



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 hospice 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 the Accreditation Commission for Health Care (ACHC). You should refer to the State Operations Manual, Appendix M-Guidance to Surveyors: Hospice 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 L Tags in the State Operations Manual. If in compliance, score the L Tag as a “Yes.” If not in compliance, score the L Tag as a “No.” 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.

YES	NO	L tag	
Are you in compliance with the Medicare Condition of Participation pertaining to Patient’s Rights (reference CFR 418.52)?			
<input type="checkbox"/>	<input type="checkbox"/>	L500	Is there evidence the patient was informed and the hospice promoted and protected patient rights?
<input type="checkbox"/>	<input type="checkbox"/>	L502	Is there evidence the agency provided the patient with verbal and written notice of rights in advance of care?
<input type="checkbox"/>	<input type="checkbox"/>	L503	Is there evidence the agency informed and distributed advance directive information?
<input type="checkbox"/>	<input type="checkbox"/>	L504	Is there evidence the agency obtained a signature confirming receipt of rights and responsibilities?
<input type="checkbox"/>	<input type="checkbox"/>	L505	Is there evidence the agency allows the patient to exercise his or her rights, agency demonstrates respect for property/person and allows the patient to voice grievances?
<input type="checkbox"/>	<input type="checkbox"/>	L506	If the patient is incompetent, is there evidence the rights are exercised by person appointed to act on patient’s behalf?
<input type="checkbox"/>	<input type="checkbox"/>	L507	If a patient is not incompetent, is there evidence of legal representative designated by patient if the patient desires a representative?
<input type="checkbox"/>	<input type="checkbox"/>	L508	Is there evidence all alleged violations are reported immediately?
<input type="checkbox"/>	<input type="checkbox"/>	L509	Is there evidence all alleged violations are immediately investigated to prevent further violations?



YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L510	Is there evidence of appropriate corrective action for verified violations was initiated?
<input type="checkbox"/>	<input type="checkbox"/>	L511	Is there evidence of verified violations were reported within five working days?
<input type="checkbox"/>	<input type="checkbox"/>	L512	Is there evidence the patient has the right to receive effective pain management and symptom control?
<input type="checkbox"/>	<input type="checkbox"/>	L513	Is there evidence the patient has the right to be involved in developing the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	L514	Is there evidence the patient has the right to refuse care or treatment?
<input type="checkbox"/>	<input type="checkbox"/>	L515	Is there evidence the patient has the right to choose their attending physician?
<input type="checkbox"/>	<input type="checkbox"/>	L516	Is there evidence the patient has the right to a confidential clinical record?
<input type="checkbox"/>	<input type="checkbox"/>	L517	Is there evidence the patient has the right to be free from mistreatment, neglect, or mental, sexual and physical abuse, injuries unknown source, misappropriation of property?
<input type="checkbox"/>	<input type="checkbox"/>	L518	Is there evidence the patient has the right to receive information about hospice benefit covered services?
<input type="checkbox"/>	<input type="checkbox"/>	L519	Is there evidence the patient has the right to receive information on services that will be provided?
Are you in compliance with the Medicare Condition of Participation pertaining to Initial and Comprehensive Assessment of the Patient (reference CFR 418.54)?			
<input type="checkbox"/>	<input type="checkbox"/>	L520	Is there evidence of a documented patient specific comprehensive assessment?
<input type="checkbox"/>	<input type="checkbox"/>	L522	Is there evidence an RN completed the initial assessment within 48 hours of election?
<input type="checkbox"/>	<input type="checkbox"/>	L523	Is there evidence the IDG and attending physician complete the comprehensive assessment no later than five calendar days after election?
<input type="checkbox"/>	<input type="checkbox"/>	L524	Does the comprehensive assessment identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness?
<input type="checkbox"/>	<input type="checkbox"/>	L525	Does the comprehensive assessment consider the nature and condition causing admission?
<input type="checkbox"/>	<input type="checkbox"/>	L526	Does the comprehensive assessment consider complications and risk factors?
<input type="checkbox"/>	<input type="checkbox"/>	L527	Does the comprehensive assessment consider the functional status, including the patient's ability to understand and participate in his or her own care?
<input type="checkbox"/>	<input type="checkbox"/>	L528	Does the comprehensive assessment consider the imminence of death?
<input type="checkbox"/>	<input type="checkbox"/>	L529	Does the comprehensive assessment consider the severity of symptoms?
<input type="checkbox"/>	<input type="checkbox"/>	L530	Does the comprehensive assessment include a drug profile?
<input type="checkbox"/>	<input type="checkbox"/>	L531	Does the comprehensive assessment include a bereavement assessment?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L532	Does the comprehensive assessment consider the need for referrals to other health professionals?
<input type="checkbox"/>	<input type="checkbox"/>	L533	Is there evidence the comprehensive assessment is updated at least every 15 days?
<input type="checkbox"/>	<input type="checkbox"/>	L534	Does the comprehensive assessment include data elements for measurement of outcomes?
<input type="checkbox"/>	<input type="checkbox"/>	L535	Is there evidence the data elements are an integral part of the comprehensive assessment?
Are you in compliance with the Medicare Condition of Participation pertaining to Initial and Comprehensive Assessment of the Interdisciplinary Group, Care Planning, and Coordination of Services (reference CFR 418.56)?			
<input type="checkbox"/>	<input type="checkbox"/>	L536	Is there evidence the IDG/attending physician prepared a written plan of care? Does the plan of care specify the care/services needs of patient and family as identified in comprehensive assessment?
<input type="checkbox"/>	<input type="checkbox"/>	L539	Is there evidence of a designated IDG to meet the needs of the patient and family?
<input type="checkbox"/>	<input type="checkbox"/>	L540	Is there evidence of an RN assigned to coordinate care?
