HR.01.02.01 The organization defines staff qualifications.

§484.4 Personnel Qualifications

Staff required to meet the conditions set forth in this part are staff who meet the qualifications specified in this section.

Administrator, home health agency. A person who:
(a) Is a licensed physician; or
(b) Is a registered nurse; or
(c) Has training and experience in health service administration and at least 1 year of supervisory or administrative experience in home health care or related health programs.

Audiologist. A person who:
(a) Meets the education and experience requirements for a Certificate of Clinical Competence in audiology granted by the American Speech-Language-Hearing Association; or
(b) Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Home health aide. Effective for services furnished after August 14, 1990, a person who has successfully completed a State-established or other training program that meets the requirements of §484.36(a) and a competency evaluation program or State licensure program that meets the requirements of §484.36(b) or (e), or a competency evaluation program or State licensure program that meets the requirements of §484.36(b) or (e). An individual is not considered to have completed a training and competency evaluation program, or a competency evaluation program if, since the individual's most recent completion of this program(s), there has been a continuous period of 24 consecutive months during none of which the individual furnished services described in §409.45 of this chapter for compensation.

Occupational therapist. A person who—
(a)(1) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing, unless licensure does not apply;
(2) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
(3) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT);
(b) On or before December 31, 2009—
(1) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing; or

EP 3 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization defines personnel qualifications as required by CMS regulations (at 42 CFR 484.4 for home health agencies and at 42 CFR 418.114 and 42 CFR 418.76(a) for hospices). Note: The following terms are defined in the Glossary: administrator, audiologist, home health aide, qualified hospice aide, occupational therapist, occupational therapy assistant, physical therapist, physical therapist assistant, physician, practical (vocational) nurse, public health nurse, registered nurse, social worker, social work assistant, speech-language pathologist.
When licensure or other regulation does not apply—

(i) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and

(ii) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(c) On or before January 1, 2008—

(1) Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or

(2) Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.

(d) On or before December 31, 1977—

(1) Had 2 years of appropriate experience as an occupational therapist; and

(2) Had achieved a satisfactory grade on an occupational therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(e) If educated outside the United States, must meet all of the following:

(1) Graduated after successful completion of an occupational therapist education program accredited as substantially equivalent to occupational therapist entry level education in the United States by one of the following:

(i) The Accreditation Council for Occupational Therapy Education (ACOTE).

(ii) Successor organizations of ACOTE.

(iii) The World Federation of Occupational Therapists.

(iv) A credentialing body approved by the American Occupational Therapy Association.

(2) Successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(3) On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an occupational therapist by the State in which practicing.

Occupational therapy assistant. A person who—

(a) Meets all of the following:

(1) Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an occupational therapy assistant by the State in which practicing.

(2) Graduated after successful completion of an occupational therapy assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations.

(3) Is eligible to take or successfully completed the entry-level certification examination for occupational therapy assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(b) On or before December 31, 2009—

(1) Is licensed or otherwise regulated as an occupational therapy assistant, if applicable, by the State in which practicing; or any qualifications defined by the State in which practicing, unless licensure does not apply; or

(2) Must meet both of the following:

(i) Completed certification requirements to practice as an occupational therapy assistant established by a credentialing organization approved by the American Occupational Therapy Association.

(ii) After January 1, 2010, meets the requirements in paragraph (a) of this section.

(c) After December 31, 1977 and on or before December 31, 2007—
(1) Completed certification requirements to practice as an occupational therapy assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
(2) Completed the requirements to practice as an occupational therapy assistant applicable in the State in which practicing.
(d) On or before December 31, 1977—
(1) Had 2 years of appropriate experience as an occupational therapy assistant; and
(2) Had achieved a satisfactory grade on an occupational therapy assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
(e) If educated outside the United States, on or after January 1, 2008—
(1) Graduated after successful completion of an occupational therapy assistant education program that is accredited as substantially equivalent to occupational therapist assistant entry level education in the United States by—
(i) The Accreditation Council for Occupational Therapy Education (ACOTE).
(ii) Its successor organizations.
(iii) The World Federation of Occupational Therapists.
(iv) By a credentialing body approved by the American Occupational Therapy Association; and
(2) Successfully completed the entry-level certification examination for occupational therapy assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

Physical therapist. A person who is licensed, if applicable, by the State in which practicing, unless licensure does not apply and meets one of the following requirements:
(a)(1) Graduated after successful completion of a physical therapist education program approved by one of the following:
(i) The Commission on Accreditation in Physical Therapy Education (CAPTE).
(ii) Successor organizations of CAPTE.
(iii) An education program outside the United States determined to be substantially equivalent to physical therapist entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to physical therapists; and
(2) Passed an examination for physical therapists approved by the State in which physical therapy services are provided.
(b) On or before December 31, 2009—
(1) Graduated after successful completion of a physical therapy curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE); or
(2) Meets both of the following:
(i) Graduated after successful completion of an education program determined to be substantially equivalent to physical therapist entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to physical therapists.
(ii) Passed an examination for physical therapists approved by the State in which physical therapy services are provided.
(c) Before January 1, 2008—
(1) Graduated from a physical therapy curriculum approved by one of the following:
(ii) The Committee on Allied Health Education and Accreditation of the American Medical Association.
(d) On or before December 31, 1977 was licensed or qualified as a physical therapist and meets both of the following:
(1) Has 2 years of appropriate experience as a physical therapist.
§484.4

Medicare Requirements

(2) Has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(e) Before January 1, 1966—

(1) Was admitted to membership by the American Physical Therapy Association; or

(2) Was admitted to registration by the American Registry of Physical Therapists; or

(3) Has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education.

(f) Before January 1, 1966 was licensed or registered, and before January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.

(g) If trained outside the United States before January 1, 2008, meets the following requirements:

(1) Was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy.

(2) Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.

Physical therapist assistant. A person who is licensed, unless licensure does not apply, registered, or certified as a physical therapist assistant, if applicable, by the State in which practicing, and meets one of the following requirements:

(a) (1) Graduated from a physical therapist assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to physical therapist assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and

(2) Passed a national examination for physical therapist assistants.

(b) On or before December 31, 2009, meets one of the following:

(1) Is licensed, or otherwise regulated in the State in which practicing.

(2) In States where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a 2-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010 meets the requirements of paragraph (a) of this definition.

(c) Before January 1, 2008, where licensure or other regulation does not apply, graduated from a 2-year college-level program approved by the American Physical Therapy Association.

(d) On or before December 31, 1977, was licensed or qualified as a physical therapist assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

Physician. A doctor of medicine, osteopathy or podiatry legally authorized to practice medicine and surgery by the State in which such function or action is performed.

Practical (vocational) nurse. A person who is licensed as a practical (vocational) nurse by the State in which practicing.

Public health nurse. A registered nurse who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation or post registered nurse study that includes content approved by the National League for Nursing for public health nursing.
### Medicare Requirements

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<tr>
<td>§484.4</td>
<td>Registered nurse (RN). A graduate of an approved school of professional nursing, who is licensed as a registered nurse by the State in which practicing.</td>
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<td></td>
<td>Social work assistant. A person who: (1) Has a baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least 1 year of social work experience in a health care setting; or (2) Has 2 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 these 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.</td>
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<tr>
<td></td>
<td>Social Worker. A person who has a master's degree from a school of social work accredited by the Council on Social Work Education, and has 1 year of social work experience in a health care setting.</td>
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<td></td>
<td>Speech-language pathologist - A person who: (1) Meets the education and experience requirements for a Certificate of Clinical Competence (in speech pathology or audiology) granted by the American Speech-Language-Hearing Association; or (2) Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.</td>
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### Joint Commission Standards and Elements of Performance

| §484.10 Tag: G100 | The organization respects, protects, and promotes patients’ rights. |
| §484.10(a) Tag: G102 | The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of these rights. |

#### EP 1
The organization provides information in a manner tailored to the patient’s age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5; PC.02.03.01, EP 3; PC.04.01.05, EP 8)
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<td>§484.10(a)(2)</td>
<td>TAG: G103</td>
<td>RI.01.01.01</td>
<td>The organization respects, protects, and promotes patients’ rights.</td>
</tr>
<tr>
<td>(2) The HHA must maintain documentation showing that it has complied with the requirements of this section.</td>
<td>EP 11</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency maintains documentation showing that it has provided the patient with written notice of his or her rights.</td>
<td></td>
</tr>
<tr>
<td>§484.10(b)</td>
<td>TAG: G104</td>
<td>RI.01.01.01</td>
<td>The organization respects, protects, and promotes patients’ rights.</td>
</tr>
<tr>
<td>§484.10(b)(1)</td>
<td>TAG: G104</td>
<td>EP 1</td>
<td>The organization has written policies on patient rights.</td>
</tr>
<tr>
<td>(1) The patient has the right to exercise his or her rights as a patient of the HHA.</td>
<td>EP 4</td>
<td>The organization treats the patient in a dignified and respectful manner that supports his or her dignity.</td>
<td></td>
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<td></td>
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<td>EP 5</td>
<td>The organization respects the patient’s right to and need for effective communication. (See also RI.01.01.03, EP 1)</td>
</tr>
<tr>
<td>§484.10(b)(2)</td>
<td>TAG: G104</td>
<td>RI.01.02.01</td>
<td>The organization respects the patient’s right to participate in decisions about his or her care, treatment, or services.</td>
</tr>
<tr>
<td>(2) The patient’s family or guardian may exercise the patient’s rights when the patient has been judged incompetent.</td>
<td>EP 1</td>
<td>The organization involves the patient in making decisions about his or her care, treatment, or services.</td>
<td></td>
</tr>
<tr>
<td>§484.10(b)(3)</td>
<td>TAG: G105</td>
<td>RI.01.02.01</td>
<td>The organization respects the patient’s right to participate in decisions about his or her care, treatment, or services.</td>
</tr>
<tr>
<td>(3) The patient has the right to have his or her property treated with respect.</td>
<td>EP 23</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The patient’s family or guardian may exercise the patient’s rights when the patient has been judged incompetent.</td>
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</tr>
<tr>
<td>§484.10(b)(4)</td>
<td>TAG: G106</td>
<td>RI.01.06.05</td>
<td>The patient has the right to an environment that preserves dignity and contributes to a positive self-image.</td>
</tr>
<tr>
<td>(4) The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the HHA and must not be subjected to discrimination or reprisal for doing so.</td>
<td>EP 5</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The patient has the right to have his or her property treated with respect.</td>
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</tr>
<tr>
<td>§484.10(b)(5)</td>
<td>TAG: G107</td>
<td>RI.01.07.01</td>
<td>The patient and his or her family have the right to have complaints reviewed by the organization.</td>
</tr>
<tr>
<td>(5) The HHA must investigate complaints made by a patient or the patient’s family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient’s property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the</td>
<td>EP 10</td>
<td>The organization allows the patient to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.</td>
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<td></td>
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<td>EP 11</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The patient has the right to voice grievances regarding care, treatment, or services that are (or fail to be) provided, or lack of respect for property shown by anyone who is furnishing care, treatment, or services on behalf of the home health agency or hospice.</td>
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<td>EP 4</td>
<td>The organization reviews and, when possible, resolves complaints from the patient and his or her family.</td>
</tr>
<tr>
<td>CFR Number</td>
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<tr>
<td>§484.10(b)(5)</td>
<td>complaint.</td>
<td>EP 6</td>
<td>When a patient submits a complaint that the organization recognizes as significant, the organization acknowledges receipt of the complaint and notifies the patient of follow-up to the complaint.</td>
</tr>
<tr>
<td>§484.10(c)</td>
<td>§484.10(c) Standard: Right to be Informed and to Participate in Planning Care and Treatment</td>
<td>RI.01.02.01</td>
<td>The organization respects the patient’s right to participate in decisions about his or her care, treatment, or services.</td>
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<tr>
<td>§484.10(c)(1)</td>
<td>TAG: G108</td>
<td>EP 15</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The patient has the right to be informed, in advance, about the care to be provided and of any changes in that care.</td>
</tr>
<tr>
<td>§484.10(c)(1)(i)</td>
<td>(1) The patient has the right to be informed, in advance, about the care to be furnished, and of any changes in the care to be furnished.</td>
<td>RI.01.04.01</td>
<td>The organization respects the patient’s right to receive information about the individual(s) providing his or her care, treatment, or services.</td>
</tr>
<tr>
<td>§484.10(c)(1)(ii)</td>
<td>(i) The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of proposed visits.</td>
<td>EP 3</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency advises the patient of any change in the plan of care before the change is made.</td>
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<tr>
<td>§484.10(c)(2)</td>
<td>TAG: G109</td>
<td>EP 16</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: In advance of care, treatment, or services, the home health agency advises the patient of the right to participate in planning and changing his or her care, treatment, or services.</td>
</tr>
<tr>
<td>§484.10(c)(2)(i)</td>
<td>(ii) The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</td>
<td>RI.01.02.01</td>
<td>The organization respects the patient’s right to participate in decisions about his or her care, treatment, or services.</td>
</tr>
<tr>
<td>§484.10(c)(2)(ii)</td>
<td>(i) The HHA must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment.</td>
<td>EP 24</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: In advance of care, treatment, or services, the home health agency advises the patient of the right to participate in planning and changing his or her care, treatment, or services.</td>
</tr>
<tr>
<td>§484.10(c)(2)(i)</td>
<td>(i) The HHA must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment.</td>
<td>RI.01.05.01</td>
<td>The organization addresses patient decisions about care, treatment, or services received at the end of life.</td>
</tr>
<tr>
<td>§484.10(c)(2)(ii)</td>
<td>(ii) The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</td>
<td>EP 7</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency informs the patient in advance about its policies on advance directives and provides written information on its policies and a description of applicable state law. Note: The home health agency may furnish advance directive information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</td>
</tr>
<tr>
<td>§484.10(c)(2)(ii)</td>
<td>(ii) The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</td>
<td>EP 18</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization complies with the Medicare requirements regarding advance directives, which are located in subpart I of part 489 of the Code of Federal Regulations.</td>
</tr>
</tbody>
</table>
### §484.10(d) 
**TAG: G111**

The patient has the right to confidentiality of the clinical records maintained by the HHA.

