HOME HEALTH AGENCY (HHA) – COMPARISON OF STATE RULES AND FEDERAL CONDITIONS OF PARTICIPATION

(Shaded Tag Numbers = Agency Policy Required)

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
T91	**§ DHS 133.03(6) REPORT OF CHANGES.** (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.	G850	**§ 484.100(a) Disclosure of ownership and management information.** The HHA must comply with the requirements of part 420 Subpart C, of this chapter. 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: • The name and address of all persons with an ownership or control interest in the HHA as defined in §§ 420.201, 420.202, and 420.206 of this chapter. • (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 §§ 420.201, 420.202, and 420.206 of this chapter. • (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.
		G860	**Standard: Licensing**. The HHA, its branches, and all persons furnishing services to patients must be licensed, certified, or registered, as applicable, in accordance with the state licensing authority as meeting those requirements.
		G862	**Standard: Laboratory services.** 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 Food and Drug Administration, the testing must be in compliance of part 493 of this chapter. The HHA may not substitute its equipment for a patient's equipment when assisting with self-administered tests.

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		G864	If the HHA refers specimens for laboratory testing, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of part 493 of this chapter.
		G972	§484.105(d) Standard: Parent-branch relationship. (1) The parent HHA is responsible for reporting all branch locations of the HHA to the state survey agency at the time of the HHA's request for initial certification, at each survey, and at the time the parent proposes to add or delete a branch.
T90	**Multiple Units -** Multiple units of a licensed agency shall be separately licensed if the department determines that the units, because of the volume of services provided or the distance between them and the central office, cannot adequately share supervision and administration of services with the central office. If a branch agency is not separately licensed from a parent agency, the parent agency shall be deemed to be in violation of this chapter if the branch is in violation.	G974	(2) The parent HHA provides direct support and administrative control of its branches.
T92 T93 T94 T95 T96	(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: 1. The corporate licensee has transferred 50% or more of the issued stock to another party or other parties; 2. The licensee has transferred ownership of 50% or more of the assets to another party or other parties; 3. There has been change in partners or partnership interests of 50% or greater in terms of capital or share of profits; or 4. The licensee has relinquished management of the agency.		
T98	**§ DHS 133.04 INSPECTIONS.** (3) PATIENT VISITS. The department may contact patients of a HHA 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.		

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T99	PLANS OF CORRECTION. Within 10 working days of receipt of the statement of deficiency, the home health agency shall submit a plan of correction to the department for approval detailing how the agency will correct the violation or how the agency has corrected the violation. The department may require that a plan of correction be submitted for approval within a shorter specified time for violations the department determines may be harmful to the health, safety, welfare, or		
T100	2. The department may require the home health agency to modify the proposed plan of correction before the department approves the plan of correction.		
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.		
T102	4. The department shall verify that the home health agency has completed the plan of correction submitted or imposed in par. (b).		
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.		
	§ DHS 133.05 GOVERNANCE.	G940	**§ 484.105 Organization and administration of services.** The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority and services furnished.
	(1) GOVERNING BODY. Each HHA shall have a governing body which shall:	G942	**Standard: Governing Body**. A governing body (or designated persons so functioning) assumes full legal authority for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.

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T107	(a) Adopt governing policies in the form of by-laws, charter, written policies, or other official means;		
T108	(b) Adopt a statement detailing the services to be provided;		
T109	(c) Oversee the management of the agency;	**G940**	**Standard: Administrator**
T110	(d) Appoint an administrator; and	G946	The administrator must: (i) Be appointed by and report to the governing body.
T111	(e) Provide for a qualified substitute administrator to act in absence of the administrator.	G954	When the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and governing body, assumes the same responsibilities and obligations as the administrator. The pre-designated person may be the clinical manager.
		G956	The administrator or a pre-designated person is available during all operating hours.
T 112	(2) PROFESSIONAL ADVISORY BODY. (a) The HHA 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.		
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;		
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 community information program; and		
T 115	3. Document all meetings by dated minutes.		
T 116	**§ DHS 133.06 ADMINISTRATION.** (1) ADMINISTRATOR. The HHA 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	G1052	**Standard: Administrator.** For individuals that began employment with the HHA prior to 1/13/2018, a person who (i) Is a licensed physician. (ii) Is a registered nurse. (iii) Has training and experience in health service administration and at least 1 year supervisory

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	administration and at least one year of supervisory or administrative experience in home health care or related health programs.		administrative experience in home health care or related health care program. For individuals that begin employment with an HHA on or after 1/13/18, a person who (i) Is a licensed physician, a registered nurse, or holds an undergraduate degree; and (ii) Has experience in health service administration, with at least 1 year of supervisory or administrative experience in home health care or a related health care program. The administrator must:
T 117	(2) DUTIES OF THE ADMINISTRATOR. The administrator shall:	G948	ii) Be responsible for all day to day operations of the HHA.
	(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.	G950	(iii) Ensure that a clinical manager is available during all operating hours.
		G952	Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualification and policies.
		G956	The administrator or a pre-designated person is available during all operating hours.
		G958	**Standard: Clinical Manager.** One or more qualified individuals must provide oversight of all patient care services and personnel. Oversight must include the following:
		G960	(1) Making patient and personnel assignments.
		G962	(2) Coordinating patient care.
		G964	(3) **Coordinating referrals.**
		G966	(4) Assuring that patient needs are continually assessed,
		G968	(5) Assuring the development, implementation, and updates of the individualized plan of care.

