location of your agency.
- For agencies that have multiple locations or branches, the all-hazards approach includes potential risks associated with the unique circumstances of that location.
- Issues to take into consideration include:
  - Identification of all business functions essential to the agency's operations during the identified emergency/disaster.
  - Consideration of the geographic location of the agency.
  - Specific patient population needs; inpatient vs. outpatient, mobility needs, equipment needs, etc.
  - Arrangements to be made with other healthcare facilities or other entities that might be needed to ensure essential functions are able to continue.
- Specific strategies have been developed for each of the identified emergencies/disasters, determining a plan that would allow for the essential functions of the agency to continue and addressing patient and staff safety.
- Individual plans for each home health patient have been included as part of their individualized comprehensive assessment.
- Agencies have communicated and collaborated with local, tribal, regional, state, and federal emergency preparedness officials to ensure the development of an effective emergency plan. This information is documented as well as any efforts made to communicate with emergency preparedness officials.
- Agencies have developed a communication plan that identifies:
  - The required contact information as well as a plan for alternate communication methods.
  - Succession plans and delegations of authority have been identified.
  - The process to inform state and local officials of any on-duty staff or patients that they are unable to contact.
  - The process to inform state and local emergency preparedness officials about homebound patients that may need evacuation from their homes (must include information regarding the patient's medical and psychiatric condition).

  - A method for sharing information and medical documentation for patients under the agency's care, as necessary, with other healthcare providers to maintain the continuity of care.
  - A means of providing information about the agency's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- P&P have been revised to address all required components of the Emergency Preparedness Condition of Participation to include but not be limited to:
  - Staffing, to include the process of notifying local officials when on-duty staff cannot be located.
  - Provision of patient care.
  - Procurement of supplies.
  - Maintenance of medical records.
  - Collaboration with other community providers.
  - Integration of state or federally designated healthcare professionals to address surge needs during an emergency.
- Evidence of training of all staff as well as documentation of staff knowledge of the agency's Emergency Preparedness Plan.
- Evidence of one test of the Emergency Preparedness Plan that includes participation in a community-based drill or facility-based drill, if unable to participate in a community-based drill, and a second community-based/facility-based drill, or a full-scale tabletop exercise.
- All components of the Emergency Preparedness Plan must be reviewed and updated at least every two years.

For additional resources to assist you with the development of your Emergency Preparedness plan, visit https://asprtracie.hhs.gov.

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HOME HEALTH

HINTS FOR AN INFECTION CONTROL PLAN

An effective infection control plan addresses the surveillance, identification, prevention, control, and investigation of infections and communicable diseases.

The first step is establishing written P&P that protect patients and personnel by preventing and controlling infections and communicable diseases.

At a minimum, P&P should be established that address the following:

- General infection control measures appropriate for care/services provided.
- Handwashing.
- Use of standard precautions and PPE.
- Needle-stick prevention and sharps safety, if applicable.
- Appropriate cleaning/disinfecting procedures.
- Infection surveillance, monitoring, and reporting of employees and patients.
- Disposal and transportation of regulated waste, if applicable.
- Precautions to protect immune-compromised patients.
- Employee health conditions limiting their activities.
- Assessment and use of data obtained about infections and the infection control program.
- Protocols for addressing patient care/service issues and prevention of infections related to infusion therapy, urinary tract care, respiratory tract care, and wound care.
- Guidelines on caring for patients with multidrug-resistant organisms.
- Policies on protecting patients and personnel from blood-borne or airborne pathogens.
- Monitoring staff for compliance with P&P related to infection control.
- Protocols for educating patients and personnel in standard precautions and the prevention and control of infection.
- Detailed OSHA Blood-Borne Pathogens training for all direct care personnel.
- TB Exposure Control Plan training for all direct care personnel.

An effective infection control plan also includes an assessment of tuberculosis (TB) prevalence in the community the agency serves and the agency itself in order to establish how the annual TB screening will be accomplished. The exposure control plan needs to be reviewed annually in order to ensure the most-effective TB screening tool is being used.

Another factor in an effective infection control plan is how the agency protects patients and personnel from infections and communicable diseases. This is typically done by educating patients and personnel on ways to prevent the transmission of infections and communicable diseases.

The tracking of infections and communicable diseases is an important component of prevention. An effective tracking method helps the agency to identify risk areas on which to focus its efforts in order to eliminate occupational exposure or reduce it to the lowest feasible extent.

The plan needs to be communicated to personnel and reviewed annually for overall effectiveness.

Things to consider when evaluating the infection control plan:

- Are P&P consistent with Centers for Disease Control and Prevention (CDC) and OSHA standards?
- Are staff following agency P&P regarding infection control?
- Does the data support that infection control practices are effective?
- Does the data support the need to develop a QAPI activity?

