HOME HEALTH CARE
PROPOSED CONDITIONS OF PARTICIPATION

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HH COPS

• Proposed rule

• Federal Register 10/9/2014

• 60 day comment period (12/8)

• CMS reviews and eventually published a final rule
  • Up to three years
HH COPS

• History
  
  • Proposed rule issued 1997-never finalized
  
  • Expected to issue another proposed rule in 2006
  
  • Delayed due to competing priorities at CMS

HH COPs –Changes

Structural changes
• Renumbering
  
  • Three sections: A - General Provisions 484.1-484.2; B - Patient Care; 484.40–484.80; C - Organizational Environment
  
  • 484. 100 – 484. 115

  • Several standards combined or incorporated into new CoPs
e.g. Current standard for 484.14(g) "Coordination of patient services" combined with 484.18 “Acceptance of patients Plan of care and Medical supervision” to create 484.60 care planning, coordination of services, and quality of care

• Two new CoPs
  
  • 484.65 Quality Assessment and performance improvement (QAPI)

  • 484.70 Infection Control
HH COPS – Changes (con’t)

• Many of the requirements remain

• Expands patient rights

• Add a discharge and transfer summary requirement and time frames

• Emphasis on integration and interdisciplinary care planning

• Where standards are written in broad and vague terms, more specificity regarding what is required.

• Increase in Governing body involvement/accountability

HH COPS – Changes (con’t)

• Eliminated
  • 60 day summary to physician

• Group of professionals (PAC)

• Quarterly record review
HH COPS - Principles

High quality home health care:

• Patient centered

• Outcome oriented

• Data driven

HH COPS -Principles

• Develop a more continuous, integrated care process across all aspects of home health services, based on a patient-centered assessment, care planning, service delivery, and quality assessment and performance improvement.

• Use a patient-centered, interdisciplinary approach that recognizes the contributions of various skilled professionals and their interactions with each other to meet the patient's needs. Stress quality improvements by incorporating an outcome-oriented, data-driven quality assessment and performance improvement program specific to each HHA.

• Eliminate the focus on administrative process requirements that lack adequate consensus or evidence that they are predictive of either achieving clinically relevant outcomes for patients or preventing harmful outcomes for patients.

• Safeguard patient rights.
## HH COPS - TOC

### Subpart A—General Provisions
- 484.1 Basis and scope.
- 484.2 Definitions.

### Subpart B—Patient Care
- 484.40 Condition of participation: Release of patient identifiable outcome and assessment information set (OASIS) information.
- 484.45 Condition of participation: Reporting OASIS information.
- 484.50 Condition of participation: Patient rights.
- 484.55 Condition of participation: Comprehensive assessment of patients.
- 484.60 Condition of participation: Care planning, coordination of services, and quality of care.
- 484.65 Condition of participation: Quality assessment and performance improvement (QAPI).
- 484.70 Condition of participation: Infection prevention and control.
- 484.75 Condition of participation: Skilled professional services.
- 484.80 Condition of participation: Home health aide services.

### Subpart C—Organizational Environment
- 484.100 Condition of participation: Compliance with Federal, State, and local laws and regulations related to health and safety of patients.
- 484.105 Condition of participation: Organization and administration of services.
- 484.110 Condition of participation: Clinical records.
- 484.115 Condition of participation: Personnel qualifications
HH COPs

• Section A -- General Provisions
• 484.1 Basis and Scope Standards
  • 1) Basis
    This part is based on: (1) Sections 1861(o) and 1891 of the Act, which establish the conditions that an HHA must meet in order to participate in the Medicare program..........
  • 2) Scope
    The provisions of this part serve as the basis for survey activities for the purpose of determining whether an agency meets the requirements for participation in the Medicare program.
• 484.2 Definitions
  • Some deletions
  • Clarifications

HH COPS – OASIS

• Section B – Patient care
• 484.40 Release of patient identifiable outcome and assessment information set (OASIS) information
  • The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable OASIS information to the public.
  • No change
• 484.45 Reporting OASIS information
  • The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable OASIS information to the public.
  • Eliminate reference to telephone transmission of OASIS
HH COPS - Patient Rights

484.50 Condition of Participation: Patient Rights

The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights.