<input type="checkbox"/>	<input type="checkbox"/>	L541	Does the IDG include a MD/OD, RN, SW and a pastoral or other counselor?
<input type="checkbox"/>	<input type="checkbox"/>	L542	Is there evidence an IDG has been identified to establish the day-to-day polices governing the provision of hospice services?
<input type="checkbox"/>	<input type="checkbox"/>	L543	Is there evidence that care follows an individualized plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	L544	Is there evidence of education and training provided to the patient/caregiver?
<input type="checkbox"/>	<input type="checkbox"/>	L545	Has an individualized plan of care been developed for each patient?
<input type="checkbox"/>	<input type="checkbox"/>	L546	Does the plan of care include interventions to manage pain and symptoms?
<input type="checkbox"/>	<input type="checkbox"/>	L547	Does the plan of care include a detailed statement of scope and frequency of services for all disciplines including volunteers?
<input type="checkbox"/>	<input type="checkbox"/>	L548	Does the plan of care include the measurable outcomes anticipated?
<input type="checkbox"/>	<input type="checkbox"/>	L549	Does the plan of care include the necessary drugs and treatments to meet the patient's needs?
<input type="checkbox"/>	<input type="checkbox"/>	L550	Does the plan of care include the medical supplies/appliances to meet the needs of the patient?
<input type="checkbox"/>	<input type="checkbox"/>	L551	Is there evidence of the patient's/representative's involvement with the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	L552	Is there evidence the IDG reviews and revises the plan of care as necessary but no less frequently than every 15 days?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L553	Does the revised plan of care include information from the updated assessments and identify the progress towards outcomes and goals?
<input type="checkbox"/>	<input type="checkbox"/>	L554	Is there evidence the IDG maintains responsibility for the care and services provided?
<input type="checkbox"/>	<input type="checkbox"/>	L555	Is there evidence the IDG ensures the care and services are provided in accordance with the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	L556	Is there evidence the IDG ensures the care and services provided are based on all assessments?
<input type="checkbox"/>	<input type="checkbox"/>	L557	Is there evidence of the sharing of information between all disciplines providing care?
<input type="checkbox"/>	<input type="checkbox"/>	L558	Is there evidence of the sharing of information with non-hospice providers providing care?
Are you in compliance with the Medicare Condition of Participation pertaining to Quality Assessment and Performance Improvement (reference CFR 418.58)?			
<input type="checkbox"/>	<input type="checkbox"/>	L559	Is there evidence of a hospice wide data-driven quality assessment performance improvement program?
<input type="checkbox"/>	<input type="checkbox"/>	L561	Is the program capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services?
<input type="checkbox"/>	<input type="checkbox"/>	L562	Does the program measure, analyze and track quality indicators?
<input type="checkbox"/>	<input type="checkbox"/>	L563	Does the program use quality indicators including patient care & other relevant data?
<input type="checkbox"/>	<input type="checkbox"/>	L564	Does the program use the data to monitor the effectiveness and safety of services and identify opportunities for improvement?
<input type="checkbox"/>	<input type="checkbox"/>	L565	Is there evidence of the governing body's approval of the frequency and detail of the data collected?
<input type="checkbox"/>	<input type="checkbox"/>	L566	Does the program focus on high-risk, high-volume, or problem-prone areas?
<input type="checkbox"/>	<input type="checkbox"/>	L567	Does the program consider incidence, prevalence, and severity of problems in these areas?
<input type="checkbox"/>	<input type="checkbox"/>	L568	Does the program affect palliative outcomes, patient safety, and quality of care?
<input type="checkbox"/>	<input type="checkbox"/>	L569	Does the program track and analyze adverse events and implement preventive actions?
<input type="checkbox"/>	<input type="checkbox"/>	L570	Does the hospice measure its success and track performance to ensure improvements are maintained?
<input type="checkbox"/>	<input type="checkbox"/>	L571	Is the hospice implementing performance improvement projects?
<input type="checkbox"/>	<input type="checkbox"/>	L572	Does the scope of the performance improvement projects reflect the complexity of the hospice agency?
<input type="checkbox"/>	<input type="checkbox"/>	L573	Is there documented evidence of the performance improvement projects?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L574	Is there evidence the governing body ensures an ongoing program is defined, implemented, maintained, and evaluated annually?
<input type="checkbox"/>	<input type="checkbox"/>	L575	Is there evidence that the program addresses priorities and improvement activities and is evaluated for effectiveness?
<input type="checkbox"/>	<input type="checkbox"/>	L576	Is there evidence of a designated individual(s) responsible for the QAPI program?
Are you in compliance with the Medicare Condition of Participation pertaining to Infection Control (reference CFR 418.60)?			
<input type="checkbox"/>	<input type="checkbox"/>	L577	Is there evidence of a documented infection control program?
<input type="checkbox"/>	<input type="checkbox"/>	L579	Are accepted standards of practice established and followed to prevent the transmission of infections?
<input type="checkbox"/>	<input type="checkbox"/>	L580	Is there evidence the hospice maintains an agency-wide program for surveillance, identification, prevention, control and investigation of infections and it is part of QAPI?
<input type="checkbox"/>	<input type="checkbox"/>	L581	Does the infection control plan include methods to identify problems and implement actions for prevention?
<input type="checkbox"/>	<input type="checkbox"/>	L582	Is there evidence that education is provided to staff, contract providers, caregivers, and patients?
Are you in compliance with the Medicare Condition of Participation pertaining to Licensed Professional Services (reference CFR 418.62)?			
<input type="checkbox"/>	<input type="checkbox"/>	L584	Is there evidence that staff (employees and under arrangement) are qualified and services are delivered and supervised appropriately?
<input type="checkbox"/>	<input type="checkbox"/>	L585	Is there evidence staff actively participate in the coordination of all aspects of care?
<input type="checkbox"/>	<input type="checkbox"/>	L586	Is there evidence staff participate in the QAPI program and in-service training?