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T 120	(3) PERSONNEL POLICIES. The agency shall prepare in **writing** and review annually the following policies: (a) A system for recruitment, orientation, and continuing training of staff; and		
T 121	(b) A plan for the evaluation of staff in the performance of duties.		
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 HHA 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.		
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.	G952	Administrator employs qualified personnel, including assuring the development of personnel qualifications and policies.
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.		
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,		

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	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 an 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.		
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 HHA shall comply with the caregiver background check and misconduct reporting requirements in Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, and the caregiver misconduct reporting and investigation requirements in ch. DHS 13.		
T249	(5) INFECTION CONTROL AND PREVENTION. Each HHA shall do all of the following:		
	(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.	G680	**§ 484.70 Condition of Participation: Infection Prevention and Control.** The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.
T250	(b) Provide equipment and supplies necessary for all staff having direct patient care contact to minimize the risk of infection while providing patient care.	G684	**Standard: Control.** The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an

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T251	(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 HHA shall provide counseling, education, or retraining to ensure staff is adequately trained to complete their job responsibilities.		integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include: (b)(1) A method for identifying infectious and communicable disease problems; and (b)(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.
		G686	**Standard: Education.** The HHA must provide infection control education to staff, patients, and caregiver(s).
		G682	**Standard: Prevention.** The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.
T135	**§ DHS 133.07 EVALUATION.** (1) REQUIREMENT. An evaluation of the HHA's total program shall be conducted at least once a year by the advisory group required by DHS § 133.05 (2), HHA staff and consumers.	G640	**§ 484.65 Condition of Participation**: **Quality assessment and performance improvement (QAPI).** The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.
T136	(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.		
T137	(3) REPORTS. Results of the evaluations shall be recorded in writing and reported to those responsible for the operation of the agency.	G642	**Standard: Program scope**. (a)(1) The program must be at least capable of showing measurable improvement in indicators for which there is evidence that improvement for those indicators will improve health outcomes, patient safety, and quality 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.		(a)(2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.
		G644	**Standard: Program data**. (b)(1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. (b)(2) The HHA must use the data collected to:

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			(b)(2)(i) Monitor the effectiveness and safety of services and quality of care; and (b)(2)(ii) Identify opportunities for improvement. (b)(3) The frequency and detail of the data collection must be approved by the HHA's governing body.
		G646	**Standard: Program Activities**. (c)(1) The HHA's performance improvement activities must: i. Focus on high risk, high volume, or problem-prone areas; ii. Consider incidence, prevalence, and severity of problems in those areas; and iii. Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.
		G654	Performance improvement activities must track adverse patient events, analyze their causes, and implement preventative actions.
		G656	The HHA must take action aimed at performance improvement and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.
		G658	**Standard: Performance improvement projects**. Beginning January 13, 2018, HHA's must conduct performance improvement projects. (d)(1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations. (d)(2) The HHA must document the quality improvement projects undertaken, the reasons for conducting those projects, and the measurable progress achieved on these projects.
		G660	**Standard: Executive responsibilities**. The HHA's governing body is responsible for ensuring the following: (e)(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained; (e)(2) That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness;

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			(e)(3) That clear expectations for patient safety are established, implemented, and maintained; and (e)(4) That any findings of fraud or waste are appropriately addressed.
T139	**§ DHS 133.08 PATIENT RIGHTS.** (1) SERVICE APPLICANT. The HHA 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.	G406	**§ 484.50 Condition of Participation: Patient rights.** The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights.
T140	(2) POLICIES. The HHA 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:	G410	**Standard: Notice of rights.** The HHA must: (a)(1) Provide the patient and the patient's legal representative (if any) the following information during the initial evaluation visit, in advance of furnishing care to the patient:
		G412	(a)(1)(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's discharge and transfer policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities:
		G414	a)(1)(ii) Contact information for the HHA administrator, including administrator's name, business address, and business phone number in order to receive complaints.
		G416	(a)(1)(iii) An OASIS privacy notice to all patients for whom the OASIS data is collected.
		G418	a)(2) Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.
		G422	(a)(4) Provide written notice of the patient's rights and responsibilities under this rule and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section to a patient-selected representative within 4 business days of the initial evaluation visit.