### §484.10(d) 
**TAG: G112**

The HHA must advise the patient of the agency’s policies and procedures regarding disclosure of clinical records.

### §484.10(e) 
**TAG: G113**

(1) The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.

### §484.10(e)(1) 
**TAG: G114**

Before the care is initiated, the HHA must inform the patient, orally and in writing, of--

(i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA;
§484.10(e)(1)(ii)  TAG: G114

(ii) The charges for services that will not be covered by Medicare; and

LD.04.02.03  Ethical principles guide the organization’s business practices.

EP 9  For home health agencies that elect to use The Joint Commission deemed status option: Before care is initiated, the home health agency informs the patient verbally and in writing of the following:
- The extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the home health agency
- The charges for services that will not be covered by Medicare

§484.10(e)(1)(iii)  TAG: G114

(iii) The charges that the individual may have to pay.

LD.04.02.03  Ethical principles guide the organization’s business practices.

EP 7  Patients receive information about charges for which they will be responsible.

§484.10(e)(2)  TAG: G115

(2) The patient has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph (e)(1) of this section when they occur. The HHA must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the HHA becomes aware of a change.

RI.01.02.01  The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.

EP 25  For home health agencies that elect to use The Joint Commission deemed status option: The patient has the right to be advised verbally and in writing of any changes in payment information.

EP 26  For home health agencies that elect to use The Joint Commission deemed status option: The home health agency advises the patient of changes in the payment information verbally and in writing as soon as possible, but no later than 30 calendar days from the date that the home health agency becomes aware of a change.

§484.10(f)  TAG: G116

§484.10(f) Standard: Home Health Hotline

The patient has the right to be advised of the availability of the toll-free HHA hotline in the State. When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the State, the hours of operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advance directive requirements.

RI.01.07.01  The patient and his or her family have the right to have complaints reviewed by the organization.

EP 12  For home health agencies that elect to use The Joint Commission deemed status option: The patient has the right to be advised of the availability of the toll-free home health agency hotline for the state in which he or she is receiving care, treatment, or services.

EP 13  For home health agencies that elect to use The Joint Commission deemed status option: When the agency accepts the patient for care, treatment, or services, the home health agency advises the patient in writing of the telephone number of the toll-free home health hotline established by the state in which he or she is receiving care and its hours of operation; the agency also informs the patient that the purpose of the hotline is to receive complaints or questions about local home health agencies. Note: The patient also has the right to lodge complaints on the hotline concerning the implementation of the advance directives requirements.

IM.02.01.01  The organization protects the privacy of health information.

EP 7  For home health agencies that elect to use The Joint Commission deemed status option: The home health agency and any agent acting on behalf of the home health agency in accordance with a written contract ensures the confidentiality of all patient-identifiable information, including OASIS data, in the record. (See also RI.01.01.01, EP 7)

EP 8  For home health agencies that elect to use The Joint Commission deemed status option: The home health agency and any agent acting on behalf of the home health agency in accordance with a written contract may not release patient-identifiable OASIS information to the public. (See also RI.01.01.01, EP 7)
§484.12(a) Standard: Compliance With Federal, State, and Local Laws and Regulations

The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.

Note 1: For home health agencies and hospices that elect to use The Joint Commission deemed status option: If state or local law requires licensure of home health agencies/hospices, a home health agency/hospice that is not normally subject to licensure must be approved by the licensing authority as meeting the standards established for licensure.

Note 2: Applicable law and regulation include, but are not limited to, individual and facility licensure, certification, US Food and Drug Administration regulations, Drug Enforcement Agency regulations, Centers for Medicare & Medicaid Services regulations, Occupational Safety and Health Administration regulations, Department of Transportation regulations, Health Insurance Portability and Accountability Act, and other local, state, and federal laws and regulations.

Note 3: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state laws. (See also WT.01.01.01, EP 1; WT.04.01.01, EP 1)

Footnote *: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.

§484.12(b) Standard: Disclosure of Ownership and Management Information

The HHA must comply with the requirements of Part 420, Subpart C of this chapter.

The HHA also must disclose the following information to the State survey agency at the time of the HHA’s initial request for certification, for each survey, and at the time of any changes in ownership, control, location, capacity, or services offered.

Note 1: When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization could lose its accreditation.

Note 2: The hospice, home health agency, or DMEPOS supplier is also required to disclose to the Centers for Medicare & Medicaid Services or the Medicare administrative contractor or fiscal intermediary, the addresses of its owners, those with a controlling interest in the organization, or any subcontractor in which the organization directly or indirectly has a 5% or more ownership interest.

Note 3: For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The organization reports any changes in the information provided in the application for certification and any changes made between surveys.
### §484.12(b)

**Medicare Requirements**

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<td>change in ownership or management:</td>
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<td>(Rev. 11, Issued: 08-12-05; Effective/Implementation: 08-12-05)</td>
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### §484.12(b)(1)

**TAG: G120**

(1) The name and address of all persons with an ownership or control interest in the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.

### §484.12(b)(2)

**TAG: G120**

(2) The name and address of each person who is an officer, a director, an agent or a managing employee of the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.

### §484.12(b)(3)

**TAG: G120**

(3) The name and address of the corporation, association, or other company that is responsible for the management of the HHA, and the name and address of the chief executive officer and the chairman of the board of directors of that corporation, association, or other company responsible for the management of the HHA.

### APR.01.03.01

**The organization reports any changes in the information provided in the application for accreditation and any changes made between surveys.**

**EP 1**

The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.

Note 1: When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization could lose its accreditation.

Note 2: The hospice, home health agency, or DMEPOS supplier is also required to disclose to the Centers for Medicare & Medicaid Services or the Medicare administrative contractor or fiscal intermediary, the addresses of its owners, those with a controlling interest in the organization, or any subcontractor in which the organization directly or indirectly has a 5% or more ownership interest.

Note 3: For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The organization reports any changes in the information provided in the application for certification and any changes made between surveys.
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<td>PC.02.01.01</td>
<td>The organization provides care, treatment, or services for each patient.</td>
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<td>§484.12(c) Standard: Compliance With Accepted Professional Standards and Principles</td>
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<td>EP 2</td>
<td>Staff provide care, treatment, or services in accordance with professional standards of practice, law, and regulation.</td>
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<td>§484.14 TAG: G122</td>
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<td>§484.14 Condition of Participation: Organization, Services, and Administration</td>
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<td>§484.14 TAG: G123</td>
<td></td>
<td>LD.01.01.01</td>
<td>The organization has a leadership structure.</td>
</tr>
<tr>
<td>§484.14 Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable.</td>
<td></td>
<td>EP 4</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency identifies and documents how it is organized, the services it furnishes, the structure of its administrative control, and the lines of authority for delegation of responsibility down to the patient care level.</td>
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<tr>
<td>§484.14 TAG: G124</td>
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<tr>
<td>§484.14 Administrative and supervisory functions are not delegated to another agency or organization and</td>
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<tr>
<td>§484.14 TAG: G125</td>
<td></td>
<td>LD.01.01.01</td>
<td>The organization has a leadership structure.</td>
</tr>
<tr>
<td>§484.14 All services not furnished directly, including services provided through subunits are monitored and controlled by the parent agency.</td>
<td></td>
<td>EP 5</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency retains its administrative and supervisory functions and does not delegate them to another agency or organization.</td>
</tr>
<tr>
<td>§484.14 TAG: G126</td>
<td></td>
<td>LD.04.03.09</td>
<td>Care, treatment, or services provided through contractual agreement are provided safely and effectively.</td>
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<tr>
<td>§484.14 If an agency has subunits, appropriate administrative records are maintained for each subunit</td>
<td></td>
<td>EP 11</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The parent agency monitors and controls all services not furnished directly, including services provided through subunits.</td>
</tr>
<tr>
<td>§484.14(a) TAG: G127</td>
<td></td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
<tr>
<td>§484.14(a) Standard: Services Furnished</td>
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<td>EP 11</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: If a home health agency has subunits, appropriate administrative records are maintained for each subunit.</td>
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<td>§484.14(b)</td>
<td></td>
<td>LD.04.03.03</td>
<td>The organization provides for its planned scope and level of care, treatment, or services.</td>
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<td>§484.14(b) Standard: Governing Body</td>
<td></td>
<td>EP 1</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency provides the following services on a visiting basis in the patient's place of residence: - Skilled nursing services - At least one of the following services: physical therapy, speech-language pathology, occupational therapy, medical social services, home health aide services</td>
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<td>EP 2</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: At least one of the organization's services is provided directly through home health agency employees. Note: Any additional services may be provided under contractual arrangement with another agency or organization.</td>
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<td>§484.14(b)</td>
<td>TAG: G128</td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
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<tr>
<td>§484.14(b)</td>
<td>TAG: G129</td>
<td>EP 12 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization has a governing body that assumes full legal authority and responsibility for the operation of the organization.</td>
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<tr>
<td>§484.14(b)</td>
<td>TAG: G130</td>
<td>LD.01.04.01 A chief executive manages the organization.</td>
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<tr>
<td>§484.14(b)</td>
<td>TAG: G131</td>
<td>EP 10 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The governing body appoints a qualified administrator.</td>
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<tr>
<td>§484.14(b)</td>
<td>TAG: G132</td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
<td></td>
</tr>
<tr>
<td>§484.14(b)</td>
<td>Standard: Governing Body</td>
<td>EP 13 For home health agencies that elect to use The Joint Commission deemed status option: The home health agency has a group of professional personnel to advise it. The group includes at least one physician and one registered nurse (preferably a public health nurse) and has representation from other professional disciplines. At least one member of the group is neither an owner nor an employee of the agency.</td>
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<tr>
<td>§484.14(b)</td>
<td></td>
<td>LD.04.01.03 The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.</td>
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<tr>
<td>§484.14(b)</td>
<td></td>
<td>EP 2 For home health agencies that elect to use The Joint Commission deemed status option: The home health agency prepares an overall plan and budget that includes an annual operating budget and a capital expenditure plan. The overall plan and budget is prepared under the direction of the governing body by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the home health agency. The governing body has the responsibility to adopt and periodically review written bylaws and oversee fiscal affairs.</td>
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<td>EP 2 Governance provides for organization management and planning.</td>
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<tr>
<td>§484.14(c)</td>
<td>§484.14(c) Standard: Administrator</td>
<td>LD.01.04.01 TAG: G133 A chief executive manages the organization.</td>
<td>EP 4 For home health agencies that elect to use The Joint Commission deemed status option: The administrator accomplishes the following: - Organizes and directs the agency's ongoing functions - Maintains ongoing liaison among the governing body, the group of professional personnel, and the staff - Employs qualified staff and provides for staff education and evaluation - Sees to the accuracy of public information materials and activities - Implements a budgeting and accounting system</td>
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<td>§484.14(c)</td>
<td>TAG: G136</td>
<td>LD.01.04.01 A chief executive manages the organization.</td>
<td>EP 4 For home health agencies that elect to use The Joint Commission deemed status option: The administrator accomplishes the following: - Organizes and directs the agency's ongoing functions - Maintains ongoing liaison among the governing body, the group of professional personnel, and the staff - Employs qualified staff and provides for staff education and evaluation - Sees to the accuracy of public information materials and activities - Implements a budgeting and accounting system</td>
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<tr>
<td>§484.14(c)</td>
<td>TAG: G137</td>
<td>LD.01.04.01 A chief executive manages the organization.</td>
<td>EP 11 When the chief executive or administrator is absent from the organization, a qualified individual is designated to perform the duties of this position.</td>
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<td>§484.14(d)</td>
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<tr>
<td>§484.14(d)</td>
<td>TAG: G138</td>
<td>HR.01.03.01</td>
<td>Staff are supervised effectively.</td>
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<td>§484.14(d)</td>
<td>TAG: G139</td>
<td>HR.01.01.01</td>
<td>The organization has the necessary staff to support the care, treatment, or services it provides.</td>
</tr>
<tr>
<td>§484.14(d)</td>
<td>TAG: G140</td>
<td>HR.01.01.01</td>
<td>The organization has the necessary staff to support the care, treatment, or services it provides.</td>
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<td>TAG: G141</td>
<td>HR.01.02.05</td>
<td>The organization verifies staff qualifications.</td>
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<tr>
<td>§484.14(f)</td>
<td>TAG: G142</td>
<td>LD.04.01.07</td>
<td>The organization has policies and procedures that guide and support patient care, treatment, or services.</td>
</tr>
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<td>§484.14(f)(1)</td>
<td>TAG: G142</td>
<td>LD.04.03.09</td>
<td>Care, treatment, or services provided through contractual agreement are provided safely and effectively.</td>
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</tbody>
</table>

The skilled nursing and other therapeutic services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least 1 year of nursing experience and is a public health nurse).

