

Attachment B: Revisions to the Level 1 and Level 2 HHA Standard Survey Tags for the updated Conditions of Participation (revised 1-16-18)

Updates to the Level 1 and Level 2 Tags for Standard HHA Survey

The Level 1 and 2 tags correspond directly to the prior regulations to the extent possible, except where the regulatory requirements are broken out into different standards. During the standard survey, the surveyor reviews the HHA’s compliance with a select number of regulations (standards) most related to high-quality patient care and address 8 of the 14 CoPs.

Table 1 lists the tags according to Condition; Table 2 contains the regulatory requirements associated with the tags. Table 3 suggests associated conditions that may be considered for further investigation when a condition of participation is cited in the 8 CoPs for the Standard HHA Survey.

Table 1. Level 1 and Level 2 Standards to determine compliance during a Standard Survey (Effective January 13, 2018)

CONDITION OF PARTICIPATION	Level 1 Standards (Priority Standards for a Standard Survey)	Level 2 (Primary Standards for a Partial Extended Survey)
§484.50 Patient Rights	G434, G476, G478, G480, G482, G484, G486, G488	G438
§484.55 Comprehensive Assessment Of Patients	G512, G514, G518, G520, G522, G524, G536, G544, G548	G546, G550
§484.60 Care planning, coordination of services, and quality of care. <i>(Removed G670 from Level 1)</i>	G572, G574, G578, G580, G582	G586, G588, G590
§484.75 Skilled Professional Services <i>(Removed G700 from Level 1)</i>	G704, G706, G708, G710, G712, G714, G716, G718	G724, G726, G728, G730
§484.80 Home Health Aide Services	G798, G808	G768, G774, G800, G802, G814, G820
§484.100 Compliance With Federal, State, And Local Laws and Regs. <i>(Removed G848 from Level 1)</i>	n/a	G860
§484.105 Organization and Administration of Services <i>(Added G984 to Level 1 and G956 to Level 2)</i>	G944, G946, G948, G950, G984	G954, G956, G958, G960, G962, G964, G966, G968

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CONDITION OF PARTICIPATION	Level 1 Standards (Priority Standards for a Standard Survey)	Level 2 (Primary Standards for a Partial Extended Survey)
§484.110 Clinical Records.	G1010, G1012, G1014, G1016	G1028

Table 2. Level 1 and Level 2 Tags Regulatory Requirements

Level 1 and Level 2 Tags for HHA Standard Survey, Revised for New Conditions of Participation	
§484.50 Patient Rights	
Patient Rights Level 1 Tags	
G434 L1	§484.50(c)(4) Participate in, be informed about, and consent 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.
G476 L1	§484.50(e) Standard: Investigation of complaints §484.50(e)(1) The HHA must—
G478 L1	§484.50(e)(1)(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 L1	§484.50(e)(1)(i)(A) Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately; and
G482 L1	§484.50(e)(1)(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 L1	§484.50(e)(1)(ii) Document both the existence of the complaint and the resolution of the complaint; and
G486	§484.50(e)(1)(iii) Take action to prevent further potential violations, including

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L1	retaliation, while the complaint is being investigated.
G488 L1	§484.50(e)(2) 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.
Patient Rights Level 2 Tags	
G438 L2	§484.50(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.
§484.55 Comprehensive assessment of patients	
Comprehensive Assessment Level 1 Tags	
G512 L1	§484.55(a) Standard: Initial assessment visit
G514 L1	§484.55(a)(1) 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.
G518 L1	§484.55(b) Standard: Completion of the comprehensive assessment.
G520 L1	§484.55(b)(1) 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 L1	§484.55(b)(2) Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.
G524 L1	§484.55(b)(3)When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, 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
G536 L1	§484.55(c)(5) A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug

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	therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.
G544 L1	§484.55(d) Standard: Update of the comprehensive assessment. 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—
G548 L1	§484.55(d)(2) 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;
Comprehensive Assessment Level 2 Tags	
G546 L2	§484.55(d)(1) The last 5 days of every 60 days beginning with the start-of-care date, unless there is a— (i) Beneficiary elected transfer; (ii) Significant change in condition; or (iii) Discharge and return to the same HHA during the 60-day episode.
G550 L2	§484.55(d)(3) At discharge.
§484.60 Care planning, coordination of services, and quality of care	
Care planning, coordination of services, and quality of care Level 1 Tags	
G572 L1	§484.60(a) Standard: Plan of care. §484.60(a)(1) 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. 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.
G574 L1	§484.60(a)(2) 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;

