

CONDITIONS OF PARTICIPATION

PATIENT RIGHTS • CMS 484.50

CONDITIONS OF PARTICIPATION

- This session will address 484.50, which covers all of the new patient rights notice forms, policies, processes, and tools that home health agencies need in order to be compliant.
- Patient rights has been identified as one of the biggest changes to the CoPs is the addition of a patient bill of rights that must be clear and accessible to patients and staff. While not a new concept, the changes include more assessment components, encompassing psychological, functional and cognitive states of patients.
- Agencies will have to collect patient preferences and demonstrate progress toward patients' identified goals—a new requirement. Home health providers must also identify family caregivers and their willingness and ability to help provide care.

DIFFERENT LOOK

- CMS has reorganized the order of the CoPs and assigned a new numbering system. The proposed 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

DEFINITIONS 484.10

- In advance of means that HHA staff must complete the task prior to performing any hands-on care or any patient education.
- Representative means the patient's legal guardian or other person who participates in making decisions related to the patient's care or well-being, including but not limited to, a person chosen by the patient, a family member, or an advocate for the patient. The patient determines the role of the representative, to the extent possible.

PATIENTS RIGHTS IN SIX STANDARDS

1. Notice of rights;
2. Exercise of rights
3. Rights of the patient
4. Transfer and discharge
5. Investigation of complaints
6. Accessibility

REVISIONS AND CLARIFICATIONS	REQUIRED ACTIONS
NOTICE OF RIGHTS	REQUIRED ACTIONS
Revised §484.50(a)(1) to clarify that it is the patient's <u>legal representative</u> that must be informed of the patient rights information <u>prior to the start of care</u>	<ol style="list-style-type: none"> 1. Review policy (504 policies) 2. Revise policy if indicated 3. Develop form if needed 4. Implement policy and form 5. Educate staff 6. Evaluate process for compliance
<u>FOCUSES ON ACCOMMODATING AND COMPLYING WITH LIMITED ENGLISH PROFICIENCY REQUIREMENTS 504 policy</u>	
Revised §484.50(a)(1)(i) to require that an HHA must provide each patient with written notice regarding the HHA's <u>transfer and discharge policies</u>	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Implement policy 4. Develop form if needed 5. Distribute forms to existing patients 6. Educate staff 7. Evaluate and make changes if indicated
Redesignated proposed §484.50(a)(1)(ii) as §484.50(a)(3)	No action required
Redesignated proposed §484.50(a)(2) as §484.50(a)(1)(ii) and removed the requirement that HHA administrators are expected to receive patient questions	Review policy discontinue practice and educate staff

REVISIONS AND CLARIFICATIONS		
Designated proposed §484.50(a)(3) as §484.50(a)(1)(iii)		
Notification Revised §484.50(a)(3), requiring that the HHA must provide verbal notice of the patient's rights <u>no later than the completion of the second visit from a skilled professional</u>	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Develop Form if needed 4. Implement policy and form 5. Educate staff 6. Evaluate process for compliance Put the time requirement language into your policy	New time frame
Added new §484.50(a)(4), requiring that the HHA provide written notice of the patient's rights and the HHA's <u>discharge and transfer policies to a patient-selected representative within four business days</u> after the initial evaluation visit	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Develop Form if needed 4. Implement policy and form 5. Educate staff 6. Evaluate process for compliance Put the time requirement language into your policy	New time frame Added discharge and transfer policies Seven elements of discharge
Revised 484.50(b) to replace the term "incompetence" wherever it appears with the more precise term "lack legal capacity to make health care decisions"	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Develop Form if needed 4. Implement policy and form 5. Educate staff 	

REVISIONS AND CLARIFICATIONS		
Revised §484.50(c)(4)(i) to clarify that patients have the right to participate in and be informed about <u>all assessments</u> rather than just the comprehensive assessment	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Develop Form if needed 4. Implement policy and form 5. Educate staff 6. Evaluate process for compliance 	Incorporate into narrative in clinical note
Removed the requirement at §484.50(c)(4)(iii) regarding providing a copy of the plan of care to each patient	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Implement policy 4. Educate staff 5. Evaluate process for compliance 	Best Practice continue to provide
Revised §484.50(c)(10) to require HHAs to provide contact information for a defined group of federally-funded and state-funded facilities	<ol style="list-style-type: none"> 1. Review policy 2. Revise policy if indicated 3. Develop Form if needed 4. Implement policy and form 5. Educate staff 6. Evaluate process for compliance 	Meals Social Services Financial Assistance

REVISIONS AND CLARIFICATIONS

Revised §484.50(d) to remove the requirement for HHAs to provide patients with information regarding HHA admission policies and clarified that the “transfer and discharge policies” are those set forth in paragraphs (1) through (7) of this standard

1. The transfer or discharge is necessary for the patient’s welfare because the HHA and the physician who is responsible for the home health plan of care agree that the HHA can no longer meet the patient’s needs, based on the patient’s acuity. The HHA must ensure a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA’s capabilities;

1. Review policy
2. Revise policy if indicated
3. Develop form if needed
4. Implement policy and form
5. Educate staff
6. Evaluate process for compliance

DISCHARGE FOR CAUSE

HHA must do the following before discharging a patient for cause:

1. Advise the patient, representative (if any), the physician who is responsible for the home health plan of care, and the patient’s primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered;
2. Make efforts to resolve the problem(s) presented by the patient’s behavior, the behavior of other persons in the patient’s home, or situation;
3. Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and;
4. Document problem(s) and efforts made to resolve the

REVISIONS AND CLARIFICATIONS

Revised §484.50(d)(1) to clarify that HHAs are responsible for making arrangements for a safe and appropriate transfer

1. Review policy
2. Revise policy if indicated
3. Develop form if needed
4. Implement policy and form
5. Educate staff
6. Evaluate process for compliance

Revised §484.50(d)(3) to clarify that discharge is appropriate when the physician and the HHA both agree that the patient has achieved the measurable outcomes and goals established in the individualized plan of care.