This person, or similarly qualified alternate, is available at all times during operating hours and participates in all activities relevant to the professional services furnished, including the development of qualifications and the assignment of personnel.

Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current.

Patients are accepted for care only by the primary HHA.

For home health agencies that elect to use The Joint Commission deemed status option: A physician or registered nurse supervises skilled nursing and other therapeutic services. Note: The registered nurse preferably has at least one year of nursing experience and is a public health nurse.

For home health agencies that elect to use The Joint Commission deemed status option: Supervisory staff participate in activities relevant to the professional services provided, such as being available at all times during operating hours, developing qualifications, and assigning personnel.

For home health agencies that elect to use The Joint Commission deemed status option: Supervisory staff participate in activities relevant to the professional services provided, such as being available at all times during operating hours, developing qualifications, and assigning personnel.

For home health agencies that elect to use The Joint Commission deemed status option: The organization maintains current licensure and qualifications in personnel records.

For home health agencies that elect to use The Joint Commission deemed status option: Patients are accepted for care only by the home health agency.

For home health agencies that elect to use The Joint Commission deemed status option: The services to be furnished by the hourly or per visit personnel.

For home health agencies that elect to use The Joint Commission deemed status option: The hourly or per visit personnel responsibility to participate in the development of plans of care.

For home health agencies that elect to use The Joint Commission deemed status option: The manner in which the home health agency will control, coordinate, and evaluate services.

For home health agencies that elect to use The Joint Commission deemed status option: The procedures hourly or per visit personnel should use for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.

For home health agencies that elect to use The Joint Commission deemed status option: The procedures for payment for services furnished under the contract.
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<td>(2) The services to be furnished.</td>
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<td>EP 12 For home health agencies that elect to use The Joint Commission deemed status option: If personnel under hourly or per visit contracts are used, the organization has a written agreement between those personnel and the home health agency that specifies the following:</td>
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<td>- The necessity for the hourly or per visit personnel to conform to all applicable home health agency policies, including personnel qualifications.</td>
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<td>(3) The necessity to conform to all applicable agency policies, including personnel qualifications.</td>
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<td>(4) The responsibility for participating in developing plans of care.</td>
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<tr>
<td>(5) The manner in which services will be controlled, coordinated, and evaluated by the primary HHA.</td>
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<td>EP 12 For home health agencies that elect to use The Joint Commission deemed status option: If personnel under hourly or per visit contracts are used, the organization has a written agreement between those personnel and the home health agency that specifies the following:</td>
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Joint Commission Equivalent Number

Joint Commission Standards and Elements of Performance

EP 12 For home health agencies that elect to use The Joint Commission deemed status option: If personnel under hourly or per visit contracts are used, the organization has a written agreement between those personnel and the home health agency that specifies the following:
- Patients are accepted for care only by the home health agency.
- The services to be furnished by the hourly or per visit personnel.
- The necessity for the hourly or per visit personnel to conform to all applicable home health agency policies, including personnel qualifications.
- The hourly or per visit personnel responsibility to participate in the development of plans of care.
- The manner in which the home health agency will control, coordinate, and evaluate services.
- The procedures hourly or per visit personnel should use for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.
- The procedures for payment for services furnished under the contract.

§484.14(f)(6)

TAG: G142

(6) The procedures for submitting clinical and progress notes, scheduling of visits, periodic patient evaluation.

LD.04.03.09 Care, treatment, or services provided through contractual agreement are provided safely and effectively.

EP 12 For home health agencies that elect to use The Joint Commission deemed status option: If personnel under hourly or per visit contracts are used, the organization has a written agreement between those personnel and the home health agency that specifies the following:
- Patients are accepted for care only by the home health agency.
- The services to be furnished by the hourly or per visit personnel.
- The necessity for the hourly or per visit personnel to conform to all applicable home health agency policies, including personnel qualifications.
- The hourly or per visit personnel responsibility to participate in the development of plans of care.
- The manner in which the home health agency will control, coordinate, and evaluate services.
- The procedures hourly or per visit personnel should use for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.
- The procedures for payment for services furnished under the contract.

§484.14(f)(7)

TAG: G142

(7) The procedures for payment for services furnished under the contract.

LD.04.03.09 Care, treatment, or services provided through contractual agreement are provided safely and effectively.

EP 12 For home health agencies that elect to use The Joint Commission deemed status option: If personnel under hourly or per visit contracts are used, the organization has a written agreement between those personnel and the home health agency that specifies the following:
- Patients are accepted for care only by the home health agency.
- The services to be furnished by the hourly or per visit personnel.
- The necessity for the hourly or per visit personnel to conform to all applicable home health agency policies, including personnel qualifications.
- The hourly or per visit personnel responsibility to participate in the development of plans of care.
- The manner in which the home health agency will control, coordinate, and evaluate services.
- The procedures hourly or per visit personnel should use for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.
- The procedures for payment for services furnished under the contract.

§484.14(g)

§484.14(g) Standard: Coordination of Patient Services

§484.14(g) TAG: G143

All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.

PC.02.01.05 The organization provides interdisciplinary, collaborative care, treatment, or services.

EP 1 All disciplines that provide care, treatment or services to the patient collaborate in the care of the patient and coordinate their efforts to support the goals outlined in the plan of care.
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<tr>
<td>§484.14(g)</td>
<td>TAG: G144</td>
<td>RC.02.01.01 The patient record contains information that reflects the patient's care, treatment, or services.</td>
<td></td>
</tr>
<tr>
<td>§484.14(g)</td>
<td>A written summary report for each patient is sent to the attending physician at least every 60 days.</td>
<td></td>
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</tr>
<tr>
<td>§484.14(h)</td>
<td>TAG: G146</td>
<td>LD.04.03.09 Care, treatment, or services provided through contractual agreement are provided safely and effectively.</td>
<td></td>
</tr>
<tr>
<td>§484.14(i)</td>
<td>TAG: G147</td>
<td>LD.04.01.03 The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.</td>
<td></td>
</tr>
<tr>
<td>§484.14(i)(1)</td>
<td>(1) Annual Operating Budget</td>
<td>EP 2 For home health agencies that elect to use The Joint Commission deemed status option: The home health agency prepares an overall plan and budget that includes an annual operating budget and a capital expenditure plan. The overall plan and budget is prepared under the direction of the governing body by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the home health agency. The governing body has the responsibility to adopt and periodically review written bylaws and oversee fiscal affairs.</td>
<td></td>
</tr>
<tr>
<td>§484.14(i)(2)</td>
<td>(2) Capital Expenditure Plan</td>
<td>EP 8 For home health agencies that elect to use The Joint Commission deemed status option: The annual operating budget includes all anticipated income and expenses. Note: The home health agency does not need to prepare an item-by-item identification of the components of each type of anticipated income or expense.</td>
<td></td>
</tr>
<tr>
<td>CFR Number</td>
<td>Medicare Requirements</td>
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<tr>
<td>§484.14(i)(2)(i)</td>
<td>TAG: G147</td>
<td>LD.04.01.03</td>
<td>The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.</td>
</tr>
<tr>
<td>§484.14(i)(2)(i)(A)</td>
<td>TAG: G147</td>
<td>EP 9</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The capital expenditure plan covers at least a three year period, including the operating budget year.</td>
</tr>
<tr>
<td>§484.14(i)(2)(i)(B)</td>
<td>TAG: G147</td>
<td>EP 10</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The capital expenditure plan identifies reasons for and the anticipated sources of financing for each anticipated expenditure of more than $600,000. Note: In determining if a single capital expenditure exceeds $600,000, the following costs are included: the cost of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant building, and equipment. Also included are expenditures such as grading, paving, broker commissions, taxes, and costs involved in demolishing or razing structures. Other included costs are title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes, and other costs incurred for borrowing funds.</td>
</tr>
<tr>
<td>§484.14(i)(2)(i)(C)</td>
<td>TAG: G147</td>
<td>EP 11</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: If the anticipated source of financing is in any part payment from Medicare, Medicaid, or Maternal and Child Health and Crippled Children’s Services, the capital expenditure plan specifies the following qualifications: - Whether the proposed expenditure is likely to be required to be in accordance with the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 - Whether a capital expenditure proposal has been submitted to the designated planning agency for approval - Whether the designated planning agency has approved or disapproved the proposed expenditure</td>
</tr>
</tbody>
</table>

For home health agencies that elect to use The Joint Commission deemed status option: If the anticipated source of financing is in any part payment from Medicare, Medicaid, or Maternal and Child Health and Crippled Children’s Services, the capital expenditure plan specifies the following qualifications: - Whether the proposed expenditure is required to conform, or is likely to be required to conform, to current standards, criteria, or plans developed in accordance with the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963.

For home health agencies that elect to use The Joint Commission deemed status option: The capital expenditure plan identifies reasons for and the anticipated sources of financing for each anticipated expenditure of more than $600,000. Note: In determining if a single capital expenditure exceeds $600,000, the following costs are included: the cost of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant building, and equipment. Also included are expenditures such as grading, paving, broker commissions, taxes, and costs involved in demolishing or razing structures. Other included costs are title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes, and other costs incurred for borrowing funds.

For home health agencies that elect to use The Joint Commission deemed status option: If the anticipated source of financing is in any part payment from Medicare, Medicaid, or Maternal and Child Health and Crippled Children’s Services, the capital expenditure plan specifies the following qualifications: - Whether the proposed expenditure is likely to be required to be in accordance with the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 - Whether a capital expenditure proposal has been submitted to the designated planning agency for approval - Whether the designated planning agency has approved or disapproved the proposed expenditure.
For home health agencies that elect to use The Joint Commission deemed status option: If the anticipated source of financing is in any part payment from Medicare, Medicaid, or Maternal and Child Health and Crippled Children’s Services, the capital expenditure plan specifies the following qualifications:
- Whether the proposed expenditure is likely to be required to be in accordance with the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963
- Whether a capital expenditure proposal has been submitted to the designated planning agency for approval
- Whether the designated planning agency has approved or disapproved the proposed expenditure

The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.

The overall plan and budget is prepared under the direction of the governing body of the HHA by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the HHA.

The overall plan and budget is reviewed and updated at least annually by the committee referred to in paragraph (i)(3) of this section under the direction of the governing body of the HHA.

Policies and procedures for waived tests are established, current, approved, and readily available.

Care, treatment, or services provided through contractual agreement are provided safely and effectively.

Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.

Footnote *: For law and regulation guidance on the Clinical Laboratory Improvement Amendments of 1988, see 42 CFR 493.
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<td>§484.16</td>
<td>§484.16 TAG: G152</td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
<td></td>
</tr>
</tbody>
</table>

A group of professional personnel, which includes at least one physician and one registered nurse (preferably a public health nurse), and with appropriate representation from other professional disciplines, is ultimately accountable for the safety and quality of care, treatment, or services.

For home health agencies that elect to use The Joint Commission deemed status option: The home health agency has a group of professional personnel to advise it. The group includes at least one physician and one registered nurse (preferably a public health nurse) and has representation from other professional disciplines. At least one member of the group is neither an owner nor an employee of the agency.

For home health agencies that elect to use The Joint Commission deemed status option: The group of professional personnel does the following:
- Advise the agency on professional issues
- Participates in the evaluation of the agency’s program
- Assists the agency in maintaining liaison with other health care providers in the community and in the agency’s community information program
- Establishes and annually reviews policies governing medical supervision, plans of care, and personnel qualifications

The annual evaluation of the home health agency includes a review of the following:
- The agency’s program, including services provided to patients
- The agency’s policies and procedures
- The agency’s administrative practices
- Clinical records
- The extent to which the program promotes the quality and safety of patient care
- The extent to which the organization’s goals are effectively met (See also LD.01.03.01, EP 6)

§484.16 TAG: G153

establishes and annually reviews the agency’s policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.

For home health agencies that elect to use The Joint Commission deemed status option: The home health agency has a group of professional personnel to advise it. The group includes at least one physician and one registered nurse (preferably a public health nurse) and has representation from other professional disciplines. At least one member of the group is neither an owner nor an employee of the agency.

