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Fundamental Home Health

Standards of Excellence

CHAP

FUNDAMENTAL HOME HEALTH STANDARDS OF EXCELLENCE

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The CHAP Standards of Excellence are designed to help you deliver the best care and services possible by supporting organizational excellence with standards that are easy to understand, relevant and practical.

Introduction to the Fundamental Home Health Standards of Excellence

Overview

The standards in this document pertain to revised home health conditions of participation (CoPs). These standards are approved by the Centers for Medicare and Medicaid Services (CMS) as meeting or exceeding the intent of the 2018 CoPs.

- All initial and renewing home health providers that have a site visit and that are seeking or have been awarded CMS deemed status through the CHAP review process are evaluated using these standards.
- These standards also apply to Medicaid home health providers seeking initial or renewed accreditation in states that require compliance with the Medicare home health CoPs.

Regulatory Requirements

Federal regulations for home health are cross-walked to standards and modifiers when applicable.

Regulations are listed by the Code of Federal Regulations (CFR) number (e.g., §484.65(c)(1)) and G-tag. Each CFR corresponds to a Medicare Condition of Participation (CoP).

Revision Reference Table

In response to the *CY 2021 Home Health Prospective Payment System Rate Update, Home Health Quality Reporting Program Requirements (CMS-1730-F),* the following revisions were made.

Standard	Summary	Effective Date	Page
PCC.2.I.M1	Added the patient's right to be informed about the mode of care-delivery including the use of telecommunications when applicable	1/1/2021	2
APC.10.D.M1	Expanded to include allowed practitioner	1/1/2021	8
APC.10.D.M2	Expanded to include allowed practitioner	1/1/2021	9
Allowed Practitioner	Added new key term	1/1/2021	33
Clinical Nurse Specialist	Added new key term	1/1/2021	35
Collaboration	Added new key term	1/1/2021	35
Nurse Practitioner	Updated key term	1/1/2021	38
Physician	Updated key term	1/1/2021	42

Standard	Summary	Effective Date	Page
Physician Assistant	Added new key term	1/1/2021	43
Summary Report	Added new key term	1/1/2021	44
Telecommunications	Added new key term	1/1/2021	45
Verbal Order	Added new key term	1/1/2021	45

In response to the 2019 Omnibus Burden Reduction (Conditions of Participation) Final Rule CMS-3346-F and the 2019 Revisions to Discharge Planning Requirements Final Rule CMS-3317-F, the following revisions were made.

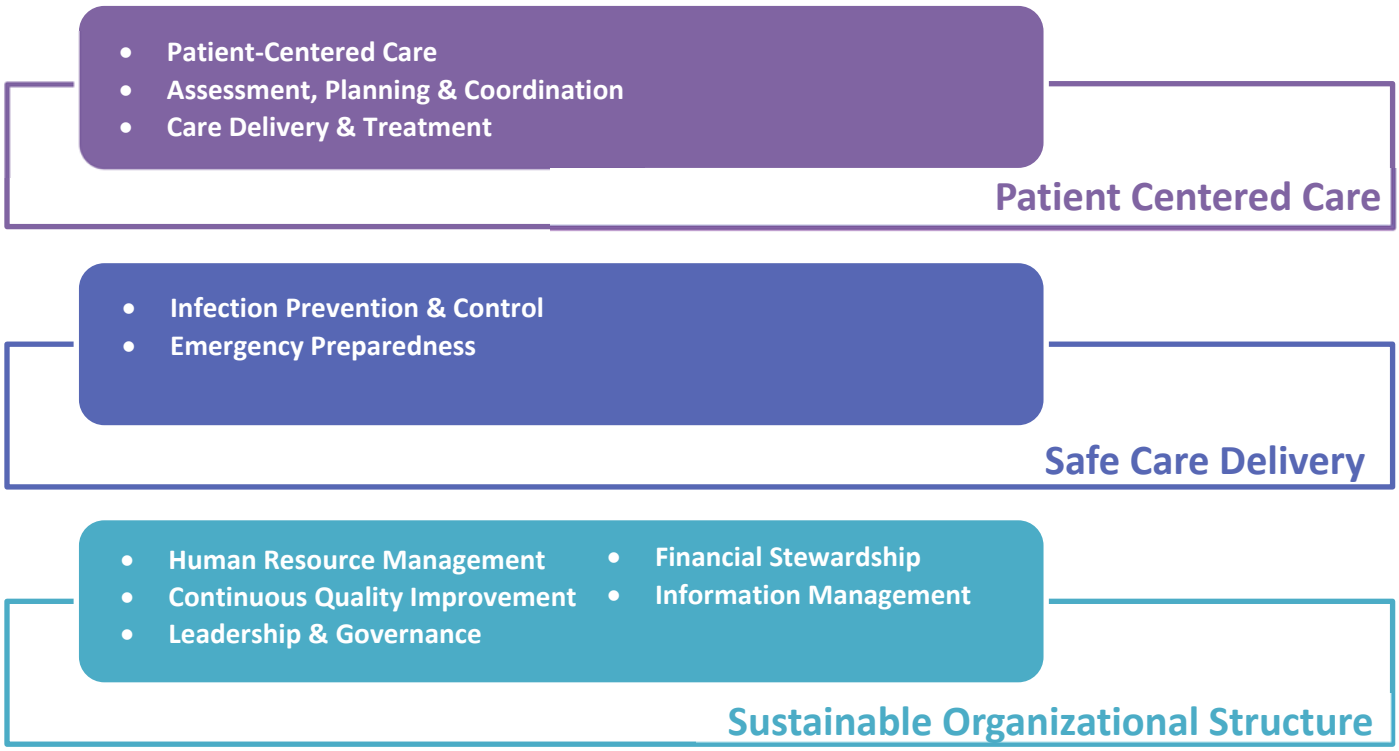
Standard	Summary	Effective Date	Page
PCC.2.I.M1	Added the patient has the right to be advised, orally and in writing, of payment and charges for services and any changes to payment and charges.	11/29/2019	2-4
APC.10.D.M2	Added policies to describe required content of the discharge or transfer summary including necessary medical information and post-discharge goals and treatment preferences.	11/29/2019	9
Key Terms: Pseudo-patient	Added new key term.	11/29/2019	43
Key Terms: Simulation	Added new key term.	11/29/2019	44

In response to the 2019 revisions to the State Operations Manual, Appendix Z- Emergency Preparedness, Interpretive Guidance by the Centers for Medicare and Medicaid (CMS), the following revisions were made.

Standard	Summary	Effective Date	Page
IPC.8.I	Updated TB testing to reflect updated guidelines by the CDC.	3/4/2019	19
Key Terms: All-Hazards Approach	Added new key term.	3/4/2019	33
Key Terms: Emerging Infectious Diseases (EIDs)	Added new key term.	3/4/2019	35
Key Terms: Full Scale Exercise	Added new key term.	3/4/2019	35

Key Performance Areas

The Home Health Standards of Excellence are organized into one of the following Key Performance Areas (KPAs).



A **Key Performance Area (KPA)** is the central topic evaluated by the standards. Each KPA includes:

- **Standards** that identify the set of requirements CHAP uses to make accreditation determinations. CHAP evaluates compliance with each standard and bases the accreditation decision on the organization's total performance across all standards evaluated.

- **Evidence Guidelines** that provide additional detail about how each standard is assessed, as well as approaches organizations may consider in demonstrating compliance with the standard. More detail about Evidence Guidelines is provided below.

Evidence Guidelines

Evidence guidelines provide organizations direction about how compliance with the standard or associated modifier is assessed. The following types of evidence guidelines are used:

1. **Guidance Statements:** Explain expectations, nuances or terms used in the standard or modifier. Guidance supports the organization in understanding how the requirements of each standard can be met. Examples are used for the purpose of explanation, but are not meant to be statements of the only way to achieve compliance.

2. **Document Review:** Documentation from a variety of sources is used to demonstrate compliance (e.g., position descriptions, policies, meeting minutes).

3. **Interview:** One or more interviews with personnel and/or patients or caregivers are used to assess compliance with the standard or modifier.

4. **Record Review:** Personnel or patient records are the primary source of assessing compliance.

5. **Observation:** One or more home visit is conducted to establish standard compliance

6. **Contract Review:** Contract language is the primary source reviewed as the demonstration of compliance.

7. **Tip:** These statements are also included in the Evidence Guidelines for particular standards. Tips provide resources and educational information to support organizational performance in compliance with the standard, as well as evidence-informed practices. Information in a *Tip* is not used as part of a compliance determination

Types of Standards

Within each KPA, areas of performance are examined:

1. D**esign (D) standards**: The policies, procedures, qualifications, training and other resources the organization uses to support consistent implementation and quality outcomes in care and service delivery.

2. **Implementation (I) Standards:** Evaluation of how effectively the organization implements its own defined parameters of organization structure and expectations, as well as those established nationally and at the state level.

3. **Sustainability (S)** standards assess the processes and organizational structure that support ongoing quality improvement in the delivery of care and services.

Standards and Modifiers

There are two types of statements within the new framework: **Standards** and **Modifiers**.

In the example above, **PCC** refers to Patient-Centered Care. The **D** indicates it is a **Design** standard. The **2** indicates the standard number. The **M1** indicates it is the first modifier related to the second standard within the section.