Standards

(a) Notice of right
(b) Exercise rights
(c) Rights of the patient
(d) Transfer and discharge
(e) Investigation of complaints
(f) Accessibility

HH COPS – Patient Rights (con’t)

a) Notice of rights
   1) Written and verbal notice in a language understandable to the patient and accessible to patients with disabilities

   2) Provide contact information for the HHA Administrator

   3) OASIS privacy notices

   4) patient/representative signature

b) Exercise of rights
   Related to honoring court decisions on competency and recognizing role of appointed representative
HH COPS- Patient Rights (con’t)

c) Standard: Rights of the patient
12 rights under this standard

1) Property and person treated respect
2) Be free of abuse, injuries, neglect and misappropriation of property
3) Complaints regarding treatment or care, etc.
4) Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to,
   (i) Completion of the comprehensive assessment
   (ii) Care furnished based on the comprehensive assessment
   (iii) Establishing and revising the plan of care, including receiving a copy of it
   (iv) The disciplines that will furnish the care
   (v) The frequency of visits
   (vi) Expected outcomes of care, including patient identified goals, and anticipated risk and benefits
   (vii) Any factors that could impact treatment effectiveness

HHCOPs- Patient Rights (con’t)

5) Receive all services outlined in the POC
6) Addresses confidential record and HIPAA references
7) Be advised to the extent which payment for HH service are expected….
   financial liability
   The charges for services that may not be covered by Medicare, Medicaid….
   The charges the individual may have to pay before care is initiated; and any changes in the information
   The HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) ----- ABN
   8) Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204. (HHCCN and NOMNC)
HH COPS – Patient Rights (con’t)

9) Hot line

10) Be advised of the names, addresses, and telephone numbers of pertinent, Federally-funded and State funded, State and local consumer information, consumer protection, and advocacy agencies.

11) Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.

(12) Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services.

HH COPS – Patient Rights

d) Standard – Transfer and discharge

The patient and representative (if any), have a right to be informed of the HHA’s policies for admission, transfer, and discharge in advance of care being furnished. The HHA may only transfer or discharge the patient from the HHA if:

1) acuity requires another level of care
2) no payment
3) goals met
4) patient refuses care or elects transfer/discharge
5) cause – disruptive, abusive, uncooperative behavior;
   i) advise patient, physician etc. of the plan to d/tr
   ii) efforts to resolve problems prior to d/tr
   iii) provide patient with contact information for other agencies/providers
   iv) document efforts made to resolve issues
6) death
7) HHA ceases to operate
### HH COPs- Patient Rights –(con’t)

- **(e) Standard: Investigation of complaints**
  - Investigate, document actions to resolve and actions to prevent Allegations reported by patients /representatives of mistreatment, neglect, or verbal, mental, psychosocial, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the HHA.
  
  - Staff to report to agency and authorities allegations of mistreatment, neglect, or verbal, mental, psychosocial, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the HHA.

### HH COP - Patient Rights

#### f) Standard: Accessibility

Information must be provided to patients in plain language and in a manner that is accessible and timely to—

1) patients with disabilities  
   - web site  
   - aids  
   - compliance with ADA

2) LEP  
   - language services  
   - oral and written translations
HH COPS – Comprehensive Assessment

484.55 Condition of Participation: Comprehensive assessment of patients

Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment. For Medicare Beneficiaries, the HHA must verify the patient’s eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment.

Standards:

a) Initial assessment of patients
b) Completion of the comprehensive assessment
c) Contents of the comprehensive assessment
d) Update of the comprehensive assessment

HH COPS-Comprehensive Assessment (con’t)

(a) Standard: Initial assessment visit
   - Retains all current requirements (e.g. 48 hours)
   - RN must conduct except in therapy only cases

(b) Standard: Completion of the comprehensive assessment
   - Retains all current requirements (e.g. 5 day window)
   - RN must complete except in therapy only cases
HH COPS – Comprehensive assessment (con’t)

(c) Standard: Contents of the comprehensive assessment

Combines 484.55 intro paragraph and standards: (c) Drug regimen review; (e) incorporation of OASIS data set

1) The patient’s current health, psychosocial, functional, and cognitive status;

2) The patient’s strengths, goals, and care preferences, including information that may be used to demonstrate the patient’s progress toward achievement of the goals identified by the patient and the measurable outcomes identified by the HHA;

3) The patient’s continuing need for home care;

4) The patient’s medical, nursing, rehabilitative, social, and discharge planning needs;

5) A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.

6) The patient’s primary caregiver(s), if any, and other available supports;

7) The patient’s representative (if any);

8) Incorporation of the current version of the Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary. The OASIS data items determined by the Secretary must include: Clinical record items, demographics and patient history, living arrangements, supportive assistance, sensory status, integumentary status, respiratory status, elimination status, neuro/emotional/behavioral status, activities of daily living, medications, equipment management, emergent care, and data items collected at inpatient facility admission or discharge only.