For home health agencies that elect to use The Joint Commission deemed status option: The group of professional personnel does the following:
- Advise the agency on professional issues
- Participates in the evaluation of the agency’s program
- Assists the agency in maintaining liaison with other health care providers in the community and in the agency’s community information program
- Establishes and annually reviews policies governing medical supervision, plans of care, and personnel qualifications

For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:
- The agency’s program, including services provided to patients
- The agency’s policies and procedures
- The agency’s administrative practices
- Clinical records
- The extent to which the program promotes the quality and safety of patient care
- The extent to which the organization’s goals are effectively met (See also LD.01.03.01, EP 6)
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<tbody>
<tr>
<td>§484.16</td>
<td>LD.04.01.07 The organization has policies and procedures that guide and support patient care, treatment, or services.</td>
<td></td>
</tr>
<tr>
<td>§484.16(a)</td>
<td>EP 1 Leaders review and approve policies and procedures that guide and support patient care, treatment, or services. Note: For hospices that elect to use The Joint Commission deemed status option: Establishment of policies governing the provision of hospice care is the responsibility of the hospice's interdisciplinary group.</td>
<td></td>
</tr>
<tr>
<td>§484.16(a)</td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
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</tbody>
</table>
| §484.16(a) | EP 14 For home health agencies that elect to use The Joint Commission deemed status option: The group of professional personnel does the following:  
- Advise the agency on professional issues  
- Participates in the evaluation of the agency’s program  
- Assists the agency in maintaining liaison with other health care providers in the community and in the agency’s community information program  
- Establishes and annually reviews policies governing medical supervision, plans of care, and personnel qualifications |
| §484.16(a) | LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| §484.16(a) | EP 15 For home health agencies that elect to use The Joint Commission deemed status option: The meetings of the group of professional personnel are documented in dated minutes. |
| §484.18    | LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| §484.18(a) | PC.01.01.01 The organization accepts the patient for care, treatment, or services based on its ability to meet the patient’s needs. |
| §484.18    | PC.01.03.01 The organization plans the patient’s care. |
| §484.18    | PC.02.01.03 The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation. |

**§484.16(a)**

**Standard: Advisory and Evaluation Function**

The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency’s program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency’s community information program.

**TAG: G154**

The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency’s program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency’s community information program.

**§484.16(a)**

**TAG: G155**

The meetings are documented by dated minutes.

**§484.18**

**Condition of Participation: Acceptance of Patients, Plan of Care, and Medical Supervision**

Patients are accepted for treatment on the basis of a reasonable expectation that the patient’s medical, nursing, and social needs can be met adequately by the agency in the patient’s place of residence.

**TAG: G157**

Patients are accepted for treatment on the basis of a reasonable expectation that the patient’s medical, nursing, and social needs can be met adequately by the agency in the patient’s place of residence.

**§484.18**

**TAG: G158**

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.

**§484.18**

**TAG: G156**

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
### CFR Number

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<td>§484.18</td>
<td>The organization provides interdisciplinary, collaborative care, treatment, or services.</td>
<td>PC.02.01.05</td>
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<tr>
<td></td>
<td>§484.18(a)</td>
<td>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</td>
<td>PC.01.03.01</td>
</tr>
<tr>
<td></td>
<td>§484.18(a)</td>
<td>The plan of care addresses the following: - All pertinent diagnoses, including mental status - Types of services and equipment required - The frequency of visits - The patient’s prognosis - The patient’s potential for rehabilitation - The patient’s functional limitations - The patient’s permitted activities - The patient’s nutritional requirements - The patient’s medications and treatments - Any safety measures to protect against injury - Instructions for timely discharge or referral - Any other relevant items</td>
<td>PC.01.03.01</td>
</tr>
<tr>
<td></td>
<td>§484.18(a)</td>
<td>If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan.</td>
<td>PC.01.03.01</td>
</tr>
<tr>
<td></td>
<td>§484.18(a)</td>
<td>Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration.</td>
<td>PC.02.01.03</td>
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<td></td>
<td>§484.18(a)</td>
<td>The therapist and other agency personnel participate in developing the plan of care.</td>
<td>PC.01.03.01</td>
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<td></td>
<td>§484.18(b)</td>
<td>The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient’s condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60-day episode.</td>
<td>PC.02.01.05</td>
</tr>
</tbody>
</table>

**TAGs:**
- G159
- G160
- G161
- G162
- G163

**Sections:**
- §484.18
- §484.18(a)
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<td>§484.18(b)</td>
<td>TAG: G164</td>
<td>EP 12</td>
<td>The organization provides interdisciplinary, collaborative care, treatment, or services.</td>
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<td></td>
<td>Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.</td>
<td></td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.</td>
</tr>
<tr>
<td>§484.18(c)</td>
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<tr>
<td>§484.18(c)</td>
<td>Standard: Conformance With Physician Orders</td>
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<tr>
<td>§484.18(c)</td>
<td>TAG: G165</td>
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<td></td>
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<tr>
<td>§484.18(c)</td>
<td>Standard: Conformance With Physician Orders</td>
<td>MM.04.01.01 MM.05.01.01 RC.02.03.07</td>
<td>Medication orders or prescriptions are clear and accurate. Note: For more information on verbal and telephone orders, refer to Standards RC.02.03.07 and PC.02.01.03.</td>
</tr>
<tr>
<td></td>
<td>Drugs and treatments are administered by agency staff only as ordered by the physician with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per agency policy developed in consultation with a physician, and after an assessment of contraindications.</td>
<td>EP 14</td>
<td>For organizations that prescribe or receive medication orders verbally or via telephone, fax, or electronic media: The organization requires a physician order or, as permitted by law and regulation, organization-specific protocol(s) developed in consultation with a physician to administer influenza and pneumococcal polysaccharide vaccines.</td>
</tr>
<tr>
<td></td>
<td>(Rev. 11, Issued: 08-12-05; Effective/Implementation: 08-12-05)</td>
<td></td>
<td>MM.05.01.01 A pharmacist reviews the appropriateness of all medication orders or prescriptions for medications to be dispensed in the organization.</td>
</tr>
<tr>
<td>§484.18(c)</td>
<td></td>
<td></td>
<td>EP 5 All medication orders and prescriptions are reviewed for the following: Existing or potential interactions between the medication ordered and food and medications the patient is currently taking.</td>
</tr>
<tr>
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<td>TAG: G166</td>
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<td>MM.06.01.01 The organization safely administers medications.</td>
</tr>
<tr>
<td></td>
<td>Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in §484.4 of this chapter) responsible for furnishing or supervising the ordered services.</td>
<td>EP 6</td>
<td>EP 6 Before administration, the individual administering the medication does the following: Verifies that no contraindications exist.</td>
</tr>
<tr>
<td></td>
<td>(Rev. 11, Issued: 08-12-05; Effective/Implementation: 08-12-05)</td>
<td></td>
<td>PC.02.01.03 The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.</td>
</tr>
<tr>
<td>§484.18(c)</td>
<td></td>
<td></td>
<td>EP 8 For home health agencies that elect to use The Joint Commission deemed status option: The organization follows physician orders when administering medications and treatments.</td>
</tr>
<tr>
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<td>TAG: G167</td>
<td>RC.02.03.07 Qualified staff receive and record verbal orders.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>See 484.55(c)</td>
<td>EP 3</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist responsible for furnishing or supervising the ordered care, treatment, or services.</td>
</tr>
<tr>
<td></td>
<td>Tag 167 expired on 6/1/99. A new tag concerning drug review is found at G337 and is applicable to all patients serviced by the HHA.</td>
<td></td>
<td>EP 2 Only authorized staff receive and record verbal orders.</td>
</tr>
<tr>
<td>§484.18(c)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>TAG: G300</td>
<td></td>
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<tr>
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<td>Verbal orders are only accepted by personnel authorized to do so by applicable State and Federal laws and regulations, as well as by the HHA’s internal policies.</td>
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<tr>
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<tr>
<td>§484.20</td>
<td>§484.20 Condition of Participation: Reporting OASIS Information</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
<tr>
<td></td>
<td>HHA’s must electronically report all OASIS data collected in accordance with §484.55.</td>
<td>EP 4</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency reports all OASIS data electronically.</td>
</tr>
<tr>
<td>§484.20(a)</td>
<td>§484.20(a) Standard: Encoding OASIS Data</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
<tr>
<td></td>
<td>An HHA must encode and electronically transmit each completed OASIS assessment to the State agency or the CMS OASIS contractor, regarding each beneficiary with respect to which such information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.</td>
<td>EP 9</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency encodes and electronically transmits each completed OASIS assessment to the state agency or the Centers for Medicare &amp; Medicaid Services (CMS) OASIS contractor within 30 days of completing the patient assessment.</td>
</tr>
<tr>
<td>§484.20(b)</td>
<td>§484.20(b) Standard: Accuracy of Encoded OASIS Data</td>
<td>IM.02.02.03</td>
<td>The organization maintains accurate health information.</td>
</tr>
<tr>
<td></td>
<td>The encoded OASIS data must accurately reflect the patient’s status at the time of assessment.</td>
<td>EP 2</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: Encoded OASIS data accurately reflect the patient’s status at the time of assessment.</td>
</tr>
<tr>
<td>§484.20(c)</td>
<td>§484.20(c) Standard: Transmittal of OASIS Data</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
<tr>
<td></td>
<td>A HHA must—</td>
<td>EP 8</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: For all completed OASIS assessments, the organization transmits OASIS data in the format required by 42 CFR 484.20(d).</td>
</tr>
<tr>
<td>§484.20(c)(1)</td>
<td>§484.20(c)(1) For all completed assessments, transmit OASIS data in a format that meets the requirements of paragraph (d) of this section.</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>EP 10</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency transmits test data to the state agency or the Centers for Medicare &amp; Medicaid Services (CMS) OASIS contractor.</td>
</tr>
<tr>
<td>§484.20(c)(2)</td>
<td>§484.20(c)(2) Successfully transmit test data to the State agency or CMS OASIS contractor.</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
<tr>
<td></td>
<td>(2)</td>
<td>EP 5</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency transmits data using electronic communications software that provides a direct connection from the home health agency to the state agency or Centers for Medicare &amp; Medicaid Services (CMS) OASIS contractor.</td>
</tr>
<tr>
<td>§484.20(c)(3)</td>
<td>§484.20(c)(3) Transmit data using electronic communications software that provides a direct telephone connection from the HHA to the State agency or CMS OASIS contractor.</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
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<td>§484.20(c)(4)</td>
<td>(4) Transmit data that includes the CMS-assigned branch identification number, as</td>
<td>IM.02.02.03</td>
<td>The organization retrieves, disseminates, and transmits health information in useful formats.</td>
</tr>
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<td></td>
<td>applicable.</td>
<td>EP 6</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency transmits data that include the Centers for Medicare &amp; Medicaid Services (CMS)-assigned branch identification number.</td>
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<td>§484.20(d)</td>
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<td>§484.20(d)</td>
<td>§484.20(d) Standard: Data Format</td>
<td>EP 7</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency encodes and transmits data using the software available from the Centers for Medicare &amp; Medicaid Services (CMS) or software that includes the required OASIS data set which conforms to CMS standard electronic record layout, edit specifications, and data dictionary.</td>
</tr>
<tr>
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<td>TAG: G168</td>
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<td>The organization has the necessary staff to support the care, treatment, or services it provides.</td>
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<tr>
<td>§484.30</td>
<td>§484.30 Condition of Participation: Skilled Nursing Services</td>
<td>EP 8</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The organization provides skilled nursing services by or under the supervision of a registered nurse.</td>
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<td>§484.30</td>
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</tr>
<tr>
<td>§484.30</td>
<td>The HHA furnishes skilled nursing services by or under the supervision of a registered</td>
<td>EP 1</td>
<td>The organization provides the patient with care, treatment, or services according to his or her individualized plan of care.</td>
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<tr>
<td></td>
<td>nurse; and</td>
<td></td>
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<tr>
<td>§484.30</td>
<td>TAG: G170</td>
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<td></td>
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<tr>
<td>§484.30(a)</td>
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<td>PC.01.02.05</td>
<td>Qualified staff or licensed independent practitioners assess and reassess the patient.</td>
</tr>
<tr>
<td>§484.30(a)</td>
<td>TAG: G171</td>
<td>EP 2</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: A registered nurse makes the initial assessment visit, unless physical therapy, occupational therapy, or speech-language pathology are the only services ordered.</td>
</tr>
<tr>
<td>§484.30(a)</td>
<td>The registered nurse makes the initial evaluation visit,</td>
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<tr>
<td>§484.30(a)</td>
<td>TAG: G172</td>
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<td>Qualified staff or licensed independent practitioners assess and reassess the patient.</td>
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<td>regularly re-evaluates the patient’s nursing needs,</td>
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<td>initiates the plan of care and necessary revisions,</td>
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<td>§484.30(a)</td>
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<td>EP 7</td>
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<td>The patient record contains information that reflects the patient's care, treatment, or services.</td>
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- §484.30(a) initiates appropriate preventive and rehabilitative nursing procedures.
- §484.30(a) prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient’s condition and needs.
- §484.30(a) counsels the patient and family in meeting nursing and related needs.
- §484.30(a) participates in in-service programs, and supervises and teaches other nursing personnel.
- §484.30(b) The licensed practical nurse furnishes services in accordance with agency policies.
- §484.30(b) prepares clinical and progress notes.
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<td>For home health agencies that elect to use The Joint Commission deemed status option: The licensed practical nurse assists the physician and registered nurse in performing specialized procedures.</td>
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<td>For home health agencies that elect to use The Joint Commission deemed status option: The licensed practical nurse assists the physician and registered nurse in performing specialized procedures.</td>
</tr>
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<td><strong>assists the physician and registered nurse in performing specialized procedures.</strong></td>
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<td><strong>§484.30(b)</strong></td>
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<td><strong>prepares equipment and materials for treatments observing aseptic technique as required; and</strong></td>
<td>EP 7</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: A licensed practical nurse(s) assists the patient in learning self-care techniques.</td>
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<td><strong>assists the patient in learning appropriate self-care techniques.</strong></td>
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<td><strong>The organization defines staff qualifications.</strong></td>
<td><strong>The organization defines staff qualifications.</strong></td>
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<td></td>
<td><strong>Any therapy services offered by the HHA directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care.</strong></td>
<td><strong>EP 3</strong></td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization defines personnel qualifications as required by CMS regulations (at 42 CFR 484.4 for home health agencies and at 42 CFR 418.114 and 42 CFR 418.76(a) for hospices). Note: The following terms are defined in the Glossary: administrator, audiologist, home health aide, qualified hospice aide, occupational therapist, occupational therapy assistant, physical therapist, physical therapist assistant, physician, practical (vocational) nurse, public health nurse, registered nurse, social worker, social work assistant, speech-language pathologist.</td>
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<td><strong>Staff are supervised effectively.</strong></td>
<td><strong>Staff are supervised effectively.</strong></td>
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<td><strong>The qualified therapist assists the physician in evaluating level of function, helps develop the plan of care (revising it as necessary).</strong></td>
<td><strong>EP 19</strong></td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: A qualified physical therapist supervises physical therapist assistants, and a qualified occupational therapist supervises occupational therapy assistants, as they perform services that are planned, delegated, and supervised by the respective therapist.</td>
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<tr>
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<td><strong>§484.32</strong></td>
<td><strong>PC.02.01.01</strong></td>
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<td><strong>§484.32</strong></td>
<td><strong>EP 1</strong></td>
<td><strong>The organization provides the patient with care, treatment, or services according to his or her individualized plan of care.</strong></td>
</tr>
<tr>
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<td><strong>The qualified therapist assists the physician in evaluating level of function, helps develop the plan of care (revising it as necessary).</strong></td>
<td><strong>PC.01.02.05</strong></td>
<td><strong>Qualified staff or licensed independent practitioners assess and reassess the patient.</strong></td>
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<td><strong>§484.32</strong></td>
<td><strong>EP 6</strong></td>
<td><strong>For home health agencies that elect to use The Joint Commission deemed status option: A qualified therapist assists the physician in evaluating the patient's level of function.</strong></td>
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<td><strong>§484.32</strong></td>
<td><strong>The organization plans the patient’s care.</strong></td>
<td><strong>The organization plans the patient’s care.</strong></td>
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<tr>
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<td><strong>The qualified therapist assists the physician in evaluating level of function, helps develop the plan of care (revising it as necessary).</strong></td>
<td><strong>EP 9</strong></td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The therapist, social worker, and other disciplines providing care collaborate in the development and modification of the patient’s plan of care.</td>
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<td>prepares clinical and progress notes.</td>
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<td>advises and consults with the family and other agency personnel; and</td>
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<td>participates in in-service programs.</td>
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<td>Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.</td>
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<td>§484.32(a)</td>
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<td>Staff participate in ongoing education and training.</td>
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<td>The organization provides interdisciplinary, collaborative care, treatment, or services.</td>
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<td>All disciplines that provide care, treatment or services to the patient collaborate in the care of the patient and coordinate their efforts to support the goals outlined in the plan of care.</td>
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<td>§484.36</td>
<td>TAG: G203</td>
<td>HR.01.03.01</td>
<td>Staff are supervised effectively.</td>
</tr>
</tbody>
</table>

