Home Care Alliance of Massachusetts
Home Health 101
Conditions of Participation continued

Webinar Series-Module 5
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§484.75 Skilled Professional Services.  
Provision of services by skilled professionals.

(a) Standard: Provision of services by skilled professionals.

• Skilled professional services (skilled nursing services, PT, SLP, and OT, and MSW) are authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified under §484.115 and who practice according to the HHA's policies and procedures.
§484.75(B): Responsibilities of Skilled Professionals

- Skilled professional staff, regardless of whether the staff is an employee/under arrangement, are expected to:
  - Have ongoing interdisciplinary assessment of the patient;
  - Development/evaluation of POC partnership with patient/caregiver(s);
  - Providing physician ordered services
  - Preparing TIMELY clinical notes;
  - Contribute to all phases of the QAPI program.
    - Contributions may include; identification of problem areas; recommendations to address problem areas; data collection; attendance at periodic QAPI meetings or participation in PI projects.
- Each skilled professional discipline attends all in-service training sessions and programs required by the HHA.
§484.75(c) Supervision of Skilled Professional Assistants.

- Documentation in MR shows communication/oversight exist between skilled professional and assistant regarding:
  - patient’s status,
  - response to services by the assistant, and
  - effectiveness of the written instructions provided by assistants.

- Specific written instructions for assistants must be based on:
  - treatments prescribed in POC,
  - patient assessments by skilled professional, and
  - accepted standards of professional practice.

- Skilled professional must periodically evaluate the effectiveness of the services furnished by assistant to ensure patient’s needs met.
§484.75(c) Supervision of Skilled Professional Assistants.

(1) Nursing services are provided under the supervision of a RN.

- The HHA identifies a RN to supervise the care provided by LPN. The RN monitors and evaluates LPN performance in the provision of services/treatments, patient education, communication with RN, and data collection regarding the patient’s status and health needs as delegated by the RN.
- Only the RN may perform comprehensive assessment, evaluations, care planning and discharge planning.
§484.75(c) Supervision of Skilled Professional Assistants.
(2) Rehabilitative therapy services are provided under the supervision of PT/OT

- Assistants must be supervised by skilled therapy professional for that therapy type.
- The applicable therapist monitors/evaluates therapy assistant performance of treatments, patient education, communication with the therapist, and data collection regarding the patient’s status and health needs as delegated by the therapist.
- Only the skilled therapist may perform comprehensive assessment, evaluations, care planning and discharge planning.
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§484.80 Home Health Aide Services.

(a) HHA Qualifications
(b) Content and Duration of HHA Classroom & Supervised Practical Training:
   • 16 hrs of practical training part of 75 hours of total training
(c) Competency Testing
(d) In-service Training
   • 12 hours per year
(e) Qualifications for instructors conducting classroom and supervised practical training.
(f) Eligible training and competency evaluation organizations.
§484.80(g) HHA Assignments and Duties

NEW

• HH Aide must be members of interdisciplinary team
  ▪ report changes in patient’s condition to RN/other appropriate skilled professional, and complete documentation in compliance with P&P

• During interdisciplinary team meetings all HHA staff involved in patient’s care must be present/contribute.
  ▪ The HH aide may participate in person, electronically or via telephone.

• PT/OT/SLP may generate HHA assignments and do the supervision
  ▪ Any concerns identified by therapist during supervisory visits communicated to clinical manager or supervising nurse.
§484.80(h) Supervision of HHA.

