

**Attachment A: All HHA Tags with Level 1 and Level 2 Tags Highlighted**

| <b>Regulatory Reference</b> | <b>G Tag</b> | <b>All HHA Tags<br/>Blue Shading = Level 1    Green Shading = Level 2</b> |
|-----------------------------|--------------|---|
| <b>484.40</b>               | <b>G350</b>  | <b>Condition: Release of patient identifiable OASIS info.</b>             |
| <b>484.45</b>               | <b>G370</b>  | <b>Condition: Reporting OASIS information</b>                             |
| 484.45(a)                   | G372         | Standard: Encoding and transmitting OASIS                                 |
| 484.45(b)                   | G374         | Standard: Accuracy of encoded OASIS data                                  |
| 484.45(c)                   | G376         | Standard: Transmittal of OASIS data                                       |
| 484.45(c)(1)                | G378         | OASIS data transmission format  |
| 484.45(c)(2)                | G380         | Successfully transmit test data   |
| 484.45(c)(3)                | G382         | Transmit data using compliant software                                    |
| 484.45(c)(4)                | G384         | Transmit data that includes branch identifier                             |
| 484.45(d)                   | G386         | Standard: Data Format   |
| <b>484.50</b>               | <b>G406</b>  | <b>Condition: Patient rights</b>  |
| 484.50(a)                   | G408         | Standard: Notice of rights  |
| 484.50(a)(1)                | G410         | Information to patient  |
| 484.50(a)(1)(i)             | G412         | Written notice of patient's rights  |
| 484.50(a)(1)(ii)            | G414         | HHA administrator contact information                                     |
| 484.50(a)(1)(iii)           | G416         | OASIS privacy notice  |
| 484.50(a)(2)                | G418         | Patient's or legal representative's signature                             |
| 484.50(a)(3)                | G420         | Verbal notice of rights and responsibilities                              |
| 484.50(a)(4)                | G422         | Written notice within 4 business days                                     |
| 484.50(b)                   | G424         | Standard: Exercise of rights  |
| 484.50(c)                   | G426         | Standard: Rights of the patient   |
| 484.50(c)(1)                | G428         | Property and person treated with respect                                  |
| 484.50(c)(2)                | G430         | Be free from abuse  |
| 484.50(c)(3)                | G432         | Make complaints to the HHA  |
| 484.50(c)(4)                | G434         | Participate in care   |
| 484.50(c)(5)                | G436         | Receive all services in plan of care                                      |
| 484.50(c)(6)                | G438         | Have a confidential clinical record                                       |
| 484.50(c)(7)                | G440         | Payment from federally funded programs                                    |
| 484.50(c)(8)                | G442         | Written notice for non-covered care                                       |
| 484.50(c)(9)                | G444         | State toll free HH telephone hotline                                      |
| 484.50(c)(10)               | G446         | Contact info Federal/State-funded entities                                |
| 484.50(c)(11)               | G448         | Freedom from discrimination or reprisal                                   |
| 484.50(c)(12)               | G450         | Access to auxiliary aids and language service                             |
| 484.50(d)                   | G452         | Standard: Transfer and discharge  |
| 484.50(d)(1)                | G454         | HHA can no longer meet the patient's needs                                |
| 484.50(d)(2)                | G456         | Patient/payer will no longer pay for services                             |
| 484.50(d)(3)                | G458         | Outcomes/goals have been achieved   |
| 484.50(d)(4)                | G460         | Patient refuses services  |
| 484.50(d)(5)                | G462         | Before discharge for cause HHA must:                                      |
| 484.50(d)(5)(i)             | G464         | Advise the patient of discharge for cause                                 |
| 484.50(d)(5)(ii)            | G466         | Make efforts to resolve the problem(s)                                    |
| 484.50(d)(5)(iii)           | G468         | Provide contact info other services                                       |
| 484.50(d)(5)(iv)            | G470         | Document efforts to resolve problems                                      |
| 484.50(d)(6)                | G472         | Death of patient  |

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|                    |             |  |
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| 484.50(d)(7)       | G474        | HHA ceases to operate  |
