CONDITIONS OF PARTICIPATION

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- 484.55 Compressive Assessment
- 484.60 Care Planning, Coordination of Services, and Quality of Care

DIFFERENT LOOK

- CMS has reorganized the order of the CoPs and assigned a new numbering system. The CoPs are divided into three sections:
  1. General Provisions – § 484.1 and §484.2
  2. Patient Care – §484.40-§484.80
  3. Organizational Environment – §484.100- §484.115
- Reduced number of conditions from 17 to 15
- Conditions continue to have descriptive standards

COMPREHENSIVE ASSESSMENT OF PATIENTS (PROPOSED § 484.55)

- The majority of the substantive requirements of current § 484.55, were retained with significant reorganization. We proposed to:
  - retain the requirement that each patient be required to receive a patient-specific comprehensive assessment. We also proposed
  - retain the requirement that, for Medicare beneficiaries, the HHA would be required to verify the patient's eligibility for the Medicare home health benefit, including the patient's homebound status, at the specified timeframes.
  - retain all requirements related to the initial assessment visit at standard (a), as well as the completion of the comprehensive assessment requirements at standard (b).

NEW STANDARD ADDED:

- Content of the comprehensive assessment," that would incorporate the drug regimen review and the incorporation of the OASIS data items requirement currently set forth at standard (e).
- New content requirements, such as an assessment of psychosocial and cognitive status, believe that these assessment areas are essential in the establishment of a more complete understanding of the patient's condition (both medically and non-medically), strengths and limitations, preferences, and risk factors,

New:

- The patient's strengths, goals, and care preferences, including the patient's progress toward achievement of the goals identified by the patient and the measurable outcomes identified by the HHA
- The patient's continuing need for home care;
- The patient's medical, nursing, rehabilitative, social, and discharge planning needs

- A review of all medications the patient is currently using;
- New The patient's primary caregiver(s), if any, and other available supports);
- New The patient's representative (if any)
- to allow for a physician-ordered resumption of care date. Adding the physician ordered resumption of care date as an alternative to the fixed 48 hour time frame for a post-hospital reassessment allows physicians to specify a resumption of care date that is tailored to the particular needs and preferences of each patient.

CARE PLANNING, COORDINATION OF SERVICES, AND QUALITY OF CARE (PROPOSED § 484.60) NEW CONDITION OF PARTICIPATION

- "Care planning, coordination of services, and quality of care" at § 484.60. specify that the HHA would have to provide:
- the patient a plan of care that would set out the care and services necessary to meet the patient-specific needs identified in the comprehensive assessment,
- and the outcomes that the HHA anticipates would occur as a result of developing the individualized plan of care and subsequently implementing its elements. patients be accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, rehabilitative, and social needs could be met adequately by the agency in the patient's place of residence. Each patient would receive an individualized written plan of care which would specify the care and services necessary to meet the patient's needs

including the patient and caregiver education and training that the HHA will provide, specific to the patient's care needs. The individualized plan of care would be revised to specify the care and services necessary to meet the patient's needs, including the patient and caregiver education and training that the HHA will provide, specific to the patient's care needs.

- verbal orders be authenticated, dated, and timed by the physician according to the HHA's internal policies and applicable state laws and regulations.
- If patient admitted post hospitalization, documentation must contain an assessment of ER and readmission risk.
- POC must contain all interventions necessary to mitigate these risk factors.

484.60(b), "Conformance with physician orders," would provide that drugs, services, and treatments be administered only as ordered by the physician who is responsible for the home health plan of care.

- retain the current influenza and pneumococcal vaccination requirement at § 484.60(b)(2).
- Proposed § 484.60(b)(3)
- maintain the requirement that only personnel authorized by applicable state laws and regulations and the HHA's internal policies, may accept verbal orders from physicians.
- § 484.60(b)(4) that a registered nurse (RN) or other qualified practitioner licensed to practice by the state must document a verbal order in writing in the patient's clinical record, with a signature, time, and date. Verbal orders would also have to be recorded in the patient's plan of care. If a physician faxed orders or otherwise transmitted them through other electronic

methods from his or her office, those orders would also be required to be included in the patient's clinical record and plan of care.

- verbal orders be authenticated, dated, and timed by the physician according to the HHA's internal policies and applicable state laws and regulations
- plan of care which would specify the care and services necessary to meet the patient's needs, including the patient and caregiver education and training that the HHA will provide, specific to the patient's care needs

NEW patient would receive an individualized written plan of care which would specify the care and services necessary to meet the patient's needs, including the patient and caregiver education and training that the HHA will provide, specific to the patient's care needs. The individualized plan of care would be revised or added to at intervals as necessary to continue to meet patient care needs.

- include the patient-specific measurable outcomes which the HHA anticipates would result from its implementation. HHA include an assessment of the patient's level of risk for hospital emergency department visits and hospital re-admission. We proposed that HHAs would be required to include in the patient's individualized plan of care all appropriate interventions that are necessary to address and mitigate identified risk factors that contribute to the HHA's establishment of a particular risk level for a patient.

NEW - MUST NOTIFY THE PHYSICIAN IF OUTCOMES ARE NOT BEING ACHIEVED

- NEW " Added a requirement at §484.60(e), Written information to the patient regarding Discharge
- Discharge or transfer summary," HHAs are required to compile a discharge or transfer summary for each discharged or transferred patient. The summary would be required to include the following:
- The initial reason for referral to the HHA;
- A brief description of the patient's HHA care;
- A description of the patient's clinical, mental, psychosocial, cognitive, and functional status at the start of care;
- A list of all services provided by the HHA to the patient;

- The start and end dates of HHA care
- A description of the patient's clinical, mental, psychosocial, cognitive; and functional status at the end of care;
- The patient's most recent drug profile;
- Any recommendations for follow-up care
- Current plan of care
- Any additional documentation that would assist in the continuity of post-discharge or transfer care, or that was requested by the receiving practitioner or facility.

ADDED REQUIREMENTS AT §484.60(D)(1) AND (2)

- HHAs must assure communication with all physicians involved in the plan of care, and integrate orders from all physicians involved in the plan of care to assure the coordination of all services and interventions provided to the patient.

NECESSARY STEPS

- Review policy
- Revise policy if indicated
- Develop Form if needed
- Implement policy and form
- Educate staff
- Evaluate process for compliance

STAFF EDUCATION

- WHEN WE EVALUATE THE CHANGES WE MUST MAKE WE SEE THAT STAFF EDUCATION IS GOING TO BE A BIG PIECE OF THE SUCCESS WE ARE LOOKING AND HOPING FOR WITH THIS PROCESS.
- Educate your staff often, spoon feed if you have to you must be in compliance and there is a lot of new and changed requirements.
- Use your compliance statistics to demonstrate need for repeated education.

WHAT TO DO NOW?

- Familiarize yourself and your staff with these changes link for the document https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-00283.pdf
- Start the policy review and revision July is right around the corner
- staff must see the value in this process so your staff education needs to be strong
- Ongoing process review to prevent slipping back in to the gray area will be necessary

QUESTIONS?

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