

## COMPARISON OF HOME HEALTH STATE RULES AND FEDERAL CONDITIONS OF PARTICIPATION

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T91	<b>133.03 (6) REPORT OF CHANGES</b>	G120	The HHA also must disclose the following information to the State survey agency at the time of the HHA's initial request for each survey, and at the time of any change in ownership or management:
	(a) CHANGES REQUIRING NOTICE. The licensee shall, within 10 days, notify the department in writing of any changes in the services provided and any appointment or change of the administrator.		(1) The name and address of all persons with an ownership or control interest in the HHA as defined in S420.201, 420.202, and 420.206 of this chapter.
T92	(b) CHANGES REQUIRING NEW APPLICATION. A new application under sub. (3) shall be submitted to the department within 10 working days when any of the following changes has occurred:		(2) The name and address of each person who is an officer, a director, an agency or a managing employee of the HHA as defined in S. 420.201, 420.202, and 420.206 of this chapter.
T93	1. The corporate licensee has transferred 50% or more of the issued stock to another party or other parties;		(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.
T94	2. The licensee has transferred ownership of 50% or more of the assets to another party or other parties;		
T95	3. There has been change in partners or partnership interests of 50% or greater in terms of capital or share of profits; or		
T96	4. The licensee has relinquished management of the agency.		
T98	<b>133.04 INSPECTIONS</b>		
	(3) PATIENT VISITS. The department may contact patients of a home health agency as part of an inspection or investigation. A licensee shall provide the department a list of names, addresses and other identifying information of current and past patients as may be requested. The department may select the names of the patients to be visited and may visit these patients with their approval.		
T101	(b)3 PLANS OF CORRECTION. The department may require a licensee to implement and comply with a plan of correction that is developed by the department.		
T106	(5) INTERFERENCE WITH INSPECTIONS. Any interference with or refusal to allow any inspection or investigation under this chapter shall be grounds for denial or revocation of the license.		
	<b>133.05 GOVERNANCE</b>	G128	A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the operation of the agency.
	(1) GOVERNING BODY. Each home health agency shall have a governing body which shall:	G122	S. 484.14 Condition of Participation: Organization, services, and administration.

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T107	*(a) Adopt governing policies in the form of by-laws, charter, written policies or other official means;	G123	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.
		G131	Adopts and periodically reviews written bylaws or an acceptable equivalent, and
T 108	(b) Adopt a statement detailing the services to be provided;		
T109	(c) Oversee the management of the agency	G132	Oversees the management and fiscal affairs of the agency.
T 110	(d) Appoint an administrator; and	G129	The governing body appoints a qualified administrator.
T 111	(e) Provide for a qualified substitute administrator to act in absence of the administrator.	G137	A qualified person is authorized in writing to act in the absence of the administrator.
		G124	Administrative and supervisory functions are not delegated to another agency or organization and
		G125	All services not furnished directly, including services provided through subunits are monitored and controlled by the parent agency.
		G126	If an agency has subunits, appropriate administrative records are maintained for each subunit.
T 112	*(2) PROFESSIONAL ADVISORY BODY. (a) The home health agency shall establish an advisory group of at least one practicing physician and one registered nurse and appropriate representation from other professional disciplines. A majority of the members shall be persons who are neither owners nor employees of the agency.	G151	Condition: Group of professional personnel.
		G152	A group of professional personnel, which includes at least one physician and one registered nurse (preferable a public health nurse), and with appropriate representation from other professional disciplines,
		G130	Arranges for professional advice as required under S. 484.16.
T 113	(b) The advisory group shall:  1. Review annually and make recommendations to the governing body concerning the agency's scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation;	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.
T 114	2. Meet at least annually to advise the agency on professional issues, participate in the evaluation of the agency's program and assist the agency in maintaining liaison with other health care providers in a	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

