

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS



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The ACHC Accreditation Standards are developed in conjunction with the Medicare Conditions of Participation (CoPs). This checklist will assist a provider in auditing and preparing the home health agency for accreditation. Non-compliance with a minimum of one condition-level CoP will require another on-site survey at the organization's expense. Following this checklist does not guarantee approval of accreditation by Accreditation Commission for Health Care (ACHC). Agencies should refer to the State Operations Manual, Appendix B-Guidance to Surveyors: Home Health Agencies for further information regarding Medicare CoPs. This document only reviews the Medicare CoPs. please refer to ACHC Accreditation Standards for additional ACHC requirements.

How to use this pre-evaluation checklist:

Review each Medicare CoP and the associated G tags in the State Operations Manual. If in compliance, score the G tag as a "Yes". If not in compliance, score the G tag as a "No". Multiple "No" answers under an individual CoP could put the agency at risk for a condition-level deficiency, and therefore should be a priority in correcting.

YES	NO	G Tag	
Are you in compliance with the Medicare Condition of Participation pertaining to Patient Rights (reference CFR 484.10)?			
<input type="checkbox"/>	<input type="checkbox"/>	G101	Is there evidence that the home health agency informed the patients of their rights and responsibilities?
<input type="checkbox"/>	<input type="checkbox"/>	G102	Is there evidence that patients received a written notice of rights prior to the delivery of care?
<input type="checkbox"/>	<input type="checkbox"/>	G103	Does the agency maintain documentation that patients were informed of their rights and responsibilities?
<input type="checkbox"/>	<input type="checkbox"/>	G104	Is there evidence patients understand their ability to exercise their rights?
<input type="checkbox"/>	<input type="checkbox"/>	G105	Is there evidence that patients and/or their property are treated with respect?
<input type="checkbox"/>	<input type="checkbox"/>	G106	Is there evidence that patients are allowed to voice grievances without fear of reprisal?
<input type="checkbox"/>	<input type="checkbox"/>	G107	Is there evidence of complaints being properly investigated, resolved and documented?
<input type="checkbox"/>	<input type="checkbox"/>	G108	Is there evidence patients are informed, in advance, about the care to be furnished and any changes in the care to be furnished included all disciplines that will furnish care and the proposed frequency of visits by those disciplines?
<input type="checkbox"/>	<input type="checkbox"/>	G109	Is there evidence patients have the right to participate in the planning of their care?
<input type="checkbox"/>	<input type="checkbox"/>	G110	Is there evidence patients are informed and provided written information regarding their right to formulate Advance Directives?
<input type="checkbox"/>	<input type="checkbox"/>	G111	Is patient information kept confidential?
<input type="checkbox"/>	<input type="checkbox"/>	G112	Are patient's informed of the agency's policies and procedures regarding the disclosure of clinical records?
<input type="checkbox"/>	<input type="checkbox"/>	G113	Is the patient's right to be informed of expected payment from Medicare or other sources as well as their expected liability being respected?