- If an area of concern is noted by the supervising professional during a supervisory visit when the aide is not present, then the supervising individual must make an on-site visit to observe and assess that aide while he or she is performing care.
- An RN/other professional must make an annual on-site visit to the patient’s home to observe and assess each aide while performing care.
- Supervision of HHA
  - On-site visit to the patient’s home no less frequently than every 2 weeks
  - PT/OT/SLP may generate HHA assignments and do the supervision
§484.80(h) HHA Supervision

**NEW:**

Elements of supervision (to be documented in supervision note):

- ✔ Following patient’s POC for completion of tasks assigned;
- ✔ Maintaining open communication process with patient, caregivers, and family;
- ✔ Demonstrating competency with assigned task;
- ✔ Complying with infection prevention and control P&P
- ✔ Reporting changes in patient’s condition; and
- ✔ Honoring patient right.
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§484.100 - Compliance with Federal, State, and local laws and regulations related to the health and safety of patients

• The HHA and its staff must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients.
§484.100(a): Disclosure of ownership and management information.

- Disclosure of officer, director, agent using CMS 855A disclosure form at certification; survey and any time there is a change in ownership/management.

§ 484.100(b): Licensing

- The HHA, its branches, and all persons furnishing services to patients must be licensed, certified, or registered, as applicable, in accordance with the state licensing authority as meeting those requirements.
484.100(c): Laboratory Services

• HHA will need a policy/process that states agency may not substitute its equipment for patient's equipment when assisting with self-administered tests-- agency must use patient equipment
  • May use for short defined periods when equipment is not available
  • Equipment pending delivery
• Did you know?: If patient refuses to obtain equipment HHA may d/c patient after thoroughly documenting circumstances/action taken

"Agencies may also use their own self-administered testing equipment for a short, defined period of time when the patient has not yet obtained his or her own testing equipment, such as in the days immediately following physician orders to obtain the testing equipment when a patient may not have the time and resources immediately available to complete the process. CMS would expect the HHA to use available resources to assist the patient in obtaining his or her own testing equipment as quickly as possible."
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484.102: Emergency Preparedness (EP)

Develop Plan – Reviewed annually

4 core planning elements
1. Emergency Plan develop using Risk assessment
2. Emergency P&P- based on probable risk
3. Communication Plan- based on risk assessment
4. Testing/training- annually test plan and response/procedures-(train all staff annually)
484.102: Emergency Preparedness

CMS Emergency Preparedness Site

484.102(a) Emergency Plan:

Emergency Management Plan- Must be reviewed and updated yearly

- Identify Potential Emergencies
  1. From facility-based and community-based assessment
  2. Historical assessment
  3. Prioritize areas most vulnerable disasters
  4. Define Emergency events that result from disasters i.e. staff exposure, power loss
484.102(b) Policies and Procedures

- Develop P&P - based on agency & community-based risk assessment and communication plan, utilizing an all-hazards approach.
- P&P for individualized EP for all patients
  - As part of comprehensive assessment.
- Procedure to inform state/local EP officials for patient requiring evacuation based on medical/ psych condition/ home environment etc., in care.
- Procedure – follow up with patient/staff regarding interruption when services needed. Notify state/ local officials of on-duty staff/ patient when unable to contact in an emergency.
- System of medical documentation preserves patient info, confidentiality, and secures/ maintains availability of record

*Surveyors will check that P&P are updated annually*
Frequently Asked Questions

(Q) What do I need for the patients individualized EP?
(A) CMS doesn't specify exactly what would be needed in the pt's plan.

The plans could include potential disasters that the patient may face within the home such as fire hazards, flooding, and blizzards; and how and when a patient is to contact local emergency officials.

The individualized emergency plan should be in writing and could be as simple as a detailed emergency card to be kept with the patient. HHA personnel should document that these discussions occurred.

Keep the individualized EP copy in the patient’s MR as well as

Provide a copy to the patient and or their caregiver.
Frequently Asked Questions

(Q) What information do we need to give local/state officials for a patient that would need to be evacuated?

(A) The standard requires HHA provide emergency officials with information to facilitate patient’s evacuation/transportation. Should include:

- What type of life-saving equipment does the patient require?
- Whether or not the patient is mobile.
- Is the life-saving equipment able to be transported? (E.g., Battery operated, transportable, condition of equipment, etc.)
- Does the patient have special needs? (E.g., Communication challenges, language barriers, intellectual disabilities, special dietary needs, etc.)
484.102(c) Communication plan.

