

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS



FOR PROVIDERS.
BY PROVIDERS.

[HOME HEALTH]

The ACHC Standards for Accreditation are developed in conjunction with the Medicare Conditions of Participation (CoPs). This checklist will assist a provider in auditing and preparing the home health agency for accreditation. Non-compliance with a minimum of one condition level Condition of Participation will require another on-site survey at the organization's expense. Following this checklist does not guarantee approval of accreditation by the Accreditation Commission for Health Care (ACHC). Agencies should refer to the home health State Operations Manual, Appendix B, for further information regarding Medicare CoPs.

Ensure that all of the following requirements have been met.

Patient Rights (reference CFR 484.10)

- There is evidence that patients received a written notice of rights prior to the delivery of care that includes:
 - Ability to voice grievances without reprisal to include the home health state hotline
 - The right to have their property treated with respect
 - Participation in planning of care and treatment
 - Advance Directive information
 - Being advised of the policies and procedures regarding the disclosure of clinical records
 - Oral and written notice of liability for charges for care prior to care and within 30 days of changes
- There is evidence that patients received a statement regarding the collection and reporting of Outcome and Assessment Information Set (OASIS) information.

Release of Patient Identifiable OASIS information (reference CFR 484.11)

- There is evidence that patients' OASIS information has been kept confidential.

Compliance with Federal, State, and Local Laws, Disclosure of Ownership Information, and Accepted Professional Standards and Principles (reference CFR 484.12)

- Staff provides services in compliance with all applicable federal, state, and local laws and regulations.
- There is proper disclosure of changes in ownership or management.
- Staff complies with accepted professional standards and principles.

Organization, Services, and Administration (reference 484.14)

- The organization offers skilled nursing and at least one other qualifying service (at least one service is provided directly).
- An organizational chart with lines of authority down to the patient level is present and shows all departments.
- If the organization has branches, there is evidence of control by the parent agency.
- The organization has a governing body, Administrator, and supervision by a Physician or Nurse.
- The Administrator and supervising Physician or Nurse are qualified.
- The supervising Physician, Nurse, or qualified alternate is available at all times during operating hours.
- Contracts for service/care delivery are current and include required information.
- Personnel credentialing of all licensed/certified employees is conducted and documented at hire and annually.

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- There is evidence of coordination of care, case conference, and 60-day summaries.
- The annual budget and Capital Expenditure plans are completed and the budget is reviewed annually.
- The agency has Clinical Laboratory Improvement Amendment (CLIA) waiver, if applicable.
- The governing body assumes full legal authority, appoints a qualified Administrator, arranges for professional advice, periodically reviews written bylaws or an acceptable equivalent, and oversees the management and fiscal affairs of the agency.
- The Administrator hires qualified personnel, ensures adequate education is provided, ensures accuracy of public information, and implements a budget.
- An alternate Administrator is appointed and is qualified and oriented.
- Personnel policies are implemented.

Group of Professional Personnel (reference CFR 484.16)

- All Professional Advisory Committee (PAC) committee members meet Medicare guidelines.
- The PAC has appropriate representation on the committee that is representative of the services provided.
- Policies and procedures are approved prior to admitting patients.
- PAC meetings are documented and dated and demonstrate that the PAC's responsibilities are fulfilled.

Acceptance of Patients, Plan of Care, Medical Supervision (reference CFR 484.18)

- Care delivered follows a plan of care established by a Physician.
- The agency accepts only patients that they can reasonably provide care for.
- All required elements are in the plan of care.
- The plan of care is reviewed at least every 60 days.
- The Therapist and other agency personnel participate in the development of the plan of care.
- There is evidence that staff notify the physician when there is a need to alter the plan of care
- Drugs and treatments are administered as ordered by the Physician.
- Verbal orders are properly received.

Reporting OASIS Information (reference CFR 484.20)

- There is evidence that OASIS is properly encoded and successfully transmitted at least monthly (for new companies, initial test transmission should be completed prior to on-site survey).
- OASIS information is accurate and reflects the patient's status at the time of assessment.

Skilled Nursing Services (reference CFR 484.30)

- There is evidence that Nursing services are delivered in accordance with the plan of care.
- RNs fulfill their duties.
- LPNs fulfill their duties.
- LPNs are supervised by the Registered Nurse (RN).
- There is evidence of teaching and response to teaching in clinical notes.

Therapy Services (reference CFR 484.32)

- Therapy services are delivered in accordance with the plan of care.
- Therapy Assistants are supervised by the appropriate Therapist – Physical Therapist (PT), Occupational Therapist (OT), or Speech Language Pathologist (SLP).
- Therapists fulfill their duties.
- There is evidence of teaching and response to teaching in clinical notes.

Medical Social Services (reference CFR 484.34)

- Social Work services are provided by qualified staff and in accordance with the plan of care.
- Social Workers and Social Work Assistants fulfill their duties.
- Social Work Assistants are supervised by a qualified Social Worker.

Home Health Aide Services (reference CFR 484.36)

- Aides meet education, training, and competency requirements.
- There is evidence of supervisory visits by the registered nurse at least every 14 days
- There is evidence of 12 hours of ongoing in-service training annually
- There is evidence that Aides follow the plan of care that is specific to the tasks and frequency of delivery, and as ordered by a physician.
- Agencies that provide training and competency programs meet the applicable requirements and maintain proper documentation.

Qualifying to Furnish Outpatient Physical Therapy or Speech Pathology Services (reference CFR 484.38)

- Agencies that also provide outpatient therapy services meet Medicare requirements.

Clinical Records (reference CFR 484.48)

- Clinical records contain all required elements and are retained per Medicare regulations or state licensure.
- A discharge summary is available to the physician upon request.
- There is evidence of a transfer summary sent to the receiving facility.
- There is evidence that records are safeguarded against loss or unauthorized use.

Evaluation of the Agency's Program (reference 484.52)

- There is evidence of an overall evaluation at least annually by the PAC, and it is maintained separately in administrative records.
- There is evidence of a clinical record review at least quarterly by appropriate health professionals that represent at least the scope of the program.
- A continuing record review occurs every 60 days.

Comprehensive Assessment of Patients (reference CFR 484.55)

- Initial assessments occur within 48 hours of referral by appropriate staff.
- Comprehensive assessments are completed within 5 days from the start of care.
- Medication reviews occur and include all medications patient is taking, including over the counter medications.
- There is evidence that comprehensive assessments are updated as required.
- OASIS data items are incorporated in the assessment.