Are you in compliance with the Medicare Condition of Participation pertaining to Core Services (reference CFR 418.64)?			
<input type="checkbox"/>	<input type="checkbox"/>	L587	Is there evidence routinely all core services are provided directly by employees of the hospice (Physician, Nursing, Medical Social Services [MSS], bereavement counseling, dietary counseling, and spiritual counseling services)? If contracted staff are used to provide core services, is there evidence of a written agreement with another Medicare certified hospice?
<input type="checkbox"/>	<input type="checkbox"/>	L590	Is there evidence of the hospice medical director accepting responsibility for the palliation and management of the terminal illness and conditions related to the terminal illness?
<input type="checkbox"/>	<input type="checkbox"/>	L591	Is there evidence of nursing services being provided by or under the supervision of a RN?
<input type="checkbox"/>	<input type="checkbox"/>	L592	Is there evidence the agency is following state law regarding the ability of nurses to see, treat and write orders for patients?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L593	Is there evidence of highly specialized nursing services needing to be provided under contract due to the infrequency of the service?
<input type="checkbox"/>	<input type="checkbox"/>	L594	Are medical social services being provided by a qualified social worker?
<input type="checkbox"/>	<input type="checkbox"/>	L595	Are counseling services available to the patient and family?
<input type="checkbox"/>	<input type="checkbox"/>	L596	Is there evidence of the agency having organized bereavement services available to the family and others up to one year following the death of the patient being provided by qualified individuals along with a bereavement plan of care that is developed to define the kind of bereavement services offered and the frequency of services?
<input type="checkbox"/>	<input type="checkbox"/>	L597	Is dietary counseling being provided by a qualified individual?
<input type="checkbox"/>	<input type="checkbox"/>	L598	Is there evidence of spiritual counseling being offered in accordance with the patient's and family's acceptance of this service?
Are you in compliance with the Medicare Condition of Participation pertaining to Nursing Services Waiver Of Requirement That Substantially All Nursing Services Be Routinely Provided Directly By A Hospice (reference CFR 418.66)?			
<input type="checkbox"/>	<input type="checkbox"/>	L600	Is there evidence that the agency is not able to provide nursing services directly, and if so, has the agency applied for a waiver from CMS and been excluded from this requirement?
Are you in compliance with the Medicare Condition of Participation pertaining to Furnishing of Non-core Services (reference 418.70)?			
<input type="checkbox"/>	<input type="checkbox"/>	L601	Is there evidence all clinical staff members, direct and contractual, are providing care in a manner consistent with current standards of practice?
Are you in compliance with the Medicare Condition of Participation pertaining to Physical Therapy, Occupational Therapy, and Speech-Language Pathology (reference CFR 418.72)?			
<input type="checkbox"/>	<input type="checkbox"/>	L603	Is there evidence therapy services are available and, when provided, offered in a manner consistent with accepted standards of practice?
Are you in compliance with the Medicare Condition of Participation pertaining to Waiver of Requirement – Physical Therapy, Occupational Therapy, Speech Language Pathology and Dietary Counseling (reference CFR 418.74)?			
<input type="checkbox"/>	<input type="checkbox"/>	L606	Is there evidence that the agency is not able to provide therapy and dietary counseling, and if so, has the agency applied for a waiver from CMS and been excluded from this requirement?
Are you in compliance with the Medicare Condition of Participation pertaining to Hospice Aide and Homemaker Services (reference CFR 418.76)?			
<input type="checkbox"/>	<input type="checkbox"/>	L607	Are all staff who provide aide and homemaker services qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L609	Is there documentation that all aides have completed the required training/competency/licensure program?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L610	Is there evidence that all aides providing care have not exceeded a period of 24 months or greater without providing care?
<input type="checkbox"/>	<input type="checkbox"/>	L611	Is there evidence for all aides who have received training to become an aide received at least 75 hours of classroom/supervised training?
<input type="checkbox"/>	<input type="checkbox"/>	L612	Is there evidence for all aides who have received training to become an aide have received at least a minimum of 16 classroom hours prior to receiving a minimum of 16 hours of supervised practical training?
<input type="checkbox"/>	<input type="checkbox"/>	L613	Is there evidence the aide training program addresses the required subject areas?
<input type="checkbox"/>	<input type="checkbox"/>	L614	Is there documentation demonstrating the required training has been accomplished?
<input type="checkbox"/>	<input type="checkbox"/>	L615	Is there evidence for all aides who have completed a competency evaluation program that the required subject areas have been addressed?
<input type="checkbox"/>	<input type="checkbox"/>	L616	Is there evidence that any organization that is offering a Hospice Aide Competency Program has not been cited for a condition-level deficiency in the past two years?
<input type="checkbox"/>	<input type="checkbox"/>	L617	Is there evidence the competency evaluation was completed by a RN in consultation with other professionals as appropriate?
<input type="checkbox"/>	<input type="checkbox"/>	L618	Is there evidence that all hospice aides have been determined competent for all tasks in which they are performing independently?
<input type="checkbox"/>	<input type="checkbox"/>	L619	Is there documentation demonstrating the competency requirements have been completed?
<input type="checkbox"/>	<input type="checkbox"/>	L620	Are all hospice aides receiving at least 12 hours of in-service training annually?
<input type="checkbox"/>	<input type="checkbox"/>	L621	Is the in-service training supervised by an RN?
<input type="checkbox"/>	<input type="checkbox"/>	L622	Is there documented evidence of the in-service training having been completed for each aide?
<input type="checkbox"/>	<input type="checkbox"/>	L623	Is the instructor conducting the classroom training and supervised practical training appropriately qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L624	Does the agency offer/provide a Hospice Aide Competency Evaluation Program that within the past two years it has not been cited for a Condition Level deficiency?