1. Review policy
2. Revise policy if indicated
3. Develop form if needed
4. Implement policy and form
5. Educate staff
6. Evaluate process for compliance

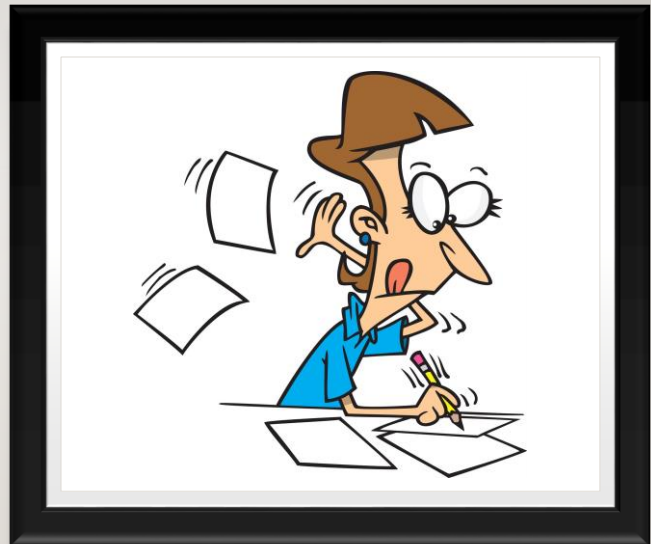
POLICY REVIEW

- Compare your policies with compliance with other entities e.g. state and accreditation
- Work from actual language of the standard to ensure that all elements are covered
- Review at least annually



POLICY REVIEW

- Revision as needed do not have to wait until it changes again be alert for improvements



POLICY REVIEW

- Develop Form if needed
- What existing forms do you have
- Are they in compliance

Implement policy and form



POLICY REVIEW

- Implement policy and form



STAFF EDUCATION

- Patient rights has probably been one of the least recognized needs for compliance in home health care
- Educate your staff annually
- Use your compliance statistics to demonstrate need for repeated education, its more than giving
- Them a form to sign and marking a check box



STAFF EDUCATION

- Evaluate process for compliance
- Integrate into your performance statistics
- Utilize data a meaningful way



WHAT TO DO NOW?

- Some of these policies will require work intensive, review, revision and implementation and will require understanding of the standard, staff dedication, and communication with staff to make them as accurate as possible to the intent of the law.
- The 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

PATIENT'S RIGHTS AND RESPONSIBILITIES

- PURPOSE: To ensure that all patients [AGENCY NAME] are advised of their rights relative to the provision of health care services:
 - Right to be informed of rights;
 - Right to receive a written notice of rights in advance of furnishing care;
 - Patient or family/guardian has right to exercise of rights, the family or guardian may exercise the rights when the patient has been adjudicated incompetent;
 - Right to exercise his or her rights;
 - Right of property and person to be treated with respect;
 - Right to voice grievances regarding treatment or care that is furnished or fails to be furnished, or lack of respect for property by anyone who is furnishing services on behalf of the agency without reprisal or discrimination;
 - Right to have grievances documented and investigated by the agency;
 - Right to be informed and to participate in the plan of care and to receive a copy of the same;

PATIENT'S RIGHTS AND RESPONSIBILITIES CONT'D

- Right to receive advanced notice of changes in the care to be provided;
- Right to be informed in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished;
- Right to receive written information concerning Advance Directives and agency policy relative to that;
- Right of confidentiality of all clinical records maintained by the agency;
- Right to be informed of the agency's policies and procedures regarding disclosure of clinical records;
- Right to be informed of payment responsibility and the extent to which Medicare, Medicaid or any other federally funded or aided program may be expected to reimburse and the extent to which payment may be required from the patient;
- Right to be informed orally and in writing of services and charges prior to initiating services;

PATIENT'S RIGHTS AND RESPONSIBILITIES CONT'D

- Right to be informed orally and in writing of any changes in charges or billing, notice must be made no later than thirty (30) calendar days from the date of the change;
- Right to be informed in writing of the Florida state toll-free hotline to include the number 1-888-419-3456, the hours of operation 9:00 AM-5:00 PM CST, to report any concerns relative to the agency's services; and
- Right to be informed of the accreditation hotline phone number, hours of operation and purpose to
- report complaints or request information regarding this agency or the accreditation process.

POLICY

- At the time of the initial assessment, the patient will be advised both verbally and in writing of his/her rights and responsibilities during the course of care. The staff person will review the written materials with the patient, and provide a copy for future reference. Documentation in the clinical record will support that the requirement for advising the patient has been met.

POLICY

- The patient's and or/representative's level of comprehension will be documented in the patients records. Prior to obtaining the "Consent for Services" form, the following information will be discussed and the level of comprehension recorded:
 - Billing and reimbursement methods;
 - Fees for services and products to be provided;
 - Direct pay responsibilities; and,
 - Notification of insurance coverage.

QUESTIONS?

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