HH COPS- Comprehensive Assessment (con’t)

(d) Update of the comprehensive assessment

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-ordered resumption date
HH COPS – Care Planning

485.60- Condition of Participation: Care planning, coordination of services, and quality of care

Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient’s medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training that the HHA will provide, specific to the patient’s care needs. Services must be furnished in accordance with accepted standards of practice.

Combines 484.18 Acceptance of patients, plan of care, medical supervision and 484.14(g)

Coordination of care Standards:
(a) Plan of care
(b) Conformance with physician orders
(c) Review and revision of the plan of care
(d) Coordination of care
(e) Discharge or transfer summary

HH COPS- Care Planning

Standard: Plan of care

(2) The individualized plan of care must include the following:
   (i) All pertinent diagnoses;
   (ii) The patient’s mental, psychosocial, and cognitive status;
   (iii) The types of services, supplies, and equipment required;
   (iv) The frequency and duration of visits to be made;
   (v) Prognosis;
   (vi) Rehabilitation potential;
   (vii) Functional limitations;
   (viii) Activities permitted;
   (ix) Nutritional requirements;
   (x) All medications and treatments;
   (xi) Safety measures to protect against injury;
   (xii) Patient and caregiver education and training to facilitate timely discharge;
   (xiii) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;
   (xiv) Information related to any advanced directives; and
   (xv) Any additional items the HHA or physician may choose to include.
HH COPS – Care Planning

3) If HHA services are initiated following the patient’s discharge from a hospital, the individualized plan of care must include a description of the patient’s risk for emergency department visits and hospital readmission (low, medium, high) and all necessary interventions to address the underlying risk factors.

CMS is soliciting comments regarding methods to engage patients and physicians responsible for the patient’s care planning.

HH COPS – Care Planning

(b) Standard: Conformance with physicians orders
Requirements without change except verbal orders must be signed, dated, and timed?

(C) Standard: Review and revision of plan of care
-revisions to the plan of care and discharge plans communicated to the patient, CG, and physician

(d) Standard: Coordination of care
- Integration of services, interdisciplinary care planning, and communication with physician
- Coordinates care
- provide education and training on POC and discharge
- Theme runs throughout
- More scrutiny under this standard
HH COPS – Care Planning

(e) Standard: Discharge or transfer summary

- A summary of the patient’s stay, including:
  - the reason for referral to the HHA,
  - the patient’s clinical, mental, psychosocial, cognitive, and functional condition at the time of the
    start of services by the HHA,
  - all services provided by the HHA, the start and end date of care by the HHA,
  - the patient’s clinical, mental, psychosocial, cognitive, and functional condition at the time of
    discharge from the HHA,
  - An updated reconciled list of medications at the time of discharge or transfer,
  - and any recommendations for ongoing care (for example, outpatient physical
    therapy);
  - the patient’s current plan including the latest physician orders;
  - any other documentation that will assist in post-discharge or transfer continuity of care, or that
    is requested by the health care practitioner who will services to the patient after discharge from
    the HHA or receiving facility.

HH COPS – Quality Assessment and Performance Improvement (QAPI)

484.65 Condition of Participation: Quality Assessment and Performance Improvement (QAPI)

The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-
wide, data-driven QAPI program. The HHA’s governing body must ensure that the
program reflects the complexity of its organization and services; involves all HHA
services (including those services provided under contract or arrangement); focuses on
indicators related to improved outcomes, including hospital admissions and re-
admissions; and takes actions that address the HHA’s performance across the spectrum
of care, including the prevention and reduction of medical errors. The HHA must maintain
documentary evidence of its QAPI program and be able to demonstrate its operation to
CMS

Standards:

(a) Program scope
(b) Program data
(c) Program activities
(d) Performance improvement projects
(e) Executive
HH COPS – QAPI

• Standard: Program scope
  • Measurable improvement in selected quality indicator
  • Evidence that improvement will improve health outcomes
  • Measure, analyze, and track quality indicators
  • Address adverse events and other aspects that assess processes, services and operations

HH COPS – QAPI (con’t)

• Standard: Program data
  • Utilize quality indicators; OASIS if applicable, and other relevant data
  • Data collected to:
    • monitor effectiveness of services and quality of care
    • Identify opportunities for improvement
    • governing body approves frequency and detail of data collection
HH COPS – QAPI