<input type="checkbox"/>	<input type="checkbox"/>	L625	Are there written patient care instructions, prepared by an RN, that are specific in nature to the patient care tasks to be performed?
<input type="checkbox"/>	<input type="checkbox"/>	L626	Is the aide performing services as ordered by the IDG, included in the plan of care and appropriate for the aide to perform?
<input type="checkbox"/>	<input type="checkbox"/>	L627	Is the aide performing duties that include hands on personal care, simple procedures as an extension of nursing or therapy services, assistance in ambulation and/or assistance with medication administration for medications ordinarily self-administered?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L628	Is there documentation the aide has reported any changes related to the need to alter the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	L629	Is there evidence of the RN supervisory visit no less frequently than every 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	L630	Is there evidence of any areas of concern regarding the aide providing care, the hospice has made an on-site visit with the aide present to address the areas of concern?
<input type="checkbox"/>	<input type="checkbox"/>	L631	Is there evidence of any areas of concern that are validated by the on-site visit, the aide has completed a competency evaluation?
<input type="checkbox"/>	<input type="checkbox"/>	L632	Is there evidence a RN has made an annual on-site visit, with the aide present, for all aides providing care?
<input type="checkbox"/>	<input type="checkbox"/>	L633	Is there evidence the RN assesses the initial and continued satisfactory performance in the required topics?
<input type="checkbox"/>	<input type="checkbox"/>	L634	Is there evidence of the Medicaid Personal Care Services-only aides appropriately qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L635	Is there evidence of services under the PCS benefit are only being used to the extent the hospice would routinely use the services of the family?
<input type="checkbox"/>	<input type="checkbox"/>	L636	Is there evidence of the coordination of the PCS services with the hospice aide/homemaker services?
<input type="checkbox"/>	<input type="checkbox"/>	L637	Are staff that are performing homemaker services qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L638	Are homemaker service coordinated and supervised by a member of the IDG?
<input type="checkbox"/>	<input type="checkbox"/>	L639	Are the instructions for the homemaker prepared by a member of the IDG?
<input type="checkbox"/>	<input type="checkbox"/>	L640	Is there evidence of homemakers reporting concerns about the patient and family to a member of the IDG?
Are you in compliance with the Medicare Condition of Participation pertaining to Volunteers (reference CFR 418.78)?			
<input type="checkbox"/>	<input type="checkbox"/>	L641	Is the hospice utilizing volunteers in defined roles under the supervision of a designate hospice employee?
<input type="checkbox"/>	<input type="checkbox"/>	L643	Is there evidence of volunteer orientation and training consistent with hospice industry standards?
<input type="checkbox"/>	<input type="checkbox"/>	L644	Are volunteers used in administrative and/or patient care roles?
<input type="checkbox"/>	<input type="checkbox"/>	L645	Is there evidence the hospice demonstrated ongoing efforts to recruit and retain volunteers?
<input type="checkbox"/>	<input type="checkbox"/>	L646	Is there evidence of the cost savings due to the utilization of volunteers?
<input type="checkbox"/>	<input type="checkbox"/>	L647	Is there evidence the utilization of volunteers is equal to or greater than 5% of the total patient care hours for all paid hospice employees and contract staff?

YES	NO	L tag	
Are you in compliance with the Medicare Condition of Participation pertaining to Organization and Administration of Services (reference CFR 418.100)?			
<input type="checkbox"/>	<input type="checkbox"/>	L648	Is there evidence the hospice organizes, manages, and administers its resources to provide care?
<input type="checkbox"/>	<input type="checkbox"/>	L650	Is there evidence the care provided to the patient and family meets the needs and goals of the patient and family?
<input type="checkbox"/>	<input type="checkbox"/>	L651	Is there a governing body that assumes full legal authority and has appointed a qualified administrator?
<input type="checkbox"/>	<input type="checkbox"/>	L652	Is there evidence the hospice is primarily engaged in providing the specified hospice services?
<input type="checkbox"/>	<input type="checkbox"/>	L653	Are nursing services, physician services and drugs/biologicals routinely available 24/7?
<input type="checkbox"/>	<input type="checkbox"/>	L654	Is the hospice providing care to Medicare/Medicaid beneficiaries regardless of their ability to pay?
<input type="checkbox"/>	<input type="checkbox"/>	L655	Is there a written agreement for all services provided under arrangement?
<input type="checkbox"/>	<input type="checkbox"/>	L656	If the hospice has multiple locations, have all locations been approved by CMS prior to providing care and services to Medicare patients?
<input type="checkbox"/>	<input type="checkbox"/>	L657	Is there evidence of the appropriate supervision of all locations issued a Medicare certification number?
<input type="checkbox"/>	<input type="checkbox"/>	L658	Are the lines of authority and professional and administrative control clearly defined?
<input type="checkbox"/>	<input type="checkbox"/>	L659	Does the multiple location meet the definition of a multiple location as set forth in 498.3?
<input type="checkbox"/>	<input type="checkbox"/>	L660	Is there evidence the hospice monitors and manages all services provided at all locations?
<input type="checkbox"/>	<input type="checkbox"/>	L661	Is there evidence of orientation provided to all employees and contract staff who have patient and family contact?
<input type="checkbox"/>	<input type="checkbox"/>	L662	Is there evidence of each employee receiving an orientation that addresses the employee's specific job duties?
<input type="checkbox"/>	<input type="checkbox"/>	L663	Is there evidence that hospice has assessed the skills and competence of all individuals furnishing care, including volunteers?
Are you in compliance with the Medicare Condition of Participation pertaining to Medical Director (reference CFR 418.102)?			
<input type="checkbox"/>	<input type="checkbox"/>	L664	Has a physician been designated to serve as the medical director?
<input type="checkbox"/>	<input type="checkbox"/>	L666	Is the medical director a self-employed physician or employed by a professional entity if not an employee of the hospice?
