MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

HOME HEALTH

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

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

How to use this pre-evaluation checklist:

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

If in compliance, score the G Tag as a "Yes." If not in compliance, score the G Tag as a "No." Deficiencies cited in Level I, 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**.

Are you in compliance with the Medicare Condition of Participation pertaining to release of patient identifiable OASIS information (reference CFR 484.40)?			
Yes	No	G Tag	
☐	☐	G350	Is there evidence that patients' OASIS information is protected, kept confidential, and is not released to the public?

Are you in compliance with the Medicare Condition of Participation pertaining to reporting OASIS information (reference CFR §484.45)?			
Yes	No	G Tag	
☐	☐	G370	Does the agency electronically report all OASIS data collected in accordance with §484.55?
☐	☐	G372	Does the agency encode and electronically transmit each completed OASIS within 30 days of completing the assessment?
☐	☐	G374	Does the encoded OASIS data accurately reflect the patient's status at the time of the assessment?
☐	☐	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?
☐	☐	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.)

Are you in compliance with the Medicare Condition of Participation pertaining to reporting OASIS information (reference CFR §484.45)?			
Yes	No	G Tag	
☐	☐	G386	Does the agency encode and transmit data using the software available from CMS or software that conforms to CMS standard electronic record layout, edit specifications, and data dictionary, and that includes the required OASIS data set?

Are you in compliance with the Medicare Condition of Participation pertaining to patient rights (reference CFR 484.50)?			
Yes	No	G Tag	
☐	☐	G406	Is there evidence the patient and representative have been informed of their rights in a language and manner understandable to them?
☐	☐	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?
			Is there evidence the patient has the right to:
☐	☐	**G428**	■ Have his or her property and person treated with respect?
☐	☐	**G430**	■ Be free of verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property?
☐	☐	**G432**	■ To voice complaints or grievances about anyone furnishing services on behalf of the agency?
☐	☐	**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?

Are you in compliance with the Medicare Condition of Participation pertaining to patient rights (reference CFR 484.50)?			
Yes	No	G Tag	
☐	☐	**G436**	■ To receive all services as outlined in the plan of care?
☐	☐	**G438**	■ To a confidential clinical record?
☐	☐	G440	■ To be informed of expected payment from Medicare or other sources as well as their expected liability as well as their right to be notified, orally and in writing, of any changes regarding payment for services as soon as possible, in advance of the next home health visit?
☐	☐	**G442**	■ To receive written notice in advance of a specific service being furnished, if the agency believes that the service may be non-covered care, or in advance of the agency reducing or terminating on-going care?
☐	☐	**G444**	■ To be informed of the state hotline number and the hours of operation in order to lodge complaints against the agency?
☐	☐	G446	■ To be informed of the names, addresses and telephone numbers of the following entities: » Agency on Aging; » Center for Independent Living; » Protection and Advocacy Agency; » Aging and Disability Resource Center; and » Quality Improvement Organization?
☐	☐	**G448**	■ To be free from discrimination for exercising their rights to voice grievances?
☐	☐	G450	■ To be informed of the right to access auxiliary aids and language services and how to access these services?
☐	☐	G452	Is there evidence the patient was only transferred or discharged from the agency when:
☐	☐	**G454**	■ The transfer or discharge is necessary for the patent's welfare because the agency can no longer meet the patient's needs?
☐	☐	G456	■ The patient or payor will no longer pay for the services?
☐	☐	G458	■ The physician or allowed practitioner and the agency agree the goals of the patient have been met?
☐	☐	G460	■ The patient refuses services or requests a transfer or discharge?
☐	☐	G462	■ The patient is discharged for cause?
☐	☐	**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?

Are you in compliance with the Medicare Condition of Participation pertaining to patient rights (reference CFR 484.50)?			
Yes	No	G Tag	
☐	☐	G478	Is there evidence the agency: ■ Investigated complaints made by the patient or anyone acting on behalf of the patient regarding: ■ Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately? ■ Mistreatment, neglect, verbal, mental, sexual, physical, injuries of 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 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)?			
Yes	No	G Tag	
☐	☐	G510	Is there evidence for each patient a patient-specific, comprehensive assessment has been completed? For Medicare beneficiaries, is there evidence the agency verified the beneficiary's eligibility for the Medicare home health benefit, including homebound status?
☐	☐	G512	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?
☐	☐	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?

Are you in compliance with the Medicare Condition of Participation pertaining to comprehensive assessment of patients (reference CFR §484.55)?			
Yes	No	G Tag	
☐	☐	G524	Is there evidence the comprehensive assessment is conducted by the appropriate therapist in therapy only cases?
☐	☐	**G528**	Does the comprehensive assessment address the patient's current health, psychosocial, functional, and cognitive status?
☐	☐	**G530**	Does the comprehensive assessment identify the patient's strengths, goals, and care preferences, and address the patient's progress towards goals and measurable outcomes?
☐	☐	**G532**	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 accurately reflect the patients' status and include the patient's representative if any?
☐	☐	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.
☐	☐	G566	Is there evidence the agency complies with all requests for additional clinical information as necessary for treatment?

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)?			
Yes	No	G Tag	
☐	☐	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?
☐	☐	G576	Are patient care orders recorded in the plan of care?
☐	☐	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? Are verbal orders signed, dated, and timed in accordance with state law and agency policy?
☐	☐	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 towards 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?
☐	☐	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?