| 484.50(e)(1)       | G476        | Standard: Investigation of complaints                          |
| 484.50(e)(1)(i)    | G478        | Investigate complaints made by patient                         |
| 484.50(e)(1)(i)(A) | G480        | Treatment or care  |
| 484.50(e)(1)(i)(B) | G482        | Mistreatment, neglect or abuse                                 |
| 484.50(e)(1)(ii)   | G484        | Document complaint and resolution                              |
| 484.50(e)(1)(iii)  | G486        | Protect patient during investigation                           |
| 484.50(e)(2)       | G488        | Immediate reporting of abuse by all staff                      |
| 484.50(f)(1,2)     | G490        | Standard: Accessibility  |
| <b>484.55</b>      | <b>G510</b> | <b>Condition: Comprehensive Assessment of Patients</b>         |
| 484.55(a)          | G512        | Standard: Initial assessment visit.                            |
| 484.55(a)(1)       | G514        | RN performs assessment   |
| 484.55(a)(2)       | G516        | Skilled professional performs assessment                       |
| 484.55(b)          | G518        | Standard: Completion of the comprehensive assessment           |
| 484.55(b)(1)       | G520        | 5 calendar days after start of care                            |
| 484.55(b)(2)       | G522        | Eligibility for Medicare home health benefit                   |
| 484.55(b)(3)       | G524        | Therapy services determine eligibility                         |
| 484.55(c)          | G526        | Standard: Content of the comprehensive assessment              |
| 484.55(c)(1)       | G528        | Health, psychosocial, functional, cognition                    |
| 484.55(c)(2)       | G530        | Strengths, goals, and care preferences                         |
| 484.55(c)(3)       | G532        | Continuing need for home care                                  |
| 484.55(c)(4)       | G534        | Patient's needs  |
| 484.55(c)(5)       | G536        | A review of all current medications                            |
| 484.55(c)(6)       | G538        | Primary caregiver(s), if any                                   |
| 484.55(c)(7)       | G540        | The patient's representative (if any);                         |
| 484.55(c)(8)       | G542        | Incorporate OASIS items  |
| 484.55(d)          | G544        | Standard: Update of the comprehensive assessment               |
| 484.55(d)(1)       | G546        | Last 5 days of every 60 days unless:                           |
| 484.55(d)(2)       | G548        | Within 48 hours of the patient's return                        |
| 484.55(d)(3)       | G550        | At discharge   |
| <b>484.60</b>      | <b>G570</b> | <b>Condition: Care planning, coordination, quality of care</b> |
| 484.60(a)(1)       | G572        | Standard: Plan of care   |
| 484.60(a)(2)       | G574        | Plan of care must include the following                        |
| 484.60(a)(3)       | G576        | All orders recorded in plan of care                            |
| 484.60(b)          | G578        | Standard: Conformance with physician orders                    |
| 484.60(b)(1)       | G580        | Only as ordered by a physician                                 |
| 484.60(b)(2)       | G582        | Influenza and pneumococcal vaccines                            |
| 484.60(b)(3)(4)    | G584        | Verbal orders  |
| 484.60(c)          | G586        | Standard: Review and revision of the plan of care              |
| 484.60(c)(1)       | G588        | Reviewed, revised by physician every 60 days                   |
| 484.60(c)(1)       | G590        | Promptly alert relevant physician of changes                   |
| 484.60(c)(2)       | G592        | Revised plan of care   |
| 484.60(c)(3)       | G594        | Plan of care revisions must be communicated                    |
| 484.60(c)(3)(i)    | G596        | Revisions communicated to patient and MDs                      |
| 484.60(c)(3)(ii)   | G598        | Discharge plans communication                                  |
| 484.60(d)          | G600        | Standard: Coordination of Care                                 |

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|                       |             |  |
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| 484.60(d)(1)          | G602        | Communication with all physicians                            |
| 484.60(d)(2)          | G604        | Integrate all orders   |
| 484.60(d)(3)          | G606        | Integrate all services                                       |
| 484.60(d)(4)          | G608        | Coordinate care delivery                                     |
| 484.60(d)(5)          | G610        | Patients receive education and training                      |
| 484.60(e)             | G612        | Standard: Written instructions to patient include:           |
| 484.60(e)(1)          | G614        | Visit schedule   |
| 484.60(e)(2)          | G616        | Patient medication schedule/instructions                     |
| 484.60(e)(3)          | G618        | Treatments and therapy services                              |
