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| CONDITIONS OF PARTICIPATION | STANDARDS  |
| **I. PATIENT RIGHTS** |
| G 100 **484.10** **Condition of Participation: Patient rights**  |  |
| G 101 Patient right to be informed of rights |  |
| G 102 484.10(a) Written notice of rights  |  |
| G 103 Documentation of Compliance W/ Patient Rights |  |
| **484.10(b) Exercise of rights and respect for property and person:** |  |
| G 104 Patient or family of patient has right to exercise rights | HZ824 Right of Inspection; Inspection Rights |
| G 105 Patient property treated with respect |  |
| G 106 Patient right to voice grievances without reprisal or discrimination |  |
| G 107 HHA must investigate & document patient complaints and resolution  |  |
| **484.10(c.) Right to be informed & participate in planning care & treatment:** |  |
| G 108 Advanced notice of care & changes in care | H 316 Termination of services |
| HZ 818 Discontinuing Operation |
| G 109 Right to participate in care planning | H 321 Patient right to participate in planning care & get copy of plan of care |
| G 110 HHA advanced directives policies & procedures (P&P’s) & info’ to patients | H 322 Advanced Directives |
| H 323 DNRO |
| **484.10(e) Patient liability for payment:** |  |
| G 113 Patient informed of payment responsibility before care delivered | H 304 Written agreement |
| G 114 HHA informs patient orally & in writing before care starts of services & charges |
| G 115 HHA must inform the patient both orally & in writing of any changes in charges or billing  |
| G 116 **484.10(f) Home health hotline**Patient right to be notified of toll-free hotline1-888-419-3456 | HZ 818 Right to report abuse, complaints, & Medicaid fraud |
| **II. FED’L, STATE & LOCAL LAWS & REGS, DISCLOSURE OF OWNERSHIP & MGMT INFO, ACCEPTED PROFESSIONAL STANDARDS & PRINCIPLES** |
| G 117 **484.12** **Condition of Participation: Compliance with Federal, State & local laws, disclosure of ownership & professional standards** |  |
| G 118 484.12(a) Compliance with Federal, State, & local laws & regulations. *May only be cited:* (1)*When the Fed’l, State or local authority having jurisdiction has made a determination of non-compliance & has taken a final adverse action as a result; or (2) When the language of the Federal regulation requires compliance with explicit Fed’l, State, or local laws and codes as a criterion for compliance (such as being licensed).*  | HZ 803 License Required; Display |
| HZ 824 Right of Inspection |
| H 108 CHOW License Requirements |
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| **484.12(b) Disclosure of ownership & management information:** |  |
| G 119 Disclosure of ownership & management information  |  |
| G 120 Disclosure of owners name and address, officers, & corporation  | HZ 812 Change of Ownership |
| 484.12(c) Compliance with accepted professional standards and principles: |  |
| G 121 Compliance with accepted professional standards and principals  | Relates to the tags on the professions - H 230 through H 236; H 260 through H 281; H 307 through H 309.  |
| 1. **ORGANIZATION, SERVICES & ADMINISTRATION**
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| G 122 **484.14** **Condition of Participation: Organization, services, & administration** |  |
| G 123 Organization, services furnished, administrative control |  |
| G 124 Administrative & supervisory functions not delegated |  |
| G 125 Parent control and monitoring of services | H 305 Responsibility over contractors |
| 484.14(a) Services furnished:  | H 310 Direct service - failure to provide |
| G 127 484.14 A HHA must provide **at least one service directly** through agency employees |
| 484.14(b) Governing body: |  |
| G 128 Governing body assumes full legal authority |  |
| G 129 Governing body appoints a qualified administrator |  |
| G 130 Arranges for professional advise as required |  |
| G 131 Adopts & periodically reviews written bylaws |  |
| G 132 Oversees the management & fiscal affairs of HHA | HZ 809 Financial Instability |
| 484.14(c) Administrator:  |  |