Standard: Program activities

Activities must focus on:

• High risk, high volume and problem areas

• Consider incident, prevalence and severity

  Immediate action towards areas that threaten health and safety of patients

  Track, analyze, and implement preventive actions for adverse events

• Take action, measure success, and ensure improvements are sustained

HH COPS – QAPI (con’t)

Standard: Performance improvement projects

Improvement projects are:

• Conducted annually and reflect scope complexity and past performance

• Agencies must document project, the reason, and measurable progress achieved
HH COPS – QAPI (con’t)

Standard: Executive

Governing body:

- Ensures ongoing QAPI program is defined implemented and maintained
- Addresses priorities
- Expectations for patient safety are established implemented and maintained
- Findings of fraud and abuse are addressed

HH COPS – QAPI (con’t)

• Preamble
  • “Through the survey process, we intend to assess whether HHAs have all of the
    components of a QAPI program in place. Surveyors would expect HHAs to demonstrate,
    with the objective data from the OASIS data set and other sources available to the HHA,
    that improvements had taken place with respect to actual care outcomes, processes of care,
    patient satisfaction levels and/or other quality indicators. Additionally, surveyors would
    expect the HHA to demonstrate that all disciplines are involved in its QAPI program…….”

  • We believe that physician involvement in efforts to improve the outcome of patient care
    is vital and, as previously noted, we have addressed this issue by proposing the physician
    involvement requirement at proposed § 484.60, “Care planning, coordination of services,
    and quality of care.” We have also addressed this issue by requiring all HHA skilled
    professionals, which would include physicians employed by or under contract with the HHA,
    to participate in the HHA’s QAPI program (see proposed § 484.75).
HH COPS – Infection Control

484.70 Condition of Participation: Infection prevention and control
The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

Standards:
(a) Prevention
- Standards of practice
- Standard precautions
(b) Control
- Surveillance, identification, prevention control, and investigation
  -- methods for identifying
  -- action for improvement and prevention
  Integral part of the agency’s QAPI program
(c) Education
- staff, patients and CGs

HH COPS – Skilled Services

484.75 Conditions of Participation: Skilled Professional services
Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in § 409.44 of this chapter, and physician and medical social work services as specified in § 409.45 of this chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care.

- Combines and revises 484.30 “Skilled nursing services”; 484.32 “Therapy services” and 484.34 “Medical social services”

Standards:
(a) Provision of services by skilled professionals
(b) Responsibilities of skilled professionals
(c) Supervision of skilled professional assistants
HH COPS – Skilled services (con’t)

Standard: Provision of services by skilled professionals

Comply with personnel qualification at 484.115

HH COPS – Skilled Services

Standard: Responsibilities of skilled professionals

(1) Ongoing interdisciplinary assessment of the patient;
(2) Development and evaluation of the plan of care in partnership with the patient, presentative (if any), and caregiver(s);
(3) Providing services that are ordered by the physician as indicated in the plan of care;
(4) Patient, caregiver, and family counseling;
(5) Patient and caregiver education;
(6) Preparing clinical notes;
(7) Communication with the physician who is responsible for the home health plan of care and other health care practitioners (as appropriate) related to the current plan of care;
(8) Participation in the HHA’s QAPI program; and
(9) Participation in HHA-sponsored in-service training
HH COPS – Skilled Services (con’t)

Standard: Supervision of skilled professional assistants

- RNs are responsibilities for LPN supervision
- PT and OT responsibilities for PTA and OTA supervision
- Medical social worker a responsibilities for social worker assistant

HH COPS-Home Health Aide Services

- 484.80 Condition of Participation: Home Health Services
  All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section.
  Standards
  (a) Home health qualifications
  (b) Content and duration of home health aide classroom and practical training
  (c) Competency evaluation
  (d) In-service training
  (e) Qualifications for instructors conducting classroom and supervised practical training
  (f) Eligible training and competency evaluation organizations
  (g) Home health aide assignments and duties
  (h) Supervision of home health aides
  (i) Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit
HH COPS – Home Health Aides

- Requirements retained
- Structural changes
  - Clarification and reorganization
  - Incorporates personal qualifications currently in 484.4
  - Separates Instructors and organizations into two standards
  - Separates competency evaluation and In-service training into two standards

Changes:
- A nurse aide training and competency evaluation program that is approved by the state as meeting the requirements of § 483.151 through § 483.154 (State review and approval of nurse aide training and competency evaluation programs) and is currently listed in good standing on the state nurse aide registry;

- Communication skills under contents of training include the aide’s ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.
  - Evaluated through direct observation

- Documentation requirement for training and competency evaluation

- Conduct aide training on a mannequin, and to conduct a competency evaluation on a “pseudo-patient.” However, the pseudo-patient for the competency evaluation would have to be an individual, such as another aide or volunteer, whose age is representative of the primary population served by the HHA.