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HOME HEALTH

INFECTION CONTROL TRACKING FORM

QUARTER/YEAR: _____

Total of patients: _____

Total of employees with reportable infections: _____

INFECTIONS/COMMUNICABLE DISEASES	# OF EMPLOYEE CASES	# OF PATIENT CASES
TB		
MRSA		
VRE		
C-DIFF		
STREP		
UTI		
HEP C		
WOUNDS (NO CULTURES)		
SHINGLES		
COVID:		
INFLUENZA:		
OTHER:		
OTHER:		

Information to be reported to QAPI Committee at next meeting, to be held: _____

Information to be reported to governing body at next meeting, to be held: _____

Information to be shared with personnel at next monthly staff meeting, to be held: _____

Signature: _____ Date: _____

Creation Date

Form # X

Year:

HH	ITEM	DATE & INITIALS OF INDIVIDUAL COMPLETING AUDIT												
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL %
7-1A. & 7-2A.01	Infection control & safety training annually													%
7-1A	Annual assessment of TB rates													%
7-1A	Staff follow infection control procedures													%
7-1D	Monitoring of the infection control program													%
7-3B	Annual review and update of Emergency Preparedness Plan & policies													%
7-3C	Annual review and update of communication plan													%
7-3D	Annual staff education on Emergency Preparedness Plan													%
7-3D	Emergency Preparedness drills are conducted annually													%
7-5A.01	Illuminated exit signs are visible													%
7-5A.01	Backup alarm systems													%
7-5A.01	Emergency communication systems													%
7-5A.01	Posted escape routes													%
7-5A.01	No smoking signs - smoking prohibited													%
7-5A.01	Smoke detectors in place, batteries checked													%
7-5A.01	Fire extinguishers in appropriate areas													%
7-5A.01	Visual inspection of fire extinguishers monthly													%
7-5A.01	Fire extinguishers serviced annually													%
7-5A.01	Annual fire drill & evaluation													%
7-6A.01 & 7-6B.01	Safe handling, storage, and disposal of hazardous chemicals or materials													%
7-6B.01	SDS available													%
7-6B.01	Appropriate PPE available to staff													%
7-7A.01	Incidents properly investigated/reported													%
7-8A.01 & 7-9A.01	Maintenance logs for equipment used for waived tests													%

Year:

HH	ITEM	DATE & INITIALS OF INDIVIDUAL COMPLETING AUDIT												
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL %
Other Organization Requirements														
														%
														%
														%
														%
														%
														%
														%

Creation Date:
Form #

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HOME HEALTH

REPORT OF EMPLOYEE ACCIDENT INVESTIGATION

Employee name: _____ Date of report: _____

Date and time of accident: _____ Exact location: _____

Description of accident: _____

_____

_____

Extent of employee injury: _____

_____

_____

When did employee report the accident? Date: _____ Time: _____

Did employee require hospitalization? Yes/No

Did employee go to personal physician or healthcare professional? Yes/No

Did employee refuse medical treatment? Yes/No

After investigating this accident, was this caused by an unsafe act or unsafe condition?

_____

_____

What should be done, and by whom, to prevent this accident from recurring in the future?

_____

_____

_____

Employee Signature: _____ Date: _____

Human Resource Manager Signature: _____ Date: _____

Notify leader/manager? Yes/No Notify QAPI Coordinator? Yes/No Notify Supervisor? Yes/No

Creation Date Form # X

QUALITY MAINTENANCE LOG

Equipment Manufacturer: _____

Year:	VISUAL INSPECTION OF ELECTRICAL SYSTEM/CORDS	TESTED PER MANUFACTURER'S RECOMMENDATIONS	CLEANED AND DISINFECTED PER MANUFACTURER'S RECOMMENDATIONS	CALIBRATION PER MANUFACTURER'S RECOMMENDATIONS	HAS EQUIPMENT BEEN RECALLED BY MANUFACTURER?
	Date/Initials	Date/Initials	Date/Initials	Date/Initials	Date/Initials
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Creation Date

Form #

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HOME HEALTH

SECTION 7 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- [ ] General infection control measures appropriate for care/services provided.
- [ ] Handwashing.
- [ ] Use of standard precautions and PPE.
- [ ] Needle-stick prevention and sharps safety, if applicable.
- [ ] Appropriate cleaning/disinfecting procedures.
- [ ] Infection surveillance, monitoring, and reporting of employees and patients.
- [ ] Disposal and transportation of regulated waste, if applicable.
- [ ] Precautions to protect immune-compromised patients.
- [ ] Employee health conditions limiting their activities.
- [ ] Assessment and use of data obtained about infections and the infection control program.
- [ ] Protocols for addressing patient care issues and prevention of infections related to infusion therapy, urinary tract care, respiratory tract care, and wound care, if applicable.
- [ ] Guidelines on caring for patients with multidrug-resistant organisms.
- [ ] Policies on protecting patients and personnel from blood-borne or airborne pathogens.
- [ ] Protocols for educating patients and personnel in standard precautions and the prevention and control of infections.
- [ ] OSHA Blood-Borne Pathogen and TB Exposure Control Plan.
- [ ] Monitoring staff for compliance with HHA P&P related to infection control.
- [ ] Employee safety management policies.
- [ ] Patient safety in the home policies.
- [ ] Emergency Preparedness.
- [ ] HHA's emergency power/utility systems.
- [ ] HHA's fire safety and emergency power systems.
- [ ] Safe methods of handling of biohazard waste.
- [ ] Employee incident reporting.
- [ ] Use of waived testing and quality control procedure.
- [ ] Use of equipment and supplies in the provision of care.
- [ ] Clinical research.

