

NYS DEPARTMENT OF HEALTH
CHHA/LTHHCP Organization and Administration of Services (CoP 484.105)
Requirement Surveyor Worksheet
July 2018

Agency: _____ Survey Date: _____

Surveyor: _____

§484.105 Condition of Participation: 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.

Compliance with this requirement is determined based on review of the agency’s organization chart, interview, personnel record review, and clinical record review.

Level 1 Tags:

G944- (b)(1) The administrator must

G946 - (i) Be appointed by and report to the governing body;

G948- (ii) Be responsible for all day to day operations of the HHA;

G950 - (iii) Ensure that a clinical manager as described in paragraph (c) of this section is available during all operating hours; (“Operating hours” include all hours which open and providing care to patients.)

G984- All HHA services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice. (IG- The HHA must offer skilled nursing services and at least one other therapeutic service. However, only one service has to be provided directly by the HHA.)

Probing questions:

1. Is there an administrator appointed by and reports to Governing body?
2. Is the administrator responsible for day to day operations?
3. Is there a clinical manager (can be the DPS) available during all operating hours?
4. Are services provided in accordance with clinical practice guidelines and acceptable professional standards of practice?
5. Which service is provided directly (agency employees)?
(Ensure accurate documentation on CMS Form 1572)

*If issues identified within Level 1 tags, proceed to Level 2 tags. (next page)

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Level 2 Tags: (review only if issues identified in Level 1 tags)

G954- §484.105(b)(2) When the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator. The pre-designated person may be the clinical manager as described in paragraph (c) of this section. (Pre-designation means that the individual who is responsible for fulfilling the role of the administrator in his/her absence is established in advance and approved by the governing body. The HHA administrator names, in advance, the person or persons who will assume the administrator responsibilities in his/her absence. The appointments must also be pre-approved by the governing body.)

G0956 - (b)(3)The administrator or a pre-designated person is available during all operating hours. (Available means physically present at the agency or able to be contacted via telephone or other electronic means.)

G0958 – (c) Clinical manager. One or more qualified individuals must provide oversight of all patient care services and personnel. Oversight must include the following—

G0960 –(c)(1) Making patient and personnel assignments,

G0962 - (c)(2) Coordinating patient care,

G0964 - (c)(3) Coordinating referrals,

G0966 - (c)(4) Assuring that patient needs are continually assessed, and

G0968- (c)(5) Assuring the development, implementation, and updates of the individualized plan of care.

Probing questions:

6. Is there a pre-designated person authorized in writing and approved by the governing body who assumes responsibilities of the administrator in absence of administrator?
7. Is the pre-designated person or administrator available during all operating hours?
8. Is the Clinical Manager qualified? (licensed physician, PT, ST, OT, Audiologist, MSW, RN per CMS; Can be DPS per State requirements)
9. Does the Clinical Manager assume oversight of: making patient and personnel assignments, coordinating patient care, coordinating referrals, assuring patient needs are continually assessed, and assures development, implementation, and updates of individualized plans of care?