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			Standard: Rights of the patient. The patient has the right to:
		G428	(c)(1) Have his or her property and person treated with respect;
		G430	(c)(2) Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property;
		G432	(c)(3) Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA;
T141	(a) To be fully informed, as evidenced by HHA documentation, of all rules and regulations governing patient responsibilities;	G434	(c)(4) Participate in, be informed about, and consent to, or refuse care in advance of and during treatment, where appropriate, with respect to: (i) Completion of all assessments; (ii) The care to be furnished, based on the comprehensive assessment; (iii) Establishing and revising the plan of care; (iv) The disciplines that will furnish the care; (v) The frequency of visits; (vi) Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits; (vii) Any factors that could impact treatment effectiveness; and (viii) Any changes in the care to be furnished.
		G436	(5) Receive all services outlined in the plan of care.
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;	G440	(7) Be advised of, orally and in writing of: (i) The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA, (ii) The charges for the services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the HHA, (iii) The charges the individual may have to pay before care is initiated; and

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			(iv)Any changes in the information provided in accordance with paragraph (c)(7) of this section when they occur. The HHA must advise the patient and representative (if any) of these changes as soon as possible in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f).
T143	(c) To be informed of all changes in services and charges as they occur;	G442	(c)(8) Receive proper written notice, in the advance of a specific service being furnished, if the HHA believes that the service may non-covered care
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;		
T145	(e) To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal;		
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;	G438	(c)(6) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
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		
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	To exercise his or her rights as a patient of the HHA;	G424	**Standard: Exercise of rights.**
T253	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.		(b)(1) If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf. (b)(2) If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient's representative may exercise the patient's rights. (b)(3) If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction,

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			the patient may exercise his or her rights to the extent allowed by court order.
T149	(3) COMPLAINTS. At the same time that the statement of patient rights is distributed under sub. (2), the HHA 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.	G444	(c)(9) Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHA's.
		G446	(c)(10) Be advised of the names, addresses, telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides: (i) Agency on Aging (ii) Center for Independent Living (iii) Protection and Advocacy Agency (iv) Aging and Disability Resource Center (v) Quality Improvement Organization
		G448	(c)(11) Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity.
		G450	(c)(12) Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access those services.
		G490	**Standard: Accessibility.** Information must be provided to patients in plain language and in a manner that is accessible and timely to: (f)(1) Persons with disabilities, including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with Americans with Disabilities Act and Section 504 of the Rehabilitation Act. (f)(2) Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral Interpretation and written translations.
		G848	**Condition of Participation: Compliance with Federal, State, and local laws and regulations related to health and safety of patients.** The HHA and its staff must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients. If state or local law provides licensing of HHA's the HHA must be licensed.

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		G514	A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.
		G516	When rehabilitation therapy service (speech language pathology, physical therapy, or occupational therapy) is the only service ordered by the physician who is responsible for the home health plan of care, and if the need for that service establishes program eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.
			Standard: Completion of the comprehensive assessment.
		G520	The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.
		G522	(b)(2) Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.
			Standard: Content of the comprehensive assessment. The comprehensive assessment must accurately reflect the patient's status, and must include, at a minimum, the following information:
		G528	The patient's current health, psychosocial, functional, and cognitive status;
		G530	The patient's strengths, goals, and care preferences, including information that may be used to demonstrate the patient's progress toward achievement of the goals identified by the patient and measurable outcomes identified by the HHA;
		G532	The patient's continuing need for home care;
		G534	The patient's medical, nursing, rehabilitative, social, and discharge planning needs;
		G538	The patient's primary caregiver(s) if any, and other available supports, including their:
			(i) Willingness and ability to provide care, and

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			(ii) Availability and schedules;
		G540	The patient's representative (if any);
		G542	Incorporation of the current version of the Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary. The OASIS data items determined by the Secretary must include: clinical record items, demographics and patient history, living arrangements, supportive assistance, sensory status, activities of daily living, medications, equipment management, emergent care, and data items collected at inpatient facility admission or discharge only.
		G546	The last 5 days of every 60 days beginning with the start-of-care date, unless there a: (i) Beneficiary elected transfer (ii) Significant change in condition; or (iii) Discharge and return to the same HHA during the 60-day episode.
		G548	Within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on physician-ordered resumption date;
		G550	At discharge.
T150	**§ DHS 133.09 ACCEPTANCE AND DISCHARGE OF PATIENTS.** (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 HHA in the patient's place of residence. No patient may be provided services except under a plan of care established by a physician, an advanced practice nurse prescriber, or a physician assistant.	G570	**Condition of Participation: Care planning, coordination of services, and quality of care.** Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence.
		G572	**Standard: Plan of Care.** Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration.
T152	(2) SERVICE AGREEMENT. Before care is initiated, the HHA 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.		

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T153	(3) DISCHARGE OF PATIENTS. (a) Notice of Discharge. 1. A HHA 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, advanced practice nurse prescriber, or a physician assistant and has provided written notice to the patient's legal representative in the timelines specified in this paragraph.	G452	**Standard: Transfer and discharge.** The patient and representative (if any), have a right to be informed of the HHA's policies for transfer and discharge. The HHA may only transfer or discharge the patient from the HHA if:
		G560	Condition of Participation: Discharge planning: The manner and degree of noncompliance identified in relation to the standard level tags for §484.58 may result in substantial noncompliance with this Cop, requiring citation at the condition level.
		G 532	**A home health agency must develop and implement an effective discharge planning process. For patients who are transferred to another HHA or who are discharged to a SNF, IRF or LTCH, the HHA must assist patients and their caregivers in selecting a post-acute care provider by using and sharing data that includes, but is not limited to HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures. The HHA must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences.**
T154	2. The HHA 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:		
	a. Payment has not been made for the patient's care, following reasonable opportunity to pay any unpaid billings.	G456	(d)(2) The patient or payor will no longer pay for the services provided.
T155	b. The HHA is unable to provide the care required by the patient due to a change in the patient's condition that is not an emergency.	G454	(d)(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 arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities;
T156	3. The HHA 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:		
	a. The safety of staff is compromised, as documented by the HHA.		