REQUIRED DOCUMENTS

- [ ] Emergency Preparedness Plan.
- [ ] Assessment of the community and company TB incidence and prevalence rates.
- [ ] Patient education materials addressing infection control and individualized Emergency Preparedness Plan.
- [ ] QAPI reports/projects that demonstrate infection control data are incorporated into QAPI projects as appropriate, and incidents are incorporated into QAPI projects as appropriate.
- [ ] Annual testing of emergency power systems.
- [ ] Annual fire drill and evaluation of fire drill is shared with staff.
- [ ] Monthly inspection documentation/log of fire extinguishers.
- [ ] SDS binder or access to online SDS services.
- [ ] Incident reports/log for patients and employees.
- [ ] OSHA 300, 300A, and 301 forms when applicable.
- [ ] Quality logs/maintenance records for any equipment used to perform waived testing and/or in the provision of care/services.

PERSONNEL FILE CONTENTS

- [ ] In-service records demonstrating Emergency Preparedness training was provided to all personnel.
- [ ] In-service records for personnel who use equipment to perform waived testing.
- [ ] In-service records for personnel for evidence of safety training.

PATIENT RECORD REQUIREMENTS

- [ ] Individualized Emergency Preparedness Plan for each patient as part of the comprehensive assessment information.
- [ ] Clinical research permission, if applicable.

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- [ ] Infection control practices.
- [ ] Safety practices.
- [ ] Patient safety.
- [ ] Emergency Preparedness.
- [ ] Maintenance of hazardous materials.
- [ ] Incident reporting.
- [ ] Use of equipment to perform waived testing.
- [ ] Use of equipment/supplies in the provision of care/services.

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON-SITE?

- [ ] Staff follow accepted standards of practice to prevent the spread of infections.
- [ ] No-smoking signs are posted.

- [ ] Fire exits and escape routes are clearly identified.
- [ ] Smoke detectors, fire alarms, and extinguishers are present.
- [ ] Biohazard waste and hazardous materials are properly maintained.

SELF TEST

1. What infection control training have staff received?
2. What training have staff received regarding safety issues?
3. What training/education do you provide patients regarding safety in the home?
4. What training have staff received regarding Emergency Preparedness?
5. Are staff knowledgeable about procedures for incident reporting?
6. What training have staff received regarding the use of equipment for waived testing?
7. What training have staff received regarding the use of equipment in the provision of care/services?

HOME HEALTH

NOTES

SECTION 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

HH7-1A

Policy: Infection Control

1. HHA will establish and implement infection control P&P including but not limited to:
    - General infection control measures appropriate for care/services provided.
    - Handwashing.
    - Use of standard precautions and PPE.
    - Needle-stick prevention and sharps safety.
    - Appropriate cleaning/disinfecting procedures.
    - Infection surveillance, monitoring, and reporting of employees and patients.
    - Disposal and transportation of regulated waste, if applicable.
    - Precautions to protect immune-compromised patients.
    - Employee health conditions limiting their activities.
    - Assessment and use of data obtained about infections and the infection control program.
    - Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care.
    - Guidelines on caring for patients with multidrug-resistant organisms.
    - Policies on protecting patients and personnel from blood-borne or airborne pathogens.
    - Monitoring staff for compliance with HHA P&P related to infection control.
    - Protocols for educating patients and personnel in standard precautions and the prevention and control of infection.
2. All employees will follow infection control guidelines, as established by the CDC and HHA P&P, to protect patients and employees from infections and communicable diseases. Employees will follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
3. Annual training will include at least the following:
    - Standard precautions.
    - PPE.
    - Reporting of exposures.
    - TB, its mode of transmission, symptoms, risks, precautions, and prevention.

- Blood-borne pathogens and infection control procedures appropriate to their job responsibilities.
- Infection control training.

4. The _____ Director will be responsible for the implementation of the infection control activities and staff education.

HH7-2A.01

Policy: Personnel Safety

1. All new employees will receive safety training as part of their orientation, as well as ongoing training annually.
2. Safety training activities include but are not limited to:
    - Body mechanics.
    - Safety management:
        - Fire.
        - Evacuation.
        - Security.
        - Office equipment.
        - Environmental hazards.
        - In-home safety.
    - Personal safety techniques.

HH7-2B.01

Policy: Patient Safety

1. All patients and caregivers will receive information pertaining to safety management in the home to include but not be limited to:
    - Basic home safety measures.
    - Compliance-monitoring measures relating to the patient's medication.
    - Patient medical equipment safety, if applicable.

HH7-3B

Policy: Emergency Preparedness for Home Care

1. The HHA will maintain an Emergency Preparedness Plan to meet critical patient needs in a disaster or crisis situation.
2. The Administrator or designee has the authority to initiate the Emergency Preparedness Plan.
3. The Emergency Preparedness Plan will be based on an all-hazards approach to identify the potential risks associated with the geographical location of the office and patients.
4. Based on the top identified risks, strategies will be developed for responding to identified risks to ensure the health and safety of patients and staff and to ensure the continuity of business operations.
5. The Administrator will determine which employees need to respond. Those employees will be contacted through company cell phones and requested to report to the HHA or alternate site.