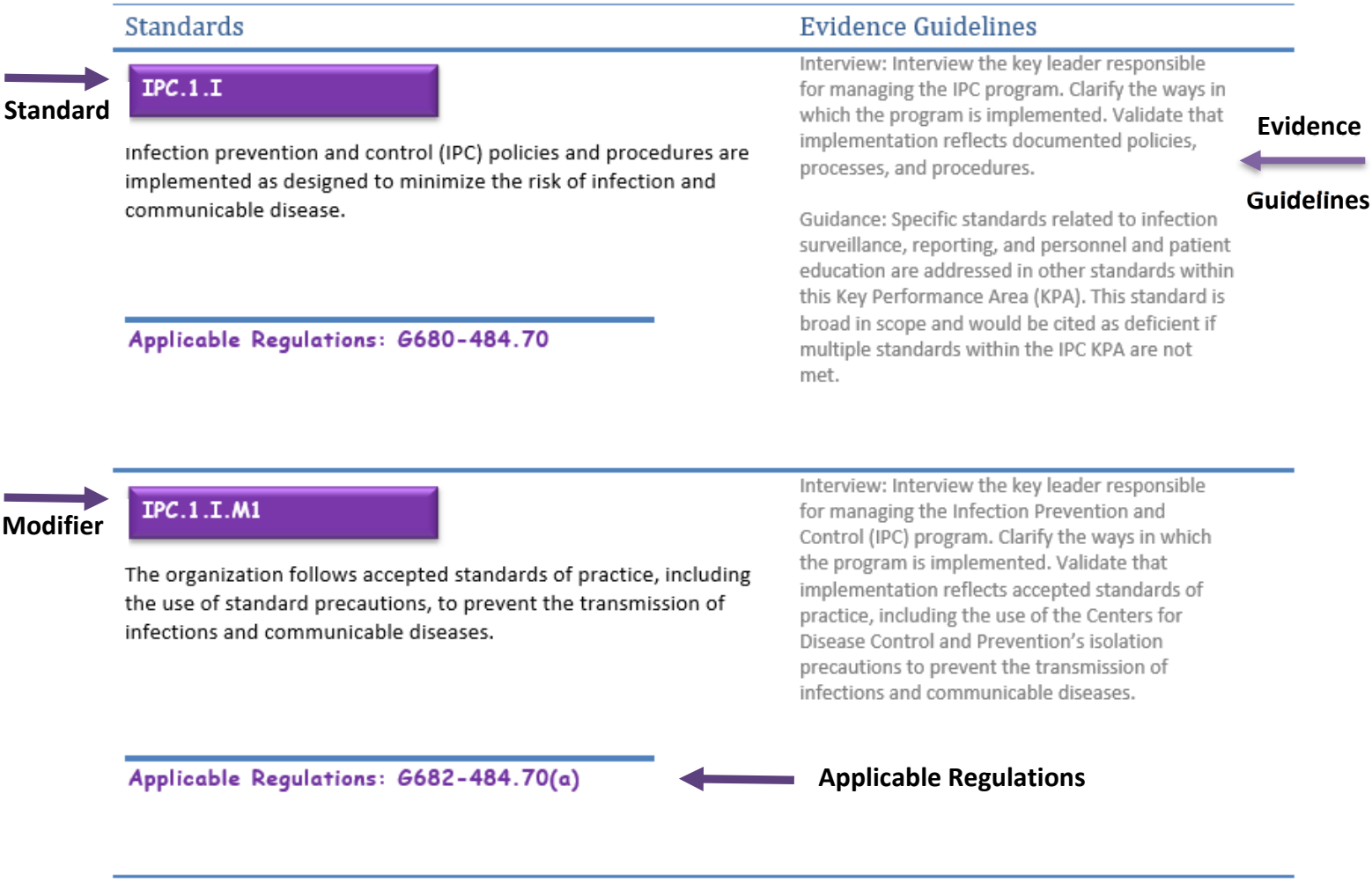
Standards are numbered sequentially, and standards that are related have the same standard number. For example, a **Design (D)** standard evaluating the organization's development of a written patient bill of rights **(PCC.2.D)** has the same standard number as the corresponding **Implementation (I)** standard examining patients' exercise of their rights (**PCC.2.I).** Note: Not all design standards have corresponding implementation standards, and vice versa.

Numbering of standards may not follow a sequential pattern since standards or modifiers may be skipped if they are not applicable to the care or services provided by a home health provider.

Composition of a Standard

Figure 4 provides an example of how a standard is organized within each KPA. Not all standards have modifiers. In addition, the type of evidence guidelines will vary from standard to standard.

FIGURE 4: COMPOSITION OF STANDARDS AND MODIFIERS



Patient-Centered Care

KPA Statement

Organizations engage in active partnerships with patients, families, and caregivers to ensure that care respects and responds to individual preferences. Patients, families and caregivers are provided needed information and support to ensure that their concerns, values and knowledge are incorporated into shared decision-making for care planning, goal-setting, and treatment.

Standards	Evidence Guidelines
PCC.2.D The organization develops a written Patient Bill of Rights that defines patient rights and responsibilities. **Applicable Regulation: G408-484.50(a).**	Document Review: Review a copy of the Patient Bill of Rights that is distributed to patients. Verify that it defines patient rights and responsibilities. Guidance: Many states have specific requirements related to what is contained in the Patient Bill of Rights. It is expected that the organization understands and complies with these requirements.
PCC.2.I Patients can exercise all rights identified in the organization's Patient Bill of Rights.	Interview: Interview personnel who provide patient care or services. Verify, through specific patient example, the ways in which patients can or have exercised their rights. Observation: Conduct a home visit. Through a patient interview, validate that the patient is informed of their rights and how to exercise them.

Standards

PCC.2.I.M1

Effective 1/1/2021

The organization protects and promotes the patient's exercise of rights, including the right to:

1. Be informed of his or her rights;
2. Exercise rights at any time;
3. Have his or her property and person treated with respect;
4. Be free from 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 organization;
5. Voice and report grievances or complaints regarding treatment or care that are (or fail to be) delivered, the lack of respect for property and/or person, or the violation of any rights to the organization, CHAP, and state or local agencies;
6. Participate in, be informed about, and consent to or refuse care in advance of and during treatment, where appropriate, with respect to:
    1) the mode of care-delivery including the use of telecommunications when applicable;
    2) completion of all assessments;
    3) the care to be furnished, based on the comprehensive assessment;
    4) establishing and revising the plan of care;
    5) the disciplines that will furnish the care;
    6) the frequency of visits;
    7) expected outcomes of care, including patient-identified goals and anticipated risks and benefits;
    8) any factors that could affect treatment effectiveness; and
    9) any changes in the care to be furnished;
7. Receive all services in the plan of care;
8. Have a confidential patient record and access to or release of patient information and records in accordance with Health Insurance Portability and Accountability Act (HIPAA) law and regulation (45 CFR parts 160 and 164);
9. Be advised, orally and in writing, of the extent to which payment for services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the organization;

(continued on following page)

Evidence Guidelines

Document Review: Review a copy of the Patient Bill of Rights that is distributed to patients. Verify it contains all the elements required by the standard.

Record Review: Review patient records. Verify the record includes a copy of the Patient Bill of Rights that contains all the rights identified in the standard.

Observation: Interview a patient or patient representative. Discuss a few of the rights listed in the Patient Bill of Rights. Clarify, through specific examples, how the patient exercises these rights and participates in his or her care.

Guidance: Organizations are required to provide valid written notice to Medicare beneficiaries prior to discharge of all Medicare covered services and must use a standardized notice, such as a Medicare Non-Coverage and Advance Beneficiary Notice, as specified by the Center for Medicaid & Medicare Services. This written notice includes information related to patient appeals.

Guidance: A patient may request services other than those covered by his or her insurance. It is expected that the organization informs the patient of those costs, as well as any additional anticipated out-of-pocket expenses, such as co-pays or deductibles.

Standards	Evidence Guidelines

PCC.2.I.M1

10. Be advised, orally and in writing, of the charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the organization;
11. Be advised, orally and in writing, of the charges the individual may have to pay before care is initiated;
12. Be advised, orally and in writing, of any changes in the information provided with respect to payment and charges, if they occur. The patient and representative (if any) are advised of these changes as soon as possible, in advance of the next home health visit, and in accordance with the patient notice requirements at 42 CFR §411.408(d)(2) and 42 CFR §411.408(f);
13. Receive proper written notice, in advance of a specific service being furnished, if the organization believes that the service may be non-covered care or in advance of the organization reducing or terminating ongoing care;
14. Be informed how to contact (including contact information and hours of operation) the state toll-free hotline and the CHAP hotline to ask questions, report grievances, or voice complaints;
15. Be advised of the names, addresses, and telephone numbers of federally funded and state-funded entities that serve the area where the patient resides, including the
    1) Agency on Aging;
    2) Center for Independent Living;
    3) Protection and Advocacy Agency;
    4) Aging and Disability Resource Center; and
    5) Quality Improvement Organization;
16. Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the organization or an outside entity; and
17. Be informed of the right to access and how to access auxiliary aids and language services.

(continued on following page)

Standards	Evidence Guidelines
PCC.2.I.M1 **Applicable Regulations: G406-484.50; G424-484.50(b)(1); G426-484.50(c); G428-484.50(c)(1); G430-484.50(c)(2); G432-484.50(c)(3); G434-484.50(c)(4); G436-484.50(c)(5); G438-484.50(c)(6); G440-484.50(c)(7); G442-484.50(c)(8); G444-484.50(c)(9); G446-484.50(c)(10); G448-484.50(c)(11); G450-484.50(c)(12).**	
PCC.5.I Care and services are accessible to patients during the organization's operating hours. Care outside of normal operating hours is accessible in accordance with organizational policy.	Document Review: Review documentation related to the organization's hours of operation. Verify that policies, procedures, or other documentation address how care is accessible to patients during and outside of the organization's normal operating hours. Observation: Conduct a home visit and interview a patient. Verify whether they have had to call the organization for information or assistance during or after normal operating hours. If so, verify that the organization responded within its established timeframe. If a home visit is not conducted, interview the patient via telephone.

Standards

PCC.6.I

At the initiation of care, patients and their caregivers, if any, are informed of the organization's complaint process both verbally and in writing and are provided information on how to report complaints to CHAP and the state (per state regulation).

Evidence Guidelines

Record Review: Review patient records. Validate that each record contains documentation that patients and their caregivers (if any) were advised verbally and in writing of the complaint process, and are provided the contact information as specified in the standard.