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
		G462	d)(5) The HHA determines, under a policy set by the HHA for the purpose of addressing discharge for cause that meets the requirements of paragraphs (d)(5)(i) through (d)(5)(iii) of this section, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired. The HHA must do the following before it discharges a patient for cause:
		G466	(d)(5)(ii) 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;
T157	b. The attending physician, advanced practice nurse prescriber, or physician assistant orders the discharge for emergency medical reasons.	G470	(d)(5)(iv) Document the problem(s) and efforts made to resolve the problems(s), and enter this documentation into its clinical records;
T158	c. The patient no longer needs home health care as determined by the attending physician, advanced practice nurse prescriber, or physician assistant.	G458	(d)(3) The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care in accordance with 484.60(a)(2)(xiv) have been achieved, and the HHA and the physician who is responsible for the home health plan of care agree that the patient no longer needs the HHA's services.
		G460	The patient refuses services, or elects to be transferred or discharged;
		G462	The HHA determines, under a policy set by the HHA for the purpose of addressing discharge for cause that meets the requirements of paragraphs (d)(5)(i) through (d)(5)(iii) of this section, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired. The HHA must do the following before it discharges a patient for cause:
		G472	(d)(6) The patient dies.
		G474	(d)(7) The HHA ceases to operate.
T159	4. The HHA shall insert a copy of the written discharge notice in the patient's medical record.		

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
	5. The HHA shall include in every written discharge notice to a patient or the patient's legal representative all of the following:		
T160	a. The reason for discharge.		
T161	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 and telephone number of the department's Division of Quality Assurance.	G476	**Standard: Investigation of complaints.** The HHA must:
		G478	(i) Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:
		G480	(i)(A) Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately; and
		G482	(i)(B) Mistreatment, neglect, or verbal, mental, sexual, and physical abuse; including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the HHA.
		G484	(ii) Document both the existence of the complaint and the resolution of the complaint; and
		G486	(iii) Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.
		G488	Any HHA staff (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings immediately to the HHA and other appropriate authorities in accordance with state law.
		G490	**Standard: Accessibility.** Information must be provided to patients in plain language and in a manner that is accessible and timely to: (f)(1) Persons with disabilities, including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
			(f)(2) Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral Interpretation and written translations.
T162	(b) Discharge summary. The HHA 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 HHA shall place a copy of the discharge summary in the former patient's medical record. Upon request, the HHA shall provide a copy of the discharge summary to the former patient, the patient's legal representative, the attending physician, advanced practice nurse prescriber, or physician assistant.	G464 G564 G566	(d)(5)(i) Advise the patient, representative (if any), the physician(s) issuing orders 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; **(1) The HHA must send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.** ***(2) The HHA must comply with requests for additional clinical information as may be necessary for treatment of the patient made by the receiving facility or health care practitioner.***
T166 T167	**DHS § 133.10 SERVICES PROVIDED.** (1) REQUIRED SERVICES. The HHA shall directly provide or arrange for at least part-time or intermittent nursing services and provide or arrange for home health aide services. (2) OPTIONAL SERVICES. In addition to above, the agency may provide therapeutic services including but not limited to PT, ST, OT, and medical SS.	G982 G984	**Standard: Services Furnished.** (f)(1) Skilled nursing services and at least one other therapeutic service (physical therapy, speech- language pathology, 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 services described in this subsection directly, but may provide the second service and additional services under arrangement with another agency or organization. (f)(2) All HHA service must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice.
T168	**§ DHS 133.11 REFERRALS.** When patients have needs which the HHA cannot meet, the HHA 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	G468	(d) (5) (iii) Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care.

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
	services at times before and after the normal business hours of the HHA.		
T169	**§ DHS 133.12 COORDINATION WITH OTHER PROVIDERS.** The HHA shall coordinate its services with any other health or social service providers serving the patient.	G602	**Standard: Coordination of Care.** The HHA must: (d)(1) Assure communication with all physicians involved in the plan of care.
		G604	(d)(2) Integrate orders from all physicians involved in the plan of care to assure coordination of all services and interventions provided to the patient.
		G606	(d)(3) Integrate services, whether services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines.
		G608	(d)(4) Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any) and caregiver(s), as appropriate, in the coordination of care activities.
		G610	(d)(5) Ensure that each patient, and his or her caregiver(s) where applicable, receive ongoing education and training provided by the HHA, as appropriate, regarding the care and services identified in the plan of care. The HHA must provide ongoing training, as necessary, to ensure a timely discharge.
		G612	**Standard: Written information to the patient.** The HHA must provide the patient and caregiver with a copy of written instructions outlining:
		G614	Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.
		G616	Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA
		G618	Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.
		G620	Any other pertinent instruction related to the patient's care and treatments that the HHA will provide, specific to the patient's care needs.