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<input type="checkbox"/>	<input type="checkbox"/>	G114	Is there documented evidence patients were informed of expected payment from Medicare or other sources as well as their expected liability, prior to the initiation of care?
<input type="checkbox"/>	<input type="checkbox"/>	G115	Is there documented evidence patients were informed orally and in writing of any changes regarding payment for services as soon as possible, but no later than 30 calendar days from when the agency becomes aware?
<input type="checkbox"/>	<input type="checkbox"/>	G116	Is there documented evidence patients are informed of their state hotline number and the hours of operation in order to lodge complaints against the agency?
Are you in compliance with the Medicare Condition of Participation pertaining to the Release of Patient Identifiable OASIS Information (reference CFR 484.11)?			
<input type="checkbox"/>	<input type="checkbox"/>	G310	Is there evidence that patients' OASIS information is kept confidential?
Are you in compliance with the Medicare Condition of Participation pertaining to Compliance with Federal, State, and Local Laws, Disclosure and Ownership Information, and Accepted Professional Standards and Principles (reference CFR 484.12)?			
<input type="checkbox"/>	<input type="checkbox"/>	G118	Does staff provide services in compliance with all applicable federal, state, and local laws and regulations?
<input type="checkbox"/>	<input type="checkbox"/>	G119	Have there been any changes in ownership or management? (N/A if ownership hasn't changed)
<input type="checkbox"/>	<input type="checkbox"/>	G120	If there has been a change, has it been properly reported?
<input type="checkbox"/>	<input type="checkbox"/>	G121	Does staff comply with accepted professional standards and practices, including the agency's own policies and procedures?
Are you in compliance with the Medicare Condition of Participation pertaining to Organization, Services, and Administration (reference 484.14)?			
<input type="checkbox"/>	<input type="checkbox"/>	G123	Does the organizational chart demonstrate the lines of authority down to the patient care level?
<input type="checkbox"/>	<input type="checkbox"/>	G124	Is there evidence the administrative and supervisory functions are not delegated to another agency or organization?
<input type="checkbox"/>	<input type="checkbox"/>	G125	Are all services, whether furnished directly or under agreement/contract monitored and controlled by the parent agency?
<input type="checkbox"/>	<input type="checkbox"/>	G126	Are subunits being operated under the parent agency, and if so, are the administrative records maintained for each subunit?
<input type="checkbox"/>	<input type="checkbox"/>	G127	Is at least one of the qualifying services provided directly through agency employees?
<input type="checkbox"/>	<input type="checkbox"/>	G128	Is there a governing body or other designated individual(s) who assumes full legal authority of the agency?
<input type="checkbox"/>	<input type="checkbox"/>	G129	Has the governing body or designated individual(s) appointed a qualified administrator?
<input type="checkbox"/>	<input type="checkbox"/>	G130	Does the governing body or designated individual(s) arrange for professional advice as needed?
<input type="checkbox"/>	<input type="checkbox"/>	G131	Does the governing body or designated individual(s) review written bylaws or an acceptable equivalent on a periodic basis?
<input type="checkbox"/>	<input type="checkbox"/>	G132	Is there evidence the governing body oversees the management and fiscal affairs of the agency?

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<input type="checkbox"/>	<input type="checkbox"/>	G133	Does the administrator direct the day-to-day functions of the agency?
<input type="checkbox"/>	<input type="checkbox"/>	G134	Does the administrator ensure staff is qualified and they receive adequate education and evaluations?
<input type="checkbox"/>	<input type="checkbox"/>	G135	Does the administrator ensure the accuracy of public information and marketing materials?
<input type="checkbox"/>	<input type="checkbox"/>	G136	Does the administrator implement an effective budgeting and accounting system?
<input type="checkbox"/>	<input type="checkbox"/>	G137	Is there a qualified individual authorized in writing to serve in the absence of the administrator?
<input type="checkbox"/>	<input type="checkbox"/>	G138	Is skilled nursing and other therapeutic services furnished under the supervision of a qualified individual who is either a physician or registered nurse?
<input type="checkbox"/>	<input type="checkbox"/>	G139	Is the administrator or similarly qualified alternate available at all times during operating hours?
<input type="checkbox"/>	<input type="checkbox"/>	G140	Does the supervising individual participate in all activities relevant to the professional services furnished, including the development of qualifications and the assignment of personnel?
<input type="checkbox"/>	<input type="checkbox"/>	G141	Are there personnel policies and procedures that support patient care?
<input type="checkbox"/>	<input type="checkbox"/>	G142	Are contract staff utilized to perform patient care and if so do the written agreements meet the requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G143	Is there documented evidence that all staff furnishing care maintain liaison to support the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G144	Is there documented evidence of care coordination?
<input type="checkbox"/>	<input type="checkbox"/>	G145	Is there a written summary report sent to the attending physician every 60 days?
<input type="checkbox"/>	<input type="checkbox"/>	G146	For services provided under arrangement, does the written agreement conform to the requirements of 1861(w) of the Act?
<input type="checkbox"/>	<input type="checkbox"/>	G147	Is there an overall plan, annual operating budget and capital expenditure plan?
<input type="checkbox"/>	<input type="checkbox"/>	G148	Is the overall plan and budget prepared under the direction of the governing body or appropriate designee(s)?
<input type="checkbox"/>	<input type="checkbox"/>	G149	Is the overall plan and budget reviewed and updated at least annually?
<input type="checkbox"/>	<input type="checkbox"/>	G150	Is the appropriate CLIA certificate current and available for review?
Are you in compliance with the Medicare Condition of Participation pertaining to Group of Professional Personnel (reference CFR 484.16)?			
<input type="checkbox"/>	<input type="checkbox"/>	G152	Does the group of professional personnel have appropriate representation to include at least one physician, one RN and at least one therapist if the agency offers therapy services and one MSW if the agency offers social work services.
<input type="checkbox"/>	<input type="checkbox"/>	G153	Is the group fulfilling their duties of establishing and annually reviewing policies and procedures and includes one member that is neither an owner nor an employee?