Observation: Conduct a home visit. Interview the patient or a caregiver. Validate the patient's/caregiver's understanding of the complaint process.

Guidance: State regulation varies for different types of providers or service lines regarding the use of state hotline numbers and the organization's requirement to inform patients about them.

Guidance: Initial agencies that are not yet accredited by CHAP are prohibited from providing information on the CHAP toll-free number.

PCC.6.I.M1

Patients are provided the contact information for lodging complaints or asking questions, including:

1. The CHAP toll-free number; and
2. The toll-free hotline in the state.

Information about the telephone number of the hotline established by the state includes:

1. Telephone line hours of operation; and
2. The purpose of the hotline, which is to receive complaints or questions about local organizations.

Applicable Regulation: G444-484.50(c)(9).

Record Review: Review patient records. Verify there is documentation that the patient was given the information required in the standard.

Guidance: Initial agencies that are not yet accredited by CHAP are prohibited from providing information on the CHAP toll-free number.

Guidance: Some states do not have toll-free hotlines for lodging complaints. In these instances, the organization is required to include only the CHAP toll-free number.

Assessment, Planning and Coordination

KPA Statement

Organizations use effective communication and patient-centered care planning strategies among all members of the care team, including the patient, family and caregiver, to ensure safe, seamless and well-coordinated treatment and services.

Standards	Evidence Guidelines
APC.2.I Patient care and services are planned, coordinated and overseen by designated individual(s) in accordance with the organization's policies.	Interview: Interview a key leader who oversees planning and coordination of care/services. Validate who is responsible for the oversight of care/service delivery. Verify through specific patient example the ways in which care/services are planned and coordinated. Guidance: The amount and type of planning, coordination and oversight is dependent upon the type(s) of services provided. Retail DMEPOS suppliers would not be expected to plan and coordinate care since customers walk in to a store front facility to purchase off the shelf items. However, DMEPOS suppliers who provide legend devices or other providers of care and services are expected to plan, coordinate and oversee the care and services they provide.

Standards

APC.10.D

The organization develops policies and procedures to coordinate and communicate care and service transitions.

Evidence Guidelines

Document Review: Review policies and procedures that address transitions of care and services. Verify that there are mechanisms in place to coordinate and communicate regarding transitions in care.

Guidance: Care and service transitions occur when a patient moves or transfers between different settings (and external transition of care) or different levels of care within the same setting (and internal transition of care.) Examples of external care transitions might include transfer from the home setting to a hospital or from a rehab facility to home care. Internal transitions might include the "hand-off" of care to another provider, such as a shift change in skilled home care, or the passing of information to an on-call nurse for after hours care and coverage.

Guidance: Policies and procedures are not required if the organization does not actively participate in the transfer of patients (i.e., Personal Care and Support Services and Home and Environmental Services).

Standards

APC.10.D.M1

Effective 1/1/2021

Policies document the criteria and processes for transfer and discharge. Policies prescribe that the organization may only transfer or discharge a patient if:

1. The transfer or discharge is necessary for the patient's welfare because the organization and the physician or allowed practitioner who is responsible for the home health plan of care agree that the organization can no longer meet the patient's needs, based on the patient's acuity;
2. The patient or payer will no longer pay for the services provided by the organization;
3. The transfer or discharge is appropriate because the physician or allowed practitioner who is responsible for the home health plan of care and the organization agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and the organization and the physician or allowed practitioner who is responsible for the home health plan of care agree that the patient no longer needs the organization's services;
4. The patient refuses services, or elects to be transferred or discharged;
5. The organization determines that the patient's behavior (or that of other persons in the patient's home) is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the organization to operate effectively is seriously impaired;
6. The patient dies; or
7. The organization ceases to operate.

Applicable Regulations: G452-484.50(d); G454-484.50(d)(1); G456-484.50(d)(2); G458-484.50(d)(3); G460-484.50(d)(4); G462-484.50(d)(5); G472-484.50(d)(6); G474-484.50(d)(7).

Evidence Guidelines

Document Review: Review discharge and transfer policies. Verify that they include the criteria required by the standard.

Standards

APC.10.D.M2

Effective 1/1/2021

Policies include procedures for transferring or discharging a patient "for cause" when the organization determines that the patient's behavior (or that of other persons in the patient's home) is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the organization to operate effectively is seriously impaired. The policy prescribes that the organization:

1. Advises the patient, the patient's representative (if any), the physician(s) or allowed practitioner(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the organization (if any) that a discharge for cause is being considered;
2. Makes efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or the situation;
3. Provides the patient and representative (if any) with contact information for other agencies or providers who may be able to provide care; and
4. Documents the problem(s) and efforts made to resolve the problem(s), and enters this documentation into its clinical records.

Policies also describe the required content of the discharge or transfer summary:

1. All necessary medical information pertaining to the patient's current course of illness and treatment; and
2. Post-discharge goals of care and treatment preferences.

Applicable Regulations: G462-484.50(d)(5); G464-484.50(d)(5)(i); G466-484.50(d)(5)(ii); G468-484.50(d)(5)(iii); G470-484.50(d)(5)(iv); G564-484.58(b); G564-484.58(b)(1).

Evidence Guidelines

Document Review: Review policy for discharging a patient for cause. Verify that it addresses each of the requirements of the standard.

Document review: Review policy for patient discharge/transfer. Validate that the policy includes the required elements for the content of the summary.

Record review: Review discharge/transfer patient records of those patients discharged or transferred on 11/29/2019 or after. Verify the required content is present in the discharge/transfer summary.

Guidance: Additional requirements related to planned discharge of patients are located in APC.10.I and APC.11.I.

Guidance: States may have additional requirements related to the transfer or discharge or patients. It is expected that the organization knows and follows these requirements.

Care Delivery and Treatment

KPA Statement

Care delivery and treatment are provided according to the patient's needs, accepted standards of practice, and the organization's defined scope of services.

Standards	Evidence Guidelines
CDT.4.D There are documented policies and procedures for the acceptance, documentation, verification, and authentication of required physician or other authorized practitioner orders. Policies address which personnel can receive and document orders, including the timeframes for documentation and authentication, in accordance with local, state, and federal law and regulation. **Applicable Regulation: G584-484.60(b)(4).**	Document Review: Review policies, procedures, and other documents that describe how orders are managed. Validate that the documents address which personnel can receive and document orders, as well as the process and timeframes by which orders are obtained and authenticated. Guidance: Some services, such as chore services, do not require an order, as specified in organizational policy or defined by local, state, and federal law and regulation. If this is the case, the standard does not apply. Guidance: Local and state professional practice acts may define who is authorized to receive, document, and verify orders. When permitted by organizational policy and law or regulation, unlicensed or non-skilled personnel may receive and document orders. In general, a health professional may receive an order for his or her particular discipline. For example, a social worker would have the authority to receive a social work order, but not a nursing order.

Human Resource Management

KPA Statement

Organizations ensure that their program is adequately staffed with personnel that possess the knowledge, skills, experience and motivation necessary to deliver safe, high quality, patient-centered care. Planning, oversight, and allocation of program resources reflect the organization's commitment to appropriate orientation, supervision, mentorship, continuous knowledge enhancement, and retention.

Standards	Evidence Guidelines
HRM.1.D The organization maintains documented personnel policies and procedures that support operations and care delivery and that comply with local, state, and federal law and regulation. **Applicable Regulations: G944-484.105(b)(1); G952-484.105(b)(1)(iv).**	Document Review: Review personnel policies. Verify that documented processes exist for the verification of qualifications and eligibility in accordance with local, state, and federal law and regulation and include at a minimum selection criteria based on the position description; verification of employment eligibility, experience, education, and qualifications; applicable health screenings; and criminal background checks.
HRM.2.D The organization documents the duties, roles, and responsibilities for each position. Documentation includes qualifications as well as required experience, education, training, continuing education, certifications, registrations, and licensure. **Applicable Regulations: G944-484.105(b)(1); G952-484.105(b)(1)(iv).**	Document Review: Review documentation that outlines the duties, roles, and responsibilities for each position. This may be found in position descriptions. Verify that content includes description of duties and all applicable qualification requirements. Guidance: When personnel are supervisors, it is expected that their position description includes this information.

Standards

HRM.6.D

Personnel participate in ongoing education as determined by the organization and in accordance with local, state, and federal law and regulation. Education is documented, and documentation includes the dates, participants, and content covered.

Evidence Guidelines

Record Review: Review education records for the past year of operation. If required by the organization, validate that personnel complete ongoing education in accordance with the requirements of the standard. Validate that records of education include dates, participants, and content covered.

Guidance: Unless otherwise prescribed by law and regulation, organizations determine the type and content of education provided, if any.

Guidance: The format and setting of ongoing education are determined by the organization. Education may be provided online, in person, or by other written or visual media. It may be separate or combined with other organizational education. Education may be provided by persons or resources inside or outside of the organization.

Continuous Quality Improvement

KPA Statement

Organizations implement and maintain an agency-wide Continuous Quality Improvement Program that objectively and systematically measures, monitors and assesses program operations and leads to measurable improvements in agency defined goals in the areas of patient safety, outcomes, care delivery, and operations.

Standards	Evidence Guidelines
CQI.1.I The organization implements a data-driven Continuous Quality Improvement (CQI) program that reflects the scope and complexity of the organization and the care and services provided. **Applicable Regulation: G640-484.65.**	Document Review: Review documentation on the CQI program. Validate that it includes the use of data to evaluate the quality of care and services provided and reflects the scope and complexity of the organization.

Standards

CQI.2.D

The organization defines the outcomes and measures that are included in the Continuous Quality Improvement (CQI) program and the data that will be used to support performance improvement (PI) activities.

Evidence Guidelines

Document Review: Review documentation related to the CQI program. This information might be included in a strategic plan, a performance management report, or a dashboard or CQI committee meeting report. Validate that documentation defines the outcomes and measures that are included in the CQI program and the data that will be used to support PI activities.

