

INTERPRETIVE GUIDELINES - HOME HEALTH AGENCIES

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
	<p>484.36(e) <u>Personal care attendant: evaluation requirements</u></p>	<p><u>484.36(e) Guidelines:</u>                      Personal care services also include those services defined at 440.180.                      PCAs who are employed by HHAs to furnish services under a Medicaid personal care benefit must abide by all other requirements for home health aides listed at 42 CFR 484.36 with the explicit exception of 42 CFR 484.36(e).</p>
G233	<p>(1) <u>Applicability.</u> This paragraph applies to individuals who are employed by HHAs exclusively to furnish personal care attendant services under a Medicaid personal care benefit.</p> <p>(2) <u>Rule.</u> 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.</p>	
G234	<p>484.38 <u>Condition of Participation: Qualifying to furnish outpatient physical therapy or speech pathology services.</u></p> <p>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</p>	<p><u>484.38 Guidelines:</u></p> <p>An HHA that furnishes outpatient therapy services on its own premises, including its branches, must comply with the listed citations as well as meet all other Conditions of Participation. 485.723 and 485.727 are not applicable when the patients are served in their own homes. 485.723 and 485.727 are applicable, and may be surveyed at the SA's or RO's discretion, when specialized rehabilitation space and equipment is owned, leased, operated, contracted for, or arranged for at sites under the HHA's control and when the HHA bills the Medicare/Medicaid programs for services rendered at these sites. Complete the corresponding section of the Outpatient Physical Therapy or Speech Pathology Survey Report, Form HCFA-1893, and attach it to the Home Health Agency Survey and Deficiencies Report, Form</p>

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	<p>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.</p>	<p>HCFA-1572, when surveying these sites. Indicate the agency's certification to provide outpatient therapy services via special remarks on the Certification and Transmittal, Form HCFA-1539. (See 2764, Item 16.)</p> <p>The plan of care for outpatient physical and speech pathology therapy services may be developed by the individual therapist. For Medicare patients receiving outpatient physical and/or speech pathology therapy services, the plan of care and results of treatment must be reviewed by a physician. Non-Medicare patients are not required to be under the care of a physician, and therefore do not need a plan of care established by and reviewed by a physician. For non-Medicare patients, the plan of care may be reviewed by the therapist who established it or by a physician.</p> <p>(See Appendix E, Interpretive Guidelines, Outpatient Physical or Speech Pathology Service - Physicians' Directions and Plan of Care.)</p>
G235	<p>484.48 Condition of Participation: <u>Clinical records.</u></p>	<p><u>484.48 Guidelines:</u></p> <p>The clinical record must provide a current, organized, and clearly written synopsis of the patient's course of treatment, including services provided for the HHA by arrangement or contract. The clinical record should facilitate effective, efficient, and coordinated care.</p>
G236	<p>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.</p> <p>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.</p>	<p>Questionable patterns, rather than isolated instances, in clinical records are an indicator that the quality of care provided by the HHA needs to be carefully assessed for compliance with the plan of care, coordination of service, concurrence with the HHA's stated policies and procedures, and evaluations of patient outcomes. However, isolated instances, depending on their nature and severity, can serve as the basis of a deficiency and enforcement action (e.g., immediate and serious threat as outlined in Appendix Q).</p> <p>While the regulations specify that documents must be signed, they do not prohibit the use of electronic signatures. HHAs which have created the option for an individual's record to be maintained by computer, rather than hard copy, may use electronic signatures as long as there is a process for reconstruction of the information, and there are safeguards to prevent unauthorized access to the records. Clinical, progress notes, and summary reports as defined at 484.2 must be maintained on all patients.</p>