Home health aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. They are closely supervised to ensure their competence in providing care. For home health services furnished (either directly or through arrangements with other organizations) after August 14, 1990, the HHA must use individuals who meet the personnel qualifications specified in §484.4 for “home health aide.”
§484.36(a)

§484.36(a) Standard: Home Health Aide Training

§484.36(a)(1) TAG: G204

§484.36(a)(1) Standard: Content and Duration of Training

The aide training program must address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training.

HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

EP 1 For home health agencies and hospices that elect to use The Joint Commission deemed status option: When a home health aide or hospice aide training program is offered, this training totals at least 75 hours, with at least 16 hours of classroom training and 16 hours of supervised practical training. The classroom training is conducted before the supervised practical training.

Note: Supervised practical training refers to training in a laboratory or setting in which, under the direct supervision of a registered nurse or licensed practical nurse, the trainee demonstrates knowledge while performing tasks on an individual.

§484.36(a)(1) TAG: G205

The individual being trained must complete at least 16 hours of classroom training before beginning the supervised practical training.

HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

EP 1 For home health agencies and hospices that elect to use The Joint Commission deemed status option: When a home health aide or hospice aide training program is offered, this training totals at least 75 hours, with at least 16 hours of classroom training and 16 hours of supervised practical training. The classroom training is conducted before the supervised practical training.

Note: Supervised practical training refers to training in a laboratory or setting in which, under the direct supervision of a registered nurse or licensed practical nurse, the trainee demonstrates knowledge while performing tasks on an individual.

§484.36(a)(1) TAG: G206

“Supervised practical training” means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse.

HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

EP 6 For home health agencies and hospices that elect to use The Joint Commission deemed status option: A registered nurse supervises the classroom and practical training portion of aide training; this registered nurse possesses a minimum of two years of nursing experience, at least one year of which must be in the provision of home health care.

Note: Other individuals may provide classroom instruction under the supervision of a qualified registered nurse.

§484.36(a)(1)(i) TAG: G206

(i) Communications skills.

§484.36(a)(1)(ii) TAG: G206

(ii) Observation, reporting and documentation of patient status and the care or service furnished.

HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.
For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following:
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- How to read and record temperature, pulse, and respiration
- Basic infection control procedures
- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor
- Maintenance of a clean, safe, and healthy environment
- Knowledge of emergency procedures and how to recognize emergencies
- The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; and toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning
- Nutrition and fluid intake
- Other tasks that the organization may choose to have the aide perform

Note: For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.
(iv) Basic infection control procedures.

(v) Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor.
§484.36(a)(1)(vi) Medicare Requirements

TAG: G206

(vi) Maintenance of a clean, safe, and healthy environment.

§484.36(a)(1)(vii) Medicare Requirements

TAG: G206

(vii) Recognizing emergencies and knowledge of emergency procedures.

Joint Commission Standards and Elements of Performance

HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following:
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Note: For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.
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<tr>
<td>§484.36(a)(1)(viii)</td>
<td>(viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property.</td>
<td>HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.</td>
<td>EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following: - Communication skills - Observation, reporting, and documentation of patient status and the care, treatment, or service furnished - How to read and record temperature, pulse, and respiration - Basic infection control procedures - Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor - Maintenance of a clean, safe, and healthy environment - Knowledge of emergency procedures and how to recognize emergencies - The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property - Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; and toileting and elimination - Safe transfer techniques and ambulation - Normal range of motion and positioning - Nutrition and fluid intake - Other tasks that the organization may choose to have the aide perform Note: For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.</td>
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| §484.36(a)(1)(ix)  | (ix) Appropriate and safe techniques in personal hygiene and grooming that include-- | HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides. | EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following: - Communication skills - Observation, reporting, and documentation of patient status and the care, treatment, or service furnished - How to read and record temperature, pulse, and respiration - Basic infection control procedures - Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor - Maintenance of a clean, safe, and healthy environment - Knowledge of emergency procedures and how to recognize emergencies - The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property - Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; and toileting and elimination - Safe transfer techniques and ambulation - Normal range of motion and positioning - Nutrition and fluid intake - Other tasks that the organization may choose to have the aide perform Note: For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff. |
**Medicare Home Health Agency Requirements to 2017**

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| **§484.36(a)(1)(ix)(A)** | **TAG: G206** | **HR.01.05.01** Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides. | EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following:  
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| **§484.36(a)(1)(ix)(B)** | **TAG: G206** | **HR.01.05.01** Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides. | EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following:  
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<td>TAG: G206</td>
<td>HR.01.05.01</td>
<td>Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.</td>
</tr>
<tr>
<td>(C) Shampoo, sink, tub, or bed.</td>
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<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following: - Communication skills - Observation, reporting, and documentation of patient status and the care, treatment, or service furnished - How to read and record temperature, pulse, and respiration - Basic infection control procedures - Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor - Maintenance of a clean, safe, and healthy environment - Knowledge of emergency procedures and how to recognize emergencies - The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property - Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; and toileting and elimination - Safe transfer techniques and ambulation - Normal range of motion and positioning - Nutrition and fluid intake - Other tasks that the organization may choose to have the aide perform Note: For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.</td>
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<td>(D) Nail and skin care.</td>
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<td><strong>HR.01.05.01</strong></td>
<td><strong>Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.</strong></td>
</tr>
</tbody>
</table>
| §484.36(a)(1)(ix)(E) | **(E) Oral hygiene.** | **EP 4** | **For home health agencies and hospices that elect to use The Joint Commission deemed status option:**

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- Other tasks that the organization may choose to have the aide perform

**Note:** For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.

| §484.36(a)(1)(ix)(F) | **TAG: G206** | **HR.01.05.01** | **Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.** |
| §484.36(a)(1)(ix)(F) | **(F) Toileting and elimination.** | **EP 4** | **For home health agencies and hospices that elect to use The Joint Commission deemed status option:**

- Communication skills
- Observation, reporting, and documentation of patient status and the care, treatment, or service furnished
- How to read and record temperature, pulse, and respiration
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**Note:** For hospices that elect to use The Joint Commission deemed status option: The communication skills that are part of the hospice aide training program include the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.
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| §484.36(a)(1)(xi) | TAG: G206 | HR.01.05.01 | EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide training program addresses all of the following:  
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(x) Safe transfer techniques and ambulation.

(x) Normal range of motion and positioning.
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<td>(xii) Adequate nutrition and fluid intake.</td>
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| (xii) Adequate nutrition and fluid intake. |

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<th>§484.36(a)(1)(xiii)</th>
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<td>(xiii) Any other task that the HHA may choose to have the home health aide perform.</td>
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<p>|xiii) Any other task that the HHA may choose to have the home health aide perform. |</p>
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<tr>
<td>§484.36(a)(2) Standard: Conduct of Training</td>
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<tr>
<td>§484.36(a)(2)(i)</td>
<td>TAG: G207</td>
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<tr>
<td>(i) Organizations. A home health aide training program may be offered by any organization except an HHA that, within the previous two years, has been found--</td>
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<tr>
<td>§484.36(a)(2)(i)(A)</td>
<td>TAG: G207</td>
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<tr>
<td>(A) Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section;</td>
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**HR.01.05.01 Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.**

**EP 2** For home health agencies and hospices that elect to use The Joint Commission deemed status option:

- An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years:
  - Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b)
  - Has been found to permit an individual who does not meet the definition of “home health aide” to furnish home health aide services (with the exception of licensed health professionals and volunteers)
  - Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state)
  - Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction
  - Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency
  - Has had all or part of its Medicare payments suspended
  - Has had its participation in the Medicare program terminated
  - Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies
  - Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency
  - Has had all or part of its Medicare payments suspended
  - Has had its participation in the Medicare program terminated
  - Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies
  - Was subject to a suspension of Medicare payments to which it otherwise would have been entitled
  - Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients
  - Was closed or had its patients transferred by the state

Note: Organizations that do not meet these criteria may still provide aide in-service education.
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<td>§484.36(a)(2)(i)(B)</td>
<td>TAG: G207</td>
<td>HR.01.02.01</td>
<td>The organization defines staff qualifications.</td>
</tr>
<tr>
<td>(B) To permit an individual that does not meet the definition of “home health aide” as specified in §484.4 to furnish home health aide services (with the exception of licensed health professionals and volunteers);</td>
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**HR.01.05.01**  
Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

**EP 2**  
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- Has been found to permit an individual who does not meet the definition of "home health aide" to furnish home health aide services (with the exception of licensed health professionals and volunteers)  
- Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State)  
- Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction  
- Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency  
- Has had all or part of its Medicare payments suspended  
- Has had its participation in the Medicare program terminated  
- Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies  
- Was subject to a suspension of Medicare payments to which it otherwise would have been entitled  
- Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients  
- Was closed or had its patients transferred by the state  

Note: Organizations that do not meet these criteria may still provide aide in-service education.