Guidance: Quality performance improvement activities are the processes implemented by the organization to measure, analyze, and track its quality indicator and outcome data. Performance improvement projects are the actions the organization takes to correct issues identified thorough the measurement, tracking, and analysis of quality improvement indicator and outcome data.

Guidance: Measures (also called indicators) are used to track progress toward achieving outcomes. Outcomes define the specific measurable results. For example, an organization may have an outcome for reducing patient falls by 5 percent within 12 months. A measure (or indicator) used to track progress toward this outcome might be the percent of total patients on service who experience a fall, using incident reports as a data source.

Infection Prevention and Control

KPA Statement

Organizations implement effective Infection Prevention and Control programs to promote safety and reduce the risks for acquiring a healthcare-associated infection.

Standards	Evidence Guidelines
IPC.1.D Infection prevention and control (IPC) policies and procedures reflect the scope and complexity of the services provided by the organization. They include, at a minimum, provisions for: 1. Reducing the risk of acquiring and spreading organisms that can contribute to infections, including communicable diseases; and 2. Educating and training personnel on methods to avoid and reduce the transmission of organisms that can contribute to an infection and communicable diseases.	Document Review: Review IPC policies and procedures. Verify that they contain provisions for minimizing the risk of acquiring and spreading infections, including communicable diseases, and address personnel education and training. Guidance: The complexity of the IPC policies and procedures may vary depending on the scope and complexity of the organization and the services it provides. For example, organizations providing chore or homemaker services would be expected to address sanitation and hygiene practices.

Standards

IPC.1.D.M1

The organization's Infection Prevention and Control (IPC) program meets applicable local, state, and federal laws and regulations, including the Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens standards and the Centers for Disease Control and Prevention's (CDC's) Isolation Precautions.

The IPC program is based on identified and prioritized risks for acquiring and spreading infections. The program includes, at a minimum, policies and procedures for:

1. Performing hand hygiene;
2. Using personal protective equipment (PPE) and other necessary equipment and supplies to implement standard precautions and, as needed, transmission-based precautions;
3. Managing equipment provided to patients and used by staff during care;
4. Managing occupational exposure to pathogens;
5. Establishing a bloodborne pathogen exposure control plan;
6. Establishing a respiratory protection plan;
7. Providing education on IPC practices to personnel, patients, and caregivers;
8. Managing medical waste generated by personnel, patients, and caregivers;
9. Performing health screening of personnel;
10. Monitoring for the risk and occurrence of infections;
11. Reporting infections according to established surveillance guidelines; and
12. Maintaining current knowledge related to emerging community risks and new or revised laws and regulations.

Applicable Regulations: G680-484.70; G682-484.70(a).

Evidence Guidelines

Document Review: Review IPC program documents on isolation precautions, use of PPE, hand hygiene, bag technique, management of equipment and supplies, work surfaces, etc., as applicable to the services offered by the organization. These may include a written plan or a set of policies. Validate that all requirements of the standard are addressed. Validate that hand hygiene protocol meets CDC guidelines and OSHA's Bloodborne Pathogens requirements.

Guidance: The term "program" denotes a coordinated approach to how the organization meets applicable local, state, and federal infection control requirements. It does not mean that policies related to IPC must exist in one book. For many organizations, different components of the program defined within the standard may be found across multiple policies and plans.

Guidance: For home health and hospice organizations, established surveillance guidelines for tracking and reporting infections include the Association for Professionals in Infection Control and Epidemiology-Healthcare Infection Control Practices Advisory Committee Surveillance Definitions for Home Health Care and Home Hospice Infections and The National Healthcare Safety Network (NHSN).

Guidance: If the IPC program is centralized in an organization, the review of policies and procedures will take place as part of a centralized or corporate review. Implementation will be assessed at each location seeking accreditation.

Guidance: Other necessary equipment and supplies could include equipment owned by the agency and removed from the home after use, such as bags used to carry equipment or supplies into or out of the home.

Standards

IPC.3.I

Personnel use hand hygiene products, personal protective equipment (PPE), and other necessary equipment and supplies as described in the organization's infection prevention and control policies and procedures and the Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) guidelines.

Evidence Guidelines

Document Review: Review the policies and procedures. Verify the infection prevention and control policies and procedures include guidelines on personnel usage of hand hygiene products, personal protective equipment (PPE), and other necessary equipment and supplies .

Observation: Inspect offices, warehouses, or other work and storage areas. Validate that hand hygiene is practiced as defined in the organization's policy and CDC or WHO guidelines. Validate that, at a minimum, standard precautions are followed.

Observation: On home visit(s), validate that hand hygiene is practiced as defined in the organization's policy and CDC or WHO guidelines. Validate that, at a minimum, standard precautions are followed. Validate that any other PPE required for the patient's care is used.

Guidance: Personnel includes contracted personnel that provide care and services on behalf of the agency.

Guidance: The use of PPE varies depending on the patient's diagnosis and the type of services provided. At a minimum, it is expected that CDC or WHO standard precautions are implemented.

Tip: Information on hand hygiene practices and standard precautions in community settings can be found on the CDC or WHO website.

Standards

IPC.4.I

Personnel follow the organization's infection prevention and control procedures when supplies and equipment are stored, transported, and carried in and out of the care environment.

Evidence Guidelines

Observation: Inspect the organization's offices. Verify that supplies and equipment for patient use are stored in a clean, dry space protected from damage or contamination. Verify that supplies are not expired.

Observation: Observe personnel transport and use of supplies and equipment in the care environment. Verify that procedures are followed in accordance with organizational policy to prevent cross-contamination. Verify that clean items are separated from used or soiled items during transport.

Guidance: In following organizational policy, it is expected that personnel ensure that areas for supply and equipment storage are separated to prevent cross-contamination.

Guidance: "Care environment" refers to where the patient is located, whether in his or her home or in an inpatient facility or setting. This standard does not apply to suppliers whose personnel do not perform duties in the patient's care environment.

Standards

IPC.8.I

Effective 3/4/2019

Home health care personnel at risk for occupational exposure to TB, are screened and tested as defined in state or local law and regulation, or per the organization's assessment of TB exposure risk based on the population and/or community served.

In the absence of state or local law and regulation or organization identified risk, the screening and testing occurs per the Centers for Disease Control and Prevention (CDC) guidelines.

There is appropriate follow-up when TB risk is identified.

Applicable Regulations: G684-484.70(b)(1); G684-484.70(b)(2).

Evidence Guidelines

Document Review: Review documents describing the organization's TB testing and screening program. Validate that it specifies when and which personnel are screened for TB. Validate that the organization's program is consistent with the state's TB testing and screening guidelines, including the requirements for documentation of chest x-rays for personnel who have a previous history of positive TB tests.

Record Review: Review documents recording TB testing and screening for individual personnel. Validate that testing and screening occurs as described in the organization's Infection Prevention and Control program.

Guidance: TB testing consists of administering and reading the results of a TB test. Testing can be done directly by the organization or by an outside entity. It is expected that new personnel at risk for exposure to TB are tested in accordance with the organization's policy and procedure and as required by state or local law. Ongoing TB testing of employees should be based on the risk assessment of the communities being served by the organization, and state and local laws that apply to the risk assessment results.

Tip: Organizations may want to contact their local or state health department for guidance on TB risk assessment, follow-up, testing, treatment, and chest x-ray requirements.

Tip: CDC guidelines recommend that TB testing cover personnel at high risk of exposure. More detailed guidance on TB testing and screening is available on the CDC website at https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf, state health department laws and regulations, as well as in Occupational Safety and Health Administration directives specific to medical surveillance.

Emergency Preparedness

KPA Statement

Organizations prepare for emergent events through continuous cycles of planning, organizing, equipping, training, evaluating, and taking necessary corrective actions to ensure an effective, coordinated response should such events occur. Before, during and after emergent events, organizations prioritize the safety of patients, caregivers, families, and personnel to minimize interruptions to the delivery of care and services.

Standards	Evidence Guidelines
EP.1.D The organization has a documented emergency preparedness (EP) plan that address actions to be taken in the event of a natural or man-made disaster. The plan is compliant with local, state, and federal requirements. **Applicable Regulation: E0001-484.102.**	Document Review: Review the EP plan. Verify that documentation includes the actions the organization will take in the event of a natural or man-made disaster. Verify that the plan is compliant with local, state, and federal requirements.
EP.2.D The organization documents emergency preparedness (EP) policies and procedures based on their EP plan, when required by local, state or federal law or regulation.	Document Review: Review EP policies and procedures if required by local, state, and federal requirements. Verify they include policies and procedures that support the implementation of the EP plan. Guidance: It is expected that the organization will have EP policies and procedures when required by local, state, or federal law or regulation. In the absence of such law or regulation, the organization is expected to have an EP plan in compliance with the requirements of EP.1.D.

Standards

EP.3.D

Emergency preparedness training is provided to personnel.
Training is specific to the individual's duties and responsibilities.
Training is documented, including the dates, participants, and the content covered.

Evidence Guidelines

Document Review: Review documents related to emergency preparedness training. These might be located in personnel records, education records or checklists. These records may be maintained electronically (in a learning management system) or on paper.

Guidance: This training may be delivered in a variety of ways, such as on-line, in person, or via video, audio or written media. The breadth and depth of the content covered can be adjusted depending on the individual's role in the organization. For example, the training needed for an office manager to act in an emergency differs from that of field staff members who are responsible for direct patient care.

Leadership and Governance

KPA Statement

The organization fulfills its stated mission through active leadership and governance, fostering an internal culture that promotes the delivery of person-centered, safe, effective, timely, and equitable care and services. Leadership and governance engage in governing all aspects of the organization, including goal setting, establishing and promoting ethical practices, and overseeing the management of all legal, fiscal, and operational matters.