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
		G622	Name and contact information of the HHA clinical manager.
T170	**§ DHS 133.13 EMERGENCY NOTIFICATION.** Home health agency personnel shall promptly notify a patient's physician, advanced practice nurse prescriber, physician assistant, or other appropriate medical personnel and guardian, if any, of any significant changes observed or reported in the patient's condition.	G590	**The HHA must promptly alert the relevant physician(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.**
		G700	**Condition of Participation: Skilled Professional Services.** Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in § 409.44 of this chapter, and physician and medical social work services as specified in § 409.45 of this chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care.
		G702	**Standard: Provision of services by skilled professionals.** Skilled professional services are authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified under § 484.115 and who practice according to the HHA's policies and procedures.
		G720	Participation in the HHA's QAPI program; and
		G722	Participation in HHA-sponsored in-service training.
T171	**§ DHS 133.14 SKILLED NURSING SERVICES.** (1) PROVISION OF SERVICES. Skilled nursing services shall be provided by or under the supervision of a registered nurse.	G704	**Standard: Responsibilities of skilled professionals.** Skilled professionals must assume responsibility for, but not be restricted to, the following:
		G724	**Standard: Supervision of skilled professional assistants.**
		G726	Nursing services are provided under the supervision of a registered nurse that meets the requirements of § 484.115(k).
T172	(2) DUTIES OF THE REGISTERED NURSE. The registered nurse shall:	G510	**Condition of Participation: Comprehensive assessments of patients.** Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit, including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment.
	(a) Make the initial evaluation visit to the patient;	G514	**Standard: Initial assessment visit.**

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
T173	(b) Regularly reevaluate the patient's needs;	G544	The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than (See G546, G548 and G550).
T174	(c) Initiate the plan of care and necessary revisions;	G708	Development and evaluation of the plan of care in partnership with the patient, representative (if any), and caregiver(s);
T175	(d) Provide those services requiring substantial specialized care;	G710	Providing services that are ordered by the physician as indicated in the plan of care;
T176	(e) Initiate appropriate preventive and rehabilitative procedures;	G524	When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician or allowed practitioner, a physical therapist, speech-language pathologist or occupational therapist may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.
T177	(f) Prepare clinical and progress notes;	G716	Preparing clinical notes;
T178	(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;	G718	Communication with all physicians involved in the plan of care and other health care practitioners (as appropriate) related to the current plan of care;
T179	(h) Arrange for counseling the patient and family in meeting related needs;	G712	Patient, caregiver, and family counseling;
T180	(i) Participate in in-service programs for agency staff; and		
T181	(j) Supervise and teach other personnel.	G714	Patient and caregiver education;
T182	(3) SCOPE OF DUTIES. Nurses shall perform only those duties within the scope of their licensure.		
T183	(4) PRACTICAL NURSING. Nursing services not requiring a registered nurse may be provided by a licensed practical nurse under 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.	G706	Ongoing interdisciplinary assessment of the patient;

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
T185	A home health agency may purchase registered nurse services on an hourly or per visit basis, in accordance with the requirements in s. HFS 133.19. Persons providing registered nurse services under contract shall meet the requirements in s. HFS 133.06 (4) (a) to (d), be assigned to duties for which they are licensed and trained and be utilized only in non-supervisory nursing assignments.		
T186	**§ DHS 133.15 THERAPY SERVICES.** (1) PROVISION OF SERVICES. Physical therapy, occupational therapy, speech therapy, and other therapy services provided directly by the HHA or arranged for under § DHS 133.19, shall be given in accordance with the plan of care developed under § DHS 133.20. Individuals providing these services shall perform the duties under § DHS 133.14(2)(a), (c), (f), (h) and (i).	G728	Rehab therapy services are provided under the supervision of an occupational therapist or physical therapist that meets the requirement of § 484.115(f) or (h), respectively.
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.	G986	**Standard. Outpatient physical therapy or speech-language pathology services**. An HHA that furnishes outpatient physical therapy or speech pathology services must meet all the applicable conditions of this part and also meet the additional health and safety requirements set forth in §§ 485.711, 485.713, 485.715, 485.723, and 485.727 of this chapter to implement § 1861(p) of the Act.
T188	(3) OCCUPATIONAL THERAPY. If offered, occupational therapy shall be provided by an 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.		
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.		
T191	**§ DHS 133.16 MEDICAL SOCIAL SERVICES.** If offered, medical social services shall be provided by a social worker in accordance with the plan of care developed under § DHS 133.20. Individuals providing these services shall perform the duties under § DHS 133.14(2)(c), (f), (h) and (i).	G730	Medical social services are provided under the supervision of a social worker that meets the requirements of § 484.115(m).
T192	**§ DHS 133.17 HOME HEALTH AIDE SERVICES.** (1) PROVISION OF SERVICES. When a HHA provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under § DHS 133.20,	G750 G752	**§ 484.80 Condition of Participation: Home Health Aide Services**. All home health aide services must be provided by individuals who meet the personnel requirements in paragraph (a) of this section. **Standard: Home health aide qualifications.**