**§484.36(a)(2)(i)(C) | TAG: G207 | HR.01.05.01 | Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.**

(C) Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State);
§484.36(a)(2)(i)(C)

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(D) Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction;

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Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

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(E) Has been found to have compliance deficiencies that endanger the health and safety of the HHA’s patients and has had a temporary management appointed to oversee the management of the HHA;

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Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

EP 2

For home health agencies and hospices that elect to use The Joint Commission deemed status option:
An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years:
- Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b)
- Has been found to permit an individual who does not meet the definition of “home health aide” to furnish home health aide services (with the exception of licensed health professionals and volunteers)
- Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state)
- Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction
- Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency
- Has had all or part of its Medicare payments suspended
- Has had its participation in the Medicare program terminated
- Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies
- Was subject to a suspension of Medicare payments to which it otherwise would have been entitled
- Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients
- Was closed or had its patients transferred by the state

Note: Organizations that do not meet these criteria may still provide aide in-service education.
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<th>CFR Number</th>
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<tr>
<td>§484.36(a)(2)(i)(E)</td>
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<tr>
<td>§484.36(a)(2)(i)(F)</td>
<td>(F) Has had all or part of its Medicare payments suspended; or</td>
<td>HR.01.05.01</td>
<td>Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.</td>
</tr>
<tr>
<td>§484.36(a)(2)(i)(G)</td>
<td>(G) Under any Federal or State law within the 2-year period beginning on October 1, 1988--</td>
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</table>
Medicare-certified hospices and home health agencies provide initial training to home health and hospice aides.

For home health agencies and hospices that elect to use The Joint Commission deemed status option:

An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years:

- Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b)
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Note: Organizations that do not meet these criteria may still provide aide in-service education.
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<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years: - Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b) - Has been found to permit an individual who does not meet the definition of “home health aide” to furnish home health aide services (with the exception of licensed health professionals and volunteers) - Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state) - Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction - Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency - Has had all or part of its Medicare payments suspended - Has had its participation in the Medicare program terminated - Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies - Was subject to a suspension of Medicare payments to which it otherwise would have been entitled - Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients - Was closed or had its patients transferred by the state</td>
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<td>§484.36(a)(2)(i)(G)(2)</td>
<td>Had operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the HHA’s patients; or</td>
<td>TAG: G207</td>
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<tr>
<td>§484.36(a)(2)(i)(G)(3)</td>
<td>Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the HHA’s patients; or</td>
<td>TAG: G207</td>
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<tr>
<td>§484.36(a)(2)(i)(G)(4)</td>
<td>Was closed or had its patients transferred by the state.</td>
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<td>§484.36(a)(2)(i)(G)(5)</td>
<td>Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the HHA’s patients; or</td>
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<td>HR.01.05.01</td>
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<tr>
<td>§484.36(a)(2)(i)</td>
<td>TAG: G208</td>
<td>(i) Qualifications for instructors.</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years: - Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b) - Has been found to permit an individual who does not meet the definition of “home health aide” to furnish home health aide services (with the exception of licensed health professionals and volunteers) - Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state) - Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction - Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency - Has had all or part of its Medicare payments suspended - Has had its participation in the Medicare program terminated - Has been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for home health agencies - Was subject to a suspension of Medicare payments to which it otherwise would have been entitled - Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients - Was closed or had its patients transferred by the state Note: Organizations that do not meet these criteria may still provide aide in-service education.</td>
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<tr>
<td>§484.36(a)(2)(ii)</td>
<td>TAG: G209</td>
<td>Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: A registered nurse supervises the classroom and practical training portion of aide training; this registered nurse possesses a minimum of two years of nursing experience, at least one year of which must be in the provision of home health care. Note: Other individuals may provide classroom instruction under the supervision of a qualified registered nurse.</td>
</tr>
<tr>
<td>§484.36(a)(3)</td>
<td>TAG: G210</td>
<td>§484.36(a)(3) Standard: Documentation of Training</td>
<td>The HHA must maintain sufficient documentation to demonstrate that the requirements of this standard are met.</td>
</tr>
<tr>
<td>§484.36(b)</td>
<td>TAG: Competency Evaluation In-Service Training</td>
<td>§484.36(b) Standard: Competency Evaluation In-Service Training</td>
<td>For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization maintains documentation that demonstrates compliance with initial home health aide or hospice aide training requirements.</td>
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<tr>
<td>§484.36(b)(1)</td>
<td>TAG: G211</td>
<td>HR.01.06.01 Staff are competent to perform their responsibilities.</td>
<td>§484.36(b)(1) Standard: Applicability</td>
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<td>EP 7 For home health agencies and hospices that elect to use The Joint Commission deemed status option: Home health aides and hospice aides successfully complete a competency evaluation before providing patient care.</td>
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<tr>
<td>§484.36(b)(1)</td>
<td>TAG: G212</td>
<td>HR.01.02.01 The organization defines staff qualifications.</td>
<td>§484.36(b)(1) The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</td>
</tr>
<tr>
<td>§484.36(b)(2)</td>
<td>TAG: G213</td>
<td>EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization uses qualified home health aides or hospice aides who have been trained and who have passed a competency evaluation. Note: If a hospice aide has not provided services for compensation for a consecutive 24-month period, the individual is considered to not have completed a training or competence program and must complete a program before providing services.</td>
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<tr>
<td>§484.36(b)(2)(i)</td>
<td>TAG: G213</td>
<td>EP 8 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide and hospice aide competency evaluation includes the following skills: Communication skills - Observation, reporting, and documentation of patient status and the care or service furnished - How to read and record temperature, pulse, and respiration - Basic infection control procedures - Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor - Maintenance of a clean, safe, and healthy environment - Knowledge of emergency procedures and how to recognize emergencies - The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property - Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; and toileting and elimination - Safe transfer techniques and ambulation - Normal range of motion and positioning - Adequate nutrition and fluid intake - Any other task that the home health agency or hospice may choose to have the home health aide or hospice aide perform</td>
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<td>EP 9 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The supervisor evaluates the following subject areas after observation of a home health aide’s or hospice aide’s performance of the tasks with a patient: Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; toileting and elimination - Safe transfer techniques and ambulation - Normal range of motion and positioning</td>
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</table>

(Rev. 11, Issued: 08-12-05; Effective/Implementation: 08-12-05)
For home health agencies and hospices that elect to use The Joint Commission deemed status option:

The organization evaluates the following subject areas through written examination, oral examination, or after observation of a home health aide or hospice aide with a patient:

- Communication skills
- Observation, reporting, and documentation of patient status and the care or service furnished
- Reading and recording temperature, pulse, and respiration
- Basic infection control procedures
- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor
- Maintenance of a clean, safe, and healthy environment
- Knowledge of emergency procedures and how to recognize emergencies
- The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property
- Adequate nutrition and fluid intake
- Any other task that the home health agency or hospice may choose to have the home health aide or hospice aide perform

For home health agencies that elect to use The Joint Commission deemed status option: The home health agency completes a performance review of each home health aide no less frequently than every 12 months.

(iii) The home health aide must receive at least 12 hours of in-service training during each 12-month period. The in-service training may be furnished while the aide is furnishing care to the patient.

For home health agencies and hospices that elect to use The Joint Commission deemed status option: Each home health aide or hospice aide participates in at least 12 hours of in-service training during each 12-month period.

Note: This in-service training may be furnished while the aide is providing care to a patient.

Organizations. A home health aide competency evaluation program may be offered by an organization except as specified in paragraph (a)(2)(i) of this section. The in-service training may be offered by any organization.
For home health agencies and hospices that elect to use The Joint Commission deemed status option: An organization cannot offer a home health aide training or competency evaluation program, or a hospice aide training program, if it met one of the following criteria within the previous two years:
- Has been found out of compliance with requirements of 42 CFR 484.36(a) or (b)
- Has been found to permit an individual who does not meet the definition of "home health aide" to furnish home health aide services (with the exception of licensed health professionals and volunteers)
- Has been subject to an extended or partial extended survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state)
- Has been assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction
- Has been found to have compliance deficiencies that endanger the health and safety of the home health agency's patients, and has had a temporary management appointed to oversee the management of the home health agency
- Has had all or part of its Medicare payments suspended
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- Has operated under a temporary management that was appointed to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients
- Was closed or had its patients transferred by the state

Note: Organizations that do not meet these criteria may still provide aide in-service education.

For home health agencies and hospices that elect to use The Joint Commission deemed status option: A registered nurse supervises the classroom and practical training portion of aide training; this registered nurse possesses a minimum of two years of nursing experience, at least one year of which must be in the provision of home health care.

For home health agencies and hospices that elect to use The Joint Commission deemed status option: A registered nurse performs the competency evaluation of a home health aide or hospice aide.

Subject areas. The subject areas listed at paragraphs (a)(1)(iii), (ix), (x) and (xi) of this section must be evaluated after observation of the aide’s performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient.
### Joint Commission Standards and Elements of Performance

| EP 8 | For home health agencies and hospices that elect to use The Joint Commission deemed status option:  
The home health aide and hospice aide competency evaluation includes the following skills:  
- Communication skills  
- Observation, reporting, and documentation of patient status and the care or service furnished  
- How to read and record temperature, pulse, and respiration  
- Basic infection control procedures  
- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor  
- Maintenance of a clean, safe, and healthy environment  
- Knowledge of emergency procedures and how to recognize emergencies  
- The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property  
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; and toileting and elimination  
- Safe transfer techniques and ambulation  
- Normal range of motion and positioning  
- Adequate nutrition and fluid intake  
- Any other task that the home health agency or hospice may choose to have the home health aide or hospice aide perform |

| EP 9 | For home health agencies and hospices that elect to use The Joint Commission deemed status option:  
The supervisor evaluates the following subject areas after observation of a home health aide’s or hospice aide’s performance of the tasks with a patient:  
- Appropriate and safe techniques in personal hygiene and grooming that include bed, sponge, tub, or shower bath; sink, tub, or bed shampoo; nail and skin care; oral hygiene; toileting and elimination  
- Safe transfer techniques and ambulation  
- Normal range of motion and positioning |

| EP 10 | For home health agencies and hospices that elect to use The Joint Commission deemed status option:  
The organization evaluates the following subject areas through written examination, oral examination, or after observation of a home health aide or hospice aide with a patient:  
- Communication skills  
- Observation, reporting, and documentation of patient status and the care or service furnished  
- Reading and recording temperature, pulse, and respiration  
- Basic infection control procedures  
- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor  
- Maintenance of a clean, safe, and healthy environment  
- Knowledge of emergency procedures and how to recognize emergencies  
- The physical, emotional, and developmental needs of and ways to work with the populations served by the home health aide or hospice aide, including the need to respect the patient and his or her privacy and property  
- Adequate nutrition and fluid intake  
- Any other task that the home health agency or hospice may choose to have the home health aide or hospice aide perform |
§484.36(b)(4)(i)

TAG: G219

(i) A home health aide is not considered competent in any task for which he or she is evaluated as unsatisfactory. The aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated as unsatisfactory and passes a subsequent evaluation with satisfactory.

§484.36(b)(4)(ii)

TAG: G220

(ii) A home health aide is not considered to have successfully passed a competency evaluation if the aide has an unsatisfactory rating in more than one of the required areas.

§484.36(b)(5)

TAG: G221

§484.36(b)(5) Standard: Documentation of Competency Evaluation

The HHA must maintain documentation which demonstrates that the requirements of this standard are met.

§484.36(b)(6)

TAG: G222

§484.36(b)(6) Standard: Effective Date

The HHA must implement a competency evaluation program that meets the requirements of this paragraph before February 14, 1990. The HHA must provide the preparation necessary for the individual to successfully complete the competency evaluation program. After August 14, 1990, the HHA may use only those aides that have been found to be competent in accordance with §484.36(b).

§484.36(c)

§484.36(c) Standard: Assignment and Duties of the Home Health Aide

§484.36(c)(1)

TAG: G223

§484.36(c)(1) Standard: Assignment

The home health aide is assigned to a specific patient by the registered nurse.

§484.36(c)(1)

TAG: G224

Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.

HR.01.06.01 Staff are competent to perform their responsibilities.

EP 12 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health aide or hospice aide does not perform any task for which he or she tested as “unsatisfactory” without direct supervision by a registered nurse until the aide passes a subsequent training evaluation.

HR.01.06.01 Staff are competent to perform their responsibilities.

EP 11 For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization does not deem an aide competent when the aide rates an “unsatisfactory” in more than one of the required training areas.

Note: The organization determines its rating scale for satisfactory competency.

HR.01.06.01 Staff are competent to perform their responsibilities.

EP 16 The organization maintains copies of competency assessments for personnel who provide services.

HR.01.06.01 Staff are competent to perform their responsibilities.

EP 5 Staff competence is initially assessed and documented as part of orientation.