| G 133 Administrator organizes and directs HHA  | H 216 Administrator |
| G 134 Administrator employs, educates, and evaluates staff |  |
|  | H 217Administrator up to 5 HHA’s |
|  | H 219 Admin. & Alt. admin. notify of change |
|  | H 225 DON may be Admin. if less than 10 employees |
| G 135 Ensures the accuracy of public information & materials |  |
| G 136 Implements an effective budgeting and accounting system | HZ 809 Financial Instability |
| G 137 A qualified person acts as an alternate administrator | H 218 Alternate administrator |
| 484.14(d) Supervising physician or RN: |  |
| G 138 Skilled nursing under the supervision of a physician or RN | H 220 Director of Nursing |
| H 223 DON duties |
| H 226 DON change |
| G 139 Supervising physician or nurse available at all times during business hours | H 110 Hours of operation |
| H 226 DON change |
| G 140 Supervising physician or nurse participates in all activities relative to professional services provided | H 223 DON duties |
| H 224 DON QA Program |
| H 226 DON change |
| G 141 **484.14(e)** **Personnel policies** |  |
| H 207 Falsifying training records |
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|  | H 203 Training on HIV & AIDS |
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|  | HZ 815 Background screening  |
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| G 142 **484.14(f) Personnel under hourly or per visit contracts** | H 305 Responsibility over contractors |
| 484.14(g) Coordination of patient services: |  |
| G 143 Personnel providing services coordinate | H 306 Plan of Care for skilled services |
| H 312 Services to patients in ALF’s & AFCHs |
| G 144 Clinical record or minutes document interchange of information & coordination of patient care | H 350 Clinical record for skilled services |
| G 145 Written patient summary sent to physician at least every 60 days |  |
| G 146 **484.14(h)** **Services under arrangement:** | H 305 Responsibility over contractors |
| H 310 Direct services & contracted specified |
| H 312 Services to patients in ALFs & AFCHs |
| **484.14(i) Institutional planning:**  |  |
| G 147 HHA prepares an annual plan & budget  | HZ 809 Proof of Financial Ability to Operate,  |
| HZ 819 Financial Viability  |
| G 148 Plan developed under direction of board by a committee  |  |
| G 149 (4) Annual review of plan & budget |  |
| 484.14(j) Laboratory services: |  |
| G 150 HHA laboratory services  | H 390 Lab tests |
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| **IV**. **GROUP of PROFESSIONAL PERSONNEL** |  |
| G 151 **484.16** **Condition of participation: Group of professional personnel** |  |
| G 152 Group consists of at least one physician & one RN with other appropriate professional disciplines  | H 369 Remuneration to physicians |
| G 153 Establishes & annually reviews policies  |  |
| **484.16(a) Advisory and evaluation function:** |  |
| G 154 Group meets frequently to advise agency |  |
| G 155 Meetings documented by dated minutes |  |
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| **V. ACCEPTANCE OF PATIENTS, PoC, MEDICAL SUPERVISION** |
| G 156 **484.18** **Condition of Participation: Acceptance of patients, plan of care (PoC), & medical supervision** |  |
| G 157 Patients are accepted by the HHA on the basis on being able to meet their needs  | H 315 Acceptance of patients |
| G 158 Care follows a written plan of care (PoC) established & reviewed periodically by the Dr. | H 302 Treatment orders |
| H 315 Acceptance of patients missed visits |
| H 317 Pattern of failing to provide services |
| **484.18(a)** **Plan of care:** |  |
| G 159 Plan of care covers all required items | H 320 Plan of care |
| G 160 Dr. is consulted to approve changes to the PoC.  | H 302 Treatment orders |
| G 161 Therapy service orders are specific & include amount, frequency, & duration.  |
| G 162 Therapist & HHA personnel participate in developing the PoC. |
| **484 18(b) Periodic review of PoC**: |  |
| G 163 PoC reviewed as required & at least every 60 days by Dr. & HHA personnel. | H 302 Treatment orders |