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	and shall be supervised by a registered nurse or, when appropriate, by a therapist	G754	A qualified home health aide is a person who has successfully completed: (i) A training and competency program as specified in paragraphs (b) and (c) respectively of this section; or (ii) A competency evaluation program that meets the requirements of paragraph (c) of this section; (iii) A nurse aide training and competency evaluation program approved by the state as meeting the requirements of §§ 483.151 through 483.154 of this chapter, and is currently listed in good standing on the state nurse aide registry; or (iv) The requirements of a state licensure program that meets the provisions of paragraphs (b) and (c) of this section.
		G756	A home health aide or nurse aide is not considered to have completed a program, as specified in paragraph (a)(1) of this section if, since the individual's most recent completion of the program(s), there has been a continuous period of 24 consecutive months during which none of the services furnished by the individual as described in § 409.40 of this chapter were for compensation. If there has been a 24 month lapse in furnishing services for compensation, the individual must complete another program, as specified in paragraph (a)(1) of this section, before providing services.
		G800	A home health aide provides services that are: (i) Ordered by the physician; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; (iv) Consistent with the home health aide training.
T193	(2) DUTIES. Home health aide services may include, but are not limited to: (a) Assisting patients with care of mouth, skin and hair, and bathing;	G802	The duties of a home health aide include: (i) The provision of hands on personal care; (ii) The performance of simple procedures as an extension of therapy or nursing services; (v) Assistance in ambulation or exercises; and (vi) Assistance administering medications ordinarily self-administered.

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
		G804	Home health aides must be members of the interdisciplinary team, must report changes in the patient's condition to a registered nurse or other appropriate skilled professional, and must complete appropriate records in compliance with the HHA's policies and procedures.
T194	(b) Assisting patients into and out of bed and assisting with ambulation;		
T195	(c) Assisting with prescribed exercises which patients and home health aides have been taught by appropriate health personnel;		
T196	(d) Preparing meals and assisting patients with eating;		
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 § DHS 133.20. These instructions shall be reviewed by the immediate supervisors with their aides.	G798	**Standard: Home health aide assignments and duties.** Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language therapist, or occupational therapist).
T203	(4) TRAINING OF AIDES. (a) Curriculum. In addition to the orientation required by § DHS 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:	G758	**Standard: Content and duration of home health aide classroom and supervised practical training.**
		G760	Home health aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing services to an individual under the direct supervision of a registered nurse, or a licensed practical nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours.
		G762	A minimum of 16 hours of classroom training must precede a minimum of 16 hours of supervised practical training as part of the 75 hours.
		G764	A home health aide training program must address each of the following subject areas:

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
			(i) Communications skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff; (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 prevention and 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; (vii) Recognizing emergencies and knowledge of instituting emergency procedures and their application; (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; (ix) Appropriate and safe techniques in personal hygiene and grooming that include: (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: (x) Safe transfer techniques and ambulation; (xi) Normal range of motion and positioning; (xii) Adequate nutrition and fluid intake; (xv) The HHA is responsible for training home health aides, as needed, for skills not covered in the basic checklist.
		G782	**Standard: Eligible training and competency evaluation organizations.** A home health aide training program may be offered by any organization except an HHA that, within the previous two years, has been found:

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
		G784	(A) Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section;
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;		
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.		
		G786	Permitted an individual who does not meet the definition of a "qualified home health aide" as specified in paragraph (a) to furnish home health aide services (with the exception of licensed health professionals and volunteers); or
		G788	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 as determined by CMS or the state; or
		G790	Was assessed a civil monetary penalty of not less than $5,000 as an intermediate sanction; or
		G792	Was found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA;
		G794	Has had all or part of its Medicare payments suspended; or
		G796	Was found under any federal or state law to have:
			(1) Had its participation in the Medicare program terminated;
			(2) Been assessed a penalty of not less than $5,000 for deficiencies in federal or state standards for HHAs;

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
			(3) Been subject to a suspension of Medicare payments to which it otherwise would have been entitled; (4) 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 (5) Been closed or had its residents transferred by the state; (6) Been excluded from participating in federal health care programs or debarred from participating in any government program.
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.	G760	Home health aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing services to an individual under the direct supervision of a registered nurse, or a licensed practical nurse who is under the supervision of a registered nurse.
		G766	The HHA must maintain documentation that demonstrates that the requirements of this standard have been met.
		G768	**Standard: Competency Evaluation**. An individual may furnish home health services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this section. (c)(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (iii), (ix), (x), and (xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a home health with a patient. (c)(2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section. (c)(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.
		G770	(c)(4) A home health aide is not considered competent in any task for which he or she is evaluated as unsatisfactory. An aide must not perform that task without direct supervision by a registered nurse until after he or she has received training in the task for which he or she was evaluated as "unsatisfactory," and has successfully