EP 6 Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.

EP 7 For home health agencies and hospices that elect to use The Joint Commission deemed status option: Home health aides and hospice aides successfully complete a competency evaluation before providing patient care.

HR.01.02.07 The organization determines how staff function within the organization.

EP 4 For home health agencies and hospices that elect to use The Joint Commission deemed status option: A registered nurse assigns patients to the home health aide or hospice aide.

PC.01.03.01 The organization plans the patient’s care.

EP 30 For home health agencies that elect to use The Joint Commission deemed status option: The registered nurse, or other professional who is responsible for supervision of the home health aide, prepares written patient care instructions that specify the duties of the home health aide or homemaker.

Note: The duties of the home health aide should not exceed those the aide is permitted to perform under state law. Such duties typically include the provision of hands on personal care, performance of simple procedures as an extension of nursing and therapy services, assistance with ambulation or exercises, and assistance in administering medications that are ordinarily self-administered.
§484.36(c)(2)  The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

TAG: G225

The organization determines how staff function within the organization.

TAG: G226

For home health agencies and hospices that elect to use The Joint Commission deemed status option:

The organization defines staff qualifications.

Any home health aide services offered by an HHA must be provided by a qualified home health aide.

TAG: G227

Any home health aide services offered by an HHA must be provided by a qualified home health aide.

§484.36(d)(2)  The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient’s home no less frequently than every 2 weeks.

TAG: G228

If home health aide services are provided to a patient who is not receiving skilled nursing care, the registered nurse must make a supervisory visit to the patient’s home no less frequently than every 2 weeks.

TAG: G229

If home health aide services are provided to a patient who is not receiving skilled nursing care, the registered nurse must make a supervisory visit to the patient’s home no less frequently than every 2 weeks.

TAG: G230

If home health aide services are provided to a patient who is not receiving skilled nursing care, the registered nurse must make a supervisory visit to the patient’s home no less frequently than every 2 weeks.

TAG: G231

If home health aide services are provided to a patient who is not receiving skilled nursing care, the registered nurse must make a supervisory visit to the patient’s home no less frequently than every 2 weeks.

TAG: G232

If home health aide services are provided to a patient who is not receiving skilled nursing care, the registered nurse must make a supervisory visit to the patient’s home no less frequently than every 2 weeks.
<table>
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<tr>
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<tbody>
<tr>
<td>§484.36(d)(3)</td>
<td>than every 60 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care. (Rev. 11, Issued: 08-12-05; Effective/Implementation: 08-12-05)</td>
<td>EP 15</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: When home health aide services are provided to a patient who is not receiving skilled care, the registered nurse makes a supervisory visit to the patient’s home while the aide is providing care. This visit occurs no less frequently than every 60 days.</td>
</tr>
<tr>
<td>§484.36(d)(4)</td>
<td>(4) If home health aide services are provided by an individual who is not employed directly by the HHA (or hospice), the services of the home health aide must be provided under arrangements, as defined in section 1861(w)(1) of the Act.</td>
<td>LD.04.03.09</td>
<td>Care, treatment, or services provided through contractual agreement are provided safely and effectively.</td>
</tr>
<tr>
<td>§484.36(d)(4)</td>
<td>If the HHA (or hospice) chooses to provide home health aide services under arrangements with another organization, the HHA’s (or hospice’s) responsibilities include, but are not limited to:</td>
<td>EP 13</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: If home health aide services are provided by an individual who is not employed directly by the home health agency, the services must be provided under arrangement.</td>
</tr>
<tr>
<td>§484.36(d)(4)(i)</td>
<td>(i) Ensuring the overall quality of the care provided by the aide;</td>
<td>LD.04.03.09</td>
<td>Care, treatment, or services provided through contractual agreement are provided safely and effectively.</td>
</tr>
<tr>
<td>§484.36(d)(4)(ii)</td>
<td>(ii) Supervision of the aide’s services as described in paragraphs (d)(1) and (d)(2) of this section; and</td>
<td>EP 14</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: When the home health agency provides home health aide services under contractual arrangement, the home health agency's responsibilities include the following: - Providing for the overall quality of the care provided by the home health aide - Supervising the aide’s services as described in HR.01.03.01, EPs 14 and 15 - Verifying that the home health aide has met the training requirements outlined in HR.01.05.01, EP 4</td>
</tr>
<tr>
<td>§484.36(d)(4)(iii)</td>
<td>(iii) Ensuring that home health aides providing services under arrangements have met the training requirements of paragraph (a) and/or (b) of this section.</td>
<td>LD.04.03.09</td>
<td>Care, treatment, or services provided through contractual agreement are provided safely and effectively.</td>
</tr>
<tr>
<td>§484.36(e)</td>
<td></td>
<td>EP 14</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: When the home health agency provides home health aide services under contractual arrangement, the home health agency’s responsibilities include the following: - Providing for the overall quality of the care provided by the home health aide - Supervising the aide’s services as described in HR.01.03.01, EPs 14 and 15 - Verifying that the home health aide has met the training requirements outlined in HR.01.05.01, EP 4</td>
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<tr>
<td>§484.36(e)(1)</td>
<td>TAG: G233</td>
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<td></td>
</tr>
<tr>
<td>(1) Applicability. This paragraph applies to individuals who are employed by HHAs exclusively to furnish personal care attendant services under a Medicaid personal care benefit.</td>
<td></td>
<td>HR.01.06.01 Staff are competent to perform their responsibilities.</td>
<td>EP 13 For home health agencies that elect to use The Joint Commission deemed status option: When home health aides provide personal care attendant services under the Medicaid personal care benefit, the aide provides personal care attendant services after being deemed competent in those services for which the state requires competency. Note: The aide does not have to be competent in services he or she does not provide.</td>
</tr>
<tr>
<td>§484.36(e)(2)</td>
<td>TAG: G233</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Rule. An individual may furnish personal care services, as defined in §410.170 of this chapter, on behalf of an HHA after the individual has been found competent by the State to furnish those services for which a competency evaluation is required by paragraph (b) of this section and which the individual is required to perform. The individual need not be determined competent in those services listed in paragraph (a) of this section that the individual is not required to furnish.</td>
<td></td>
<td>EP 2 The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. Note: For home health agencies that elect to use The Joint Commission deemed status option: A home health agency that wishes to furnish outpatient physical therapy or speech pathology services must meet federal requirements at §484.38 in addition to health and safety requirements set forth in §§485.711 through §§485.715, 485.719, 485.723, and 485.727 of this chapter to implement section 1861(p) of the Act.</td>
<td></td>
</tr>
<tr>
<td>§484.38 Condition of Participation: Qualifying to Furnish Outpatient Physical Therapy or Speech Pathology Services</td>
<td>TAG: G234</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An HHA that wishes to furnish outpatient physical therapy or speech pathology services must meet all the pertinent conditions of this part and also meet the additional health and safety requirements set forth in §§485.711 through §§485.715, 485.719, 485.723, and 485.727 of this chapter to implement section 1861(p) of the Act.</td>
<td></td>
<td>LD.04.01.01 The organization complies with law and regulation.</td>
<td></td>
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<td></td>
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<td></td>
<td>EP 3 The organization provides a written discharge summary to the patient's physician in accordance with law and regulation. Note: For home health agencies and hospices that elect to use The Joint Commission deemed status option: Law and regulation require that the home health agency or hospice inform the attending physician of the availability of a discharge summary. The discharge summary is provided to the physician upon the physician's request and includes the patient's medical and health status at the time of discharge.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RC.01.01.01 The organization maintains complete and accurate patient records.</td>
</tr>
<tr>
<td>§484.48 Condition of Participation: Clinical Records</td>
<td>TAG: G235</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. The HHA must inform the attending physician of the availability of a discharge summary. The discharge summary must be sent to the attending physician upon request and must include the patient's medical and health status at discharge.</td>
<td></td>
<td></td>
<td>EP 3 For home health agencies that elect to use The Joint Commission deemed status option: For every patient receiving home health services, the home health agency maintains a patient record which contains pertinent past and current patient findings, in accordance with accepted standards of practice.</td>
</tr>
</tbody>
</table>
The patient record contains information that reflects the patient's care, treatment, or services.

EP 2
The patient record contains the following clinical information:
- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient's physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

EP 3
For home health agencies that elect to use The Joint Commission deemed status option: The patient record contains the following:
- Identifying information
- The name of the physician
- Any medication, dietary, treatment, and activity orders
- Any signed and dated clinical and progress notes
- Any copies of summary reports sent to the attending physician
- A discharge summary

Clinical records are retained for 5 years after the month the cost report to which the records apply is filed with the intermediary, unless State law stipulates a longer period of time. Policies provide for retention even if the HHA discontinues operations.

For home health agencies that elect to use The Joint Commission deemed status option: The organization retains a patient’s record for a minimum of five years from the filing date of the record's cost report, or in accordance with law and regulation.
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<tbody>
<tr>
<td>§484.48(a)</td>
<td></td>
<td>EP 7</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The organization’s policies require record retention regardless of whether the home health agency ceases to operate.</td>
</tr>
<tr>
<td>§484.48(a)</td>
<td></td>
<td>PC.04.02.01</td>
<td>When a patient is discharged or transferred, the organization gives information about the care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td>If a patient is transferred to another health facility, a copy of the record or abstract is sent with the patient.</td>
<td>EP 2</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: When a patient is transferred to another health facility, the organization provides a copy of the record or a summary of the record.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>IM.02.01.03</td>
<td>The organization maintains the security and integrity of health information.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>EP 5</td>
<td>The organization protects against unauthorized access, use, and disclosure of health information.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>EP 6</td>
<td>The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>IM.02.01.01</td>
<td>The organization protects the privacy of health information.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>EP 9</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The organization obtains the patient’s written consent for release of information not authorized by law. (See also RI.01.01.01, EP 7)</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>IM.02.01.03</td>
<td>The organization maintains the security and integrity of health information.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>EP 4</td>
<td>The organization has a written policy that defines when and by whom the removal of health information is permitted. Note: Removal refers to those actions that place health information outside the organization's control.</td>
</tr>
<tr>
<td>§484.48(b)</td>
<td></td>
<td>EP 5</td>
<td>The organization protects against unauthorized access, use, and disclosure of health information.</td>
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<td>§484.52</td>
<td></td>
<td>LD.01.03.01</td>
<td>Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
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</tbody>
</table>

The HHA has written policies requiring an overall evaluation of the agency’s total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers.
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<td>§484.52</td>
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<td>EP 16 For home health agencies that elect to use The Joint Commission deemed status option: Written policies require an evaluation of the home health agency’s program at least annually by the group of professional personnel (or a committee of this group), home health agency staff, and consumers (or professionals outside the agency working in conjunction with consumers).</td>
</tr>
<tr>
<td>§484.52</td>
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<td></td>
<td>EP 17 For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:</td>
</tr>
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<td>§484.52</td>
<td>TAG: G244</td>
<td></td>
<td>- The agency's program, including services provided to patients</td>
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<td>§484.52</td>
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<td>- The agency's policies and procedures</td>
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<td>- The agency's administrative practices</td>
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<td>- Clinical records</td>
</tr>
<tr>
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<td>- The extent to which the program promotes the quality and safety of patient care</td>
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<tr>
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<td></td>
<td></td>
<td>- The extent to which the organization’s goals are effectively met (See also LD.01.03.01, EP 6)</td>
</tr>
<tr>
<td>§484.52</td>
<td>TAG: G245</td>
<td></td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
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<td>§484.52</td>
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<td>- The extent to which the organization’s goals are effectively met (See also LD.01.03.01, EP 6)</td>
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<tr>
<td>§484.52</td>
<td>TAG: G246</td>
<td></td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
</tr>
<tr>
<td>§484.52</td>
<td></td>
<td></td>
<td>EP 18 For home health agencies that elect to use The Joint Commission deemed status option: Results of the evaluation of the agency’s program are reported to and acted upon by leaders and are maintained separately as administrative records.</td>
</tr>
<tr>
<td>§484.52</td>
<td>TAG: G247</td>
<td></td>
<td>LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services.</td>
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| §484.52    |                       |                                   | EP 17 For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:  
- The agency's program, including services provided to patients  
- The agency's policies and procedures  
- The agency's administrative practices  
- Clinical records  
- The extent to which the program promotes the quality and safety of patient care  
- The extent to which the organization's goals are effectively met (See also LD.01.03.01, EP 6) |
|            |                       |                                   | EP 18 For home health agencies that elect to use The Joint Commission deemed status option: Results of the evaluation of the agency’s program are reported to and acted upon by leaders and are maintained separately as administrative records. |
| §484.52(a) | Standard: Policy and Administrative Review | LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services. | EP 17 For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:  
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- The agency's policies and procedures  
- The agency's administrative practices  
- Clinical records  
- The extent to which the program promotes the quality and safety of patient care  
- The extent to which the organization's goals are effectively met (See also LD.01.03.01, EP 6) |
| §484.52(a) | TAG: G248             |                                   | EP 17 For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:  
- The agency's program, including services provided to patients  
- The agency's policies and procedures  
- The agency's administrative practices  
- Clinical records  
- The extent to which the program promotes the quality and safety of patient care  
- The extent to which the organization's goals are effectively met (See also LD.01.03.01, EP 6) |
| §484.52(a) |                   |                                   | LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, or services. |
| §484.52(a) | TAG: G249             |                                   | EP 17 For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:  
- The agency's program, including services provided to patients  
- The agency's policies and procedures  
- The agency's administrative practices  
- Clinical records  
- The extent to which the program promotes the quality and safety of patient care  
- The extent to which the organization's goals are effectively met (See also LD.01.03.01, EP 6) |
| §484.52(b) | Standard: Clinical Record Review | IM.02.02.01 The organization effectively manages the collection of health information. | EP 4 For home health agencies that elect to use The Joint Commission deemed status option: The home health agency has a mechanism, defined in writing, for collecting data pertinent to evaluating the agency’s program. |
| §484.52(b) | TAG: G250             |                                   | EP 2 For home health agencies that elect to use The Joint Commission deemed status option: A multidisciplinary team, including health professionals that represent at least the scope of the program, reviews samples of both active and closed patient records at least quarterly to determine whether policies were followed for services provided either directly or by arrangement. |
| §484.52(b) |                   |                                   | EP 2 For home health agencies that elect to use The Joint Commission deemed status option: A multidisciplinary team, including health professionals that represent at least the scope of the program, reviews samples of both active and closed patient records at least quarterly to determine whether policies were followed for services provided either directly or by arrangement. |