Standards	Evidence Guidelines
LG.3.I The organization operates and furnishes care/services in compliance with applicable local, state, and federal laws and regulations related to the health and safety of patients. **Applicable Regulation: G848-484.100.**	Document Review: Review documentation related to organizational compliance. Verify that it includes policies or procedures to ensure the organization's compliance with applicable laws and regulations. Interview: Interview one or more key leaders. Clarify the ways in which the organization ensures that it maintains compliance with all applicable local, state, and federal law and regulation related to the health and safety of patients. Guidance: This standard is designed to assess the organization's compliance with applicable laws and regulation. Although specific deficiencies related to compliance may be cited elsewhere within this or other Key Performance Areas, when systemic issues pertaining to compliance are identified, they may be cited here.

Standards	Evidence Guidelines
LG.4.I The organization's governance assumes full legal authority for the operation of the organization.	Document Review: Review bylaws, articles of incorporation, governance policies and procedures, or similar documents. Verify that they provide a written framework for how governance provides oversight to the organization. Guidance: Organizations with one person serving in the governance role (typically the owner) are expected to maintain meeting minutes if required by state or federal law or regulation. If meeting minutes are not maintained, the organization's owner must demonstrate that it carries out the responsibilities needed to govern the organization.
LG.4.I.M2 The organization's governance appoints a qualified Administrator. **Applicable Regulations: G944-484.105(b)(1); G946-484.105(b)(1)(i).**	Document Review: Review minutes from meetings of governance or other documentation. Verify that governance has taken action to ensure the appointment of a qualified Administrator.

Standards

LG.4.I.M3

Governance ensures that an ongoing program for quality improvement and patient safety is defined, implemented, and maintained. Governance approves the frequency and detail of the organization's data collection and ensures that the quality improvement program:

1. Reflects the complexity of its organization and services;
2. Involves all services (including those services provided under contract or arrangement);
3. Focuses on indicators related to improved outcomes, including the use of emergent care services as well as hospital admissions and readmissions, and takes actions that address the organization's performance across the spectrum of care, including the prevention and reduction of medical errors;
4. Addresses priorities for improved quality of care and patient safety, and ensures that all improvement actions are evaluated for effectiveness and maintained; and
5. Addresses any findings of fraud or waste.

Applicable Regulations: G640-484.65; G644-484.65(b)(3); G660-484.65(e).

Evidence Guidelines

Document Review: Review minutes from meetings of governance. Verify that all requirements of the standard have been met.

Interview: Interview a member of governance if no meeting minutes are available. Verify the ways in which governance ensures that each requirement of the standard is met.

Guidance: It is not required that organizations with one person serving in the governance role (typically the owner) have meetings/minutes. However, the organization's owner must demonstrate that the responsibilities needed to govern the organization are carried out.

Standards	Evidence Guidelines
LG.6.I Individuals who are designated leaders in the organization have relevant education and experience.	Record Review: Review personnel files for those in leadership positions. Compare their education and experience to their position descriptions to determine if they possess the relevant education and experience. Guidance: The organization determines who is designated as a leader. Leaders can assume a variety of roles but generally manage the day-to-day operations of the organization. A leader may be an owner or Administrator, a financial officer, a human resource manager, a director of clinical operations, etc. Guidance: Relevant experience is determined by the organization, unless otherwise mandated through law or regulation, and is documented in position description.
LG.7.I Designated individuals with leadership responsibility have the authority and accountability to direct the organization and its key activities and operations.	Interview: Interview the Administrator, owner, or other key leaders. Verify that there is an understanding of specific roles and responsibilities related to the organization's leadership. Clarify, through specific examples, how duties are performed.
LG.10.I Leaders continually monitor the care/services provided, including those delivered by alternate sites, to ensure appropriate delivery, safety, and quality.	Interview: Interview one or more key leaders at alternate sites, if applicable. Clarify how the organization's leaders monitor care, products, and/or services at alternate sites.

Standards	Evidence Guidelines
LG.11.D Administrative and supervisory authority and responsibility for care and services furnished are defined in writing.	Document Review: Review organizational charts, scope of services, job descriptions, policies, or similar documentation. Verify that administrative and supervisory authority and responsibility for care and services furnished are defined in writing.
LG.11.D.M1 The organization defines, in writing, its organizational structure, including lines of authority and services furnished. Administrative and supervisory functions are not delegated to another entity or organization. **Applicable Regulation: G940-484.105.**	Document Review: Review organizational charts, scope of services, policies, or similar documentation. Verify that the organizational structure, including lines of authority and services furnished, are defined in writing and that administrative and supervisory functions are not delegated to another entity or organization.
LG.12.D Care and services provided through contractual arrangement to an organization or its patients are delivered in a manner consistent with current standards of practice and patient safety. Formal written contracts are signed, dated, and authorized by the principals of each party, and they detail the specific responsibilities of the parties involved.	Interview: Interview one or more key leaders. Determine how oversight is maintained when contracting for services. Contract Review: Review a sample of contracts. Verify that formal written contracts are signed, dated, and authorized by the principals of each party, and that they detail the specific responsibilities of the parties involved. Guidance: "Contracted services" refers to any service provided to the organization by an outside entity or individual. The responsibilities related to oversight of the contract reside with the organization that is receiving care and services.

Financial Stewardship

KPA Statement

The organization's governance is accountable for fiscal oversight. Risk management is aligned with the scope of service delivery to ensure patient and staff safety and the effective use of resources.

Standards	Evidence Guidelines
FS.2.I The organization develops an annual operating budget that reflects the scope and complexity of the organization's care and services.	Document Review: Review the most recent annual budget. Verify that it includes projected revenues and expenses consistent with the organization's size and scope of services.
FS.2.I.M5 The capital expenditure plan is prepared, reviewed, and updated annually under the direction of the organization's governance. **Applicable Regulation: G988-484.105(h).**	Document Review: Review minutes from meetings or other documentation of the organization's governance to verify oversight of the preparation and annual review, as well as approval of the capital expenditure plan.

Information Management

KPA Statement

Organizations implement information management systems that support clinical and business intelligence, including processes for collecting, storing, transmitting, and protecting data. Information management systems support the use and analysis of data to inform decision-making.

Standards	Evidence Guidelines
IM.1.D Information management policies and procedures address how the organization collects, protects, shares, and retains information in accordance with local, state, and federal law and regulation.	Document Review: Review policies and procedures or other documentation related to information management. Validate that they describe how the organization collects, protects, shares, and retains information in accordance with local, state, and federal law and regulation.
IM.1.D.M2 In the event the organization discontinues operations, policies stipulate procedures for: 1. Record retention; and 2. Notification to the state agency of where records will be maintained. **Applicable Regulation: G1026-484.110(c)(2).**	Document Review: Review policies regarding record retention. Verify that the policy includes provisions for the retention of records in the event the organization discontinues operations, including notification to the state agency of where records will be maintained.

Standards	Evidence Guidelines
IM.2.I Administrative, financial, patient, and personnel records are retained in accordance with organizational policy and local, state, and federal law and regulation.	Document Review: Review policies regarding record retention. Verify that records are retained for at least the duration required by organizational policy. Guidance: This standard applies to both paper and electronic records. Tip: State laws related to record retention may vary. A listing by state can be found at www.healthinfolaw.org. Information on Occupational Safety and Health Administration record retention requirements can be found at www.osha.gov.
IM.3.I The organization discloses information, upon request, to authorized agents and government officials in accordance with local, state, and federal law and regulation.	Interview: Interview a key leader. Verify the types of information the organization has, or is prepared to disclose, to authorized agents upon request in accordance with local, state, and federal law and regulation. Guidance: Information may be obtained by government officials or authorized agents on-site, via an inspection, or through a request for documentation.

Standards

IM.3.I.M1

The organization discloses the following information at the time of the initial request for certification, for each survey, and at the time of any change in ownership or management:

1. The name and address of all persons with an ownership or control interest in the organization as defined in §484.12(b) Sections 420.201, 420.202, and 420.206;
2. The name and address of each person who is an officer, a director, an agent, or a managing employee of the organization as defined in §484.12(b) Sections 420.201, 420.202, and 420.206; and
3. The name and address of the corporation, association, or other company that is responsible for the management of the organization, and the name and address of the chief executive officer and the chairperson of the board of directors of that corporation, association, or other company responsible for the management of the organization.

Applicable Regulations: G850-484.100(a); G852-484.100(a); G854-484.100(a)(1); G856-484.100(a)(2); G858-484.100(a)(3).

Evidence Guidelines

Document Review: Review the organization's initial request for certification. Verify that it contains all information required in the standard. If a change of ownership or management has occurred, verify that the required information was disclosed.

Guidance: This information will be reviewed by CHAP prior to the on-site survey visit. If necessary, it will be verified on-site.

Standards

IM.4.I

Patient information is accessed by authorized individuals as determined by the organization and as required by local, state, and federal law and regulation. The organization safeguards the patient record against loss, unauthorized use, or unauthorized access, including the protection of Protected Health Information (PHI). PHI is used and disclosed only for purposes permitted by law. Documented patient consent is obtained for release of information not authorized by law.

Applicable Regulation: G1028-484.110(d).

Evidence Guidelines

Interview: Interview personnel providing patient care or services. Clarify ways in which the confidentiality of patient information and records is protected. Clarify what patient information personnel access in order to provide care or service. Verify that the information supports their ability to perform their duties.

Interview: Interview a key leader. Validate that identified access and security risks related to the patient record have been addressed. Clarify what procedures are in place to ensure PHI is used and disclosed only as permitted by law and regulation. Validate whether any violations have occurred in the past year and how these were addressed.

Guidance: PHI is individually identifiable health information that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual, including demographic data, that relates to: the individual's past, present, or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birthdate, Social Security number).

Guidance: The occurrence of a data security breach is not in itself a finding. If a breach occurs because proper safeguards are not in place, and/or it is not reported and addressed, the standard is cited. Any actions taken are in proportion to the size and scope of the identified breach.

Tip: An organization may employ a wide range of safeguards for data and information security. These might include locked doors or file cabinets, data encryption, passwords, firewalls, and badges.