| G 164 HHA alerts Dr. promptly of needed changes to PoC. |
| **484 18(c) Conformance with physician orders:** |  |
| G 165 Drugs & treatment administered by HHA staff only as ordered by the Dr. | H 302 Treatment orders |
| H 320 Plan of care |
| G 166 Verbal orders are put in writing and signed & dated with the date of receipt by RN or therapist supervising or furnishing ordered services. | H 302 Treatment orders |
| NOTE: Tag 167 expired on 6/1/99. A new tag for drug review is found at G 337. |  |
| G 300 Verbal orders are only accepted by authorized HHA personnel. | H 302 Treatment orders |
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| VI. REPORTING OF OASIS INFORMATION |  |
| G 320 **484.20 Condition of Participation: Reporting of OASIS information electronically by HHA**  |  |
| G 321 **484.20(a)** **Encoding Oasis data.** HHA must encode & transmit patient data within 7 days of completion of OASIS data set. |  |
| G 322 **484.20(b)**  **Accuracy of encoded OASIS data.**  |  |
| G 323 484.20(c.) **Transmittal of OASIS data** HHA must transmit OASIS data at least monthly to the state agency or HCFA OASIS contractor.  |  |
| G 324 For OASIS data completed the previous month transmit the data in an acceptable format |  |
| G 325 Successfully transmit test data to the State agency  |  |
| G 326 Transmit data using required software for direct telephone connection to the State agency. |  |
| G 327 **484.20(d)** **Data format: HHA must encode and transmit data in the required format.** |  |
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| **VII. SKILLED NURSING SERVICES** |
| G 168 **484.30** **Condition of Participation: Skilled nursing services**  |  |
| G 169 HHA provides skilled nursing services by an RN or under the supervision of an RN | H 305 Responsibility over contractors |
| H 223 DON duties |
| G 170 Skilled nursing provided according to PoC | H 306 Plan of care for skilled services;  |
| H 320 Plan of care |
| H 224 DON – QA to assure nursing consistent with PoC |
| **484.30(a) Duties of the RN:**  |  |
| G 171 The RN makes the initial evaluation visit |  H 305 Nursing initial admission visit, all evaluation visits. |
| G 172 On a regular basis re-evaluates the patient’s nursing needs | H 230 RN duties |
| G 173 Initiates the PoC and necessary revisions |
| G 174 Furnishes services requiring substantial & specialized nursing skill |
| G 175 Initiates preventive & rehab. nursing procedures |
| G 176 Prepares clinical & progress notes, coordinates services, informs the Dr. & other personnel of changes |
| G 177 Counsels the patient & family in meeting nursing & related needs |
| G 178 Participates in in-service programs, trains, & teaches other nursing personnel | H 230 RN duties, H 235 Supervision of LPN |
| **484.30(b)** **Duties of the licensed practical nurse:** |  |
| G 179 LPN furnishes services in accordance with HHA P&P’s | H 235 LPN  |
| H 236 LPN duties |
| G 180 Prepares clinical & progress notes | H 236 LPN duties |
| G 181 Assists the Dr. & RN in performing specialized procedures  |
| G 182 Prepares equipment & materials for treatment using sterile & aseptic techniques  |
| G 183 Assists patient in learning self care techniques  |
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| **VIII. THERAPY SERVICES** |
| G 184 **484.32** **Condition of Participation: Therapy services** |  |
| G 185 Therapy services are provided by a therapist or assistant according to the PoC | H 260 Physical therapy & PT assistant  |
| H 270 Respiratory therapy |
| G 186 Therapist assist Dr. in evaluating patient & developing & revising the PoC  | H 261 PT assists physician in evaluating patient |
| G 187 Prepares clinical and progress notes | H 261 PT records & reports on patient |
| H 265 Speech Pathologist, H 267 OT, H 270 RT |
| G 188 Advises & consults patient family & HHA personnel | H 261 Physical therapist, H 267 OT |
| H 270 Respiratory therapist |
|  | H 308 Therapy only case management |
| G 189 Participates in in-service programs |  |
| **484.32(a)**  **Supervision of physical therapy assistant & occupational therapy assistant:** |  |