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
	community information program; and		care providers in the community and in the agency's community information program.
T 115	3. Document all meetings by dated minutes.	G155	The meetings are documented by dated minutes.
T 116	<b>HSS 133.06 ADMINISTRATION</b>  (1) ADMINISTRATOR. The home health agency shall be administered by an administrator who shall be a licensed physician, a registered nurse, or a person who has had training and experience in health care administration and at least one year of supervisory or administrative experience in home health care or related health programs.	G133	The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organized and directed the agency's ongoing functions; maintains ongoing liaisons among the governing body, the group of professional personnel, and the staff.
T 117	(2) DUTIES OF THE ADMINISTRATOR. The administrator shall: (a) Be knowledgeable about this chapter, and shall take all reasonable steps to ensure compliance of the agency with the requirements of this chapter		
T 118	b) Administer the entire home health services of the agency; and		
T 119	(c) Cooperate with the department in investigating compliance with this chapter.		
		G135	Ensures the accuracy of public information materials and activities; and
		G136	Implements an effective budgeting and accounting system.
		G138	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).
		G139	This person, or similarly qualified alternate, is available at all times during operating hours and
		G140	participates in all activities relevant to the professional services furnished, including the development of qualifications and the assignment of personnel.
T 120	* (3) PERSONNEL POLICIES. The agency shall prepare in <u>writing</u> and review annually the following policies  *(a) A system for recruitment, orientation and continuing training of staff; and	G141	S. 484.14(e) Standard: Personnel policies.  Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current.
T 121	(b) A plan for the evaluation of staff in the performance of duties		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T 122	(4) EMPLOYEES (a) Orientation. Prior to beginning patient care, every employee shall be oriented to the agency and the job for which he or she is hired.		
T 123	1. Policies and objectives of the agency;		
T 124	2. Information concerning specific job duties;		
T 125	3. The functions of health personnel employed by the home health agency and how they relate to each other in providing services;		
T 126	4. Information about other community agencies, including emergency medical services; and		
T127	5. Ethics, confidentiality of patient information, and patients' rights.		
T128	(b) SCOPE OF DUTIES. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.		
		G146	<p>S.484.14(h) Standard: Services under arrangements.</p> <p>Services furnished under arrangements are subject to a written contract conforming with the requirements specified in paragraph (f) of this section and with the requirements of section 1861(w) of the Act.</p>
		G147	<p>The HHA, under the direction of the governing body, prepares an overall plan and a budget that includes an annual operating budget and capital expenditure plan.</p> <p>(1) Annual operating budget. There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item by item identification of the components of each type of anticipated income or expense.</p> <p>(2) Capital expenditure plan.</p> <p>(l) There is a capital expenditure plan for at least a 3-year period, including the operating budget year. The plan includes and identifies in detail the anticipated sources of financing for, and the objectives of, each anticipated expenditure of more than \$6000,000 for items that would under generally accepted accounting principles, be considered capital items. In determining if a single capital expenditure exceeds \$600,000, 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 are</p>

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
			<p>included. Expenditures directly or indirectly related to capital expenditures, such as grading, paving, broker commissions, taxes assessed during the construction period, and costs involved in demolishing or razing structures on land are also included.</p> <p>Transactions that are separated in time, but are components of an overall plan or patient care objective, are viewed in their entirety without regard to their timing. Other costs related to capital expenditures include 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.</p> <p>(ii) If the anticipated source of financing is, in any part, the anticipated payment from title V (Maternal and Child Health and Crippled Children's Services) or title XVIII (Medicare) or title XIX (Medicaid) of the Social Security Act, the plan specifies the following:</p> <p>(A) Whether the proposed capital 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.</p> <p>(B) Whether a capital expenditure proposal has been submitted to the designated planning agency for approval in accordance with section 1122 of the Act (42 U.S.C. 1320a1) and implementing regulations.</p> <p>(C) Whether the designated planning agency has approved or disapproved the proposed capital expenditure if it was presented to that agency.</p>
		G148	<p>(3) <u>Preparation of plan and budget.</u> 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 al staff (if any) of the HHA.</p>
		G149	<p>(4) <u>Annual review of plan and budget.</u> 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.</p>
		G150	<p><u>484.14(j) Standard: Laboratory Services.</u></p> <p>(1) If the HHA engages in laboratory testing outside of the context of assisting an individual in self-administering a test with an appliance that has been cleared for that purpose by the FDA, such testing must be in compliance with all applicable requirements of part 493 of this chapter.</p> <p>(2) If the HHA chooses to refer specimens for laboratory testing to another laboratory, the referral laboratory must be certified in the appropriate</p>