Standards	Evidence Guidelines
IM.5.D The organization develops protocols for the standardized collection and documentation of patient data and information. Protocols include definitions, symbols, abbreviations, and acronyms prohibited by the organization.	Document Review: Review policies or other documents that address standardized documentation protocols for patient data. Verify that protocols include the prohibited use of symbols, abbreviations, and acronyms. Guidance: Protocols are expected to address a standardized process for collection and documentation of patient data and information, as well as the list of prohibited definitions, symbols, abbreviations, and acronyms. It is not expected that protocols address all of the approved list of symbols, abbreviations, and acronyms Tip: Confusing or ambiguous symbols, abbreviations and acronyms are known contributors to medical errors. Many resources are available that address the safe use of symbols, abbreviations, and acronyms. Some of these may be found on the NANDA International website. The FDA and the Institute for Safe Medication Practices also provide guidance on this topic.
IM.5.I The organization uses standardized formats for documenting the delivery of care and services, consistent with their policies and procedures. Personnel do not use abbreviations, acronyms, or symbols prohibited by the organization.	Record Review: Review patient records. Validate that entries are made using a standardized format for documenting the delivery of care and services, consistent with the organization's policies and procedures. Verify that abbreviations, acronyms, and symbols prohibited by the organization are not used in the documentation of care and services or for internal and external communication of any information about the patient. Guidance: The format for recording required elements is determined by the organization. Records may be in paper or electronic form, and the method(s) for recording data may vary depending on the electronic record and organizational policy.

Key Terms

Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

ADA: Americans with Disabilities Act

Administrator: A general manager, business manager, director, or other individual who exercises operational or managerial control over and/or conducts the day-to-day operations of an organization.

Adverse Drug Event (ADE): Injury or harm to the patient resulting from medical care involving medication use. Examples include anaphylaxis from penicillin, major hemorrhage from heparin, aminoglycoside-induced renal failure, and agranulocytosis from chloramphenicol. Some ADEs may not be the result of an error in the provision of care, while others, often referred to as "preventable ADEs," do involve some element of error (either of omission or commission) that ultimately reaches the patient.

Aide: A paraprofessional worker with specified training and/or certification to provide non-clinical care, such as assistance with personal hygiene or nutritional support, as assigned by his or her supervisor.

> **Certified Nursing Assistant (CNA):** A CNA helps patients in the home with healthcare needs under the supervision of a registered nurse (or a licensed practical nurse).
>
> **Home Health Aide:** A home health aide is trained and has demonstrated the competencies necessary to provide personal care to patients in their home environment. A home health aide must (i) successfully complete a training program and competency evaluation; (ii) successfully complete a competency evaluation; (iii) successfully complete a nurse aide training and competency evaluation program approved by the state and be currently listed in good standing on the state nurse aide registry; or (iv) successfully complete a state licensure program.
>
> **Personal Care Aide (PCA):** A PCA may be referred to by different titles, such as a personal care attendant, within organizations. Personal care aides help patients with self-care and everyday tasks, such as bathing, dressing, and other personal care services supporting activities of daily living. They also may provide social supports and assistance that enable patients to participate in their communities. PCA qualifications are not standardized nationally; however, within home health organizations, PCAs who are employed by home health agencies to furnish services under a Medicaid personal care benefit must abide by all other requirements for home health aides.

Allowed Practitioner: Allowed practitioners are defined in a State Practice Act and may include nurse practitioners, physician assistants, and clinical nurse specialists.

All-Hazards Approach: An integrated approach for prevention, mitigation, preparedness, response, continuity, and recovery that addresses a full range of threats and hazards, including natural, human-caused, emerging infectious disease, and technology-caused. This approach is specific to the location of the provider and the particular types of hazards which most likely occur in their geographic area.

Alternate Site: A location furnishing care or services that is supervised and under the administrative control of the main/parent location. Alternate sites include branches for home health and hospice organizations and distribution centers or warehouses for DME providers and pharmacies.

Audiologist: A person who (a) meets the education and experience requirements for a Certificate of Clinical Competence in audiology granted by the American Speech-Language-Hearing Association; or (b) meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Bloodborne Pathogens: As described by the Occupational Safety and Health Administration, bloodborne pathogens are pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Branch Office: An approved location from which an organization provides services within a portion of the total geographic area served by the parent organization. The parent organization provides 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 organization.

Care: For the purposes of the CHAP standards, the word "care" may represent "care and/or services."

Caregiver: A person or persons, other than agency personnel formally included in the provider care team, who gives help and protection to and/or who is responsible for attending to the needs of a child or dependent adult. A caregiver, as defined by the patient, could be a family member, neighbor, private-pay individual, or other individual external to the organization.

Care Plan: A care plan includes an identified set of shared goals among all members of the care team and the patient that serve as a road map for the provision of all care and services. Plans differ in their scope and complexity depending on the patient's needs, as well as the scope of services provided. Care plans are individualized, fluid, and changeable as the patient's status changes. In home health organizations, this plan is commonly referred to as the patient's "plan of care" (POC).

Care Planning: The necessary steps followed by all members of the care team to achieve the identified goals of the care plan. Care planning is an interactive and evolving interdisciplinary process that occurs across the continuum of care and engages all disciplines involved in the care of the patient, as well as patients, families, and caregivers, in care decisions.

Care Transitions: A set of actions designed to ensure the coordination and continuity of health care as patients transfer between different settings or different levels of care within the same setting.

Centers for Medicare and Medicaid Services (CMS): A federal agency within the Department of Health and Human Services. CMS administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards.

Centers for Disease Control and Prevention (CDC): A federal agency under the Department of Health and Human Services. The CDC's main goal is to protect the public's health and safety through prevention and control of disease, injury, and disability. The CDC focuses its attention on infectious diseases, foodborne pathogens, environmental health, occupational safety, health promotion, injury prevention, and educational activities.

Chief Financial Officer (CFO): The corporate officer primarily responsible for managing the financial risks of the organization. This officer is also responsible for financial planning and record-keeping, as well as financial reporting to higher management.

Clinical Manager: One or more qualified individuals who provide oversight of all patient care services and personnel, including (1) making patient and personnel assignments; (2) coordinating patient care; (3) coordinating referrals; (4) ensuring that patient needs are continually assessed; and (5) ensuring the development, implementation, and updating of the individualized plan of care.

Clinical Nurse Specialist (CNS): A CNS must be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to perform the services of a clinical nurse specialist in accordance with State law. A CNS performs services while working in collaboration with a physician. A CNS must have a master's degree in a defined clinical area of nursing from an accredited educational institution or a Doctor of Nursing Practice (DNP) doctoral degree. A CNS must be certified as a clinical nurse specialist by a national certifying body that has established standards for clinical nurse specialists and that is approved by the Secretary.

Collaboration: Collaboration is a process in which a CNS or NP works with one or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by the law of the State in which the services are performed. In the absence of State law governing collaboration, collaboration is a process in which a CNS or NP has a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by the CNS or NP documenting their scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice. The CNS or NP must document this collaborative process with physicians. The collaborating physician does not need to be present with the CNS or NP when the services are furnished or to make an independent evaluation of each patient who is seen by the CNS or NP.

Continuous Quality Improvement (CQI): A comprehensive approach to quality improvement that involves the implementation of systematic and cyclical approaches to monitor, assess, and improve the quality of health care. Home health and hospice regulations refer to this type of program as a quality assessment and performance improvement program (QAPI).

Emerging Infectious Diseases (EIDs): Emerging infectious diseases are infections that have recently appeared within a population or those whose incidence or geographic range is rapidly increasing or threatens to increase in the near future.

Environment: Environment includes all buildings, warehouses, and storage facilities owned or operated by the organization, as well as all settings in which patients receive services by the organization.

Exploitation: Controlling or taking advantage of by artful, unfair, or insidious means. This may include taking financial advantage of a disabled or elderly person. State law for preventing abuse, neglect, and exploitation, rules and protections vary tremendously from state to state.

Facility: A building, storage site, warehouse, inpatient care setting, or administrative space (not the patient home) owned, operated, or leased by an organization.

Full Scale Exercise: Any operations-based exercise (drill, functional, or full-scale exercise) that assesses an organization's functional capabilities by simulating a response to an emergency that would impact the organization's operations and their community.

Goal, Measure, Outcome: Goals are the broad and general aims the organization is trying to achieve, and are often tied to its mission or business objectives. Measures (also called indicators) are used to track progress toward achieving outcomes. Outcomes define the specific measurable results related to the actions taken to achieve a goal.

Governance/Governing Body: An organization's governance is a body composed of one or more persons who are authorized by the organization to formulate policies, provide oversight, and direct the affairs of the organization in partnership with the organization's leaders and leadership. Governance assumes full authority and legal responsibility for the management of the organization, the provision of all care or services, fiscal operations, and continuous quality assessment and performance improvement. Additionally, it is responsible for ensuring that the organization is effectively managed by its leadership. An organization's governance can range from a single individual to a board of directors. The size and composition of the governance should be appropriate to manage the size and complexity of the organization and the types of services provided.

Home: A patient's place of residence. This may be a private home, an assisted living facility, an extended care or skilled nursing facility, a group home, etc.

Health Insurance Portability and Accountability Act (HIPAA): A federal law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans and medical care providers. HIPAA seeks to establish standardized mechanisms for electronic data interchange, as well as the security and confidentiality of all healthcare-related data. The law mandates standardized formats for all patient health, administrative, and financial data; unique identifiers for each healthcare entity (e.g., individuals, employers, health plans, and health care providers); and security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

ICF/IID: Acronym refers to Intermediate Care Facilities for Individuals with Intellectual Disability.

Immediately: Within the CHAP standards, the term "immediately" is intended to mean soon as possible, but not to exceed 24 hours after discovery of an incident, in the absence of shorter state timeframe requirements.