| G 190 A PT or OT assistant performs services supervised by a qualified PT or OT. | H 260 PT & PT assistant qualified, scope of work |
| H 261 PT responsibilities |
| H 266 OT & OT assistant  |
| H 267 OT & OT assistant duties |
| G 191 Assists in preparing clinical and progress notes | H 261 PT This document shows the state tags that are similar to the federal tags; none are identical. responsibilities |
| H 267 OT & OT assistant duties |
| G 192 Participates in educating the patient & family & in-services programs | H 261 PT responsibilities |
| H 267 OT & OT assistant duties |
| **484.32(b) Supervision of speech therapy services:** |  |
| G 193 Speech therapy services are furnished by or under the supervision of a qualified speech language pathologist or audiologist | H 265 Speech Pathologist |
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| IX. MEDICAL SOCIAL SERVICES |
| G 194 **484.34** **Condition of Participation: Medical Social services** | H 275 Social Worker |
| G 195 Medical social services are provided by a qualified social worker (SW) or by an assistant supervised by the SW |
| G 196 Participates in the development of PoC |
| G 197 Prepares clinical & progress notes |
| G 198 Works with family |
| G 199 Uses appropriate community resources |
| G 200 Participates in discharge planning & in-service programs | H 275 Social Worker |
| H 316 Termination of Services |
| G 201 Acts as a consultant to other agency personnel |  |
|  | H 276 Social Worker – Clinical counseling license |
| **Other professional disciplines**  | Nutritionist: |
|   | H 280 Personnel, Dietitian/Nutritionist |
|  | H 281 Personnel, Dietitian/Nutritionist |
|  | H 309 Dietitian/Nutritionist Case Management of Services  |
|  | Respiratory Therapy: |
|  | H 270 Respiratory Therapist |
| X. HOME HEALTH AIDE SERVICES: |
| G 202 **484.36(a) Condition of Participation: Home health aide services**  |  |
| G 203 HHA utilizes HH aides that meet personnel qualifications |  |
|  | H 256 HH Aide & CNA from another State |
| **484.36** **Home health aide training:** |  |
| G 204 Aide training program has at least 75 hours of classroom & practical training and at least 16 hours of supervised practical training. | H 242 HH Aide training, |
| H 245 HH Aide competency test |
| G 205 Must complete at least 16 hours of classroom training before beginning the supervised practical training | H 242 HH Aide training |
| G 206 Must receive training in topics specified | H 242 HH Aide training |
| G 207 Conditions for conducting the training |
| G 208Qualifications for instructors | H 244 HH aide training – by HHA with RN  |
| G 209 Other training personnel under supervision of RN |
| G 210 Documentation of training | H 244 HH aide training - documentation  |
|  **484.36(b)** **Competency evaluation & in-service training:**  |  |
| G 211 Successful completion of competency evaluation | H 245 HH Aide competency test |
| G 212 HHA ensures that individuals providing HHA services meet the competency requirements | H 245 HH Aide competency test  |
| H 243 CNA |
| G 213 Content & frequency of evaluation | H 245 HH Aide competency test |
| G 214 HHA must complete a performance review of each HH aide at least every 12 months |  |
| G 215 HH aide must receive at least 12 hours of in-services training annually | H 247 HH Aide & C.N.A. in-service |
| G 216 Conduct of evaluation and in-service training |  |
| G 217 The competency evaluation must be done by a RN | H 245 HH Aide competency test |
| G 218 The required subject areas must be evaluated |
| G 219 HH aide cannot perform tasks without direct supervision unless passes evaluation |
| G 220 HH aide not pass a competency evaluation with more than one unsatisfactory rating in the required areas |
| G 221 HHA must maintain documentation of the competency evaluation |
| G 222 HH aide has competency evaluation |
|  | H 241 CNAs certification |
| 484.36(c.) Assignment & duties of home health aide: |  |
| G 223 HH Aide assignment by RN | H 231 RN assign LPN & HH AidesH 240 HH Aide & CNA supervisionH 248 Responsibilities of HH Aides & CNAs |
