New Cops are:
Emergency Preparedness
Skilled Professional services (replaced skilled nursing services and therapy services)
Pt Rights now HUGE
Plan of Care:

New Items:

- Emergency room risk - L574
- Psychosocial, mental, and cognitive status (you would think this is comp assessment, but they want it in POC) L574
- Caregiver education and training to facilitate timely discharge
Comprehensive Assessment:

New Items:
• Patient specific Emergency Plan (You would think it goes on the plan of care, but CMS wants it in the comp assessment E-17)
• Care Preferences: strengths, goals and care preferences for baseline to determine progress toward goals (G530)
• Identify a caregiver, willingness and ability to provide care. (G538)
• Identify representative – rep needs all same info from pt rights (G540)
• Eligible clinician performs an assessment (OT cannot perform to establish eligibility) (G524)
• RN, MD or pharmacist performs DRR in Missouri. (G536)
Org and Services

New Items:

- Reminder: FCSR results contains EDL, EDL can be ran separately before offer of employment. FCSR does not come back immediately EDL: 192.2490.12 RSMo

- Clinical manager (replaces supervisory nurse): we will talk about this more in skilled prof services, GB must appoint qualified person(s) (G950)
Emergency Preparedness (42 new tags! Home Health)

**E-37 Training Program**

- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.

- Provide emergency preparedness training at least annually.

- Maintain documentation of all emergency preparedness training.

- Demonstrate staff knowledge of emergency procedures.

**E-39 testing:**

Participate in a full-scale exercise that is community-based or when a
community-based exercise is not accessible, an individual, facility-based. (real
disaster counts)

Conduct an **additional** exercise that may include, but is not limited to the
following:

**(A)** A second full-scale exercise that is community-based or individual, facility-
based.

**(B)** A tabletop exercise that includes a group discussion led by a facilitator, using
a narrated, clinically-relevant emergency scenario, and a set of problem
statements, directed messages, or prepared questions designed to challenge an
emergency plan

**E-24 Volunteers Role:**

The use of volunteers in an emergency or other emergency staffing strategies,
including the process and role for integration of State and Federally designated
health care professionals to address surge needs during an emergency. During an
emergency, a facility may need to accept volunteer support from individuals with
varying levels of skills and training. The facility must have policies and procedures
in place to facilitate this support.

**E-21 Contact Patients**

The procedures to follow up with on-duty staff and patients to determine services
that are needed, in the event that there is an interruption in services during or
due to an emergency. The HHA must inform State and local officials of any on-
duty staff or patients that they are unable to contact.

Emergency plan must include procedures what to do if a patient requires care
that is beyond the capabilities of the HHA
Patient Rights:

**Administrator contact info**

G414 - Contact information for the HHA, including the administrator’s name, business address, and business phone number in order to receive complaints.

**Local Services information**

G446 Be advised of the names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area where the patient resides;

- Agency on Aging,
- Center for Independent Living,
- Protection and Advocacy Agency,
- Aging and Disability resource Center; and
- Quality Improvement Organization.

**Patient Representative**
**Definition**: Patient’s legal representative such as a guardian that makes health-care decisions on the patients behalf, **OR** a patient selected representative who participates in making decisions related to the patients care or well being (family member or advocate). Patient determines role of representative to the extent possible.

**G410 – G418** 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: (signature of receipt is now required)

- Written notice of rights
- Transfer and discharge policies
- Agency contact info, admin name, business address and phone numbers
- OASIS privacy notice

**Preferred Language**

**G420** - Provide verbal notice of the patient’s rights and responsibilities in the individual’s primary or preferred language and in a manner the individual understands, **free of charge, with the use of a competent interpreter if necessary**, no later than the completion of the **second visit** from a skilled professional
§484.75 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.

*this replaces OLD nursing services, therapy services, medical social services, and part of medical supervision CoP*

Follow Plan of Care

**G710** - Providing services that are ordered by the physician as indicated in the plan of care;

Communication with Physician:

**G718** - Communication with all physicians involved in the plan of care and other health care practitioners (as appropriat
e) related to the current plan of care;

**Nursing Supervision:**

**G726** - Nursing services are provided under the supervision of a registered nurse that meets the requirements of § 484.115(k). (This is about LPN / aide Supervision---- follow your policy!)

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 (DOES NOT NEED TO BE “CLINICAL MANAGER” this is for PTA/OTA supervision)

Medical social services are provided under the supervision of a social worker that meets the requirements of §484.115(m). (DOES NOT NEED TO BE “CLINICAL MANAGER”)  

**Participate in QAPI:**

**G720** - An effective QAPI program should involve the contribution of all skilled professional staff for their input and personal investment in the implementation of the program. Skilled professional staff, regardless of whether the staff is a direct employee of the agency or under arrangement, are expected to contribute to all phases of the QAPI program.

**Multiple Physicians:**
Communication with all physicians involved in the plan of care and other health care practitioners (as appropriate) related to the current plan of care.

(example: no need to notify a podiatrist for a new stool softener), there is a need to notify a cardiologist for changes in blood pressure medications by the PCP. Case by Case basis - clinical judgement