Improvement Model(s): A structured model or set of processes to guide improvement and organizational change. These models include processes for planning, assessment, and ongoing monitoring. Examples include: Find-Organize-Clarify-Understand-Select (FOCUS), Plan-Do-Check-Act (PDCA), Plan-Do-Study-Act (PDSA), and the Associates in Process Improvement (API) Model for Improvement.

Information Management System: A systematic approach that provides the tools to organize, evaluate, and efficiently manage all data and information necessary to make informed decisions about the provision of care and services. Information management systems define processes that govern the quality, ownership, use, and security of information. This includes the physical infrastructure, software, and/or hardware that facilitate organization, storage, protection, retrieval, and analysis of information. In this context, "information" refers to all types of information, regardless of origin (i.e., collected by the organization or provided to the organization) or type (e.g., paper, electronic, audio, video, verbal).

In-patient Rehab Facility (IRF): A facility located in a hospital that provides a high level of intensive therapy as well as specialized nursing and physician care. It may include close medical supervision by physician with specialized training; twenty-four-hour rehabilitation nursing; a multidisciplinary team of doctors, nurses, case managers and therapists; three hours of rehab therapy daily; and physical, occupational and/or speech therapy.

Leaders/Leadership: Management in the organization, including the Administrator.

Licensed Practical (Vocational) Nurse (LPN/LVN): A person who has completed a practical (vocational) nursing program, is licensed in the state where he or she practices, and furnishes services under the supervision of a qualified registered nurse.

List of Excluded Individuals and Entities (LEIE): The Office of the Inspector General (OIG) has the authority to exclude individuals and entities from federally funded healthcare programs (e.g., Medicare and Medicaid). The OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities. It is unlawful for a payment to be made from a federal healthcare program for any items or services furnished, ordered, or prescribed by an excluded individual or entity listed in the LEIE. Additionally, an organization who hires an individual or entity listed on the LEIE may be subject to civil monetary penalties.

Location: Any parent agency, branch, or site that has a customer identification number.

Long-Term Care Hospital (LTCH): An acute-care hospital with a focus on patients who, on average, stay more than 25 days. LTCHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care, and return home.

Management: The qualified persons that plan, organize, direct, and supervise the clinical and business operations within an organization.

Medical Necessity: According to 42 U.S.C. § 1395y(a)(1)(A), medical necessity is defined as medical treatment and/or services "reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Medication: A drug or other substance (e.g., oxygen) used to treat disease or injury. A medication may be commonly referred to as a drug, medicament, medicine, or pharmaceutical.

Medication Reconciliation: The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

Medication Review: A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. The medication review is often conducted in conjunction with a medication reconciliation**.**

Mental Health Care: Care and services provided to patients with one or more mental disorders or health conditions characterized by a change in mood, thought, or behavior that makes daily activities difficult and impairs a person's ability to work, interact with family, or fulfill other major life functions.

Mental Abuse: Includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.

Misappropriation of Patient Property: The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a patient's belongings or money without the patient's consent.

Mistreatment: To treat badly or abusively (refer to definitions for the different types of abuse listed in this document: verbal, physical, mental, sexual; also see misappropriation of patient property).

Neglect: A failure to provide goods and services necessary to avoid physical harm or mental anguish.

NF: Acronym refers to Nursing Facility.

Nurse Practitioner (NP) : A NP must be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law, performs services while working in collaboration with a physician, and must meet one of the following: (1) Obtained Medicare billing privileges as a nurse practitioner for the first time on or after January 1, 2003, and is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners, and possess a master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree; (2) Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2003, and is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or (3) Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2001.

Occupational Therapist (OT): An occupational therapist is a person who is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which he or she practices, unless licensure does not apply, and who has met the educational requirements established in §42 CFR 484.115(f): Occupational therapist. A person who—

(1) (i) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which practicing, unless licensure does not apply; (ii) Graduated after successful completion of an occupational therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and (iii) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(2) On or before December 31, 2009— (i) Is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which practicing; or (ii) When licensure or other regulation does not apply— (A) Graduated after successful completion of an occupational therapist education program accredited by the accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and (B) Is eligible to take, or has successfully completed the entry-level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc., (NBCOT).

(3) On or before January 1, 2008—(i) Graduated after successful completion of an occupational therapy program accredited jointly by the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or (ii) Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.

(4) On or before December 31, 1977— (i) Had 2 years of appropriate experience as an occupational therapist; and (ii) Had achieved a satisfactory grade on an occupational therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(5) If educated outside the United States, must meet both of the following :(i) Graduated after successful completion of an occupational therapist education program accredited as substantially equivalent to occupational therapist entry level education in the United States by one of the following: (A) The Accreditation Council for

Occupational Therapy Education (ACOTE). (B) Successor organizations of ACOTE. (C) The World Federation of Occupational Therapists. (D) A credentialing body approved by the American Occupational Therapy Association. (E) Successfully completed the entry level certification examination for occupational therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT). (ii) On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an occupational therapist by the state in which practicing.

Occupational Therapy Assistant/Certified Occupational Assistant(COTA): A person who is licensed—unless licensure does not apply, or is otherwise regulated, if applicable—as an occupational therapy assistant by the state in which practicing, and who meets the educational requirements established in §42 CFR 484.115(g): Occupational therapy assistant. A person who—

(1) Meets all of the following: (i) Is licensed or otherwise regulated, if applicable, as an occupational therapy assistant by the state in which practicing, unless licensure does not apply. (ii) Graduated after successful completion of an occupational therapy assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations. (iii) Is eligible to take or successfully completed the entry-level certification examination for occupational therapy assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(2) On or before December 31, 2009—(i) Is licensed or otherwise regulated as an occupational therapy assistant, if applicable, by the state in which practicing; or any qualifications defined by the state in which practicing, unless licensure does not apply; or (ii) Must meet both of the following: (A) Completed certification requirements to practice as an occupational therapy assistant established by a credentialing organization approved by the American Occupational Therapy Association. (B) After January 1, 2010, meets the requirements in paragraph (f)(1) of this section.

(3) After December 31, 1977 and on or before December 31, 2007—(i) Completed certification requirements to practice as an occupational therapy assistant established by a credentialing organization approved by the American Occupational Therapy Association; or (ii) Completed the requirements to practice as an occupational therapy assistant applicable in the state in which practicing.

(4) On or before December 31, 1977—(i) Had 2 years of appropriate experience as an occupational therapy assistant; and (ii) Had achieved a satisfactory grade on an occupational therapy assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(5) If educated outside the United States, on or after January 1, 2008—(i) Graduated after successful completion of an occupational therapy assistant education program that is accredited as substantially equivalent to occupational therapist assistant entry level education in the United States by— (A) The Accreditation Council for Occupational Therapy Education (ACOTE). (B) Its successor organizations. (C) The World Federation of Occupational Therapists. (D) By a credentialing body approved by the American Occupational Therapy Association; and (E) Successfully completed the entry level certification examination for occupational therapy assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

Occupational Exposure: As defined by the Occupational Safety and Health Administration, occupational exposure refers to the reasonable anticipation of skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (e.g., pleural fluid or any body fluid that is visibly contaminated with blood) that may result from the performance of personnel duties.

Occupational Safety and Health Administration (OSHA): A federal agency that is part of the Department of Labor. OSHA's Bloodborne Pathogen Standards prescribe safeguards to protect healthcare workers and patients against health hazards caused by bloodborne pathogens, imposing federal requirements on employers whose personnel can reasonably anticipate contact with blood or other potentially infectious materials. The requirements address items such as exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment, housekeeping, laboratories, hepatitis B vaccination, post- exposure follow-up, hazard communication and training, and record-keeping.

Office of the Inspector General (OIG): An office that is part of Cabinet departments and independent agencies of the federal government as well as some state and local governments. Each office includes an Inspector General and employees charged with identifying, auditing, and investigating fraud, waste, abuse, and mismanagement within the parent agency. Within the CHAP standards, OIG is in reference to the office within the Department of Health and Human Services.

Other Potentially Infectious Material (OPIM): According to the Occupational Safety and Health Administration, OPIM includes the following: "(1) semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV."

Outcome and Assessment Information Set (OASIS): The data collection tool used by Medicare to ensure that standard quality care is being provided by home health organizations across the United States. It includes a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement.

Parent Agency: A location for which CHAP has a signed Accreditation Service Agreement and which: (1) exhibits the authority to provide supervision and administrative control of branch offices; or (2) serves as a central location/headquarters for other locations from which services originate or where personnel perform their assigned duties and responsibilities.

Patient: An individual who receives care or services provided by an organization, its employees, volunteers, and/or contracted staff, toward maintenance, improvement, or protection of health or lessening of illness, disability, or pain. For the purposes of the CHAP standards, the use of the word "patient" may also indicate client, customer, the family and caregivers.

Patient Legal Representative: The person who participates in making legally binding decisions related to the patient's care or well-being. The legal representative can also be the parent of a minor child, the patient's guardian, or the holder of the Durable Power of Attorney of an incapacitated patient.

Patient Record/Clinical Record: The patient record may also be referred to as the clinical record, medical record, health record, or medical chart. The terms are used somewhat interchangeably to describe the systematic documentation of a single patient's medical history, care and service delivery across time. For the purposes of the CHAP standards, this documentation is referred to as the patient record.

Patient Representative/Patient-Selected Representative: A representative, designated by the patient, who could be a family member or friend. A patient-selected representative may accompany the patient; act as a liaison between the patient and the organization to help the patient communicate, understand, remember, and cope with the interactions that take place; and explain any instructions to the patient that are delivered by the organization's personnel. The representative does not need to be the patient's legal representative. The patient determines the role of the representative, to the extent possible, as described in *Federal Register* Vol. 82, No. 9, January 13, 2017. The extent of such representation may vary from one patient to another. A professional interpreter is not considered to be a patient's representative.