| G 224 RN prepares written patient instructions for HH Aide |
| G 225 HH Aide performs duties ordered by Dr. and in the PoC & that aide is permitted to perform in state law. |  |
| G 226 Duties of the HH Aide | H 248 Responsibilities of HH Aides & CNAs |
|  | H 250 thru 253 HHA & CNA assistance with medications  |
|  | H 255 HHA & CNA - tasks they cannot do |
| G 227 HH Aide services must be provided by a qualified HH Aide |  |
| 484.36 (d) Supervision: |  |
| G 228 RN conducts supervisory visit for patients receiving skilled nursing, a therapist conducts supervisory visit for therapy services. | H 240 HH Aide & CNA supervision |
| H 307 RN Case Management if nursing services |
| H 248 HH Aide & CNA responsibilities. |
| G 229 RN or therapist must make a home visit at least every 2 weeks for supervision | H 216 Administrator  |
| H 231 RN assign LPN & HH Aides |
| G 230 If HH aide services are provided to patient who receives no therapy or skilled nursing services, the RN must make a supervisory home visit at least every 62 days. | H 231 RN assign LPN & HH Aides |
| G 231 If HH aide services are contracted, aides must meet training or competency evaluation requirements and be supervised.  | H 242 HH Aide training |
| G 232 For contracted services, the HHA must ensure the overall quality of the care provided | H 305 Responsibility over contractors |
| G 301 HHA must supervise contracted HH aide services |
| G 302 HHA must ensure contracted HH aides meet the training requirements  |
| **484.36(e) Personnel care attendant: evaluation requirements:** |  |
| G 233 Applies to HHAs that employ personnel to provide personal care attendant services |  |
| **XI. OUTPATIENT PHYSICAL THERAPY OR SPEECH PATHOLOGY SERVICES** |   |
| G 234 **484.38** **Condition of Participation: Qualifying to furnish outpatient physical therapy or speech pathology services** |  |
| **XII. CLINICAL RECORDS** |
| G 235 **484.48 Condition of Participation : Clinical records**  |  |
| G 236 HHA maintains a clinical record for each patient  | H 350 Clinical records for skilled |
|  | H 355 Records for non-skilled |
|  | H 356 Clinical records contents |
|  **484.10(d) Confidentiality of Medical Records:** |  |
| G 111 HHA maintains confidentiality of clinical records  | H 351 Patient records confidential |
| G 112 HHA advises patient of P&P’s for clinical record disclosure  |
|  | H 331 Fraudulent patient records |
| XIII. RELEASE OF PATIENT-IDENTIFIABLE OASIS INFORMATION |  |
| G 310 **484.11** **Condition of Participation: Release of patient identifiable OASIS information** |  |
| **484.48(a)** **Retention of records:** |  |
| G 237 Clinical records are retained for 5 years | H 353 Clinical records retention |
|  | H 355 Records for non-skilled care |
| G 238 Copy of record sent to another agency if patient transferred | H 352 Clinical records transfer |
| **484.48(b) Protection of records:** |  |
| G 239 Record protected from loss or unauthorized use |  |
| G 240 Written procedures govern use & removal of records and release of information | H 352 Clinical records transfer;  |
| G 241 Patient written consent needed for release of records & conditions for release of information | H 351 Patient records confidential |
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| **XIV. EVALUATION OF HHA PROGRAM** |  |
| G 242 **484.52**  **Condition of Participation: Evaluation of agency’s program** |  |
| G 243 HHA has written polices regarding overall evaluation of its total program |  |
| G 244 Evaluation consists of review of polices, administration and clinical records |  |
| G 245 Evaluation assesses extent HHA program is appropriate, adequate, effective & efficient.  |  |
| G 246 Results are reported to and acted upon by HHA administration |
| G 247 Results maintained separately as administrative records  |  |
| **484.52(a)** **Policy & administrative review:** |  |
| G 248 Policies & administrative practices are reviewed  |  |
| G 249 Mechanisms established in writing to collect data for evaluation  |  |
| **484.452(b) Clinical record review.** |  |
