



COMPLYING

with the New Conditions of Participation for Home Health Agencies

BY LAURA FRYAN

THE CENTERS FOR Medicare & Medicaid Services (CMS) revised and re-organized the existing conditions of participation (CoPs) for home health agencies (HHAs). The CoPs have not been updated for almost two decades, so on January 9th CMS finalized an overhaul. The changes are effective July 13, 2017 — here is an overview:

CARE PLANNING, COORDINATION OF SERVICES, AND QUALITY OF CARE (§ 484.60)

The HHA must provide the patient with a plan of care that sets out the patient's care and services and anticipated outcomes. Key requirements in this section include:

- + The plan must be reviewed and revised by the physician who was responsible for the HHA's plan of care and the HHA as frequently as the patient's conditions or needs require, but no less frequently than every 60 days.
- + The HHA must ensure that each patient and caregiver, if applicable, receives ongoing training and education regarding the care and services identified in the plan of care that the patient and caregiver are expected to implement.
- + The HHA must ensure that each patient and caregiver receives any training necessary for a timely discharge.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) (§ 484.65)

This section replaces two current CoPs with a new QAPI program. The QAPI program will show measurable improvement in indicators for which there was evidence that the improvement led to improved health outcomes, safety, and quality of care for patients.

INFECTION PREVENTION AND CONTROL (§ 484.70)

This new CoP requires HHAs to follow infection prevention and control best practices, maintain a coordinated agency-wide

program to identify and control infectious and communicable diseases, and provide education on current best practices to staff, patients, and caregivers.

SKILLED PROFESSIONAL SERVICES (§ 484.75)

This new CoP sets forth requirements for skilled professional services. One of the key requirements is the supervision of skilled professional assistants. An RN must supervise the care provided by nurses such as licensed vocational nurses and licensed practical nurses. All rehabilitative therapy assistant services must be provided under the supervision of a physical therapist or occupational therapist. Also, all medical social services must be provided under the overall supervision of a Master of Social Work.

PERSONNEL QUALIFICATIONS (§ 484.115)

An HHA administrator must be a licensed physician, a registered nurse, or hold an undergraduate degree, with at least one year of supervisory or administrative experience in home health care or a related health care program. Current HHA administrators are grandfathered in under this new CoP. A speech-language pathologist must have a master's or doctoral degree in speech-language pathology and be licensed as a speech-language pathologist by the state in which he or she furnishes these services.

In addition to the changes above, CMS eliminated the concept of sub-units. Existing sub-units, which already operate under their own provider number, will now be considered distinct HHAs and will be required to independently meet all CoPs without sharing a governing body or administrator.

HHAs should begin to implement any changes needed to comply with the new and revised CoPs. While CMS intended to streamline some of the requirements for HHAs and provide flexibility, HHAs have even more requirements now for patient care and administration.

Laura Fryan is an attorney in the Health Care Practice Group of Brouse McDowell in Akron OH. ■