<input type="checkbox"/>	<input type="checkbox"/>	L667	Has the medical director or physician designee provided written certification regarding the patient's anticipated life expectancy at the time of the initial certification?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L668	Has the medical director or physician designee provided written certification regarding the patients anticipated life expectancy before each recertification period?
<input type="checkbox"/>	<input type="checkbox"/>	L669	Is there evidence the medical director or designee has accepted the responsibility of the medical component of the patient care aspects of the hospice program?
Are you in compliance with the Medicare Condition of Participation pertaining to Clinical Records (reference CFR 418.104)?			
<input type="checkbox"/>	<input type="checkbox"/>	L670	Is there a clinical record for all patients served by the hospice that contains the appropriate clinical information?
<input type="checkbox"/>	<input type="checkbox"/>	L672	Does the clinical record contain the initial and updated plans of care/assessments and clinical notes?
<input type="checkbox"/>	<input type="checkbox"/>	L673	Does the clinical record contain signed copies of the notice of patient rights and the election statement?
<input type="checkbox"/>	<input type="checkbox"/>	L674	Does the clinical record contain the patient's response to medications, symptom management, treatments, and services?
<input type="checkbox"/>	<input type="checkbox"/>	L675	Does the clinical record contain outcome measure data elements?
<input type="checkbox"/>	<input type="checkbox"/>	L676	Does the clinical record contain the initial certification and recertifications?
<input type="checkbox"/>	<input type="checkbox"/>	L677	Does the clinical record contain advance directives, if the patient has advance directives?
<input type="checkbox"/>	<input type="checkbox"/>	L678	Does the clinical record contain physician orders?
<input type="checkbox"/>	<input type="checkbox"/>	L679	Are all entries legible, clear, complete, and appropriately authenticated and dated?
<input type="checkbox"/>	<input type="checkbox"/>	L680	Are all clinical records and the information contained in them protected against loss or unauthorized use?
<input type="checkbox"/>	<input type="checkbox"/>	L681	Are all clinical records maintained for at least six years after the death or discharge of the patient?
<input type="checkbox"/>	<input type="checkbox"/>	L682	If the patient was transferred to another Medicare/Medicaid certified facility, was a copy of the discharge summary sent to the facility as well as the medical record, if requested?
<input type="checkbox"/>	<input type="checkbox"/>	L683	If the patient revoked services or was discharged, was the attending physician sent a copy of the discharge summary as well as the medical record, if requested?
<input type="checkbox"/>	<input type="checkbox"/>	L684	Does the discharge summary address the required elements?
<input type="checkbox"/>	<input type="checkbox"/>	L685	Is the medical record readily available upon request of the appropriate authority?
Are you in compliance with the Medicare Condition of Participation pertaining to Drugs and Biologicals, Medical Supplies and Durable Medical Equipment (reference CFR 418.106)?			
<input type="checkbox"/>	<input type="checkbox"/>	L686	Are drugs and biologicals, related to the palliation and management of the terminal condition provided by the hospice?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L688	If the hospice provides in-patient care in its own facility; do they provide pharmacy services under the direction of a qualified licensed pharmacist?
<input type="checkbox"/>	<input type="checkbox"/>	L690	Are drugs only ordered by the appropriately qualified individuals?
<input type="checkbox"/>	<input type="checkbox"/>	L691	Are drugs and biologicals obtained only from community or institutional pharmacist or from their stock drugs and biologicals?
<input type="checkbox"/>	<input type="checkbox"/>	L692	Is there evidence the hospice is determining the ability of the patient and/or family to safely self-administer drugs and biologicals?
<input type="checkbox"/>	<input type="checkbox"/>	L693	Are all drugs and biologicals correctly labeled in accordance with currently accepted professional practice?
<input type="checkbox"/>	<input type="checkbox"/>	L694	Is there evidence of the safe use and disposal of controlled drugs in the patient's home?
<input type="checkbox"/>	<input type="checkbox"/>	L695	Is there evidence that patients are provided with the agency's written policies and procedures on the management and disposal of controlled drugs?
<input type="checkbox"/>	<input type="checkbox"/>	L696	Is there evidence of the discussion of the hospice's policies and procedures for the management and safe use and disposal of controlled drugs?
<input type="checkbox"/>	<input type="checkbox"/>	L697	Is there documentation in the clinical record that the policies and procedures for managing controlled drugs was provided and discussed?
<input type="checkbox"/>	<input type="checkbox"/>	L698	If the hospice provides inpatient care, is there evidence of the proper disposal of controlled drugs?
<input type="checkbox"/>	<input type="checkbox"/>	L699	If the hospice provides inpatient care is the hospice properly storing drugs and biologicals?
<input type="checkbox"/>	<input type="checkbox"/>	L700	Are any discrepancies in the acquisition, storage, dispensing, administration, or disposal of controlled drugs properly investigated?
<input type="checkbox"/>	<input type="checkbox"/>	L701	Is there evidence the hospice ensures the safe use of DME and that manufacturer maintenance recommendations are followed?
<input type="checkbox"/>	<input type="checkbox"/>	L702	Is there evidence the patient/family/caregiver received instructions on the safe use of DME and supplies?
<input type="checkbox"/>	<input type="checkbox"/>	L703	Is the hospice contracted with a DME supplier that meets Medicare DMEPOS Supplier Quality and Accreditation Standards?
Are you in compliance with the Medicare Condition of Participation pertaining to Short-term Inpatient Care (reference CFR 418.108)?			
<input type="checkbox"/>	<input type="checkbox"/>	L704	Is there evidence short-term inpatient care is available for pain control, symptom management, and respite purposes?
<input type="checkbox"/>	<input type="checkbox"/>	L706	Is short-term inpatient care provided in a Medicare-certified hospice?
<input type="checkbox"/>	<input type="checkbox"/>	L707	Is short-term inpatient care provided in a Medicare-certified hospital or a skilled nursing facility?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L708	Is short-term inpatient care available for respite purposes in a Medicare-certified hospice, Medicare- certified hospital or a skilled nursing facility?