6. The HHA will inform local and state officials of any on-duty staff and patients that are unable to be contacted after _____ hours.
7. The Administrator will work with resources in the community, as well as regional, tribal, state, and federal, to assist with patient care in the event of an emergency and additional staff is required to ensure the safety of patients. The HHA will request additional staffing to address surge needs during the emergency.
8. Credentials will need to be verified for any additional volunteer staff needed to assist during the emergency.
9. Local officials will be notified of HHA patients who are in need of evacuation from their home.

   The Administrator will assign specific staff to specific responsibilities.

   [List staff assignments here.]
10. The Administrator will evaluate the effectiveness of the plan whenever it has been implemented. In the event the plan has not been initiated in the past year, a minimum of one disaster emergency drill will be conducted annually. The results of the drill will be used to revise the plan as appropriate and will be shared with staff.
11. The disaster Emergency Preparedness Plan will be reviewed with all employees during orientation.

HH7-5A.01

Policy: Fire Safety and Emergency Power Systems

1. The HHA will maintain backup systems to ensure the safety of staff during utility failure. The agency will have illuminated Exit signs as well as battery backup fire and smoke alarms that will be used in the event of a power failure. The Administrator's cell phone will be used for patient care calls in the event telephone systems are not functional.
2. The HHA completes monthly checks and maintenance of utilities, if needed. Utilities management may include but is not limited to:
   - Heating and cooling in the office.
   - Refrigeration.
   - Water supply.
   - Telephone, electronics, other communication devices, electrical systems, and computer systems.
3. All system checks will be documented on the maintenance log that will be maintained in the Director's office. Any outside inspection documentation will also be maintained in the Director's office.
4. Smoke detectors, fire alarms, and extinguishers are present and placed in secure areas. These items are inspected, maintained, and tested on a regular basis as recommended by the manufacturer. Fire drills are conducted at least annually. The HHA evaluates its response to the fire drill and communicates these results to personnel.

HH7-6A.01 & 6B.01

Policy: Hazardous Waste

1. All hazardous waste will be properly identified, contained, handled, transported, and disposed of to prevent unnecessary exposure.
2. The HHA will properly and safely dispose of or arrange for disposal of all hazardous waste per OSHA Hazardous Communication Standards.

3. The HHA will maintain an SDS binder. All incoming data sheets for new products will be reviewed, and employees will be trained on the new information as necessary. All SDSs will be filed in the SDS binder.
4. The SDS binder will consist of:
    - A current inventory of all SDSs indexed alphabetically.
    - The chemical name used for identification on the SDS that is the same as that used on the container label.
    - The chemical name and common name of all ingredients that have been determined to be a hazard.
5. Each SDS must include the following information:
    - The physical and chemical makeup of the compound, including vapor pressure and flashpoint.
    - The fire, explosion, and reactivity hazards of the chemical mixture, including the boiling and flash point.
    - Health hazards of the chemical mixture, including signs and symptoms of exposure.
    - Acceptable exposure limit recommended by the manufacturer.
    - Control measures, including fire, engineering, and PPE that may be necessary.
    - General precautions for safe handling and use, especially during repair and maintenance, including procedures for cleaning spills and leaks.
    - Emergency and first-aid procedures.
    - Date opened as well as expiration date.
    - Name, address, and telephone number of manufacturer or importer.
6. The orientation and training for all new employees will include but are not limited to:
    - An overview of hazardous materials P&P to include the identification, labeling, handling, containment, and transporting of hazardous waste.
    - Common chemicals used in the HHA.
    - Location of the SDS binder.
    - Health hazards of the chemicals listed on the inventory.
    - How to minimize or eliminate exposure to these hazardous chemicals through work practices and PPE kits.
    - Emergency procedures when exposure occurs.

HH7-7A.01

Policy: Personnel Incident Reporting

1. All adverse events, incidents, accidents, variances, or unusual occurrences involving staff and/or patients will be reported immediately to the _____ Director.
2. Monitoring of incident reports will serve as a tool to identify areas for improvement and will be part of the Performance Improvement (PI) process.
3. An incident form will be completed to document any unusual, harmful, or potentially harmful occurrences involving employees as soon as possible but within 24 hours of the incident. If after hours, an on-call supervisor will be notified of the incident immediately.

4. An incident is defined as an unusual circumstance that may result or did result in personal injury of an employee from care or services being provided by the HHA. Incidents to be reported include but are not limited to:
    - Personnel injury or endangerment.
    - Motor vehicle accidents when conducting HHA business.
    - Environmental safety hazards.
    - Equipment safety hazards, malfunctions, or failures.
    - Unusual occurrences.
5. OSHA will be contacted in the event there are questions regarding the reporting responsibilities of the HHA at http://www.osha.gov/recordkeeping/index.html or (800) 321-6742.
6. All employee injuries will be logged on an OSHA 300 form. The OSHA 300 form will be posted and visible to all personnel between February 1 and April 30, annually. OSHA 300 forms are located at http://www.osha.gov/pls/publications/pubindex.list.
7. A summary of incident reports and/or safety concerns will be reported to the PI Committee and the governing body quarterly.
8. All employees will be educated during orientation and annually regarding when and how to complete an incident report and the reporting process.