- New skill requirement related to recognizing and reporting changes in skin condition, including pressure ulcers.
HH COPS Home Health Aide (con’t)

Changes (con’t)
• The home health aide would be assigned to a specific patient by the RN or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist)

• If a patient is receiving skilled care, the home health aide supervisor (RN or therapist) must make an onsite visit to the patient’s home no less frequently than every 14 days, without the aide

• Annual onsite supervisory visits with the aide

• Emphasis on home health aides as part of the interdisciplinary team

• Outlines specific areas that need to be evaluated during all supervisory visits

HH COPS – Federal, State and Local Laws

• 484.100 Condition of Participation:
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. If state or local law provides licensing of HHAs, the HHA must be licensed

  • Revises requirements at 484.12 and incorporates 484.14(j)

Laboratory services Standards

  (a) Disclosure of ownership and management information
  (b) Licensing
  (c) Laboratory services
HH COPS – Organization

484.105 Condition of Participation
Organization and Administration of Services The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including overcoming those deficits that led to the patient’s need for home health services, for each patient’s medical, nursing, and rehabilitative needs as indicated by the plan of care. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.

• Revises 484.14 and incorporates 484.38 outpatient therapy

  • Standard
    (a) Governing body
    (b) Administration
    (c) Clinical manager
    (d) Parent-branch relation
    (e) Services under arrangement
    (f) Services furnished
    (g) Outpatient physical therapy or speech-language pathology services
    (h) Institutional planning

HH COPS – Organization (con’t)

(a) Governing body
  • full legal authority and responsibilities of agency’s overall management and operations

(b) Administrator
  • be available during operating hours
  • authorized person to act in absence
    - meet qualifications for Administrator
    - assume the same responsibilities
HH COPS – Organization (con’t)

(C) Clinical manager
Revises supervising requirements to include:
• Making patient and personnel assignments;
• Coordinating patient care;
• Coordinating referrals;
• Assuring that patient needs are continually assessed;
• Assuring the development, implementation, and updates of the individualized plan of care
• Assuring the development of personnel qualifications and policies.

(d) Parent-branch relationship
removes “sufficiently close” to the parent from branch definition
“subunit” designation eliminated, subunits will need to be converted to a parent or branch

(e) Services under arrangement

(f) Services furnished retains one service directly

(g) Outpatient therapy – no change

(h) Institutional planning -- annual budget; capital expenditure; preparation of plan and budget; annual of plan and budget

HH COPS – Clinical Record

- 484.110 Condition of Participation: Clinical Record

The HHA must maintain a clinical record containing past and 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 who is responsible for the home health plan of care, and appropriate HHA staff. This information may be maintained electronically.

- Standards

(a) Contents of the clinical record

(b) Authentication

(c) Retention of records

(d) Protection of records

(e) Retrieval of records
HH COPS – Clinical Record (con’t)

(a) Contents of the clinical record

Specific elements of the clinical record

(1) the patient’s current comprehensive assessment, including all of the 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 the patient’s plans of care and the patient’s progress toward achieving them;
(4) Contact information for the patient and the patient’s representative (if any);
(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.

Requires a discharge and transfer summary that is sent to the physician or other appropriate health care professionals within 7 days and if care is to be immediately continued in a health care facility, transfer summary sent within 2 days.

(b) Authentication

• 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.

HH COPS – Clinical Record (con’t)

(c) Retention of records

5 years from discharge rather than cost report filing

(d) Protection of records -- comply with HIPAA

(e) Retrieval of records

Available upon request (hard copy or electronic)
HH COPS – Personnel Qualifications

484.115 Condition of Participation
HHA staff are required to meet the following standards

Standards (a)-(m)
  Defines qualifications for HHA personnel

HH COPS - Summary

- CMS attempts to change the culture of home health care delivery
  - Patient-centered, data driven and outcome oriented care planning and survey focus
  - Focus on integrated and inter discipline care planning
  - Increased physician involvement
  - Increased accountability of governing body for overall management

- Underestimates Burden

- Long learning curve
HH COPs - Summary

- Take a Deep Breath
- Take each CoP at a time
- Begin working now

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