| 484.60(e)(4)          | G620        | Other pertinent instructions                                 |
| 484.60(e)(5)          | G622        | Name/contact information of clinical manager                 |
| <b>484.65</b>         | <b>G640</b> | <b>Condition: Quality assessment/performance improvement</b> |
| 484.65(a)(1),(2)      | G642        | Standard: Program scope                                      |
| 484.65(b)(1),(2),(3)  | G644        | Standard: Program data                                       |
| 484.65(c)             | G646        | Standard: Program activities                                 |
| 484.65(c)(1)(i)       | G648        | High risk, high volume, or problem-prone area                |
| 484.65(c)(1)(ii)      | G650        | Incidence, prevalence, severity of problems                  |
| 484.65(c)(1)(iii)     | G652        | Activities lead to an immediate correction                   |
| 484.65(c)(2)          | G654        | Standard: Track adverse patient events                       |
| 484.65(c)(3)          | G656        | Improvements are sustained                                   |
| 484.65(d)(1)(2)       | G658        | Standard: Performance improvement projects                   |
| 484.65(e)(1)(2)(3)(4) | G660        | Standard: Executive responsibilities for QAPI                |
| <b>484.70</b>         | <b>G680</b> | <b>Condition: Infection prevention and control</b>           |
| 484.70(a)             | G682        | Standard: Prevention   |
| 484.70(b)(1)(2)       | G684        | Standard: Infection control                                  |
| 484.70(c)             | G686        | Standard: Infection control education                        |
| <b>484.75</b>         | <b>G700</b> | <b>Condition: Skilled professional services</b>              |
| 484.75(a)             | G702        | Standard: Services by skilled professionals                  |
| 484.75(b)             | G704        | Standard: Responsibilities of skilled professionals          |
| 484.75(b)(1)          | G706        | Interdisciplinary assessment of the patient                  |
| 484.75(b)(2)          | G708        | Development and evaluation of plan of care                   |
| 484.75(b)(3)          | G710        | Provide services in the plan of care                         |
| 484.75(b)(4)          | G712        | Patient, caregiver, and family counseling                    |
| 484.75(b)(5)          | G714        | Patient and caregiver education                              |
| 484.75(b)(6)          | G716        | Preparing clinical notes                                     |
| 484.75(b)(7)          | G718        | Communication with physicians                                |
| 484.75(b)(8)          | G720        | Participate in the HHA's QAPI program;                       |
| 484.75(b)(9)          | G722        | Participate in HHA-sponsored in-service                      |
| 484.75(c)             | G724        | Standard: Supervise skilled professional assistants          |
| 484.75(c)(1)          | G726        | Nursing services supervised by RN                            |
| 484.75(c)(2)          | G728        | Rehab services supervised by PT, OT                          |
| 484.75(c)(3)          | G730        | Medical social services supervised by MSW                    |
| <b>484.80</b>         | <b>G750</b> | <b>Condition: Home health aide services</b>                  |
| 484.80(a)             | G752        | Standard: Home health aide qualifications                    |
| 484.80(a)(1)          | G754        | A qualified HH aide successfully completed:                  |
| 484.80(a)(2)          | G756        | 24 consecutive months paid service                           |

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|                    |               |   |
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| 484.80(b)          | G758          | Standard: Content and duration of training                  |
| 484.80(b)(1)       | G760          | Classroom and supervised practical training                 |
| 484.80(b)(2)       | G762          | Minimum hours of training                                   |
| 484.80(b)(3)       | G764          | HH aide training program topics                             |
| 484.80(b)(4)       | G766          | HHA maintains documentation of training                     |
| 484.80(c)(1)(2)(3) | G768          | Standard: Competency evaluation                             |
| 484.80(c)(4)       | G770          | Unsatisfactory competency evaluation                        |
| 484.80(c)(5)       | G772          | Documentation of competency evaluation                      |
| 484.80(d)          | G774          | Standard: 12 hours inservice every 12 months                |
| 484.80(d)(1)       | G776          | Inservice training supervised by RN                         |
| 484.80(d)(2)       | G778          | Documentation of inservice training                         |
