


## **ACCEPTED: Revised Home Health Requirements Align with CMS**

In spring 2013, The Joint Commission applied to the Centers for Medicare & Medicaid Services (CMS) for deeming authority for accredited home care organizations. In response to CMS's fall 2013 review of its application, The Joint Commission revised several standards and elements of performance (EPs) for the Home Care Accreditation Program. The revisions, which are effective February 1, 2014, are designed to demonstrate equivalency to the current Medicare Home Health Conditions of Participation (CoPs).

The revised requirements appear on The Joint Commission website at [http://www.jointcommission.org/standards\\_information/prepublication\\_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx) and will be published in the E-dition® update and the 2014 Update 1 to the *Comprehensive Accreditation Manual for Home Care (CAMHC)* scheduled for release in spring 2014. The box on page 11 displays the revised requirements; new text is underlined.

In addition to the revisions shown below, terms and definitions from two sections of CMS's *State Operations Manual* (“§484.2: Definitions” and “§484.4: Personnel Qualifications”) will be introduced into the *CAMHC* glossary in spring 2014. The home care crosswalk (available on E-dition) also has been modified with updated CoP tag numbers and existing Joint Commission requirements that further demonstrate equivalency to certain CoPs. Please note that any additional changes that may result from further CMS review will be communicated in future issues of *Perspectives* and *JCOOnline*.

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# Revisions Related to CMS Deeming Authority for Home Care

APPLICABLE TO HOME CARE ORGANIZATIONS

**Effective February 1, 2014**

## Human Resources (HR)

### Standard HR.01.03.01

Staff are supervised effectively.

#### Elements of Performance for HR.01.03.01

- C 13.** **Ⓣ** For home health agencies that elect to use The Joint Commission deemed status option: The organization supervises home health aides to confirm their competency in providing care. **M**
- C 19.** For home health agencies that elect to use The Joint Commission deemed status option: A qualified physical therapist supervises physical therapist assistants, and a qualified occupational therapist supervises occupational therapy assistants as they perform services that are planned, delegated, and supervised by the respective therapist. **M**

## Leadership (LD)

### Standard LD.01.03.01

Governance is ultimately accountable for the safety and quality of care, treatment, or services.

#### Elements of Performance for LD.01.03.01

- A 14.** For home health agencies that elect to use The Joint Commission deemed status option: The group of professional personnel does the following:
  - Advises the agency on professional issues
  - Participates in the evaluation of the agency's program
  - Assists the agency in maintaining liaison with other health care providers in the community and in the agency's community information program
  - Establishes and annually reviews policies governing medical supervision, plans of care, and personnel qualifications
- A 17.** For home health agencies that elect to use The Joint Commission deemed status option: The annual evaluation of the home health agency includes a review of the following:
  - The agency's program, including services provided to patients
  - The agency's policies and procedures

- The agency's administrative practices
- Clinical records
- The extent to which the program promotes the quality and safety of patient care
- The extent to which the organization's goals are effectively met (See also LD.01.03.01, EP 6)

### Standard LD.04.01.01

The organization complies with law and regulation.

#### Element of Performance for LD.04.01.01

- A 2.** The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations.

**Note:** For home health agencies that elect to use The Joint Commission deemed status option: A home health agency that wishes to furnish outpatient physical therapy or speech pathology services must meet federal requirements at §484.38 in addition to health and safety requirements at §485.711, §485.713, §485.715, §485.719, §485.723, and §485.727. For the federal definition of outpatient physical therapy services, see 1861(p) of the Social Security Act.

### Standard LD.04.01.03

The organization develops an annual operating budget and, when needed, a long-term capital expenditure plan.

#### Element of Performance for LD.04.01.03

- A 2.** **Ⓣ** For home health agencies that elect to use The Joint Commission deemed status option: The home health agency prepares an overall plan and budget that includes an annual operating budget and a capital expenditure plan. The overall plan and budget is prepared under the direction of the governing body by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the home health agency. The governing body has the responsibility to adopt and periodically review written bylaws and oversee fiscal affairs.

## Provision of Care, Treatment, and Services (PC)

### Standard PC.01.02.05

Qualified staff or licensed independent practitioners assess and reassess the patient.

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## Revisions Related to CMS Deeming Authority for Home Care (continued)

### Element of Performance for PC.01.02.05

**A 3.** For home health agencies that elect to use The Joint Commission deemed status option: The initial assessment visit may be made by an appropriate skilled rehabilitation professional (physical therapist or speech language pathologist) ~~When rehabilitation therapy service (speech language pathology, physical therapy, or occupational therapy) (physical therapy, occupational therapy, or speech therapy) is the only service ordered by the physician, and if the need for that service establishes program eligibility, the initial assessment visit may be made by the appropriate skilled rehabilitation professional.~~

**Note:** Occupational therapy services provided at the start of care alone do not establish eligibility; therefore, occupational therapists may not conduct the initial assessment visit under Medicare.

### Standard PC.02.01.05

The organization provides interdisciplinary, collaborative care, treatment, or services.

### Element of Performance for PC.02.01.05

**A 11.** For home health agencies that elect to use The Joint Commission deemed status option: The doctor of medicine, osteopathy, or podiatric medicine establishes and periodically reviews the written plan of care. **R**

### Record of Care, Treatment, and Services (RC)

### Standard RC.01.04.01

The organization audits its patient records.

### Element of Performance for RC.01.04.01

**C 2.** For home health agencies that elect to use The Joint Commission deemed status option: A multi-disciplinary team, including health professionals that represent at least the scope of the program, reviews samples of both active and closed patient records at least quarterly to determine whether policies were followed for services provided either directly or by arrangement.

### Rights and Responsibilities of the Individual (RI)

### Standard RI.01.01.01

The organization respects, protects, and promotes patients' rights.

### Standard RI.01.07.01

The patient and his or her family have the right to have complaints reviewed by the organization.

**C 13.** © For home health agencies that elect to use The Joint Commission deemed status option: When the agency accepts the patient for care, treatment, or services, the home health agency advises the patient in writing of the telephone number of the toll-free home health hotline established by the state in which he or she is receiving care and its hours of operation; the agency also informs the patient that the purpose of the hotline is to receive complaints or questions about local home health agencies.

**Note:** The patient also has the right to lodge complaints on the hotline concerning the implementation of the advance directives requirements.