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<input type="checkbox"/>	<input type="checkbox"/>	G154	Is the group fulfilling their advisory and evaluation functions?
<input type="checkbox"/>	<input type="checkbox"/>	G155	Are the meetings documented and dated?
Are you in compliance with the Medicare Condition of Participation pertaining to Acceptance of Patients, Plan of Care, and Medical Supervision (reference CFR 484.18)?			
<input type="checkbox"/>	<input type="checkbox"/>	G157	Does the agency only accept patients that they can reasonably provide care for?
<input type="checkbox"/>	<input type="checkbox"/>	G158	Does care follow a written plan of care established and reviewed by a physician?
<input type="checkbox"/>	<input type="checkbox"/>	G159	Does the plan of care cover all required elements?
<input type="checkbox"/>	<input type="checkbox"/>	G160	Has the physician approved any and all additions and modifications to the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G161	Do therapy orders include the specific procedures and modalities as well as the amount, frequency and duration?
<input type="checkbox"/>	<input type="checkbox"/>	G162	Is there documented evidence the therapists and other agency personnel participate in the development of the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G163	Is there documented evidence that the plan of care is reviewed at least every 60 days or more frequently, as needed?
<input type="checkbox"/>	<input type="checkbox"/>	G164	Is there documented evidence that staff notify the physician when there is a need to alter the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G165	Are there orders for all drugs and treatments administered by agency staff?
<input type="checkbox"/>	<input type="checkbox"/>	G166	Are verbal orders put in writing, signed and dated by the individual responsible for furnishing or supervising the ordered services?
<input type="checkbox"/>	<input type="checkbox"/>	G300	Are verbal orders accepted according to state, federal law and regulations, and per agency policy?
Are you in compliance with the Medicare Condition of Participation pertaining to Reporting OASIS Information (reference CFR 484.20)?			
<input type="checkbox"/>	<input type="checkbox"/>	G320	Is OASIS data collected and transmitted on appropriate patients on a monthly basis?
<input type="checkbox"/>	<input type="checkbox"/>	G321	Is OASIS data being transmitted within 30 days of completing the assessment?
<input type="checkbox"/>	<input type="checkbox"/>	G322	Is the OASIS information accurate and does it reflect the patient's status at the time of assessment?
<input type="checkbox"/>	<input type="checkbox"/>	G324	Does the transmission of OASIS data meet the format requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G325	Has the test OASIS been successfully transmitted? (N/A if agency has a Medicare Provider Number)
<input type="checkbox"/>	<input type="checkbox"/>	G327	Does the software conform to CMS expectations?
<input type="checkbox"/>	<input type="checkbox"/>	G328	Is the CMS assigned branch identification numbers being used when transmitting OASIS data?