<input type="checkbox"/>	<input type="checkbox"/>	L709	Is short-term inpatient care available for respite purposes in a Medicare or Medicaid certified facility per 418.110?
<input type="checkbox"/>	<input type="checkbox"/>	L710	Is there evidence the facility that provides respite care is able to provide 24-hour nursing services?
<input type="checkbox"/>	<input type="checkbox"/>	L711	If the hospice provides inpatient care under arrangement, is there a written agreement that specifies the requirements to include at a minimum; the hospice supplies the inpatient facility a copy of the plan of care.
<input type="checkbox"/>	<input type="checkbox"/>	L712	The inpatient facility has established policies and procedures consistent with palliative care protocols.
<input type="checkbox"/>	<input type="checkbox"/>	L713	The inpatient record includes all the required components.
<input type="checkbox"/>	<input type="checkbox"/>	L714	There is an identified individual within the facility who is responsible for the implementation of the agreement.
<input type="checkbox"/>	<input type="checkbox"/>	L715	The hospice retains responsibility for the training of inpatient facility personnel.
<input type="checkbox"/>	<input type="checkbox"/>	L716	Is there a method to verify these requirements are met?
<input type="checkbox"/>	<input type="checkbox"/>	L717	Is there evidence that the hospice has not exceeded the 20% of the total number of hospice days consumed in total by this group of beneficiaries?
<input type="checkbox"/>	<input type="checkbox"/>	L718	Is this an agency that began operations before January 1, 1975, and therefore exempt from L-717?
Are you in compliance with the Medicare Condition of Participation pertaining to Hospices that Provide Inpatient Care Directly (reference CFR 418.110)?			
<input type="checkbox"/>	<input type="checkbox"/>	L820	Is there evidence the inpatient care facility is in compliance with all of the following standards?
<input type="checkbox"/>	<input type="checkbox"/>	L821	Is the inpatient facility able to provide the appropriate staffing based on the volume of patients, level of acuity and intensity of service needs?
<input type="checkbox"/>	<input type="checkbox"/>	L822	Is the inpatient facility able to provide 24-hour nursing services?
<input type="checkbox"/>	<input type="checkbox"/>	L823	If at least one patient is receiving general inpatient care, is there an RN available to provide direct patient care each shift?
<input type="checkbox"/>	<input type="checkbox"/>	L824	Is the inpatient facility able to maintain a safe environment?
<input type="checkbox"/>	<input type="checkbox"/>	L825	Is the inpatient facility able to address real or potential threats to the health and safety of patients?
<input type="checkbox"/>	<input type="checkbox"/>	L826	Does the inpatient facility have procedures for controlling the reliability of proper waste management, light and ventilation, emergency gas, and water, and the scheduled and emergency maintenance and repair of all equipment?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L827	Is the inpatient facility in compliance with Life Safety Code?
<input type="checkbox"/>	<input type="checkbox"/>	L828	Does the inpatient facility meet the applicable provisions in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA12-2, TIA12-3, TIA12-4, TIA12-5, and TIA12-6, excluding chapter 7, 8, 12 and 13)?
<input type="checkbox"/>	<input type="checkbox"/>	L829	Does the inpatient facility provide a home-like atmosphere?
<input type="checkbox"/>	<input type="checkbox"/>	L830	Do the patient rooms meet the requirements?
<input type="checkbox"/>	<input type="checkbox"/>	L831	Is each patient room equipped with or conveniently located near toileting and bathing facilities?
<input type="checkbox"/>	<input type="checkbox"/>	L832	Is there an adequate supply of hot water at all times?
<input type="checkbox"/>	<input type="checkbox"/>	L833	Does the inpatient facility maintain an infection control program that protects patients, staff, and others?
<input type="checkbox"/>	<input type="checkbox"/>	L834	Is the inpatient facility providing care in a sanitary environment?
<input type="checkbox"/>	<input type="checkbox"/>	L835	Does the inpatient facility have available a supply of clean linen for patient care?
<input type="checkbox"/>	<input type="checkbox"/>	L836	Is the inpatient facility able to provide the meal services as required?
<input type="checkbox"/>	<input type="checkbox"/>	L837	Is the patient's meal planning consistent with the plan of care, nutritional needs, and therapeutic diet?
<input type="checkbox"/>	<input type="checkbox"/>	L838	Is the patient's meals palatable, attractive, and served at the right temperature?
<input type="checkbox"/>	<input type="checkbox"/>	L839	Is the patient's meals obtained, stored, prepared, distributed, and served under sanitary conditions?
<input type="checkbox"/>	<input type="checkbox"/>	L840	Are all patients free from physical or mental abuse and corporal punishment?
<input type="checkbox"/>	<input type="checkbox"/>	L841	If restraints or seclusions are being utilized, is the least restrictive intervention being used?
<input type="checkbox"/>	<input type="checkbox"/>	L842	If restraints or seclusions are being utilized, is the least restrictive intervention being used to protect the patient, staff, or others from harm?
<input type="checkbox"/>	<input type="checkbox"/>	L843	If restraints are being utilized are they being used in accordance with a written plan of care and implement in accordance with safe and appropriate restraint and seclusion techniques?
<input type="checkbox"/>	<input type="checkbox"/>	L844	If restraints are being utilized are they in accordance with the order of an appropriately authorized physician?
<input type="checkbox"/>	<input type="checkbox"/>	L845	If restraints are being utilized, are the orders individualized and the use of PRN or standing orders are not used?
<input type="checkbox"/>	<input type="checkbox"/>	L846	If restraints are being utilized and the attending physician did not order the restraint, is the medical director consulted?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L847	If restraints are being utilized are the orders being renewed in accordance with the following time frames?