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	(xii) A description of the patient’s risk for emergency department visits and hospital re-admission, 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; and (xvi) Any additional items the HHA or physician may choose to include.
G578 L1	§484.60(b) Standard: Conformance with physician orders.
G580 L1	§484.60(b)(1) Drugs, services, and treatments are administered only as ordered by a physician.
G582 L1	§484.60(b)(2) 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.
Care planning, coordination of services, and quality of care Level 2 Tags	
G586 L2	§484.60(c) Standard: Review and revision of the plan of care.
G588 L2	§484.60(c)(1) 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 L2	§484.60(c)(1)...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.
§484.75 Skilled professional services	
Skilled professional services Level 1 Tags	
G704 L1	§484.75(b) Standard: Responsibilities of skilled professionals Skilled professionals must assume responsibility for, but not be restricted to, the following:
G706 L1	§484.75(b)(1) Ongoing interdisciplinary assessment of the patient;
G708 L1	§484.75(b) 2) Development and evaluation of the plan of care in partnership with the patient, representative (if any), and caregiver(s);
G710 L1	§484.75(b)(3) Providing services that are ordered by the physician as indicated in the plan of care;

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G712 L1	§484.75(b)(4) Patient, caregiver, and family counseling;
G714 L1	§484.75(b)(5) Patient and caregiver education;
G716 L1	§484.75(b)(6) Preparing clinical notes;
G718 L1	§484.75(b)(7) Communication with all physicians involved in the plan of care and other health care practitioners (as appropriate) related to the current plan of care;
Skilled professional services Level 2 Tags	
G724 L2	§484.75(c) Standard: Supervision of skilled professional assistants.
G726 L2	§484.75(c)(1) Nursing services are provided under the supervision of a registered nurse that meets the requirements of §484.115(k).
G728 L2	§484.75(c)(2) Rehabilitative therapy services are provided under the supervision of an occupational therapist or physical therapist that meets the requirements of §484.115(f) or (h), respectively.
G730 L2	§484.75(c)(3) Medical social services are provided under the supervision of a social worker that meets the requirements of §484.115(m).
§484.80 Condition of participation: Home health aide services	
Home health aide services Level 1 Tags	
G798 L1	§484.80(g) Standard: Home health aide assignments and duties §484.80(g)(1) 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 pathologist, or occupational therapist).
G808 L1	§484.80(h)(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 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 §484.80(g), must make an onsite visit to the patient's home no less frequently than every 14 days. The home health aide does not have to be present during this visit.
Home health aide services Level 2 Tags	
G768 L2	§484.80(c) 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

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	<p>in this section.</p> <p>§484.80(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 aide with a patient.</p> <p>§484.80(c)(2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section.</p> <p>§484.80(c)(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.</p>
G774 L2	<p>§484.80(d) Standard: In-service training.</p> <p>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.</p>
G800 L2	<p>§484.80(g) (2) A home health aide provides services that are:</p> <ul style="list-style-type: none"> (i) Ordered by the physician; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training.
G802 L2	<p>§484.80(g)(3) The duties of a home health aide include:</p> <ul style="list-style-type: none"> (i) The provision of hands-on personal care; (ii) The performance of simple procedures as an extension of therapy or nursing services; (iii) Assistance in ambulation or exercises; and (iv) Assistance in administering medications ordinarily self-administered.
G814 L2	<p>§484.80(h)(2) If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy, or speech-language pathology services, the registered nurse must make an on-site visit to the location where the patient is receiving care no less frequently than every 60 days in order to observe and assess each aide while he or she is performing care.</p>
G820 L2	<p>§484.80(h)(5) If the home health agency chooses to provide home health aide services under arrangements, as defined in section 1861(w)(1) of the Act, the HHA’s responsibilities also include, but are not limited to:</p> <ul style="list-style-type: none"> (i) Ensuring the overall quality of care provided by an aide; (ii) Supervising aide services as described in paragraphs (h)(1) and (2) of this section; and (iii) Ensuring that home health aides who provide services under arrangement have met the training or competency evaluation requirements, or both, of this part.
<p>§484.100 Compliance with Federal, State, and local laws and regulations</p>	

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Compliance with Federal, State, and local laws and regulations related to the health and safety of patients Level 2 Tag	
G860 L2	§484.100(b) 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.
§484.105 Organization and administration of services.	
Organization and administration of services Level 1 Tags	
G944 L1	§484.105 (b) Standard: Administrator. §484.105(b)(1) The administrator must:
G946 L1	§484.105(b)(1)(i) Be appointed by and report to the governing body;
G948 L1	§484.105(b)(1)(ii) Be responsible for all day-to-day operations of the HHA;
G950 L1	§484.105(b)(1)(iii) Ensure that a clinical manager as described in paragraph (c) of this section is available during all operating hours;
G984 L1	§484.105(f)(2) All HHA services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice.
Organization and administration of services Level 2 Tags	
G954 L2	§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.
G956 L2	§484.105(b)(3) The administrator or a pre-designated person is available during all operating hours.
G958 L2	§484.105(c) Standard: Clinical manager One or more qualified individuals must provide oversight of all patient care services and personnel. Oversight must include the following--
G960 L2	§484.105(c)(1) Making patient and personnel assignments,
G962 L2	§484.105(c)(2) Coordinating patient care,
G964	§484.105(c)(3) Coordinating referrals,

