HCLA Members and Colleagues,

A week ago the Centers for Medicare and Medicaid Services (CMS) posted the Home Health Conditions of Participation Final Rule, 18 years in coming, for public inspection in the Federal Register at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-00283.pdf>.

HCLA will be providing you with synopses of the revised CoP, and we know many of you will want to perform your own deep dive to get a better feel for this major change in Medicare home health Conditions of Participation. Time is limited, as these are major changes, and providers must complete this undertaking by July 13, 2017. With that in mind, Mary St. Pierre, who was NAHC regulatory leader for 20 years, and recently recognized as a HomeCare Association of Louisiana Hall of Honor *Friend of HCLA,* provided us with the following guide *to* reading the revised CoP. *Mary writes:*

**Tips to reading the revised CMS Conditions of Participation**

The notice is divided into the following sections:

I. Background Information

II. Provisions of the Proposed Regulations

III. Home Health Crosswalk (Cross reference of former to new requirements)

IV. Analysis and Responses to Comments

V. Provisions of the Final Regulations

VI. Good Cause to Waive Notice and Comment Rulemaking

VII. Collection of Information Requirements

As you are facing the prospect of having to comply with a new set of Home Health Conditions of Participation by July 13, 2017, the first obstacle is to determine the most efficient manner to go about reading and digesting this 374 page Federal Register notice. For those focusing on gearing up to understand and comply with new regulatory requirements it is recommended that you focus your attention to the following sections of this notice, in the following order:

1. Scroll to end of the document under Part VII to “**Part 484 Home Health Services”** to access the full regulatory text for the new Conditions of Participation. Review the regulations, noting changed requirements from the current CoP on which you will need to take action.
2. Scroll back to Section IV, entitled **Analysis and Responses to Comments**, keeping in mind that CMS’ responses to comments serve as guidance to the regulation and constitute policy.

Although there are numerous minor changes that will require amended policies, procedures, and forms, the major activities that HHA must undertake before the July 13 effective date will center on meeting the detailed requirements to:

1. Identify data sources and initiate data collection for infection control and QAPI programs

2. Create QAPI plan, policies and procedures

3. Create Infection Control plan, policies and procedures

4. Create revised patient rights policies and procedures

5. Design a new patient rights form

6. Establish process for creating and disseminating written patient information to patient that must include the following:

(1)  Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.

(2)  Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.

(3)   Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.

(4)  Any other pertinent instruction related to the patient’s care and treatments that the HHA will provide, specific to the patient’s care needs.

Name and contact information of the HHA clinical manager.