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T129	(c) EVALUATION. Every employee shall be evaluated periodically for quality of performance and adherence to the agency's policies and this chapter, in accordance with the written plan of evaluation under sub. (3)(b). Evaluations shall be followed up with appropriate action.	G134	specialties and subspecialties of services in accordance with the applicable requirements of part 493 of this chapter. Administrator employs qualified personnel and ensures adequate staff education and evaluations;
T130	(d)1. 'Physical health of new employees.' Each new employee, prior to having direct patient contact, shall be certified in writing by a physician, physician assistant or registered nurse as having been screened for tuberculosis, and clinically apparent communicable disease that may be transmitted to a patient during the normal performance of the employee's duties. The screening shall occur within 90 days prior to the employee having direct patient contact.	G214	(ii) The HHA must complete a performance review of each home health aide no less frequently than every 12 months.
T131	2. 'Continuing employees'. Each employee having direct patient contact shall be screened for clinically apparent communicable disease by a physician, physician assistant, or registered nurse based on the likelihood of their exposure to a communicable disease, including tuberculosis. The exposure to a communicable disease may have occurred in the community or in another location.		
T132	*3. Disease surveillance. Agency shall develop and implement written policies for control of communicable diseases which take into consideration control procedures incorporated by reference in ch. HSS 145 and which ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician or physician assistant or a advanced practice nurse.		
T133	(e) CONTINUING TRAINING. A program of continuing training shall be provided to all employees as appropriate for the client population and the employee's duties.	G134	Administrator employs qualified personnel and ensures adequate staff education and evaluations;
T134	(f) PERSONNEL RECORDS. A separate up-to-date personnel record shall be maintained on each employee. The record shall include evidence of suitability for employment in the position to which the employee is assigned.		
T248	(g) Background checks and misconduct reporting and investigation. Each home health agency shall comply with the caregiver background check and misconduct reporting requirements in s. 50.065, Stat., and ch. HFS 12, and the caregiver misconduct reporting and investigation requirements in ch. HFS 13.		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T249	<p>(5) INFECTION CONTROL AND PREVENTION. Each home health agency shall do all of the following:</p> <p>(a) Develop and implement initial orientation and ongoing education and training for all staff having direct patient contact, including students, trainees and volunteers, in the epidemiology, modes of transmission and prevention of infections and the need for routine use of current infection control measures as recommended by the U. S. centers for disease control and prevention.</p>		
T250	<p>(5) INFECTION CONTROL AND PREVENTION. Each home health agency shall do all of the following:</p> <p>(b) Provide equipment and supplies necessary for all staff having direct patient care contact to minimize the risk of infection while providing patient care.</p>		
T251	<p>(5) INFECTION CONTROL AND PREVENTION. Each home health agency shall do all of the following:</p> <p>(c) Monitor adherence to evidence-based standards of practice related to protective measure. When monitoring reveals a failure to follow evidence-based standards of practice, the home health agency shall provide counseling, education, or retraining to ensure staff is adequately trained to complete their job responsibilities.</p>		
T135	<p><b>HSS 133.07 EVALUATION</b></p> <p>(1) REQUIREMENT. An evaluation of the home health agency's total program shall be conducted at least once a year by the advisory group required by s. HSS 133.05 (2), home health agency staff and consumers.</p>	G242 G243	<p>S. 484.52 Condition of Participation: Evaluation of the agency's program.</p> <p>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.</p>
T136	<p>(2) METHOD OF EVALUATION. The agency shall establish methods to determine whether the established programs and service policies are effective and whether service policies and procedures are substantially followed by agency staff. These methods shall include a review of a sample of patient records to determine whether services are being provided appropriately and the extent to which the needs of patients are met.</p>	G244  G249 G250	<p>The evaluation consists of an overall policy and administrative review and a clinical record review.</p> <p>Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.</p> <p>Clinical records. At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both</p>

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
			active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement.
T137	(3) REPORTS. Results of the evaluations shall be recorded in writing and reported to those responsible for the operation of the agency.	G251	There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.
T138	(4) MANAGEMENT REVIEW. The agency shall periodically review its policies and administrative practices to determine the extent to which they promote appropriate, adequate, effective and efficient patient care.	G246	Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency and
		G247	Are maintained separately as administrative records.
T139	<b>HSS 133.08 PATIENT RIGHTS</b> (1) SERVICE APPLICANT. The home health agency shall promptly determine the applicant's suitability for services and, if the applicant is accepted, shall promptly provide services to the individual. If the applicant is found unsuitable for acceptance, the agency shall inform the applicant of other service providers in the area.	G248	Policy and Administrative Review. As a part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient.
		G245	The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient.
T140	(2) POLICIES. The home health agency shall provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment. Each patient receiving care from the agency shall have all the following rights:	G101	S. 484.10 Condition of Participation: Patient rights.
T141	(a) To be fully informed, as evidenced by home health agency documentation, of all rules and regulations governing patient responsibilities;	G102	(1) The HHA must provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.
		G103	(2) The HHA must maintain documentation showing that it has complied with the requirements of this section.
		G104	1) The patient has the right to exercise his or her rights as a patient of the HHA. 2) The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
		G105	(3) The patient has the right to have his or her property treated with respect.
		G106	(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

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T142	(b) To be fully informed, prior to or at the time of admission, of services available from the agency and of related changes, including any charges for services for which the patient or a private insurer may be responsible;	G107	by anyone who is furnishing services on behalf of the HHA and must not be subjected to discrimination or reprisal for doing so.
		G107	(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 complaint.
		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.
		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; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay.
		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.
T143	(c) To be informed of all changes in services and charges as they occur;	G108	(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. (i) The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. (ii) The HHA must advise the patient in advance of any change in the plan of care before the change is made.
T144	(d) To be fully informed of one's own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agency, and to refuse to participate in experimental research;	G109	(2) The patient has the right to participate in the planning of the care. (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.
		G110	(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 advance directives to a patient at the time of the first home visit as long as

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T145	(e) To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal;		the information is furnished before care is provided.
T146	(f) To confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another health facility, or as required by law or third-party payment contract;	G111	The patient has the right to confidentiality of the clinical records maintained by the HHA.
T147	g) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs; and	G112	The HHA must advise the patient of the agency's policies and procedures regarding disclosure of clinical records.
T148	(h) To be taught, and have the family taught, the treatment required, so that the patient can, to the extent possible, help himself or herself, and the family or other party designated by the patient can understand and help the patient.		
T252	(i) To exercise his or her rights as a patient of the home health agency;		
T253	(j) To have the patient's family or legal representative exercise the patient's rights when the patient has been judged incompetent by a court of law.		
T149	(3) COMPLAINTS. At the same time that the statement of patient rights is distributed under sub. (2), the home health agency shall provide the patient or guardian with a statement, provided by the department, setting forth the right to and procedure for registering complaints with the department.	G116	S 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 its 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 advanced directive requirements.
		G117	S. 484.12 Condition of Participation: Compliance with Federal, State,