- A method for sharing information/medical documentation for patients under the HHA’s care, with other health care providers to maintain the continuity of care.
- A means of providing information about the general condition and location of patients under the facility’s care
- Providing information about HHA’s needs, and ability to provide assistance, to the authority having jurisdiction, the Incident Command Center,
- Strategies for patient care Priority levels and criteria guidelines, e.g. 1,2,3,4 or high, mod, min. risk
484.102(d) Training and Testing

- The HHA must develop and maintain an emergency preparedness training/testing program that is based on the emergency plan based on risk assessment, P&P, and the communication plan.
- The training and testing program must be reviewed and updated at least annually.
(Need to show documentation of this for surveyors)
484.102(d) Training

i. Initial training in EP policies and procedures to all:
   • new and existing staff,
   • individuals providing services under arrangement, and
   • volunteers, consistent with their expected roles.

ii. Provide EP training at least annually.

iii. Maintain documentation of the training.

iv. Demonstrate staff knowledge of emergency procedures.
484.102(d)(2) Testing.

Conduct exercises to test EP at least annually.

i. Participate in full-scale exercise - community-based or an individual, facility-based.

*If HHA experiences an actual natural or manmade emergency that requires activation of the EP, the HHA is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.*

ii. Conduct an additional exercise that may include, but is not limited to the following:

   (A) Second full-scale exercise that is community-based or individual, facility-based.

   (B) A tabletop exercise that includes a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and set of problem statements, directed messages, or prepared questions designed to challenge EP.

iii. Analyze the HHA’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA’s emergency plan, as needed.
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484.105
Organization and administration of services.

- The HHA must **organize, manage, and administer its resources** to attain/maintain the highest practicable functional capacity,
- **Provide optimal care** to achieve goals and outcomes identified in patient’s POC, for each patient’s medical, nursing, and rehabilitative needs.
- Assure that **administrative and supervisory functions** are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled.
- Set forth, in writing, its **organizational structure**, including lines of authority, and services furnished.
484.105(a): Governing Body and (b) Administrator

(a) Governing Body:
• Full legal authority/responsibility for agencies overall management & operations
• Responsible for service delivery, budget review and operational planning, QAPI
• Appoints Administrator
  • Person responsible for day-to-day operations; ensures clinical manager available during operating hours
  • Patient’s right to receive administrator name and contact info on admission

(b) The Administrator:
• Be responsible for all day-to-day operations;
• Ensure that a clinical manager is available during all operating hours;
• Ensure that HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.
484.105(c) : Clinical Manager.

One or more qualified individuals must provide oversight of all patient care services and personnel.
(1) Making patient and personnel assignments,
(2) Coordinating patient care,
(3) Coordinating referrals,
(4) Assuring that patient needs are continually assessed,
(5) Assuring the development, implementation, and updates of the individualized POC
Frequently Asked Questions

(Q) Our agency wants to assign an LPN as a clinical manager; would that be allowed in the new COPs?

(A) NO, the Interpretive Guidelines- only defines the qualifications of a clinical manager as the following list: licensed physician, physical therapist, speech-language pathologist, occupational therapist, audiologist, social worker, or a registered nurse.
Frequently Asked Questions

(Q) Is it allowed for an agency to have more than one clinical manager?

(A) Yes, an agency may have as many clinical managers as necessary to coordinate the care of the patient caseload.
484.105(d) : Parent branch relationship.

(1) The parent HHA is responsible for reporting all branch locations of the HHA to state survey agency (DPH) at the time of the HHA’s request for initial certification, at each survey, and at the time the parent proposes to add or delete a branch.

(2) The parent HHA provides direct support and administrative control of its branches.
484.105(e): Services Under Arrangement.

(1) The HHA must maintain overall responsibility for the services provided under arrangement, as well as the way they are furnished.