HH7-8A.01

Policy: Equipment Used in Waived Testing

1. Any new laboratory test or testing device used by the organization will first be validated as "waived" by checking the Clinical Laboratory Improvement Amendment (CLIA) list of approved tests.
2. Waived tests will be used in patient care for screening, treatment, or diagnostic purposes.
3. All staff performing waived testing will complete a competency evaluation for each type of waived test prior to performing the test for the first time.
4. All tests will be performed according to the manufacturer's written instructions.
5. Temperatures of rooms and/or refrigerators where testing supplies are stored will be within the manufacturer's guidelines.
6. Expiration dates will be checked prior to performing each test, and outdated reagents will be discarded.
7. Quality controls and/or calibration will be performed as specified by the manufacturer's instructions.
8. Test kits will be stored and handled in accordance with the manufacturer's instructions.
9. Maintenance and cleaning of testing equipment will be performed according to the manufacturer's instructions. A maintenance and cleaning log will be kept.

HH7-9A.01

Policy: Equipment and Supplies

1. All equipment/supplies used in the provision of care will be disinfected, maintained, calibrated, and stored according to manufacturer guidelines. The HHA will follow the manufacturer's recommendations for safe usage and will adhere to any manufacturer recalls. Any equipment that has been recalled by the manufacturer will be removed from the supply closet and will not be used in patient care.

2. Equipment will be disinfected with an approved disinfectant in accordance with the manufacturer's recommendations after each use.
3. Documentation of cleaning, calibrating, and maintenance of equipment will be documented on the equipment maintenance log.
4. Electrical equipment will be inspected prior to use.
5. Any defective equipment will be reported to the _____ Director immediately and will not be used in patient care.

HH7-10A.01

Policy: Clinical Research/Experimental Therapies

1. All clinical research/experimental therapies and/or administering of investigational drugs will adhere to the following policies:
    - The patient's physician or allowed practitioner must approve all therapies/investigational drugs and monitoring protocols, including experimental and atypical treatments and interventions.
    - Only qualified staff, per state regulations, will be allowed to administer and monitor the patient's response to investigational drugs or therapies.
    - Patients will be monitored to detect any adverse effects from investigational drugs or therapies by the organization's staff. Any adverse effects will be communicated to the physician or allowed practitioner immediately for further orders for care of the patient.
    - Patients will be informed of their responsibilities.
    - Informed Consent: Consent will only be obtained after the patient or the legal representative has had sufficient opportunity to consider whether or not to participate without coercion. The information or consent will be in language that is understandable to the patient or the legal representative. The patient has the right to refuse investigational drugs or experimental therapies, and the right to refuse to participate in research and clinical studies without discrimination.

ONGOING SUPPORT

ACHC RESOURCES

- ACHC's website (achc.org) and your customer portal offer a variety of educational resources to assist with the survey process as well as information pertaining to the home health industry.
- Check the website frequently for up-to-date information.
- Account Advisors are your personal liaison to guide you through the ACHC Accreditation process. Contact your Account Advisor via phone or email with any questions regarding the application process, standard interpretation, Plan of Correction, etc.
- ACHCU, the educational division of ACHC, provides educational workshops, webinars, and other resources. Learn more at achcu.com.

MANUALS OF INTEREST

- "Medicare General Information, Eligibility, and Entitlement Manual," Pub. 100-01, Chapter 5: Definitions.
- "State Operations Manual," Pub 100-07, Chapter 1: Program Background and Responsibilities.
- "State Operations Manual," Pub. 100-07, Chapter 2: The Certification Process.
- "State Operations Manual," Pub. 100-07, Appendix B: Home Health Agencies.
- State Operations Manual: Appendix B – Guidance to Surveyors: Home Health Agencies.

ADDITIONAL RESOURCES

- Centers for Medicare and Medicaid Services, www.cms.gov
- National Association for Home Care and Hospice, www.nahc.org
- Department of Labor: Occupational Safety and Health Administration, www.osha.gov
- Centers for Disease Control, www.cdc.gov
- National Fire Protection Association, www.nfpa.org
- Health and Human Services, www.hhs.gov
- Limited English Proficiency, www.LEP.gov
- Medicare Exclusion List/Office of Inspector General, www.oig.hhs.gov
- National Sex Offender Registry/U.S. Department of Justice, www.nsopw.gov

ACHC GLOSSARY OF TERMS FOR HOME HEALTH AGENCIES

ALL-HAZARDS APPROACH

- An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and/or facility emergencies that may include but is not limited to care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food. Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include influenza, Ebola, Zika virus, and others. All facilities must develop an all-hazards emergency preparedness program and plan.

BEREAVEMENT COUNSELING

- Emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

BRANCH OFFICE (MEDICARE-CERTIFIED HOME HEALTH AGENCY)

- An approved location or site from which an HHA provides services within a portion of the total geographic area served by the parent agency. The parent home health agency must provide supervision and administrative control of any branch office. It is unnecessary for the branch office to independently meet the Conditions of Participation as a home health agency.