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T150	<p><b>*HSS 133.09 ACCEPTANCE AND DISCHARGE OF PATIENTS</b>            (1) ACCEPTANCE OF PATIENTS. A patient shall be accepted for service on the basis of a reasonable expectation that the patient's medical, nursing and social needs can be met adequately by the home health agency in the patient's place of residence. No patient may be provided services except under a plan of care established by a physician or an advanced practice nurse prescriber.</p>	<p>G118</p> <p>G119</p> <p>G121</p> <p>G156</p> <p>G157</p> <p>G158</p>	<p>and local laws, disclosure and ownership information, and accepted professional standards and principles.</p> <p>S. 484.12(a) Standard: Compliance with Federal, State, and local laws and regulations.</p> <p>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.</p> <p>The HHA must comply with the requirements of Part 420, Subpart C of this order.</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>S. 484.18 Condition of Participation: Acceptance of patients, plan of care, and medical supervision.</p> <p>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.</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p>
T152	<p>(2) SERVICE AGREEMENT. Before care is initiated, the home health agency shall inform the patient, orally and in writing, of the extent to which payment may be expected from other sources, the charges for services that will not be covered by other sources and charges that the individual may have to pay.</p>		
T153	<p>(3) DISCHARGE OF PATIENTS. (a) Notice of Discharge. 1. A home health agency may not discharge a patient for any reason until the agency has discussed the discharge with the patient or the patient's legal representative and the patient's attending physician or advanced practice nurse prescriber, and has provided written notice to the patient's legal representative in the timelines specified in this paragraph.</p>		
T154	<p>2. The home health agency shall provide the written notice, except when a patient is discharged due to hospital admission that occurs</p>		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T155	<p>near the end of a 60-day episode of treatment, required under subd.1. to the patient or the patient's legal representative at least 10 working days in advance of discharge if the reason for discharge is any of the following:</p> <p>a. Payment has not been made for the patient's care, following opportunity to pay any unpaid billings.</p> <p>2. The home health agency shall provide the written notice, except when a patient is discharged due to hospital admission that occurs near the end of a 60-day episode of treatment, required under subd.1. to the patient or the patient's legal representative at least 10 working days in advance of discharge if the reason for discharge is any of the following:</p> <p>b. The home health agency is unable to provide the care required by the patient due to a change in the patient's condition that is not an emergency.</p>		
T156	<p>3. The home health agency shall provide the written notice under subd. 1 to the patient or the patient's legal representative at the time of discharge if the reason for discharge is any of the following:</p> <p>a. The safety of staff is compromised, as documented by the home health agency.</p>		
T157	<p>b. The attending physician or advanced practice nurse prescriber orders the discharge for emergency medical reasons.</p>		
T158	<p>c. The patient no longer needs home health care as determined by the attending physician or advanced practice nurse prescriber.</p> <p>4. The home health agency shall insert a copy of the written discharge notice in the patient's medical record.</p>		
T167	<p>5. The home health agency shall include in every written discharge notice to a patient or the patient's legal representative all of the following:</p> <p>a. The reason for discharge.</p> <p>b. A notice of the patient's right to file a complaint with the department and the department's toll-free home health hotline telephone number and the address of the department's Office of Quality Assurance.</p>	G127	Part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of the qualifying services directly through