Performance Improvement (PI): Activities undertaken, based on findings from the Continuous Quality Improvement Program, to improve the quality of services provided to patients and their families

Personal Protective Equipment (PPE): PPE refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical hazards, electrical hazards, heat, chemicals, biohazards, and airborne particulate matter. Examples of PPE include such items as gloves, foot and eye protection, respirators, masks, and gowns.

Personnel: All employees who are issued a W-2 form by the organization, as well as any volunteers and contracted staff who perform duties or other responsibilities related either directly or indirectly to patient care on behalf of the organization.

Physical Therapist (PT): A person who is licensed, if applicable, by the state in which he or she practices, unless licensure does not apply, and who meets the educational requirements established in §42 CFR 484.115(h): Physical therapist. A person who is licensed, if applicable, by the state in which practicing, unless licensure does not apply and meets one of the following requirements:

(1) (i) Graduated after successful completion of a physical therapist education program approved by one of the following: (A) The Commission on Accreditation in Physical Therapy Education (CAPTE). (B) Successor organizations of CAPTE. (C) An education program outside the United States determined to be substantially equivalent to physical therapist entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to physical therapists. (ii) Passed an examination for physical therapists approved by the state in which physical therapy services are provided.

(2) On or before December 31, 2009—(i) Graduated after successful completion of a physical therapy curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE); or (ii) Meets both of the following: (A) Graduated after successful completion of an education program determined to be substantially equivalent to physical therapist entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified in 8 CFR 212.15(e) as it relates to physical therapists. (B) Passed an examination for physical therapists approved by the state in which physical therapy services are provided.

(3) Before January 1, 2008 graduated from a physical therapy curriculum approved by one of the following: (i) The American Physical Therapy Association. (ii) The Committee on Allied Health Education and Accreditation of the American Medical Association. (iii) The Council on Medical Education of the American Medical Association and the American Physical Therapy Association.

(4) On or before December 31, 1977 was licensed or qualified as a physical therapist and meets both of the following: (i) Has 2 years of appropriate experience as a physical therapist. (ii) Has achieved a satisfactory grade on

a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(5) Before January 1, 1966— (i) Was admitted to membership by the American Physical Therapy Association; (ii) Was admitted to registration by the American Registry of Physical Therapists; or (iii) Graduated from a physical therapy curriculum in a 4-year college or university approved by a state department of education.

(6) Before January 1, 1966 was licensed or registered, and before January 1, 1970, had 15 years of fulltime experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.

(7) If trained outside the United States before January 1, 2008, meets the following requirements: (i) Was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy. (ii) Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.

Physical Therapy Assistant (PTA): A person who is licensed, registered, or certified as a physical therapist assistant, as required, by the state in which he or she practices, and who meets the educational requirements established in §42 CFR 484.115(i): Physical therapist assistant. A person who is licensed, registered or certified as a physical therapist assistant, if applicable, by the state in which practicing, unless licensure does not apply and meets one of the following requirements:

(1)(i) Graduated from a physical therapist assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to physical therapist assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and (ii) Passed a national examination for physical therapist assistants.

(2) On or before December 31, 2009, meets one of the following: (i) Is licensed, or otherwise regulated in the state in which practicing.(ii) In states where licensure or other regulations do not apply, graduated before December 31, 2009, from a 2-year college-level program approved by the American Physical Therapy Association and after January 1, 2010, meets the requirements of paragraph (h)(1) of this section.

(3) Before January 1, 2008, where licensure or other regulation does not apply, graduated from a 2-year college level program approved by the American Physical Therapy Association.

(4) On or before December 31, 1977, was licensed or qualified as a physical therapist assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

Physical Abuse: Includes, but is not limited to, hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

Physician: A doctor of medicine, osteopathy, or podiatry podiatric medicine legally authorized to practice medicine and surgery by the state in which such function or action is performed and who is not precluded from performing this function under prior determination of medical necessity for physicians' services. A “Prior Determination of Medical Necessity” means an individual decision by a Medicare contractor, before a physician's service is furnished, as to whether or not the physician's service is covered consistent with the requirements of section 1862(a)(1)(A) of the Act relating to medical necessity. (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.)

Physician Assistant (PA): A PA must have graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or have passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants. A PA must be licensed by the State to practice as a physician assistant. A PA is legally authorized to perform the services in the State in which they are performed. A PA performs services that are not otherwise precluded from coverage because of a statutory exclusion. A PA performs the services in accordance with state law and state scope of practice rules for PAs in the state in which the PA's professional services are furnished. Any state laws and scope of practice rules that describe the required practice relationship between physicians and PAs, including explicit supervisory or collaborative practice requirements, describe a form of supervision for purposes of section 1861(s)(2)(K)(i) of the Act. For states with no explicit state law and scope of practice rules regarding physician supervision of PA's services, physician supervision is a process in which a PA has a working relationship with one or more physicians to supervise the delivery of their health care services. Such physician supervision is evidenced by documenting at the practice level the PA's scope of practice and the working relationships the PA has with the supervising physician/s when furnishing professional services.

PRN: Abbreviation for Latin phrase "pro re nata"—as needed; as circumstances require.

Professional Personnel/Healthcare Professional/Skilled Professional: A person who is licensed (if licensure is required) by a state organization to conduct activities within the scope of defined professional practice. Professional personnel include physicians, registered nurses, physical and occupational therapists, speech-language pathologists, registered dieticians, audiologists, pharmacists, and masters of social work.

Protected Health Information (PHI): Information about health status, treatment, services, or payment that can be linked to a specific patient. PHI includes any part of a patient's medical record or payment history. Securing protected health information is a fundamental step to ensuring patient privacy. Federal laws require that organizations safeguard patient privacy by protecting critical patient information, whether it is stored on paper or electronically.

Pseudo-patient: A person trained to participate in a role-play situation, or a computer-based mannequin device. A pseudo-patient must be capable of responding to and interacting with the home health aide trainee, and must demonstrate the general characteristics of the primary patient population served by the home health organization in key areas such as age, frailty, functional status, and cognitive status.

Psychiatric Care: Refers to the care of patients with an active psychosis or diagnosed psychiatric disorder.

QIES ASAP System: The national OASIS Assessment Submission and Processing (ASAP) System by which Medicare-certified home health organizations submit/transmit OASIS assessment data to CMS.

Registered Nurse (RN): A graduate of an approved school of professional nursing who is licensed as a registered nurse by the state in which he or she practices.

Remediation/Remedial Measures: Corrective and disciplinary action, which includes a preventive component to ensure the problem does not occur in the future.

Requirements: References to local, state, and/or federal requirements throughout the CHAP standards include all finalized laws and regulations.

Safe Medical Devices Act: A law that gives the Food and Drug Administration (FDA) authority to regulate medical devices in order to quickly learn when a medical device has caused an adverse patient event or experience, and to ensure that hazardous devices are removed from healthcare facilities in a timely manner. Adverse experiences are defined by the FDA to include concussions, fractures, burns, temporary paralysis, and temporary loss of sight, hearing, or smell.

Sexual Abuse: Includes, but is not limited to, sexual harassment, sexual coercion, and sexual assault.

Simulation: A training and assessment technique that mimics the reality of the homecare environment, including environmental distractions and constraints that evoke or replicate substantial aspects of the real world in a fully interactive fashion, in order to teach and assess proficiency in performing skills, and to promote decision making and critical thinking.

Skilled Nursing Facility (SNF): Post-hospital care provided at a facility. Skilled nursing care includes services such as administration of medications, tube feedings, and wound care. SNFs can be part of nursing homes or hospitals.

Skilled Professional Assistant: A healthcare worker under the supervision of a licensed health professional such as a registered nurse, therapist, or master of social work. Skilled professional assistants include licensed practical (vocational) nurses, physical therapy assistants, occupational therapy assistants, and social work assistants.

Social Worker (SW/MSW): A person who has a master's degree from a school of social work accredited by the Council on Social Work Education and has one year of social work experience in a healthcare setting.

Social Work Assistant (SWA): A person who: (1) has a baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least one year of social work experience in a health care setting; or (2) has two years of appropriate experience as a social work assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as a social work assistant after December 31, 1977.

Speech-Language Pathologist (SLP): A person who (1) meets the education and experience requirements for a Certificate of Clinical Competence in speech-language pathology granted by the American Speech-Language-Hearing Association; or (2) meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Standards of Practice: Standards of professional practice explain the goals, values, and ethical precepts that direct the profession. Examples of professional standards of practice include: Scope and Standards of Practice from the American Psychiatric Nurses Association; American Nurses Association Scope and Standards of Practice; Standards for the Practice of Clinical Social Work, Standards of Practice for Physical Therapy, Standards of Practice for Clinical Pharmacists, the Hospice and Palliative Nurses Association Clinical Practice Guidelines for Quality Palliative Care, and the American Association for Respiratory Care Clinical Practice Guidelines.

Summary Report: The compilation of the pertinent factors of a patient's clinical notes that is submitted to the patient's physician.

Supervised Practical Training: Supervised practical training means training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing covered services to an individual (a patient or pseudo-patient) under the direct supervision of either a registered nurse or a licensed practical nurse who is under the supervision of a registered nurse.

Surveillance: Surveillance in public health is defined by the Centers for Disease Control and Prevention as "the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve [the public's] health." Surveillance, as part of an infection prevention and control program, is a comprehensive method of measuring outcomes such as healthcare-acquired infections and related processes of care to provide information to organizations in an effort to improve the safety and quality of patient care or services.

Telecommunications: Telecommunications technology, as indicated on the plan of care, can include: remote patient monitoring, defined as the collection of physiologic data (for example, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient or caregiver or both to the home health agency; teletypewriter (TTY); and 2-way audio-video telecommunications technology that allows for real-time interaction between the patient and clinician.

Verbal Abuse: The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.

Verbal Order: A physician or allowed practitioner order that is spoken to appropriate personnel and later put in writing for the purposes of documenting as well as establishing or revising the patient's plan of care.