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Are you in compliance with the Medicare Condition of Participation pertaining to Skilled Nursing Services (reference CFR 484.30)?			
<input type="checkbox"/>	<input type="checkbox"/>	G169	Is all skilled nursing performed by or under the supervision of an RN?
<input type="checkbox"/>	<input type="checkbox"/>	G170	Is there evidence of nursing care being delivered in accordance with the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G171	Is there evidence the RN makes the initial evaluation visit?
<input type="checkbox"/>	<input type="checkbox"/>	G172	Is there evidence the RN regularly re-evaluates the patient's nursing needs.
<input type="checkbox"/>	<input type="checkbox"/>	G173	Is there evidence the RN initiates the plan of care and makes necessary revisions?
<input type="checkbox"/>	<input type="checkbox"/>	G174	Are any services requiring specialized nursing skills being provided by appropriately qualified nurses?
<input type="checkbox"/>	<input type="checkbox"/>	G175	Is there evidence the RN initiates preventive and rehabilitative nursing procedures?
<input type="checkbox"/>	<input type="checkbox"/>	G176	Is there evidence the RN prepares clinical and progress notes, coordinates services, and informs the physician of changes?
<input type="checkbox"/>	<input type="checkbox"/>	G177	Is there evidence the RN counsels the patient/family in meeting all needs?
<input type="checkbox"/>	<input type="checkbox"/>	G178	Is there evidence the RN participates in in-service programs, and supervises and teaches other nursing personnel?
<input type="checkbox"/>	<input type="checkbox"/>	G179	Is there evidence the LPN/LVN furnishes services in accordance with the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G180	Is there evidence the LPN/LVN prepares clinical and progress notes?
<input type="checkbox"/>	<input type="checkbox"/>	G181	Is there evidence the LPN/LVN assists physician and RN with specialized procedures?
<input type="checkbox"/>	<input type="checkbox"/>	G182	Is there evidence the LPN/LVN observes aseptic technique?
<input type="checkbox"/>	<input type="checkbox"/>	G183	Is there evidence the LPN/LVN assists patients in learning appropriate self-care?
Are you in compliance with the Medicare Condition of Participation pertaining to Therapy Services (reference CFR 484.32)?			
<input type="checkbox"/>	<input type="checkbox"/>	G185	Is there evidence therapy services are performed by qualified therapists?
<input type="checkbox"/>	<input type="checkbox"/>	G186	Is there evidence the therapist assists the physician in evaluating/developing the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G187	Is there evidence the therapist prepares clinical and progress notes?
<input type="checkbox"/>	<input type="checkbox"/>	G188	Is there evidence the therapist advises and consults with patient/family and personnel?
<input type="checkbox"/>	<input type="checkbox"/>	G189	Is there evidence the therapist participates in in-service programs?
<input type="checkbox"/>	<input type="checkbox"/>	G190	Is there evidence of PT and OT assistants being supervised by a qualified PT/OT?
<input type="checkbox"/>	<input type="checkbox"/>	G191	Is there evidence the therapy assistant assists in preparing clinical notes and reports?

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<input type="checkbox"/>	<input type="checkbox"/>	G192	Is there evidence the therapy assistants participate in patient education and in-services?
<input type="checkbox"/>	<input type="checkbox"/>	G193	Is there evidence that speech therapy services are provided by or are under a qualified SLP/audiologist?
Are you in compliance with the Medicare Condition of Participation pertaining to Medical Social Services (reference CFR 484.34)?			
<input type="checkbox"/>	<input type="checkbox"/>	G195	Is there evidence that medical social services are provided by qualified staff and in accordance with the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G196	Is there evidence the social worker participates in the development of the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G197	Is there evidence the social worker prepares clinical and progress notes?
<input type="checkbox"/>	<input type="checkbox"/>	G198	Is there evidence the social worker works with the family?
<input type="checkbox"/>	<input type="checkbox"/>	G199	Is there evidence the social worker utilizes appropriate community resources?
<input type="checkbox"/>	<input type="checkbox"/>	G200	Is there evidence the social worker participates in discharge planning and in-service programs?
<input type="checkbox"/>	<input type="checkbox"/>	G201	Is there evidence the social worker acts as a consultant to other agency personnel?
Are you in compliance with the Medicare Condition of Participation pertaining to Home Health Aide Services (reference CFR 484.36)?			
<input type="checkbox"/>	<input type="checkbox"/>	G203	Are home health aides being selected on the basis of specific factors?
<input type="checkbox"/>	<input type="checkbox"/>	G204	Does the home health aide training meet the content and duration requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G205	Is there evidence that home health aides complete 16 hours of classroom training before supervised practical training begins?
<input type="checkbox"/>	<input type="checkbox"/>	G206	Does the home health aide training meet the specific training requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G207	Does the agency offer/provide a home health aide training program if within the past two years it has not been cited for a condition-level deficiency?
<input type="checkbox"/>	<input type="checkbox"/>	G208	Is there evidence the instructor has the appropriate qualifications?
<input type="checkbox"/>	<input type="checkbox"/>	G209	Is there evidence that any other trainers utilized are under the supervision of a qualified RN?
<input type="checkbox"/>	<input type="checkbox"/>	G210	Does the agency maintain documentation of home health aide training?
<input type="checkbox"/>	<input type="checkbox"/>	G211	Are home health aides providing services only after completing a competency evaluation program?
<input type="checkbox"/>	<input type="checkbox"/>	G212	Do all home health aides meet the competency requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G213	Does the competency evaluation and in-service training meet the requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G214	Are all home health aides having a performance review completed every 12 months?