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
			completed a subsequent evaluation. 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.
		G772	(c)(5) The HHA must maintain documentation which demonstrates that the requirements of this standard have been met.
		G774	**Standard: In-service Training.** A home health aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.
		G776	In-service training may be offered by any organization and must be supervised by a registered nurse.
		G778	The HHA must maintain documentation that demonstrates the requirements of this standard have been met.
		G780	**Standard: Qualifications for instructors conducting classroom and supervised practical training.** Classroom and supervised practical training must be performed by a registered nurse who possesses a minimum of 2 years nursing experience, at least 1 year of which must be in home health care, or by other individuals under the general supervision of the registered nurse.
T214	**§ DHS 133.18 SUPERVISORY VISITS.** (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.	G808	**Standard: Supervision of home health aides.** ***(1)(i) If home health aide services are provided to a patient who is receiving skilled nursing, physical or occupational therapy, or speech language pathology services—*** ***(A) A registered nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care, and the written patient care instructions described in paragraph (g) of this section, must complete a supervisory assessment of the aide services being provided no less frequently than every 14 days; and*** ***(B) The home health aide does not need to be present during the supervisory assessment described in paragraph (h)(1)(i)(A) of this section.***

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
		G810	**(h)(1)(ii)** ***The supervisory assessment must be completed onsite (that is, an in person visit), or on the rare occasion by using two-way audio-video telecommunications technology that allows for real-time interaction between the registered nurse (or other appropriate skilled professional) and the patient, not to exceed 1 virtual supervisory assessment per patient in a 60-day episode.***
		G812	**(h)(1)(iii)** ***If an area of concern in aide services is noted by the supervising registered nurse or other appropriate skilled professional, then the supervising individual must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is performing care.***
		G816	If a deficiency in aide services is verified by the registered nurse or other appropriate skilled professional during an on-site visit, then the agency must conduct, and the home health aide must complete, retraining and a competency evaluation in accordance with paragraph (c) of this section.
		G818	Home health aide supervision must ensure that aides furnish care in a safe and effective manor, including, but not limited to, the following elements: (i) Following the patient's plan of care for completion of tasks assigned to a home health aide by the registered nurse or other appropriate skilled professional; (ii) Maintaining an open communication process with the patient, representative (if any), caregivers, and family; (iii) Demonstrating competency with assigned tasks; (iv) Complying with infection prevention and control policies and procedures; (iv) Reporting changes in the patient's condition; and

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
			(v) Honoring patient rights.
T215	(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.	G814	**(h)(2)*(i)* 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, —** ***(A) The registered nurse must make an onsite, in person visit every 60 days to assess the quality of care and services provided by the home health aide and to ensure that services meet the patient's needs; and*** ***(B) The home health aide does not need to be present during this visit.*** ***(ii) Semi-annually the registered nurse must make an on-site visit to the location where each patient is receiving care in order to observe and assess each home health aide while he or she is performing non-skilled care.***
		G820	If the HHA chooses to provide home health aide services under arrangements, as defined in §1861 (w)(1) of the Act, the HHA's responsibilities also include, but are not limited to: (i) Ensuring the overall quality of the care provided by the aide; (ii) Supervision of the aide's services as described in paragraphs (h)(1) and (d)(2) of this section; and (iii) Ensuring that home health aides providing services under arrangements have met the training or competency evaluation requirements, or both, of this part.
		G828	**Standard: Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit.** An individual may furnish personal care services, as defined in § 440.167 of this chapter, on behalf of an HHA. Before the individual may furnish personal care services, the individual must meet all qualification standards established by the state. The individual only needs to demonstrate competency in the services the individual is required to furnish.
T216	**§ DHS 133.19 SERVICES UNDER CONTRACT.**	G976	The HHA must ensure that all services furnished under arrangement provided by other entities or individuals meet the requirement of this

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	(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:		part and the requirements of § 1861(w) of the Act [42 U.S.C. 1935X(w)].
T217	(a) A statement that patients are accepted for care only by the primary HHA;	G978	An HHA must have a written agreement with another agency, with an organization, or with an individual when that entity or individual furnishes services under arrangement to the HHA's patients. The HHA must maintain overall responsibility for the services provided under arrangement, as well as the manner in which they are furnished. The agency, organization, or individual providing services under arrangement may not have been: (i) Denied Medicare or Medicaid enrollment; (ii) Been excluded or terminated from any federal health care program or Medicaid; (iii) Had its Medicare or Medicaid billing privileges revoked; or (iv) Been debarred from participating in any government program.
T218	(b) A list of services to be provided;		
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	G980	The primary HHA is responsible for patient care, and must conduct and provide, either directly or under arrangement, all services rendered to patients.
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.		
		G570	**Condition of Participation: Care Planning, coordination of services, and quality of care.** Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s) and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with the accepted standards of practice.