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T162	<p>(b) Discharge summary. The home health agency shall complete a written discharge summary within 30 calendar days following discharge of a patient. The discharge summary shall include a description of the care provided and the reason for discharge. The home health agency shall place a copy of the discharge summary in the former patient's medical record. Upon request, the home health agency shall provide a copy of the discharge summary to the former patient, the patient's legal representative or the attending physician or advanced practice nurse prescriber.</p> <p><b>HSS 133.10 SERVICES PROVIDED.</b></p> <p>(1) REQUIRED SERVICES. The home health agency shall directly provide at least part-time or intermittent nursing services and provide or arrange for home health aide services.</p> <p>(2) OPTIONAL SERVICES. In addition to above, the agency may Provide therapeutic services including but not limited to PT, ST, OT and medical SS.</p>		agency employees, but may provide the second qualifying service and ad services under arrangements with another agency or organization.
T168	<p><b>HSS 133.11 REFERRALS.</b> When patients have needs which the home health agency cannot meet, the home health agency shall refer these patients to other agencies, social service organizations, or governmental units which are appropriate for unmet needs of the patients and which may be of assistance in meeting those needs. Referrals shall include referrals to meet the needs of patients for services at times before and after the normal business hours of the home health agency.</p>		
T169	<p><b>HSS 133.12 COORDINATION WITH OTHER PROVIDERS.</b> The home health agency shall coordinate its services with any other health or social service providers serving the patient.</p>	<p>G143</p> <p>G144</p>	<p>All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.</p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p>
T170	<p><b>HSS 133.13 EMERGENCY NOTIFICATION.</b> Home health agency personnel shall promptly notify a patient's physician, advanced practice nurse prescriber, or other appropriate medical personnel and guardian, if any, of any significant changes observed or reported in the patient's condition.</p>		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T171	<p><b>HSS 133.14 SKILLED NURSING SERVICES.</b>  (1) <b>PROVISION OF SERVICES.</b> Skilled nursing services shall be provided by or under the supervision of a registered nurse.</p>	G168	S. 484.30 Condition of Participation: Skilled nursing services.
		G169	The HHA furnishes skilled nursing services by or under the supervision of a registered nurse.
		G170	The HHA furnishes skilled nursing services in accordance with the plan of care.
T172	<p>(2) <b>DUTIES OF THE REGISTERED NURSE.</b> The registered nurse shall:</p>	G171	The registered nurse makes the initial evaluation visit.
T173	(a) Make the initial evaluation visit to the patient;	G172	The registered nurse regularly re-evaluates the patient's nursing needs.
T174	(b) Regularly reevaluate the patient's needs;	G173	The registered nurse initiates the plan of care and necessary revisions.
T175	(c) Initiate the plan of care and necessary revisions;	G174	The registered nurse furnishes those services requiring substantial and specialized nursing skill.
T176	(d) Provide those services requiring substantial specialized care;	G175	The registered nurse initiates appropriate preventive and rehabilitative nursing procedures.
T177	(e) Initiate appropriate preventive and rehabilitative procedures;	G176	The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.
T178	(f) Prepare clinical and progress notes;	G176	The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.
T179	(g) Promptly inform the physician or advanced practice nurse prescriber and other personnel participating in the patient's care of changes in the patient's condition and needs;	G177	The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.
T180	(h) Arrange for counseling the patient and family in meeting related needs;	G178	The registered nurse counsels the patient and family in meeting nursing and related needs.
T181	(i) Participate in in-service programs for agency staff; and	G178	The registered nurse participates in in-service programs, and supervises and teaches other nursing personnel.
T182	(j) Supervise and teach other personnel.	G178	The registered nurse participates in in-service programs, and supervises and teaches other nursing personnel.
T183	(3) <b>SCOPE OF DUTIES.</b> Nurses shall perform only those duties within the scope of their licensure.	G179	484.30(b) Duties of the licensed practical nurse.
T183	(4) <b>PRACTICAL NURSING.</b> Nursing services not requiring a registered nurse may be provided by a licensed practical nurse under		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
	the supervision of a registered nurse.		
T184	133.14(5) Coordination of Services. A registered nurse shall maintain overall responsibility for coordinating services provided to the patient by the agency.	G179	The licensed practical nurse furnishes services in accordance with agency policies.
		G180	The licensed practical nurse prepares clinical and progress notes.
		G181	The licensed practical nurse assists the physician and registered nurse in performing specialized procedures.
		G182	The licensed practical nurse prepares equipment and materials for treatments observing aseptic technique as required.
		G183	The licensed practical nurse assists the patient in learning appropriate self-care techniques.
T186	<b>HSS 133.15 THERAPY SERVICES.</b>	G184	S. 484.32 Condition of Participation: Therapy services.
	(1) PROVISION OF SERVICES. Physical therapy, occupational therapy, speech therapy, and other therapy services provided directly by the home health agency or arranged for under s. HSS 133.19, shall be given in accordance with the plan of care developed under s. HSS 133.20. Individuals providing these services shall perform the duties under s. HSS 133.14(2)(a), (c), (f), (h) and (i).	G185	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.
		G186	The qualified therapist assists the physician in evaluating level of function, helps develop the plan of care (revising it as necessary).
		G187	The qualified therapist prepares clinical and progress notes.
		G188	The qualified therapist advises and consults with the family and other agency personnel.
		G189	The qualified therapist participates in in-service programs.
		G190	Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned,

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
			delegated, and supervised by the therapist,
		G191	A physical therapy assistant or occupational therapy assistant assists in preparing clinical notes and progress reports.
		G192	A physical therapy assistant or occupational therapy assistant participates in educating the patient and family, and in in-service programs.
T187	(2) PHYSICAL THERAPY. If offered, physical therapy shall be provided by a physical therapist or by a qualified therapy assistant under the supervision of a qualified physical therapist.	G190	Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist.
T188	(3) OCCUPATIONAL THERAPY. If offered, occupational therapy shall be provided by a occupational therapist or by a qualified therapy assistant under the supervision of a qualified occupational therapist.		
T189	(4) SPEECH THERAPY. If offered, speech therapy shall be provided by a speech pathologist or audiologist.	G193	Speech therapy services are furnished only by or under the supervision of a qualified speech-language pathologist or audiologist.
T190	(5) OTHER THERAPIES. Therapies other than those under subs. (2), (3) and (4), shall be provided by persons qualified by training or by being licensed to perform the services.	G234	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 §§405.1717 through 405.1719, 405.1721, 405.1723, and 405.1725 of this chapter to implement section 1861(p) of the Act.
T191	<b>HSS 133.16 MEDICAL SOCIAL SERVICES.</b> If offered, medical social services shall be provided by a social worker in accordance with the plan of care developed under s. HSS 133.20. Individuals providing these services shall perform the duties under s. HSS 133.14(2)(c), (f), (h) and (i).	G194	S. 484.34 Condition of Participation: Medical social services.
		G195	If the agency furnishes medical social services, those services are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker, and in accordance with the plan of care. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems.
		G196	The social worker participates in the development of the plan of care.