BYLAWS

- A set of rules adopted by an HHA for governing the agency's operation.

CLINICAL NOTE (MEDICARE-CERTIFIED HOME HEALTH AGENCY)

- A notation of a contact with a patient that is written, timed, and which describes signs and symptoms, treatment, drugs administered, and the patient's reaction or response and any changes in physical or emotional condition during a given period of time.

COMPREHENSIVE ASSESSMENT

- A thorough evaluation of the patient's physical, psychosocial, emotional, and spiritual status related to the diagnosis and related conditions. This includes a thorough evaluation of the caregiver's and family's willingness and capability to care for the patient.

DISASTER

- A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see "emergency" for important contrast between the two terms). Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

EMERGENCY

- A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see "disaster" for important contrast between the two terms). Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

EMERGENCY/DISASTER

- An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

EMERGENCY PLAN

- An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.

EMERGENCY PREPAREDNESS PROGRAM

- The Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety, and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an Emergency Plan that is based on a Risk Assessment and incorporates an all-hazards approach; Policies and Procedures; Communication Plan; and the Training and Testing Program.

FACILITY-BASED

- We consider the term "facility-based" to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population; facility type and potential surrounding community assets (i.e., rural area versus a large metropolitan area).

FULL-SCALE EXERCISE

- A full-scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e., "boots on the ground" response activities (for example, hospital staff treating mock patients).

FUNCTIONAL EXERCISES

- Functional exercises focus on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In comparison to a full-scale exercise, a functional exercise involves fewer participants, and the movement of personnel and equipment is simulated.

HHA

- Home health agency.

HHA EMPLOYEE (MEDICARE-CERTIFIED HOME HEALTH AGENCY)

- An HHA is considered to provide a service "directly" when the person providing the service is an HHA employee. An individual who works for the HHA on an hourly or per-visit basis may be considered an agency employee if the HHA is required to issue a W-2 form on their behalf.

HOSPICE CARE

- A comprehensive set of services described in Section 1861(dd)(1) of the Social Security Act, identified and coordinated by an Interdisciplinary Group (IDG)/Interdisciplinary Team (IDT) to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care.

IN ADVANCE

- "In advance" means that home health agency staff must complete the task prior to performing any hands-on care or any patient education.

INTERDISCIPLINARY GROUP/INTERDISCIPLINARY TEAM

- A group of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of palliative care patients and families facing serious illness and bereavement.

MOCK DISASTER DRILL

- A mock disaster drill is the practice of how to save lives in a real-time situation. The drill addresses any kind of disaster that occurs with no advance notice, or very little time to implement.

NONPROFIT AGENCY

- An agency exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954.

PALLIATIVE CARE

- Patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

PARENT HOME HEALTH AGENCY (MEDICARE-CERTIFIED HOME HEALTH AGENCY)

- An agency that provides direct support and administrative controls of branch.

PRIMARY HOME HEALTH AGENCY (MEDICARE-CERTIFIED HOME HEALTH AGENCY)

- The home health agency that accepts the initial referral of a patient, and that provides services directly to the patient or via another healthcare provider under arrangements (as applicable).

PROGRESS NOTE

- A written notation dated and signed by a member of the health team that summarizes facts about care furnished and the patient's response during a given period of time.

PROPRIETARY AGENCY

- A private, for-profit agency.

PSEUDO-PATIENT

- A pseudo-patient is a person trained to participate in a role-play situation, or a computer-based mannequin device. A pseudo-patient must be capable of responding to and interacting with the home health aide trainee and must demonstrate the general characteristics of the primary patient population served by the HHA in key areas such as age, frailty, functional status, and cognitive status.

PUBLIC AGENCY

- An agency operated by a state or local government.

QUALITY INDICATOR

- A specific, valid, and reliable measure of access, care outcomes, or satisfaction, or a measure of a process of care.

REPRESENTATIVE

- The patient's legal representative, such as a guardian, who makes healthcare decisions on the patient's behalf, or a patient-selected representative who participates in making decisions related to the patient's care or well-being, including but not limited to, a family member or an advocate for the patient. The patient determines the role of the representative, to the extent possible.

RISK ASSESSMENT

- The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term “risk assessment” is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessments or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.

SIMULATION

- A simulation is a training and assessment technique that mimics the reality of the home care environment, including environmental distractions and constraints that evoke or replicate substantial aspects of the real work in a fully interactive fashion, in order to teach and assess proficiency in performing skills, and to promote decision making and critical thinking.

STAFF

- The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in Section 1861(w) of the Act.

SUBDIVISION (MEDICARE-CERTIFIED HOME HEALTH AGENCY)

- A component of a multi-function health agency, such as the home care department of a hospital or the nursing division of a health department, that independently meets the Conditions of Participation for HHAs. A subdivision that has branch offices is considered a parent agency.

SUMMARY REPORT

- The compilation of the pertinent factors of a patient's clinical notes and progress notes that is submitted to the patient's physician, physician assistant, nurse practitioner, or clinical nurse specialist.

SUPERVISED PRACTICAL TRAINING

- Training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing covered services to an individual under the direct supervision of either a registered nurse or a licensed practical nurse who is under the supervision of a registered nurse.