(2) Must have a written agreement with another agency/organization/individual when furnishes services under arrangement to the HHA's patients.

(3) The primary HHA is responsible for patient care, and must conduct and provide, either directly or under arrangements, all services rendered to patients.
484.105(f) Services Furnished.

• 484.105(f)(1) Skilled nursing services and at least one other therapeutic service (PT, SLP, OT, MSW or HH aide) are made available on a visiting basis, in a place of residence of the patient.

• An HHA must provide at least one of the services directly but may provide the second service and additional services under arrangement with another agency or organization.
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§484.110 Clinical Records.

• The HHA must maintain a clinical record containing past/current information for every patient accepted by the HHA and receiving home health services.

• Information contained in the clinical record must be accurate, adhere to current clinical record documentation standards of practice, and be available to the physician(s) issuing orders for the home health plan of care, and appropriate HHA staff.
§484.110 (a) Contents of Clinical Record.

The record must include:

1. **Comprehensive assessment**, including all assessments from the most recent home health admission, **clinical notes, plans of care, and physician orders**;

2. **All interventions**, including medication administration, treatments, and services, and responses to those interventions;

3. **Goals** in POC and the patient's progress toward achieving them;

4. **Contact information** for the patient, the patient’s representative (if any), and the patient’s primary caregiver(s);

5. **Contact information for the primary care practitioner** or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA; and
§484.110 (a) Contents of Clinical Record.

• (6)(i) A discharge summary sent to the primary care practitioner or other health care professional who will be responsible for providing care/services after discharge from the HHA (if any) within 5 business days of the patient's discharge; or

• (ii) A transfer summary that is sent within 2 business days of a planned transfer, if the patient’s care will be immediately continued in a health care facility; or

• (iii) transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer
According to Interpretive Guidelines:

Discharge and Transfer summaries typically contain the following items:

- Admission and discharge dates;
- Physician responsible for the home health plan of care;
- Reason for admission to home health;
- Type of services provided and frequency of services;
- Laboratory data;
- Medications the patient is on at the time of discharge;
- Patient’s discharge condition;
- Patient outcomes in meeting the goals in the plan of care; and
- Patient and family post-discharge instructions.

As of January 1, 2020—Revising § 484.58(b)(1) to require that, instead of a specified list, the HHA must send 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.
Timely, Complete, Accurate documentation Licensure and certification depend upon it.

- Legal Protection for the clinician
- It's necessary for payment.
- Accurate, complete documentation can help avoid possibly devastating results from federal/state audits:
  - Target probe and educate (TPE), RACs, ZPICs, and UPICs
  - Clinicians continue to struggle with inadequate documentation that regularly produces adverse results.
  - Documentation is key to your practice- it must become personal.
§484.110(b): Authentication.

- All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed.
- Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.
§484.110(c) : Retention of Records.

• (1) Clinical records must be retained for 5 years after the discharge of the patient, unless state law stipulates a longer period.

• (2) Policies for retention of clinical records even agency discontinues operation. When an HHA discontinues operation, it must inform the state agency where clinical records will be maintained.
§484.110(d) and (e) Standard

• (d) Standard: Protection of records. The clinical record, its contents, must be safeguarded against loss or unauthorized use. The HHA must follow the rules regarding personal health information HIPAA.

• (e) Standard: Retrieval of clinical records.
  • A patient’s clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first).
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§484.115 Personnel Qualifications.

Resources

- (a) Administrator, home health agency.
- (b) Audiologist.
- (c) Clinical Manager. A person who is a licensed physician, physical therapist, speech-language pathologist, occupational therapist, audiologist, social worker, or a registered nurse.
- (d) Home Health Aide
- (e) Licensed Practical (Vocational)
- (f) Occupational Therapist
- (g) Occupational Therapy Assistant
- (i) Physical Therapist Assistant-
- (j) Physician
- (k) Registered Nurse-
- (l) Social Work Assistant-
- (m) Social Worker -
- (n) Speech Language Pathologist