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T192	<p><b>HSS 133.17 HOME HEALTH AIDE SERVICES.</b></p> <p>(1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. HSS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.</p>	<p>G197</p> <p>G198</p> <p>G199</p> <p>G200</p> <p>G201</p> <p>G202</p>	<p>Prepares clinical and progress notes,</p> <p>Works with the family,</p> <p>The social worker uses appropriate community resources.</p> <p>Participates in discharge planning and in-service programs,</p> <p>The social worker acts as a consultant to other agency personnel.</p> <p>S. 484.36 Condition of Participation: Home health aide services.</p>
T193	<p>(2) DUTIES. Home health aide services may include, but are not limited to:</p> <p>(a) Assisting patients with care of mouth, skin and hair, and bathing;</p>	<p>G203</p> <p>G225</p>	<p>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 S. 484.4 for "home health aide."</p> <p>(1) Duties. The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under State law.</p>
T194	<p>(b) Assisting patients into and out of bed and assisting with ambulation;</p>	<p>G226</p>	<p>The duties of a home health aide include the provision of hands-on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered. Any home health aide services offered by an HHA must be provided by a qualified home health aide.</p>
T195	<p>(c) Assisting with prescribed exercises which patients and home health aides have been taught by appropriate health personnel;</p>		
T196	<p>(d) Preparing meals and assisting patients with eating;</p>		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T197	(e) Household services essential to health care at home;		
T198	(f) Assisting patients to bathroom or in using bedpan;		
T199	(g) Assisting patients with self-administration of medications;		
T200	(h) Reporting changes in the patient's condition and needs; and		
T201	(i) Completing appropriate records.		
T202	(3) ASSIGNMENTS. Home health aides shall be assigned to specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of care under s. HSS 133.20. These instructions shall be reviewed by the immediate supervisors with their aides.	G223	The home health aide is assigned to a particular patient by a registered nurse.
		G224	The written instructions for patient use 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 paragraph (d) of this section.
T203	(4) TRAINING OF AIDES  (a) Curriculum. In addition to the orientation required by s. HSS 133.06(4)(a), the agency shall ensure that all home health aides providing service have successfully completed a course of training covering at least the following subjects:	G204	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.
		G205	The individual being trained must complete at least 16 hours of classroom training before beginning the supervised practical training.
		G206	The home health aide must complete training in:
			(i) Communications skills.
			(ii) Observation, reporting and documentation of patient status and the care or service furnished
			(iii) Reading and recording temperature, pulse, and respiration.
			(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.
			(vi) Maintenance of a clean, safe, and healthy environment.

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
			<p>(vii) Recognizing emergencies and knowledge of emergency procedures.</p> <p>(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.</p> <p>(ix) Appropriate and safe techniques in personal hygiene and grooming that include--</p> <p>(A) Bed bath.  (B) Sponge, tub, or shower bath.  (C) Shampoo, sink, tub, or bed.  (D) Nail and skin care.  (E) Oral hygiene.  (F) Toileting and elimination.</p> <p>(x) Safe transfer techniques and ambulation.</p> <p>(xi) Normal range of motion and positioning.</p> <p>(xii) Adequate nutrition and fluid intake.</p> <p>(xiii) Any other task that the HHA may choose to have the home health aide perform. "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.</p>
T204	1. The role of the home health aide as a member of the health services team;		
T205	2. Instruction and supervised practice in in-home personal care of the sick, including personal hygiene and activities of daily living;		
T206	3. Principles of good nutrition and nutritional problems of the sick and elderly;		
T207	4. Preparation of meals, including special diets;	G207	<p>A home health aide training program may be offered by any organization except an HHA that, within the previous two years, has been found--</p> <p>(A) Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section;</p>