| G 250 At least quarterly, clinical records ( both closed & opened) are reviewed to determine if policies are followed in providing services directly or under contract. | H 224 DON quality assurance program |
| G 251 At least every 60 days the patient clinical record is reviewed for adequacy of PoC & continued care | H 356 Clinical Records Contents |
| **XV. ASSESSMENT OF PATIENTS** |  |
| G 330 **484.55 Condition of Participation: Comprehensive assessment of patients** Each HHA patient receives a comprehensive assessment | H 301 Assessment of patients receiving skilled care |
| G 331 **484.55(a**) **Initial assessment visit conducted by an RN for patients receiving nursing services or nursing & therapy:** |  |
| G 332 Assessment held within 48 hours of referral, return home by patient, or Dr ordered start of care date. | H 301 Assessment of patients receiving skilled care |
| G 333 When only therapy services are provided the initial assessment may be conducted by the appropriate rehabilitation skilled professional. |  |
| G 334 **484.55(b) Completion of the comprehensive assessment:** | H 301 Patient assessment |
| G 335 An RN or therapist must complete assessment & determine eligibility for Medicare HH benefit, including homebound status. |  |
| G 336 When therapy is the only service provided, a therapist may conduct the comprehensive assessment & determine eligibility for Medicare HH benefit. |
| G 337 **484.55(c)** **Drug regimen review in comprehensive assessment** |  |
| **484.55(d)** **Update of the comprehensive assessment:** |  |
| G 338 Assessment updated as patient's condition warrants (incl. OASIS). |  |
| G 339 At least the last 5 days of every 60 days beginning with the start of care date (incl. OASIS).  |  |
| G 340 Within 48 hours of patient return to home from a hospital admission of at least 24 hours for other than diagnostic tests. |  |
| G 341 At discharge, incl. OASIS. | H 316 Termination of services |
| H 350 Clinical records for skilled |
| G 303 HHA informs Dr. of discharge summary availability | H 350 Clinical records for skilled  |
| H 351 Patient records confidential |
| **484.55(e)** **Incorporation of OASIS data items** |  |
| G 342 Required OASIS data items are incorporated into HHAs' own assessment. |  |

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| **STATE TAGS THAT HAVE NO SIMILAR FEDERAL TAG**  |
| **REFERRAL & BILLING PRACTICES** | OTHER |
| H 364 Billing Medicaid for services not medically necessary H 365 Billing for Services Not Provided - pattern of 3 within 12 mos | HZ 803 Display of License |
| H 366 Remuneration for referrals  | H 103 Accreditation  |
| H 367 Payment to beneficiaries  | H 104 HHA Operational |
| H 368 Providing ALF, ADC, AFCH staff or services -  | H 106 Satellite |
| H 369 Remuneration to physicians  | H 107 Drop Off Site |
| H 370 Physician Self-Referral  | HZ 806 Change of Address |
| H 371 Prohibited referrals & payment for referral  | H 110 Hours of Operation |
|  | H 111 On Call Staff |
| H 363 Medical Director  | H 105 Unlicensed activity  |
| STAFFING | H 121 License # In Advertisements |
| H 293 Staffing Services | H 122 Located in ALF |
| H 294 Inappropriate Staffing  | H 123 Shared Staffing |
|  | H 124 Geographic Service Area |
|  | H 125 Geographic Service Area refusal to serve |
| **ALZHEIMER’S DISEASE & RELATED**  |  |
| H 205 Alzheimer’s Disease & Related Disorders Info |  |
| H 206 ADRD Training |  |
| H 362 Special Care to Alzheimer’s Patients |  |
|  | H 203 Training on HIV & AIDS |
| **EMERGENCY MANAGEMENT** |  |
| H 372 Special Needs Registration |  |
| H 373 Emergency Management (EM) Plan  |  |
| H 374 EM Patient Records |  |
| H 375 EM Prioritized List |  |
| H 376 EM Plan Review  |  |
| H 377 EM when CHOW |  |
| H 378 EM Plan Activation  |  |
| H 379 EM Serving Patients\* |  |
| H 380 EM List of Meds |  |
| HZ 830 EM Planning |  |
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| HOMEMAKER COMPANION SERVICES |  |
| H 291 Homemaker duties |  |
| H 292 Companion duties |  |
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