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</tr>
</tbody>
</table>

#### §484.55

**TAG: G330**

**§484.55 Condition of Participation: Comprehensive Assessment of Patients**

Each patient must receive, and an HHA must provide, a patient specific, comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward achievement of desired outcomes. The comprehensive assessment must identify the patient's continuing need for home care and meet the patient's medical, nursing, rehabilitation, social, and discharge planning needs. 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. The comprehensive assessment must also incorporate the use 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.

#### §484.55(a)

**§484.55(a) Standard: Initial Assessment Visit**

**§484.55(a)(1)**

A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status.

#### PC.01.02.01

The organization assesses and reassesses its patients.

**PC.01.02.03**

The organization assesses and reassesses the patient and his or her condition according to defined time frames.

#### EP 5

For home health agencies that elect to use The Joint Commission deemed status option: To determine the adequacy of the plan of care and whether to continue care, the home health agency reviews patient records for each 60-day period that a patient receives home health services.

#### EP 12

For home health agencies that elect to use The Joint Commission deemed status option: The home health agency's written definition of data and information collected during assessment and reassessment includes the Outcome and Assessment Information Set (OASIS) as follows:

- Patient record items
- Demographic 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
- Data items collected at inpatient facility admission
- Data items collected at inpatient facility discharge

#### EP 11

For home health agencies that elect to use The Joint Commission deemed status option: The organization provides a patient-specific, comprehensive assessment, including the Outcome and Assessment Information Set (OASIS), that accurately reflects the patient's current health status.

#### PC.01.02.05, EPs 4 and 5

For home health agencies that elect to use The Joint Commission deemed status option: At the time of the initial assessment visit and at the time of the comprehensive assessment, the organization verifies the patient's eligibility, including homebound status, for the Medicare home health benefit.

#### EP 25

For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment includes information about the patient's continuing need for home care to meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs.

#### EP 24

For home health agencies that elect to use The Joint Commission deemed status option: The organization assesses and reassesses the patient and his or her condition according to defined time frames.

#### EP 11

For home health agencies that elect to use The Joint Commission deemed status option: At the time of the initial assessment visit and at the time of the comprehensive assessment, the organization verifies the patient's eligibility, including homebound status, for the Medicare home health benefit. (See also PC.01.02.05, EPs 4 and 5)
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<td>§484.55(a)(1)</td>
<td><strong>TAG: G332</strong>&lt;br&gt;The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient’s return home, or on the physician-ordered start of care date.</td>
<td>PC.01.02.05&lt;br&gt;Qualified staff or licensed independent practitioners assess and reassess the patient.</td>
<td>EP 2&lt;br&gt;For home health agencies that elect to use The Joint Commission deemed status option: A registered nurse makes the initial assessment visit, unless physical therapy, occupational therapy, or speech-language pathology are the only services ordered.</td>
</tr>
<tr>
<td>§484.55(a)(1)</td>
<td><strong>TAG: G332</strong>&lt;br&gt;(2) When rehabilitation therapy service (speech language pathology, physical therapy, or occupational therapy) is the only service ordered by the physician, and if the need for that service establishes program eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.</td>
<td>PC.01.02.03&lt;br&gt;The organization assesses and reassesses the patient and his or her condition according to defined time frames.</td>
<td>EP 10&lt;br&gt;For home health agencies that elect to use The Joint Commission deemed status option: The initial assessment visit must be held within 48 hours of referral, or within 48 hours of the patient’s return home, or on the physician-ordered start-of-care date.</td>
</tr>
<tr>
<td>§484.55(b)</td>
<td><strong>TAG: G334</strong>&lt;br.§484.55(b) Standard: Completion of the Comprehensive Assessment</td>
<td>PC.01.02.03&lt;br&gt;The organization assesses and reassesses the patient and his or her condition according to defined time frames.</td>
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<tr>
<td>§484.55(b)(1)</td>
<td><strong>TAG: G334</strong>&lt;br&gt;(1) The comprehensive assessment must be completed in a timely manner, consistent with the patient’s immediate needs, but no later than 5 calendar days after the start of care.</td>
<td>PC.01.02.05&lt;br&gt;Qualified staff or licensed independent practitioners assess and reassess the patient.</td>
<td>EP 3&lt;br&gt;For home health agencies that elect to use The Joint Commission deemed status option: The initial assessment visit may be made by an appropriate skilled rehabilitation professional (physical therapist or speech language pathologist) when rehabilitation therapy service (physical therapy, occupational therapy, or speech therapy) is the only service ordered by the physician, and the need for that service establishes program eligibility. Note: Occupational therapy services provided at the start of care alone do not establish eligibility; therefore, occupational therapists may not conduct the initial assessment visit under Medicare.</td>
</tr>
<tr>
<td>§484.55(b)(2)</td>
<td><strong>TAG: G335</strong>&lt;br&gt;(2) Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.</td>
<td>PC.01.02.05&lt;br&gt;Qualified staff or licensed independent practitioners assess and reassess the patient.</td>
<td>EP 4&lt;br&gt;For home health agencies that elect to use The Joint Commission deemed status option: A registered nurse completes the comprehensive assessment and determines eligibility for the Medicare home health benefit, including homebound status, unless physical therapy, occupational therapy, or speech-language pathology are the only services ordered. (See also PC.01.02.03, EP 11)</td>
</tr>
<tr>
<td>§484.55(b)(3)</td>
<td><strong>TAG: G336</strong>&lt;br&gt;(3) When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.</td>
<td>PC.01.02.05&lt;br&gt;Qualified staff or licensed independent practitioners assess and reassess the patient.</td>
<td>EP 5&lt;br&gt;For home health agencies that elect to use The Joint Commission deemed status option: When physical therapy or speech-language pathology are the only services ordered, a physical therapist or speech-language pathologist completes the comprehensive assessment and determines eligibility for the Medicare home health benefit, including homebound status. (See also PC.01.02.03, EP 11)</td>
</tr>
<tr>
<td>§484.55(c)</td>
<td><strong>TAG: G337</strong>&lt;br.§484.55(c) Standard: Drug Regimen Review</td>
<td>PC.01.02.01&lt;br&gt;The organization assesses and reassesses its patients.</td>
<td>EP 10&lt;br&gt;For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment includes a review of all medications the patient currently uses.</td>
</tr>
<tr>
<td>CFR Number</td>
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<td>Joint Commission Equivalent Number</td>
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<tr>
<td>§484.55(c)</td>
<td><strong>The comprehensive assessment must include 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.</strong></td>
<td></td>
<td><strong>EP 11</strong> For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization assesses potential medication-related problems, including adverse effects, drug reactions, significant side effects, and significant drug interactions, including ineffective drug therapy, duplicate drug therapy, and noncompliance with drug therapy.</td>
</tr>
<tr>
<td>§484.55(d)</td>
<td><strong>The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but not less frequently than:</strong></td>
<td>PC.01.02.03</td>
<td><strong>The organization assesses and reassesses the patient and his or her condition according to defined time frames.</strong></td>
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<tr>
<td>§484.55(d)(1)</td>
<td><strong>The last 5 days of every 60 days beginning with the start-of-care date, unless there is a:</strong></td>
<td>PC.01.02.03</td>
<td><strong>The organization assesses and reassesses the patient and his or her condition according to defined time frames.</strong></td>
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</tbody>
</table>
|                  | (i) Beneficiary elected transfer;                                                                                                                                                                                                                                                                                                                                                                                        |                                     | **EP 13** For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but no less frequently than the following:  
- The last 5 days of every 60 days beginning with the start-of-care date, unless there is a patient-elected transfer, a significant change in condition (as defined in organization policy), or a discharge and return to the same home health agency during the 60-day episode  
- Within 48 hours of the patient’s return from a hospital admission of 24 hours or more for any reason other than diagnostic testing  
- At discharge  |
|                  | (ii) Patient-elected transfer;                                                                                                                                                                                                                                                                                                                                                                                          |                                     | **EP 13** For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but no less frequently than the following:  
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- Within 48 hours of the patient’s return from a hospital admission of 24 hours or more for any reason other than diagnostic testing  
- At discharge  |
|                  | (iii) Significant change in condition (as defined in organization policy);                                                                                                                                                                                                                                                                                                                                             |                                     | **EP 13** For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but no less frequently than the following:  
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- Within 48 hours of the patient’s return from a hospital admission of 24 hours or more for any reason other than diagnostic testing  
- At discharge  |
§484.55(d)(1)(ii)

TAG: G339

(ii) Significant change in condition; or

PC.01.02.03 The organization assesses and reassesses the patient and his or her condition according to defined time frames.

EP 13 For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but no less frequently than the following:
- The last 5 days of every 60 days beginning with the start-of-care date, unless there is a patient-elected transfer, a significant change in condition (as defined in organization policy), or a discharge and return to the same home health agency during the 60-day episode
- Within 48 hours of the patient’s return from a hospital admission of 24 hours or more for any reason other than diagnostic testing
- At discharge

§484.55(d)(1)(iii)

TAG: G339

(iii) Discharge and return to the same HHA during the 60-day episode.

PC.01.02.03 The organization assesses and reassesses the patient and his or her condition according to defined time frames.

EP 13 For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but no less frequently than the following:
- The last 5 days of every 60 days beginning with the start-of-care date, unless there is a patient-elected transfer, a significant change in condition (as defined in organization policy), or a discharge and return to the same home health agency during the 60-day episode
- Within 48 hours of the patient’s return from a hospital admission of 24 hours or more for any reason other than diagnostic testing
- At discharge

§484.55(d)(2)

TAG: G340

(2) 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

PC.01.02.03 The organization assesses and reassesses the patient and his or her condition according to defined time frames.

EP 13 For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient’s condition warrants due to a major decline or improvement in the patient’s health status, but no less frequently than the following:
- The last 5 days of every 60 days beginning with the start-of-care date, unless there is a patient-elected transfer, a significant change in condition (as defined in organization policy), or a discharge and return to the same home health agency during the 60-day episode
- Within 48 hours of the patient’s return from a hospital admission of 24 hours or more for any reason other than diagnostic testing
- At discharge

§484.55(d)(3)

TAG: G341

(3) At discharge.

PC.01.02.03 The organization assesses and reassesses the patient and his or her condition according to defined time frames.
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<tr>
<td>§484.55(d)(3)</td>
<td></td>
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<td>For home health agencies that elect to use The Joint Commission deemed status option: The comprehensive assessment is updated and revised (including administration of the Outcome and Assessment Information Set [OASIS]) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but no less frequently than the following:</td>
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<td>- At discharge</td>
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<tr>
<td>§484.55(e)</td>
<td>§484.55(e) Standard: Incorporation of OASIS Data Items</td>
<td>EP 12</td>
<td>The organization assesses and reassesses its patients.</td>
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<td>§484.55(e)</td>
<td>§484.55(e) Standard: Incorporation of OASIS Data Items</td>
<td>PC.01.02.01</td>
<td>For home health agencies that elect to use The Joint Commission deemed status option: The home health agency's written definition of data and information collected during assessment and reassessment includes the Outcome and Assessment Information Set (OASIS) as follows:</td>
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<td>§484.55(e) Standard: Incorporation of OASIS Data Items</td>
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<td>- Integumentary status</td>
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<td>- Data items collected at inpatient facility admission</td>
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<td></td>
<td>§484.55(e) Standard: Incorporation of OASIS Data Items</td>
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<td>- Data items collected at inpatient facility discharge</td>
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