<input type="checkbox"/>	<input type="checkbox"/>	L848	If restraints are being utilized are they being discontinued at the earliest possible date?
<input type="checkbox"/>	<input type="checkbox"/>	L849	If restraints are being utilized properly monitored by a physician or properly trained staff?
<input type="checkbox"/>	<input type="checkbox"/>	L850	If the inpatient utilizes restraints does the agency have policies regarding the usage of restraints?
<input type="checkbox"/>	<input type="checkbox"/>	L851	If restraints are being utilized to manage violent behavior has the patient had a face-to-face within 1 hour of the intervention?
<input type="checkbox"/>	<input type="checkbox"/>	L852	If the restraints are more restrictive than required by the L tags, are they meeting the state restraint requirement?
<input type="checkbox"/>	<input type="checkbox"/>	L853	After the face-to-face meeting is the properly trained RN consulting with the medical director?
<input type="checkbox"/>	<input type="checkbox"/>	L854	If simultaneous restraints are being used are they following the specified requirements?
<input type="checkbox"/>	<input type="checkbox"/>	L855	Is there proper documentation when restraints or seclusion are being utilized?
<input type="checkbox"/>	<input type="checkbox"/>	L856	If restraints are being utilized are staff properly trained?
<input type="checkbox"/>	<input type="checkbox"/>	L857	Are the training intervals met?
<input type="checkbox"/>	<input type="checkbox"/>	L858	Does the training meet the required content?
<input type="checkbox"/>	<input type="checkbox"/>	L859	Is the trainer properly trained?
<input type="checkbox"/>	<input type="checkbox"/>	L860	Is the training documented?
<input type="checkbox"/>	<input type="checkbox"/>	L861	If any death has been associated with the use of restraints or seclusion, has it been properly reported?
<input type="checkbox"/>	<input type="checkbox"/>	L862	<p>The inpatient facility is in compliance with the correct version of:</p> <ul style="list-style-type: none"> ■ NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011. ■ TIA 12-2 to NFPA 99, issued August 11, 2011. ■ TIA 12-3 to NFPA 99, issued August 9, 2012. ■ TIA 12-4 to NFPA 99, issued March 7, 2013. ■ TIA 12-5 to NFPA 99, issued August 1, 2013. ■ TIA 12-6 to NFPA 99, issued March 3, 2014. ■ NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. ■ TIA 12-1 to NFPA 101, issued August 11, 2011. ■ TIA 12-2 to NFPA 101, issued October 30, 2012. ■ TIA 12-3 to NFPA 101, issued October 22, 2013. ■ TIA 12-4 to NFPA 101, issued October 22, 2013.

YES	NO	L tag	
Are you in compliance with the Medicare Condition of Participation pertaining to Hospices that Provide Hospice Care to Residents of a SNF/NF or ICF/IID (reference CFR 418.112)?			
<input type="checkbox"/>	<input type="checkbox"/>	L759	If the hospice is providing care to residents of a SNF/NF or ICF/IID are the requirements met?
<input type="checkbox"/>	<input type="checkbox"/>	L761	Does the patient meet the Medicare hospice eligibility requirements?
<input type="checkbox"/>	<input type="checkbox"/>	L762	Is there evidence the hospice assumes the responsibility for the professional management of the patient's hospice services provided?
<input type="checkbox"/>	<input type="checkbox"/>	L763	Is there a written agreement between the hospice and the facility?
<input type="checkbox"/>	<input type="checkbox"/>	L764	Does the written agreement ensure communication and documentation of communication to ensure the patient's needs are being met?
<input type="checkbox"/>	<input type="checkbox"/>	L765	Does the agreement outline when the hospice must be notified immediately to the specifications of this standard?
<input type="checkbox"/>	<input type="checkbox"/>	L766	Does the agreement state the hospice will assume responsibility for determining the appropriate hospice care?
<input type="checkbox"/>	<input type="checkbox"/>	L767	Does the agreement specify that the SNF/NF or ICF/IID will continue to furnish 24-hour room and board, meeting the personal care and nursing needs?
<input type="checkbox"/>	<input type="checkbox"/>	L768	Does the agreement specify the hospice will continue to provide service at the same level as if that patient were in his/her own home?
<input type="checkbox"/>	<input type="checkbox"/>	L769	Does the agreement identify how the hospice and the facility will ensure that all needed hospice services and benefits, based on the needs of the patient, will be provided to the patient?
<input type="checkbox"/>	<input type="checkbox"/>	L770	Does the agreement specify the use of the facility's nursing personnel to provide care will be to the extent the family would have been utilized in the home?
<input type="checkbox"/>	<input type="checkbox"/>	L771	Does the agreement specify that the hospice must report all alleged violations by anyone unrelated to the hospice to the SNF/ICF or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation?
<input type="checkbox"/>	<input type="checkbox"/>	L772	Does the agreement delineate the provision of bereavement services to SNF/NF or ICF/IID staff?
<input type="checkbox"/>	<input type="checkbox"/>	L773	Is there evidence the written plan of care was developed in consultation with SNF/NF or ICF/IID representatives?
<input type="checkbox"/>	<input type="checkbox"/>	L774	Does the written plan of care specifically identify which provider is responsible for performing the respective function on the written plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	L775	Is there evidence the written plan of care reflects the participation of the hospice, the SNF/NF or ICF/ IID and patient and family to the extent possible?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	L776	Is there evidence that any changes in the plan of care were discussed with the representatives of the SNF/NF or ICF/IID, patient or family and approved by the hospice prior to implementation?