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<input type="checkbox"/>	<input type="checkbox"/>	G215	Is there evidence that all home health aides receive 12 hours of in-service training during each 12 month period?
<input type="checkbox"/>	<input type="checkbox"/>	G216	Does the agency offer/provide a home health aide competency evaluation program if within the past two years it has not been cited for a condition-level deficiency?
<input type="checkbox"/>	<input type="checkbox"/>	G217	Are all competency evaluations for home health aides performed by an RN?
<input type="checkbox"/>	<input type="checkbox"/>	G218	Are the required subject areas properly evaluated?
<input type="checkbox"/>	<input type="checkbox"/>	G219	Is there evidence that all home health aides have been determined competent for all tasks in which they are performing independently?
<input type="checkbox"/>	<input type="checkbox"/>	G220	Have all home health aide received a satisfactory rating for all tasks they are performing?
<input type="checkbox"/>	<input type="checkbox"/>	G221	Does the home health agency maintain documentation of the competency evaluation?
<input type="checkbox"/>	<input type="checkbox"/>	G222	Has the agency implemented a competency evaluation program that meets the requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G223	Are home health aides assigned to a specific patient by an RN?
<input type="checkbox"/>	<input type="checkbox"/>	G224	Are the written patient care instructions prepared by the RN or other appropriate professional?
<input type="checkbox"/>	<input type="checkbox"/>	G225	Are the home health aides providing the care that is ordered by the MD and that is on the plan of care?
<input type="checkbox"/>	<input type="checkbox"/>	G226	Do home health aide duties include hands-on personal care, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	G227	Are all home health aide services provided by qualified home health aides?
<input type="checkbox"/>	<input type="checkbox"/>	G228	Are all home health aides being supervised by appropriate professional?
<input type="checkbox"/>	<input type="checkbox"/>	G229	Is there evidence an on-site supervisory visit is completed at least every 2 weeks by the appropriate professional?
<input type="checkbox"/>	<input type="checkbox"/>	G230	Is there evidence that for any patients receiving non-skilled services the RN completes an on-site visit at least every 60 days?
<input type="checkbox"/>	<input type="checkbox"/>	G231	Is there evidence that any home health aide services provided by non-direct employees are provided under arrangement/contract?
<input type="checkbox"/>	<input type="checkbox"/>	G232	Is there evidence the agency ensures the quality of care provided by contracted home health aides?
<input type="checkbox"/>	<input type="checkbox"/>	G301	Does the agency ensure that the supervision of aides under arrangement is being completed in a timely manner?
<input type="checkbox"/>	<input type="checkbox"/>	G302	Does the agency ensure that contract home health aides meet the training requirements?
<input type="checkbox"/>	<input type="checkbox"/>	G233	Is there evidence personal care attendants meet the evaluation requirements and are competent to perform tasks assigned?