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T208	5. The needs and characteristics of the populations served, including the aged and disabled;		
T209	6. The emotional problems accompanying illness;		
T210	7. Principles and practices of maintaining a clean, healthy, and safe environment;		
T211	8. What, when and how to report to the supervisor; and		
T212	9. Record-keeping.		<p>(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);</p> <p>(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 the HCFA or the State);</p> <p>(D) Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction;</p> <p>(E) Has been found to have compliance deficiencies that endanger the health and safety of the HHAs patients and has had a temporary management appointed to oversee the management of the HHA;</p> <p>(F) Has had all or part of its Medicare payments suspended; or</p> <p>(G) Under any Federal or State law within the 2-year period beginning on October 1, 1988--</p> <p>(1) Has had its participation in the Medicare program terminated;</p> <p>(2) Has been assessed a penalty of not less than \$5,000 for deficiencies in Federal or State standards for HHAs;</p> <p>(3) Was subject to a suspension of Medicare payments to which it otherwise would have been entitled;</p> <p>(4) Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients; or</p> <p>(5) Was closed or had its residents transferred by the State.</p>
T213	(b) Training. Training, if provided by the agency, shall be directed by a registered nurse. Physicians, nutritionists, physical therapists, medical social workers, and other health personnel shall provide relevant training when pertinent to the duties to be assigned.	G208	The training of home health aides and the supervision of home health aides during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of home health care.

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
		G209	Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.
		G210	The HHA must maintain sufficient documentation to demonstrate that the requirements of this standard are met.
		G211	(1) Applicability. An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph.
		G212	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.
		G213	(2) Contents and frequency of evaluations and amount of in-service training. (I) The competency evaluation must address each of the subjects listed in paragraphs (a)(1)(ii) through (xiii) of this section.
		G216	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.
		G217	The competency evaluation must be performed by a registered nurse. The in-service training generally must be supervised by a registered nurse who possesses a minimum of 2 years of nursing experience at least 1 year of which must be in the provision of home health care.
		G218	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.
		G219	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".
		G220	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.
		G221	The HHA must maintain documentation which demonstrates that the requirements of this standard are met.

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T214	<p><b>HSS 133.18 SUPERVISORY VISITS.</b></p> <p>(1) If a patient receives skilled nursing care, a registered nurse shall make a supervisory visit to each patient's residence at least every 2 weeks. The visit may be when the home health aide is present or when the home health aide is absent. If the patient is not receiving skilled nursing care, but is receiving another skilled service, the supervisory visit may be provided by the appropriate therapist providing a skilled service.</p>	G222	<p>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).</p>
T215	<p>(2) If home health aide services are provided to a patient who is not receiving skilled nursing care, or physical, occupational or speech-language therapy, the registered nurse shall make a supervisory visit to the patient's residence, when the home health aide is present or when the home health aide is absent, at least every 60 days to observe or assist, to assess relationships, and to determine whether goals are being met and whether home health services continue to be required.</p>	G228	<p>(1) if the patient receives skilled nursing care, the registered nurse must perform the supervisory visit required by paragraph (d)(2) of this section. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.</p>
		G230	<p>(3) If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days.</p>
			<p>In these cases, to ensure that the aide is properly caring for the patient in each supervisory visit must occur <u>while</u> the home health aide is <u>providing</u> patient care.</p>
		G229	<p>(2) The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an <u>onsite visit</u> to the patient's home <u>no less</u> frequently than every 2 weeks.</p>
		G232	<p>If the HHA (or Hospice) chooses to provide home health aide services under arrangement with another organization, the HHA's (or hospice's) responsibilities include, but are not limited to:</p>
			<p>Ensuring the overall quality of the care provided by the aide.</p>
		G301	<p>Supervision of the aide's services as described in paragraphs (d)(1) and (d)(2) of this section and,</p>
		G302	<p>Ensuring that home health aides providing services under arrangements have met the training requirements of paragraph (a) and/or (b) of this section.</p>

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
		G233	<p>(e) <u>Personal care attendant: Evaluation requirements.</u></p> <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 S440.170 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 to be determined competent in those services listed in paragraph (a) of this section that the individual is not required to furnish.</p>
		G234	<p><u>S. 484.38 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 safety requirements set forth in S. 405.1717 through 405.1719, 405.1721, 405.1723, and 405.1725 of this chapter to implement section 1861(p) of the Act.</p>
T216	<p><b>HSS 133.19 SERVICES UNDER CONTRACT.</b></p> <p>(1) TERMS. A written contract shall be required for health care services purchased on an hourly or per visit basis or by arrangement with another provider. The contract shall contain:</p>	G142	<p>If personnel under hourly or per visit contracts are used by the HHA, there is a written contract between those personnel and the agency that specifies the following:</p> <ol style="list-style-type: none"> <li>(1) Patients are accepted for care only by the primary HHA.</li> <li>(2) The services to be furnished.</li> <li>(3) The necessity to conform to all applicable agency policies, including personnel qualifications.</li> <li>(4) The responsibility for participating in developing plans of care.</li> <li>(5) The manner in which services will be controlled, coordinated, and evaluated by the primary HHA.</li> <li>(6) The procedures for submitting clinical and progress notes, scheduling of visits, periodic patient evaluation.</li> <li>(7) The procedures for payment for services furnished under the contract.</li> </ol>
T217	(a) A statement that patients are accepted for care only by the primary home health agency;		
T218	(b) A list of services to be provided;		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T219	(c) Agreement to conform to all applicable agency policies including personnel qualifications;		
T220	(d) A statement about the contractor's responsibility for participating in developing plans of treatment;		
T221	(e) A statement concerning the manner in which services will be controlled, coordinated and evaluated by the primary agency; and		
T222	(f) Procedures for submitting clinical and progress notes, scheduling visits, and undertaking periodic patient evaluation.		
T223	(2) QUALIFICATIONS OF CONTRACTORS. All providers of services under contract shall meet the same qualifications required of practitioners of the same service under the terms of this chapter.		
T224	<p><b>HSS 133.20 PLAN OF CARE.</b></p> <p>(1) REQUIREMENT. A plan of care, including physician's or advanced practice nurse prescriber's orders, shall be established for every patient accepted for care and shall be incorporated in the patient's medical record. An initial plan shall be developed within 72 hours of acceptance. The total plan of care shall be developed in consultation with the patient, home health agency staff, contractual providers, and the patient's physician or advanced practice nurse prescriber and shall be signed and dated by the physician or advanced practice nurse prescriber within 20 working days following the patient's admission for care.</p>	<p>G159</p> <p>G160</p>	<p>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.</p> <p>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.</p>
T225	<p>(2) CONTENTS OF PLAN. Each plan developed under sub. (1) shall include:</p> <p>(a) Measurable time-specific goals, with benchmark dates for review; and</p>		
T226	(b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.	<p>G161</p> <p>G162</p>	<p>Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration.</p> <p>The therapist and other agency personnel participate in developing the plan of care.</p>