TABLETOP EXERCISE (TTX)

- A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

VERBAL ORDER

- A verbal order means a physician, physician assistant, nurse practitioner, or clinical nurse specialist order that is spoken to appropriate personnel and later put in writing for the purposes of documenting as well as establishing or revising the patient's plan of care.

ACHC GLOSSARY OF PERSONNEL QUALIFICATIONS FOR HOME HEALTH AGENCIES

Administrator (Medicare-Certified Home Health Agency)

- For individuals that began employment with the HHA prior to January 13, 2018, a person who:
  - Is a licensed physician; or
  - Is a Registered Nurse; or
  - Has training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related health programs.
- For individuals that begin employment with an HHA on or after January 13, 2018, a person who:
  - Is a licensed physician, a registered nurse, or holds an undergraduate degree; and
  - Has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or a related healthcare program.

Allowed Practitioner (Medicare-Certified Home Health Agency)

An allowed practitioner means a physician assistant, nurse practitioner, or clinical nurse specialist as defined in 42 CFR 484.2.

Audiologist (Medicare-Certified Home Health Agency)

A person who:

- Meets the education and experience requirements for a Certificate of Clinical Competence in audiology granted by the American Speech-Language-Hearing Association; or
- Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Clinical Manager (Medicare-Certified Home Health Agency)

A person who is a licensed Physician, Physical Therapist, Speech-Language Pathologist, Occupational Therapist, Audiologist, Social Worker, or a Registered Nurse.

Clinical Nurse Specialist

A clinical nurse specialist means an individual as defined at 42 CFR 410.76(a) and (b) of this chapter, and who is working in collaboration with the physician as defined at 42 CFR 410.76(c)(3) of this chapter.

Home Health Aide (Medicare-Certified Home Health Agency)

A person who meets the qualifications for home health aides specified in Section 1861(a)(3) of the Act and implemented at 42 CFR 484.80.

Home Respiratory Care Practitioner

A licensed Respiratory Care Practitioner (RCP) with documented training and experience in the delivery of home respiratory care. In states without RCP licensure, the therapist must be credentialed by the National Board for Respiratory Care (NBRC) as a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT). Healthcare professionals such as LPNs, RNs, and PTs may be used to deliver respiratory care services, within their scope of practice, provided there is adequate documentation to support supplemental training and experience in providing home respiratory care.

Licensed Practical/Vocational Nurse (LPN/LVN)

A person who has completed a practical (vocational) nursing program, is licensed in the state where practicing, and who furnishes services under the supervision of a qualified registered nurse.

Nurse Practitioner

A nurse practitioner means an individual as defined in 42 CFR 410.75(a) and (b) of this chapter, and who is working in collaboration with the physician as defined in 42 CFR 410.75(c)(3) of this chapter.

Occupational Therapist (OT)

- A person who:
  - Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing, unless licensure does not apply;
  - Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
  - Is eligible to take, or has successfully completed, the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- On or before December 31, 2009:
  - Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing; or
  - When licensure or other regulation does not apply:
    - Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and
    - Is eligible to take or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- On or before January 1, 2008:
  - Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
  - Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.
- On or before December 31, 1977:
  - Had two years of appropriate experience as an Occupational Therapist; and
  - Achieved a satisfactory grade on an occupational therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
- If educated outside the United States, must meet all of the following:
  - Graduated after successful completion of an occupational therapist education program accredited as substantially equivalent to occupational therapist entry-level education in the United States by one of the following:
    - The Accreditation Council for Occupational Therapy Education (ACOTE).

- Successor organizations of ACOTE.
- The World Federation of Occupational Therapists.
- A credentialing body approved by the American Occupational Therapy Association.

» Successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

» On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing.

Occupational Therapy Assistant (COTA)

A person who:

- Meets all of the following:
  - » Is licensed, or otherwise regulated, if applicable, as an Occupational Therapy Assistant by the state in which practicing, unless licensure does not apply.
  - » Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations.
  - » Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- On or before December 31, 2009:
  - » Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the state in which practicing; or any qualifications defined by the state in which practicing, unless licensure does not apply; or
  - » Must meet both of the following:
    - Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association.
    - After January 1, 2010, meets the requirements in paragraph (f)(1) of this section.
- After December 31, 1977, and on or before December 31, 2007:
  - » Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
  - » Completed the requirements to practice as an Occupational Therapy Assistant applicable in the state in which practicing.
- On or before December 31, 1977:
  - » Had two years of appropriate experience as an Occupational Therapy Assistant; and
  - » Achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
- If educated outside the United States, on or after January 1, 2008:
  - » Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry-level education in the United States by one of the following:

        - The Accreditation Council for Occupational Therapy Education (ACOTE).
        - It's successor organizations.
        - The World Federation of Occupational Therapists.
        - By a credentialing body approved by the American Occupational Therapy Association; and
    - Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

Paraprofessional

A trained Aide who assists a professional person (i.e., Home Care Aide, Nursing Assistant).