| 484.80(e)          | G780          | Standard: Instructor qualifications                         |
| 484.80(f)          | G782          | Standard: Eligible training/competency evaluation orgs.     |
| 484.80(f)(1)       | G784          | Noncompliance with training requirements                    |
| 484.80(f)(2)       | G786          | Unqualified HH aide providing services                      |
| 484.80(f)(3)       | G788          | Org. had partial/extended survey                            |
| 484.80(f)(4)       | G790          | Assessed a civil monetary penalty = \$5,000                 |
| 484.80(f)(5)       | G792          | Deficiencies that endangered health/safety                  |
| 484.80(f)(6)       | G794          | Medicare payments suspended                                 |
| 484.80(f)(7)       | G796          | Violations of federal or state law:                         |
| 484.80(g)(1)       | G798          | Standard: Home health aide assignments and duties           |
| 484.80(g)(2)       | G800          | Services provided by HH aide                                |
| 484.80(g)(3)       | G802          | Duties of a HH aide   |
| 484.80(g)(4)       | G804          | Aides are members of interdisciplinary team                 |
| 484.80(h)          | G806          | Standard: Supervision of home health aides                  |
| 484.80(h)(1)(i)    | G808          | Onsite supervisory visit every 14 days                      |
| 484.80(h)(1)(ii)   | G810          | If concern identified, direct observation                   |
| 484.80(h)(1)(iii)  | G812          | Direct observation every 12 months                          |
| 484.80(h)(2)       | G814          | Non-skilled direct observation every 60 days                |
| 484.80(h)(3)       | G816          | Competency eval. if deficiency identified                   |
| 484.80(h)(4)       | G818          | HH aide supervision elements                                |
| 484.80(h)(5)       | G820          | HH aide services under arrangement                          |
| 484.80(h)(5)(i)    | G822          | Ensuring the overall quality of care provided               |
| 484.80(h)(5)(ii)   | G824          | Supervising HH aide services                                |
| 484.80(h)(5)(iii)  | G826          | Ensure training/competency requirements                     |
| 484.80(i)          | G828          | Standard: Medicaid personal care aide-only services         |
| <b>484.100</b>     | <b>G848</b>   | <b>Condition: Compliance with Federal, State, Local Law</b> |
| 484.100(a)         | G850          | Standard: Disclosure of ownership and management info.      |
| 484.100(a)         | G852          | Standard: Information to the state survey agency            |
| 484.100(a)(1)      | G854          | All persons with ownership interest                         |
| 484.100(a)(2)      | G856          | Officer, a director, agent, managing employee               |
| 484.100(a)(3)      | G858          | Responsible for the management of the HHA                   |
| 484.100(b)         | <b>G860</b>   | Standard: Licensing   |
| 484.100(c)(1)      | G862          | Standard: Laboratory services/CLIA waivers                  |
| 484.100(c)(2)      | G864          | Referral laboratory must be certified                       |
| <b>484.102</b>     | <b>E-0001</b> | <b>Condition: Emergency preparedness</b>                    |

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| <b>Refer to Emergency Preparedness E-Tags and Appendix Z</b> |             |   |
|--|-------------|---|
| 484.102(a)   | E-0004      | Standard: Emergency plan                                      |
| 484.102(a)(1)(2)   | E-0006      | Risk assessment   |
| 484.102(a)(3)  | E-0007      | Address patient population                                    |
| 484.102(a)(4)  | E-0009      | Process for cooperation and collaboration                     |
| 484.102(b)   | E-0013      | Standard: Policies and procedures                             |
| 484.102(b)(1)  | E-0017      | Plans for HHA's patients in plan of care                      |
| 484.102(b)(2)  | E-0019      | Procedures to inform State/Local officials                    |
| 484.102(b)(3)  | E-0021      | Procedures to follow up with staff/pts.                       |
| 484.102(b)(4)  | E-0023      | Secures and maintains availability of records                 |
| 484.102(b)(5)  | E-0024      | Use of volunteers in an emergency                             |
| 484.102(c)   | E-0029      | Standard: Communication plan                                  |
| 484.102(c)(1)  | E-0030      | Names and contact information                                 |
| 484.102(c)(2)  | E-0031      | Contact info for emergency officials                          |
| 484.102(c)(3)  | E-0032      | Primary and alternate communication info                      |
| 484.102(c)(4)(5)   | E-0033      | Continuity of care  |
| 484.102(c)(6)  | E-0034      | Providing information about HHA                               |
| 484.102(d)   | E-0036      | Standard: Training and testing                                |