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T227	(3) REVIEW OF PLAN. The total plan of care shall be reviewed by the attending physician or advanced practice nurse prescriber and appropriate agency personnel as often as required by the patient's condition, but no less often than every 60 days. The agency shall promptly notify the physician or the advanced practice nurse prescriber of any changes in the patient's condition that suggest a need to modify the plan of care.	G163	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.
T229	(4) ORDERS. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician or advanced practice nurse prescriber. The nurse or therapist shall immediately record and sign and date oral orders and shall obtain the physician's or advanced practice nurse prescriber's countersignature and date within 20 working days. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician.	G164  G165  G166	Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.  Drugs and treatments are administered by agency staff only as ordered by the physician.  Verbal orders are put in writing and signed and dated with the date of receipt by the registered or qualified therapist (as defined in 484.4 of this chapter) responsible for furnishing or supervising the ordered services.
T231	<b>HSS 133.21 MEDICAL RECORDS.</b>  (1) REQUIREMENT. A medical record shall be maintained on each patient and shall be completely and accurately documented, systematically organized and readily accessible to authorized personnel.	G300  G235  G236	Verbal orders are only accepted by personnel authorized to do so by applicable State & Federal laws and regulations, as well as by the HHA's internal policies.  S. 484.48 Condition of Participation: Clinical records.  A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.
T232	*(2) SECURITY. Medical record information shall be safeguarded against loss, destruction or unauthorized use. Written procedures shall be established to control use and removal of records and to identify conditions for release of information.	G239  G240	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.  Clinical record information is safeguarded against loss or unauthorized use.  Written procedures govern use and removal of records and the conditions for release of information.

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T234	<p><b>Note:</b> for information regarding confidentiality of patient health care records, see 146.82, Stats.</p> <p>(3) RETENTION. For the purposes of this chapter medical records shall be retained for a minimum of 5 years following discharge. Arrangements shall be made for the storage and safekeeping of records if the agency goes out of business.</p>	G241	Patient's written consent is required for release of information not authorized by law.
T235	<p>(4) TRANSFER. If a patient is transferred to another health facility or agency, a copy of the record or abstract shall accompany the patient.</p> <p>(5) CONTENT. The medical record shall document the patient's condition, problems, progress and services rendered, and shall include:</p>	G237	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.
T237	(a) Patient identification information;	G238	If a patient is transferred to another health facility, a copy of the record or abstract is sent with the patient.
T238	(b) Appropriate hospital information (discharge summary, diagnosis, current patient status, post-discharge plan of care);	G236	A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.
T239	(c) Patient evaluation and assessment;		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.
T240	(d) Plan of care;		
T241	(e) Physician's or advanced practice nurse prescriber's orders;		
T242	(f) Medication list and documentation of patient instructions;		
T243	(g) Progress notes, as frequently as necessary to document patient status and services provided;		
T244	(h) Summaries of reviews of the plan of care; and	G145	A written summary report for each patient is sent to the attending physician at least every 60 days.
T245	(i) Discharge summary, completed within 30 days following discharge.		
T246	(6) FORM OF ENTRIES. All entries in the medical record shall be legible, permanently recorded, dated and authenticated with the		

TAG	STATE RULE	TAG	CONDITION OF PARTICIPATION
T247	<p>name and title of the person making the entry.</p> <p>*(7) ABBREVIATIONS. Medical symbols and abbreviations may be used in medical records if approved by a <u>written agency policy</u> which defines the symbols and abbreviations and controls their use.</p>		

\* Agency Policy Required