Physical Therapist (PT)

A person who is licensed, if applicable, by the state in which practicing, unless licensure does not apply and who meets one of the following requirements:

- Graduated after successful completion of a Physical Therapist education program approved by one of the following:
    - The Commission on Accreditation in Physical Therapy Education (CAPTE).
    - Successor organizations of CAPTE.
    - An education program outside the United States determined to be substantially equivalent to physical therapist entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to Physical Therapists; and
- Passed an examination for Physical Therapists approved by the state in which physical therapy services are provided.
- On or before December 31, 2009:
    - Graduated after successful completion of a physical therapy curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE); or
    - Must meet both of the following:
        - Graduated after successful completion of an education program determined to be substantially equivalent to Physical Therapist entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified in 8 CFR 212.15(e) as it relates to Physical Therapists.
        - Passed an examination for Physical Therapists approved by the state in which physical therapy services are provided.
- Before January 1, 2008:
    - Graduated from a physical therapy curriculum approved by one of the following:
        - The American Physical Therapy Association.
        - The Committee on Allied Health Education and Accreditation of the American Medical Association.
        - The Council on Medical Education of the American Medical Association and the American Physical Therapy Association.

- On or before December 31, 1977, was licensed or qualified as a Physical Therapist and meets both of the following:
  - Has two years of appropriate experience as a Physical Therapist.
  - Achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
- Before January 1, 1966:
  - Was admitted to membership by the American Physical Therapy Association; or
  - Was admitted to registration by the American Registry of Physical Therapists; or
  - Has graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education.
- Before January 1, 1966, was licensed or registered, and before January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.
- If trained outside the United States before January 1, 2008, meets the following requirements:
  - Has graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy.
  - Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.

Physical Therapist Assistant (PTA)

A person who is licensed, registered, or certified as a Physical Therapist Assistant, if applicable, by the state in which practicing, unless licensure does not apply and meets one of the following requirements:

- Graduated from a Physical Therapist Assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or, if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to Physical Therapist Assistant entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and
- Passed a national examination for Physical Therapist Assistants.
- On or before December 31, 2009, meets one of the following:
  - Is licensed or otherwise regulated in the state in which practicing.
  - In states where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a two-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010, meets the requirements of paragraph (h)(1) of this section.
- Before January 1, 2008, where licensure or other regulation does not apply, graduated from a two-year college-level program approved by the American Physical Therapy Association.
- On or before December 31, 1977, was licensed or qualified as a Physical Therapist Assistant and achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

Physician Assistant

A physician assistant means an individual as defined in 42 CFR 410.74(a) and (c) of this chapter.

Physician for a Medicare-Certified Home Health Agency

A physician is a Doctor of Medicine, osteopathy, or podiatric medicine, and who is not precluded from performing this function under paragraph (d) of this section. (A doctor of podiatric medicine may perform only plan of treatment functions that are consistent with the functions he or she is authorized to perform under state law.)

Psychiatric Nurse

A Psychiatric Nurse is a Registered Nurse (RN) who has received specialized behavioral health training and/or has behavioral healthcare experience that exceeds that which is required for one to become a Registered Nurse. Determination of whether a Registered Nurse meets the criteria for a Psychiatric Nurse is made by the organization through its written policies and procedures, job descriptions, and/or the CMS Regional Home Health Intermediary, and/or state requirements.

Public Health Nurse for a Medicare

Certified Home Health Agency: A Registered Nurse who has completed a baccalaureate degree program approved by the National League for Nursing for Public Health Nursing preparation or post Registered Nurse study that includes content approved by the National League for Nursing for Public Health Nursing preparation.

Qualified Supervisor

An individual employed directly or through contract who possesses:

- Evidence of verification of education and training requirements in accordance with applicable laws or regulations and the organization's policy; and
- Evidence that clinical and supervisory knowledge and experience are appropriate to his/her assigned supervision responsibilities.

Registered Nurse (RN)

A graduate of an approved school of professional nursing who is licensed as a Registered Nurse by the state in which practicing.

Social Worker (MSW)(Medicare-Certified Home Health Agency)

A person who has a master's degree or doctoral degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a healthcare setting.

Social Work Assistant (Medicare-Certified Home Health Agency)

A person who provides services under the supervision of a qualified social worker and:

- Has a baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least one year of social work experience in a healthcare setting; or
- Has two years of appropriate experience as a Social Work Assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as a social work assistant after December 31, 1977.

Speech-Language Pathologist (SLP) (Medicare-Certified Home Health Agency)

A qualified SLP is a person who has a master's or doctoral degree in speech-language pathology, and who meets either of the following:

- Is licensed as a speech-language pathologist by the state in which the individual furnishes such services; or
- In the case of an individual who furnishes services in a state that does not license speech-language pathologist:
  - Has successfully completed 350 clock hours of supervised clinical practicum (or be in the process of accumulating such supervised clinical experience).
  - Performed not less than nine months of supervised full-time speech-language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field.
  - Successfully completed a national examination in speech-language pathology approved by the Secretary of Health and Human Services.

Spiritual Care Professional

Spiritual care is provided by qualified individuals in accordance with professional standards and according to the job description. Individuals providing spiritual care understand and are knowledgeable of the spiritual needs related to palliative care, end-of-life care, loss, and bereavement. Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel.

FOR PROVIDERS.
BY PROVIDERS.

HOME HEALTH

NOTES