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L2	
G966 L2	§484.105(c) (4) Assuring that patient needs are continually assessed, and
G968 L2	§484.105(c)(5) Assuring the development, implementation, and updates of the individualized plan of care.
§484.110 Clinical records.	
Clinical Records Level 1 Tags	
G1010 L1	§484.110 (a) Standard: Contents of clinical record. The record must include:
G1012 L1	§484.110(a)(1) The patient’s current comprehensive assessment, including all of the assessments from the most recent home health admission, clinical notes, plans of care, and physician orders;
G1014 L1	§484.110(a)(2) All interventions, including medication administration, treatments, and services, and responses to those interventions;
G1016 L1	§484.110(a)(3) Goals in the patient's plans of care and the patient’s progress toward achieving them;
Clinical Records Level 2 Tag	
G1028 L2	§484.110(d) Standard: Protection of records. The clinical record, its contents, and the information contained therein must be safeguarded against loss or unauthorized use. The HHA must be in compliance with the rules regarding protected health information set out at 45 CFR parts 160 and 164.

Table 3 suggests the related CoPs that may be considered for further investigation when indicated by the findings when a CoP is out of compliance. A CoP may be considered out of compliance for one or more deficiencies and cited at the condition-level, if, in a surveyor’s judgment, the deficiency constitutes a significant or a serious finding that adversely affects, or has the potential to adversely affect, patient outcomes. Surveyors are to use their professional judgment in their assessment of an HHA’s compliance with the CoPs.

**Table 3: Related CoPs Associated with the Eight Condition Level 1 and 2 Tags
Noncompliance**

Condition of participation out of Compliance	Related Conditions for Further Investigation
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Condition of participation out of Compliance	Related Conditions for Further Investigation
§484.50 Patient Rights	CoP 484.60: Care planning, Coordination of Services, and Quality of Care CoP 484.75: Skilled Professional Services CoP 484.100: Compliance with Federal, State & Local Laws CoP 484.105: Organization and Administration of Services
§484.55 Comprehensive Assessment Of Patients	CoP 484.60 Care planning, Coordination of Services, and Quality of Care CoP 484.65 Quality assessment and performance improvement CoP 484.75 Skilled Professional Services CoP 484.105 Organization and Administration of Services CoP 484.70 Infection Prevention and Control
§484.60 Care planning, coordination of services, and quality of care.	CoP 484.55: Comprehensive Assessment of Patients CoP 484.65 Quality assessment and performance improvement CoP 484.75: Skilled Professional Services CoP 484.80 Home Health Aide Services CoP 484.105 Organization, Services and Administration CoP 484.110 Clinical Records
§484.75 Skilled Professional Services	CoP 484.55 Comprehensive Assessment of Patients CoP 484.60 Care planning, Coordination of Services, and Quality of Care CoP 484.65 Quality assessment and performance improvement CoP 484.70 Infection Prevention and Control CoP 484.80: Home Health Aide Services CoP 484.100 Compliance with Fed. State, & local laws and regulations related to health and safety of pts. CoP 484.105 Organization, Services and Administration CoP 484.110 Clinical Records
§484.80 Home Health Aide Services	CoP 484.50 Patient Rights CoP 484.55: Comprehensive Assessment of Patients CoP 484.60 Care planning, Coordination of Services, and Quality of Care CoP 484.70 Infection Prevention and Control CoP 484.75: Skilled Professional Services CoP 484.100 Compliance with Fed. State, & local laws and regulations related to health and safety of pts. CoP 484.105 Organization, Services and Administration CoP 484.48: Clinical Records

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Condition of participation out of Compliance	Related Conditions for Further Investigation
§484.105 Organization and Administration of Services	CoP 484.50 Patient Rights CoP 484.55 Comprehensive Assessment of Patients CoP 484.60 Care planning, Coordination of Services, and Quality of Care CoP 484.65 Quality assessment and performance improvement CoP 484.70 Infection Prevention and Control CoP 484.75: Skilled Professional Services CoP 484.100 Compliance with Fed. State, & local laws and regulations related to health and safety of pts. CoP 484.110 Clinical Records
§484.110 Clinical Records.	CoP 484.45: Reporting OASIS Information CoP 484.55: Comprehensive Assessment of Patients CoP 484.60 Care planning, Coordination of Services, and Quality of Care CoP 484.75: Skilled Professional Services CoP 484.100 Compliance with Fed. State, & local laws and regulations related to health and safety of pts. CoP 484.105 Organization, Services and Administration