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T224	**§ DHS 133.20 PLAN OF CARE.** (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, HHA 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.	G572	**Standard: Plan of care.** Each patient must receive the home health services that are written on an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. 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 modifications to the original plan.
T225	(2) CONTENTS OF PLAN. Each plan developed under sub. (1) shall include: (a) Measurable time-specific goals, with benchmark dates for review; and	G574	The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital readmission, and all necessary interventions to address the underlying risk factors; (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; (xvi) Any additional items the HHA or physician may choose to include.
T226	(b) the methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.	G576	All patient care orders, including verbal orders, must be recorded in the plan of care.
		G588	**Standard: Review and revision of the plan of care.**

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T227	(3) REVIEW OF PLAN. The total plan of care shall be reviewed by the attending physician, advanced practice nurse prescriber, or physician assistant, 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.		The individualized plan of care must be reviewed and revised by the physician who is responsible for the home health plan of care and the HHA as frequently as the patient's condition or needs require, but no less frequently than once every 60 days, beginning with the start of care date.
		G590	The HHA must promptly alert the relevant physician(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.
		G592	A revised plan of care must reflect current information from the patient's updated comprehensive assessment, and contain information concerning the patient's progress toward the measurable outcomes and goals identified by the HHA and patient in the plan of care.
		G594	Revisions to the plan of care must be communicated as follows:
		G596	Any revision to the plan of care due to a change in patient health status must be communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the HHA plan of care.
		G598	Any revisions related to plans for the patient's discharge must be communicated to the patient, representative, caregiver, all physicians issuing orders for the HHA 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).
		G578	**Standard: Conformance with physician orders.**
T229	(4) ORDERS. Drugs and treatment shall be administered by the agency staff only as ordered by the attending physician, advanced practice nurse prescriber, or physician assistant. 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.	G580	Drugs and treatments are administered by agency staff only as ordered by the physician.
		G584	Verbal orders must be accepted only by personnel authorized to do so by applicable state laws and regulations and by the HHA's internal policies. When services are provided on the basis of a physician's verbal order, a nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical recorded, ad sign, date, and time the orders. Verbal orders must be authenticated and dated by the physician in accordance with applicable state laws and regulations, as well as the HHA's internal policies.

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		G582	Influenza and pneumococcal vaccines may be administered per agency policy developed in consultation with a physician and after an assessment of the patient to determine for contraindications.
T231	**§ DHS 133.21 MEDICAL RECORDS.** (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.	G1008	**Condition of Participation: Clinical records**. The HHA must maintain a clinical record containing past and current information for every patient accepted by the HHA and receiving home health services. Information contained in the clinical record must be accurate, adhere to current clinical record documentation standards of practice, and be available to the physician(s) issuing orders for the home health plan of care, and appropriate HHA staff. This information may be maintained electronically.
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.	G1028	**Standard: Protection of Records.** Clinical record information is safeguarded against loss or unauthorized use. The HHA must be in compliance with the rules regarding personal health information set out at 45 CFR parts 160 and 164.
		G1030	**Standard: Retrieval of Records.** A patient's clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit or within 4 business days (whichever comes first).
T234	(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.	G1026	**Standard: Retention of Records.** Clinical records are retained for 5 years after the discharge of the patient, unless state law stipulates a longer period of time. The HHA's policies must provide for retention of clinical records even if it discontinues operation. When an HHA discontinues operation, it must inform the state agency where clinical records will be maintained.
T235	(4) TRANSFER. If a patient is transferred to another health facility or agency, a copy of the record or summary of the record shall be provided to the receiving agency or facility.		
	(5) CONTENT. The medical record shall document the patient's condition, problems, progress, and services rendered, and shall include:		**Standard: Contents of clinical record.** The record must include:
T237	(a) Patient identification information;		
T238	(b) Appropriate hospital information (discharge summary, diagnosis, current patient status, post-discharge plan of care);		
T239	(c) Patient evaluation and assessment;	G1012	(a)(1) The patient's current comprehensive assessment, including all assessments from the most recent home health admission, clinical notes, plans of care, and physician orders;

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T240	(d) Plan of care;		
T241	(e) Physician's, advanced practice nurse prescriber's, or physician assistant's orders;		
T242	(f) Medication list and documentation of patient instructions;	G536	A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy;
T243	(g) Progress notes, as frequently as necessary to document patient status and services provided;	G1014	(a)(2) All interventions, including medication administration, treatments, and services, and responses to those interventions;
		G1016	(a)(3) Goals in the patient's plans of care and the patient's progress toward achieving them;
		G1018	(a)(4) Contact information for the patient, the patient's representative (if any), and the patient's primary caregiver(s);
		G1020	(a)(5) Contact information for the primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA;
T244	(h) Summaries of reviews of the plan of care; and		
T245	(i) Discharge summary, completed within 30 days following discharge.	G1022	(a)(6)(i) A completed discharge summary that is sent to the 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) within 5 business days of the patient's discharge. (ii) A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or (iii) A completed transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.
T246	(6) FORM OF ENTRIES. All entries in the medical record shall be legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.	G1024	**Standard: Authentication.** All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry, by a unique identifier, of a primary author who has reviewed and approved the entry.

TAG	STATE RULE	TAG	FEDERAL CONDITION OF PARTICIPATION
T247	(7) ABBREVIATIONS. Medical symbols and abbreviations may be used in medical records if approved by a **written agency policy** which defines the symbols and abbreviations and controls their use.		