<input type="checkbox"/>	<input type="checkbox"/>	L777	Is there evidence of a designated member from the IDG that is responsible for hospice patients in a SNF/NF or ICF/IID and that designated member is responsible for:
<input type="checkbox"/>	<input type="checkbox"/>	L778	The overall coordination of hospice care
<input type="checkbox"/>	<input type="checkbox"/>	L779	Communicating with the SNF/NF or ICF/IID representative regarding the provision of hospice care
<input type="checkbox"/>	<input type="checkbox"/>	L780	Ensuring the communication with the representatives of the SNF/NF or ICF/IID and other involved in the care of the patient
<input type="checkbox"/>	<input type="checkbox"/>	L781	Are all of the proper documents provided to the SNF/NF or ICF/IID?
<input type="checkbox"/>	<input type="checkbox"/>	L782	Is there evidence of orientation of SNF/NF or ICF/IID staff in the hospice philosophy?
Are you in compliance with the Medicare Condition of Participation pertaining to Personnel Qualifications (reference CFR 418.114)?			
<input type="checkbox"/>	<input type="checkbox"/>	L784	Is there evidence all professionals who furnish services directly must be legally authorized in accordance with applicable federal, state, and local laws?
<input type="checkbox"/>	<input type="checkbox"/>	L785	Is there evidence that physicians are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L786	Is there evidence that hospice aides are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L787	Is there evidence that the social workers are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L788	Is there evidence that the speech language pathologists are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L789	Is there evidence that the occupational therapists are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L790	Is there evidence that the occupational therapist assistants are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L791	Is there evidence that the physical therapists are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L792	Is there evidence that the physical therapy assistants are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L793	Is there evidence the RNs are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L794	Is there evidence the LPNs are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L795	Has a criminal background check been completed for all who have direct patient contact or access to patient records?
<input type="checkbox"/>	<input type="checkbox"/>	L796	Have criminal background checks been completed according to state regulations, if state regulations exist, and if not, have the criminal background checks been obtained according to the time frames specified in this standard?

YES	NO	L tag	
Are you in compliance with Federal, State and Local Laws and Regulations Related to the Health and Safety of Patients (reference CFR 418.116)?			
<input type="checkbox"/>	<input type="checkbox"/>	L797	Is there evidence all services are furnished in compliance with all applicable federal, state, and local laws and regulations?
<input type="checkbox"/>	<input type="checkbox"/>	L799	If there are multiple locations, is there evidence they have been approved by Medicare and are licensed in accordance with state licensure laws?
<input type="checkbox"/>	<input type="checkbox"/>	L800	Is there evidence of a CLIA waiver/certificate if the hospice is performing testing?
<input type="checkbox"/>	<input type="checkbox"/>	L801	If the hospice chooses to refer to a reference laboratory for laboratory testing, does the hospice have a copy of the laboratory's CLIA waiver/certificate?
<input type="checkbox"/>	<input type="checkbox"/>	L901	Is there evidence that the Marriage and Family counselors are properly qualified?
<input type="checkbox"/>	<input type="checkbox"/>	L902	Is there evidence that the Mental Health counselors are properly qualified?
Are you in compliance with the Medicare Condition of Participation pertaining to §418.113 Emergency Preparedness Plan			
<input type="checkbox"/>	<input type="checkbox"/>	E0001	Does the agency have an Emergency Preparedness Plan?
<input type="checkbox"/>	<input type="checkbox"/>	E0004	Does the Emergency Preparedness Plan meet the following requirements:
<input type="checkbox"/>	<input type="checkbox"/>	E0006	Based on and include a documented, facility-based and community-based, all-hazards approach?
<input type="checkbox"/>	<input type="checkbox"/>	E0007	Address patient/client population, continuity of operations, including delegations of authority and succession plans?
<input type="checkbox"/>	<input type="checkbox"/>	E0009	Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials?
<input type="checkbox"/>	<input type="checkbox"/>	E0013	Is there evidence the policies and procedures are reviewed and updated at least every two years?
<input type="checkbox"/>	<input type="checkbox"/>	E0015	Do the policies and procedures address the provision of subsistence needs for staff and patients whether they evacuate or shelter in place (inpatient only)?
<input type="checkbox"/>	<input type="checkbox"/>	E0016	Do the policies and procedures address the procedures to inform state and local officials of any on-duty staff and patients that they are unable to contact?
<input type="checkbox"/>	<input type="checkbox"/>	E0018	Do the policies and procedures address a system to track the location of on-duty and sheltered patients in the facility's care during an emergency (inpatient only)?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	E0020	Do the policies and procedures address safe evacuation from the facility (inpatient only)?
<input type="checkbox"/>	<input type="checkbox"/>	E0022	Do the policies and procedures address a means to shelter in place (inpatient only)?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	E0025	Do policies and procedures address the development of arrangements with other facilities or providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to patients?
<input type="checkbox"/>	<input type="checkbox"/>	E0026	Do the policies and procedures address the role of the hospice under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials (inpatient only)?
<input type="checkbox"/>	<input type="checkbox"/>	E0029	Is there evidence the communication plan is reviewed and updated at least every two years?
<input type="checkbox"/>	<input type="checkbox"/>	E0030	Does the communication plan include the names and contact information for the following: <ul style="list-style-type: none"> ■ Hospice employees? ■ Entities providing services under arrangement? ■ Patients' physicians? ■ Other hospices?
<input type="checkbox"/>	<input type="checkbox"/>	E0031	Does the communication plan include the contact information for the following: <ul style="list-style-type: none"> ■ Federal, State, tribal, regional, and local emergency preparedness staff? ■ Other sources of assistance?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	E0036	Is there evidence the training and testing program has been reviewed and updated at least every two years?
<input type="checkbox"/>	<input type="checkbox"/>	E0037	Is there documented evidence that all new and existing staff, and individuals under contract, have received emergency preparedness training consistent with their role initially and at least every two years thereafter, and can demonstrate understanding of their role?

YES	NO	L tag	
<input type="checkbox"/>	<input type="checkbox"/>	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? Is there evidence that inpatient facilities have conducted two appropriate tests annually?
<input type="checkbox"/>	<input type="checkbox"/>	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?