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)?			
Yes	No	G Tag	
☐	☐	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?
☐	☐	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)?			
Yes	No	G Tag	
☐	☐	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: ■ Focus on high-risk, high-volume, or problem-prone areas? ■ Consider incidence, prevalence, and severity of problems? ■ 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, analyze their causes, and implement 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: ■ That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained? ■ The QAPI program addresses priorities for improved quality of care and patient safety? ■ That clear expectations for patient safety are established, implemented, and maintained? ■ That any findings of fraud or waste are appropriately addressed?

Are you in compliance with the Medicare Condition of Participation pertaining to infection control (reference CFR 484.70)?			
Yes	No	G Tag	
☐	☐	G680	Is there evidence the agency maintains and documents an infection control program with the goal of prevention and control of infections?
☐	☐	**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? ■ 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)?			
Yes	No	G Tag	
☐	☐	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)?			
Yes	No	G Tag	
☐	☐	G750	Is there evidence all home health aide services are provided by individuals who meet the personnel requirements?
☐	☐	G754	Is there evidence home health aides meet the qualifications by successfully completing: ■ 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?
☐	☐	G760	For aides that have completed the classroom and supervised practical training, is there evidence of: ■ The classroom and practical training totaling at least 75 hours?
☐	☐	G762	For aides that have completed the classroom and supervised practical training, is there evidence of: ■ 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? Does the competency evaluation address the required subject areas and all subject areas are appropriately evaluated? Is the competency evaluation completed by an acceptable organization? Is there evidence the competency evaluation was performed by an RN?
☐	☐	G770	Have all home health aide 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?

Are you in compliance with the Medicare Condition of Participation pertaining to home health aide services (reference 484.80)?			
Yes	No	G Tag	
☐	☐	G782	Is there evidence the home health aide training program is only offered by organizations that within the past two years have not: ■ Been out of compliance with 484.80(b)(c)(d) or (e); ■ Allowed an unqualified aide perform services; ■ Had an extended or partially extended survey as a result of furnishing substandard care; ■ Been assessed a civil monetary penalty of $5,000 or more; ■ Had temporary management appointed to oversee their agency; or ■ Had all or part of its Medicare payments suspended; or ■ Was found under any federal or state law to have: » Had its participation in the Medicare program terminated; or » Been assessed a penalty of $5,000 or more for deficiencies in federal or state standards for 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 agency's policies and procedures?
☐	☐	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 due to a concern?

Are you in compliance with the Medicare Condition of Participation pertaining to home health aide services (reference 484.80)?			
Yes	No	G Tag	
☐	☐	**G813**	Is there evidence of an annual on-site supervisory visit completed by the appropriate professional while the aide is providing 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? Is there evidence that the RN made an on-site visit semi-annually while the aide is performing care.
☐	☐	**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?
☐	☐	**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? ■ Is there evidence the agency ensures the quality of care provided by contracted home health aides? ■ Is there evidence the aide services provided under contract are properly supervised? ■ 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)?			
Yes	No	G Tag	
☐	☐	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? Has the agency properly disclosed changes to the state survey agency at the appropriate time frames, which include: ■ The names and addresses of all persons with an ownership or controlling interest in the agency? ■ The name and address of each person who is an officer, a director, an agent, or a managing employee of the agency? ■ 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 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)?			
Yes	No	G Tag	
☐	☐	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?
☐	☐	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?

Are you in compliance with the Medicare Condition of Participation pertaining to emergency preparedness (reference 484.102)?			
Yes	No	G Tag	
☐	☐	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?
☐	☐	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 organization and administration of services (reference CFR 484.105)			
Yes	No	G Tag	
☐	☐	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?
☐	☐	G946	Is there evidence the Administrator: ■ Is appointed by and reports to the governing body?
☐	☐	G948	Is there evidence the Administrator: ■ Is responsible for all day-to-day operations of the agency?
☐	☐	G950	Is there evidence the Administrator: ■ Ensures that a Clinical Manager is available during all operating hours?
☐	☐	G952	Is there evidence the Administrator: ■ 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 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	■ Assuring that patient needs are continually assessed?
☐	☐	G968	■ Assuring 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?
☐	☐	G980	Is there evidence the primary agency is maintaining responsibility for patient care that is provided under arrangement?

Are you in compliance with the Medicare Condition of Participation pertaining to organization and administration of services (reference CFR 484.105)			
Yes	No	G Tag	
☐	☐	**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? Does the annual operating budget include all anticipated income and expenses? Is there a capital expenditure plan for any anticipated expenditures that exceed $600,000?

Are you in compliance with the Medicare Condition of Participation pertaining to clinical records (reference 484.110)?			
Yes	No	G Tag	
☐	☐	G1008	Is there evidence the agency maintains a clinical record for all patients accepted by the agency for home health services?
			■ 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? 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?

Are you in compliance with the Medicare Condition of Participation pertaining to clinical records (reference 484.110)?			
Yes	No	G Tag	
☐	☐	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)?

Are you in compliance with the Medicare Condition of Participation pertaining to personnel qualifications (reference 484.115)?			
Yes	No	G Tag	
☐	☐	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.

Are you in compliance with the Medicare Condition of Participation pertaining to personnel qualifications (reference 484.115)?			
Yes	No	G Tag	
☐	☐	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.
☐	☐	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.