| 484.102(d)(1)  | E-0037      | Standard: EP Training Program                                 |
| 484.102(d)(2)  | E-0039      | EP Testing Program  |
| 484.102(e)   | E-0042      | Standard: Integrated healthcare systems                       |
| <b>484.105</b>   | <b>G940</b> | <b>Condition: Organization and administration of services</b> |
| 484.105(a)   | G942        | Standard: Governing body                                      |
| 484.105(b)(1)  | G944        | Standard: Administrator must:                                 |
| 484.105(b)(1)(i)   | G946        | Administrator appointed by governing body                     |
| 484.105(b)(1)(ii)  | G948        | Responsible for all day-to-day operations                     |
| 484.105(b)(1)(iii)   | G950        | Ensure clinical manager is available                          |
| 484.105(b)(1)(iv)  | G952        | Ensure that HHA employs qualified personnel                   |
| 484.105(b)(2)  | G954        | Ensures qualified pre-designated person                       |
| 484.105(b)(3)  | G956        | Available during all operating hours                          |
| 484.105(c)   | G958        | Standard: Clinical manager                                    |
| 484.105(c)(1)  | G960        | Make patient and personnel assignments,                       |
| 484.105(c)(2)  | G962        | Coordinate patient care                                       |
| 484.105(c)(3)  | G964        | Coordinate referrals;   |
| 484.105(c)(4)  | G966        | Assure patient needs are continually assessed                 |
| 484.105(c)(5)  | G968        | Assure implementation of plan of care                         |
| 484.105(d)   | G970        | Standard: Parent-branch relationship                          |
| 484.105(d)(1)  | G972        | Report all branch locations to SA                             |
| 484.105(d)(2)  | G974        | Direct support and administrative control                     |
| 484.105(e)(1)  | G976        | Standard: Services under arrangement                          |
| 484.105(e)(2)  | G978        | Must have a written agreement                                 |
| 484.105(e)(3)  | G980        | Primary HHA is responsible for patient care                   |
| 484.105(f)   | G982        | Standard: Skilled services furnished                          |
| 484.105(f)(2)  | G984        | In accordance with current clinical practice                  |
| 484.105(g)   | G986        | Standard: Outpatient therapy services                         |
| 484.105(h)   | G988        | Standard: Institutional planning                              |

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|                  |              |   |
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| <b>484.110</b>   | <b>G1008</b> | <b>Condition: Clinical records</b>              |
| 484.110(a)       | G1010        | Standard: Contents of clinical record           |
| 484.110(a)(1)    | G1012        | Required items in clinical record               |
| 484.110(a)(2)    | G1014        | Interventions and patient response              |
| 484.110(a)(3)    | G1016        | Goals in the patient's plans of care            |
| 484.110(a)(4)    | G1018        | Contact information for the patient             |
| 484.110(a)(5)    | G1020        | Contact info for primary care practitioner      |
| 484.110(a)(6)    | G1022        | Discharge and transfer summaries                |
| 484.110(b)       | G1024        | Standard: Authentication                        |
| 484.110(c)(1)(2) | G1026        | Standard: Retention of records                  |
| 484.110(d)       | G1028        | Standard: Protection of records                 |
| 484.110(e)       | G1030        | Standard: Retrieval of records                  |
| <b>484.115</b>   | <b>G1050</b> | <b>Condition: Personnel qualifications</b>      |
| 484.115(a)       | G1052        | Standard: Administrator                         |
| 484.115(b)       | G1054        | Standard: Audiologist                           |
| 484.115(c)       | G1056        | Clinical Manager                                |
| 484.115(d)       | G1058        | Standard: Home Health Aide                      |
| 484.115(e)       | G1060        | Standard: Licensed Practical (Vocational) Nurse |
| 484.115(f)       | G1062        | Standard: Occupational Therapist                |
| 484.115(g)       | G1064        | Standard: Occupational Therapy Assistant        |
| 484.115(h)       | G1066        | Standard: Physical Therapist                    |
| 484.115(i)       | G1068        | Standard: Physical Therapist Assistant          |
| 484.115(j)       | G1070        | Standard: Physician                             |
| 484.115(k)       | G1072        | Standard: Registered Nurse                      |
| 484.115(l)       | G1074        | Standard: Social Work Assistant                 |
| 484.115(m)       | G1076        | Standard: Social Worker                         |
| 484.115(n)       | G1078        | Standard: Speech-Language Pathologist           |