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Are you in compliance with the Medicare Condition of Participation pertaining to Qualifying to Furnish Outpatient PT/SPS(reference CFR 484.38)?			
<input type="checkbox"/>	<input type="checkbox"/>	G234	Is there evidence those agencies providing outpatient therapy services meet Medicare requirements?
Are you in compliance with the Medicare Condition of Participation pertaining to Clinical Records (reference CFR 484.48)?			
<input type="checkbox"/>	<input type="checkbox"/>	G236	Do all clinical records contain pertinent past and current findings in accordance with accepted professional standards?
<input type="checkbox"/>	<input type="checkbox"/>	G303	Is there evidence the agency informs the attending physician of the availability of a discharge summary?
<input type="checkbox"/>	<input type="checkbox"/>	G237	Are all clinical records retained for 5 years or as required by state law?
<input type="checkbox"/>	<input type="checkbox"/>	G238	Is there evidence that for all patients transferred to another health facility, a copy of the record or abstract is sent with transferred patient?
<input type="checkbox"/>	<input type="checkbox"/>	G239	Are all clinical records safeguarded against loss or unauthorized use?
<input type="checkbox"/>	<input type="checkbox"/>	G240	Do the agency's written policies and procedures describe the process for use and removal of records and release of information?
<input type="checkbox"/>	<input type="checkbox"/>	G241	Is there evidence that a patient's written consent is obtained for release of information not authorized by state law?
Are you in compliance with the Medicare Condition of Participation pertaining to Evaluation of the Agency's Program (reference 484.52)?			
<input type="checkbox"/>	<input type="checkbox"/>	G243	Does the agency have written policies and procedures requiring an annual evaluation of the agency's total program?
<input type="checkbox"/>	<input type="checkbox"/>	G244	Does the evaluation consists of a policy, administrative, and clinical review?
<input type="checkbox"/>	<input type="checkbox"/>	G245	Does the evaluation include an assessment that the program is appropriate, adequate, effective, and efficient?
<input type="checkbox"/>	<input type="checkbox"/>	G246	Is there evidence the results are reported and acted upon?
<input type="checkbox"/>	<input type="checkbox"/>	G247	Is the report maintained separately as an administrative record?
<input type="checkbox"/>	<input type="checkbox"/>	G248	Does the evaluation include a review of policies and administrative practices to determine they promote patient care?
<input type="checkbox"/>	<input type="checkbox"/>	G249	Does the agency has mechanisms established and in writing for collection of data to assist in the program evaluation?
<input type="checkbox"/>	<input type="checkbox"/>	G250	Is there evidence the agency conducts a quarterly review of active and closed clinical records by appropriate health professionals representing the scope of the program?
<input type="checkbox"/>	<input type="checkbox"/>	G251	Is there evidence the agency conducts a continuing review for each 60-day period a patient receives home health services?

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YES	NO	GTag	
Are you in compliance with the Medicare Condition of Participation pertaining to Comprehensive Assessment of Patients (reference CFR 484.55)?			
<input type="checkbox"/>	<input type="checkbox"/>	G331	Are all initial assessment visits conducted by an RN to determine the immediate care and support needs of the patient, and to determine eligibility for the Medicare home health benefit including homebound status for the Medicare beneficiaries?
<input type="checkbox"/>	<input type="checkbox"/>	G332	Are all initial assessments completed within 48 hours of referral, within 48 hours of discharge home, or on the physician-ordered start of care date by the appropriate staff person?
<input type="checkbox"/>	<input type="checkbox"/>	G333	For therapy-only cases, are the initial assessments completed by the appropriate therapist and establish program eligibility?
<input type="checkbox"/>	<input type="checkbox"/>	G334	Are all comprehensive assessments completed no later than 5 calendar days after the start of care date?
<input type="checkbox"/>	<input type="checkbox"/>	G335	Are all comprehensive assessments completed by an RN (unless it is a therapy-only case) and for Medicare beneficiaries, determine eligibility for the Medicare home health benefit, including homebound status?
<input type="checkbox"/>	<input type="checkbox"/>	G336	For therapy-only cases, did the appropriate PT/ST/OT complete the comprehensive assessment unless otherwise directed by agency policy?
<input type="checkbox"/>	<input type="checkbox"/>	G337	Is there evidence that all comprehensive assessments include a review of all medications the patient is currently taking (prescription and over-the-counter)?
<input type="checkbox"/>	<input type="checkbox"/>	G338	Are all comprehensive assessments updated and revised (including the administration of the OASIS) as the patient's condition warrants, but no less frequently than:
<input type="checkbox"/>	<input type="checkbox"/>	G339	» Within the last 5 days of every 60 days unless there is a beneficiary elected transfer, a significant change in condition, or a discharge and return to the same agency during the 60-day episode;
<input type="checkbox"/>	<input type="checkbox"/>	G340	» Within 48 hours of the patient's return home from a hospital admission of 24 hours or more (unless diagnostic testing only);
<input type="checkbox"/>	<input type="checkbox"/>	G341	» And at discharge?
<input type="checkbox"/>	<input type="checkbox"/>	G342	Is all required OASIS data incorporated into the agency's own assessment?