

# Introduction

Agencies often build a strong compliance program, but drift away from the requirements under the Home Health Conditions of Participation (CoPs), particularly as clinical and office staff are replaced and new staff are taught practices that run against CMS rules.

To meet the challenges of a compliant operation and avoid survey citations, agencies must implement a simple, three-point strategy:

1. Staff must know the requirements for service delivery
2. Staff must deliver services according to the regulations
3. Staff must document appropriately

It is the first point in that strategy that creates the biggest obstacle for agencies. Exactly what rules govern the survey process? How can an agency obtain these regulations?

This manual pulls together one concise, up-to-date set of the rules and interpretations that agencies can use in the orientation and training of staff and as a reference during care delivery. It also includes interpretive guidelines for a separate emergency preparedness rule, with interpretive guidelines that have been extensively updated with infection control guidance due to the COVID-19 pandemic.

## ***What's in this manual:***

CMS provides surveyors with interpretive guidance on the CoPs. These guidelines can be found cross-referenced with the corresponding CoPs and G tags in **Section 1**.

CMS also publishes interpretive guidelines for its emergency preparedness requirement. These guidelines can be found cross-referenced with the corresponding CoPs and E tags in **Section 2**.





**Section One**  
G-tags, CoPs and  
Interpretive Guidelines



# Home health interpretive guidelines for CoPs

The interpretive guidelines for the Home Health Conditions of Participation (CoPs) are provided to state survey agency directors by the director of CMS' Quality, Safety & Oversight Group. Changes in recent years have included rules around discharge planning, emergency preparedness, aide supervision, infection control and more. Those changes are incorporated throughout this section.

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
	<p>Subpart A—General Provisions</p> <p>§484.1 Basis and scope.</p> <p>§484.1 (a) Basis. This part is based on:</p> <p>§484.1(a)(1) Sections 1861(o) and 1891 of the Act, which establish the conditions that an HHA must meet in order to participate in the Medicare program and which, along with the additional requirements set forth in this part, are considered necessary to ensure the health and safety of patients; and</p> <p>§484.1(a)(2) Section 1861(z) of the Act, which specifies the institutional planning standards that HHAs must meet.</p> <p>§484.1(b) Scope. The provisions of this part serve as the basis for survey activities for the purpose of determining whether an agency meets the requirements for participation in the Medicare program.</p>	

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
	<p>§484.2 Definitions.</p> <p>As used in subparts A, B, and C, of this part—</p> <p><i>Branch office</i> means an approved location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The parent home health agency must provide supervision and administrative control of any branch office. It is unnecessary for the branch office to independently meet the conditions of participation as a home health agency.</p> <p><i>Clinical note</i> means a notation of a contact with a patient that is written, timed, and dated, and which describes signs and symptoms, treatment, drugs administered and the patient's reaction or response, and any changes in physical or emotional condition during a given period of time.</p> <p><i>Clinical nurse specialist</i> means an individual as defined at § 410.76(a) and (b) of this chapter, and who is working in collaboration with the physician as defined at § 410.76(c)(3) of this chapter.</p> <p><i>In advance</i> means that HHA staff must complete the task prior to performing any hands-on care or any patient education.</p> <p><i>Nurse practitioner</i> means an individual as defined at § 410.75(a) and (b) of this chapter, and who is working in collaboration with the physician as defined at § 410.75(c)(3) of this chapter.</p> <p><i>Parent home health agency</i> means the agency that provides direct support and administrative control of a branch.</p> <p><i>Physician</i> is a doctor of medicine, osteopathy, or podiatric medicine, and who is not precluded from performing this function under paragraph (d) of this section. (A doctor of podiatric medicine may perform only plan of treatment functions that are consistent with the functions he or she is authorized to perform under State law.)</p>	