

Tool: Home Health Conditions Personnel Requirements Checklist

**Job descriptions, Staff qualification requirements and staff training
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Job descriptions, Staff qualification requirements and *staff training*

- Administrator
- Clinical manager
- Licensed practical nurse
- Home Health Aide
- Occupational Therapist
- Occupational Therapy Assistant
- Physical Therapist
- Physical Therapist Assistant
- Physician
- Registered Nurse
- Social Work Assistant
- Social Worker
- Speech-Language Pathologist
- Audiologist

Regulation	Recommended Action
<p>§484.1 Basis and Scope – revised</p> <ul style="list-style-type: none"> • Added a requirement at §484.105(b)(1)(i) that the administrator must report to the governing body. • Added a requirement at §484.105(b)(1)(iv) that the administrator must ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies. • Revised §484.105(b)(2) to clarify that an individual that is pre- 	<p><i>The following are the requirements which need to be in your Policy and Procedures for this section of the Conditions of Participation and included in staff training as applicable:</i></p> <ul style="list-style-type: none"> • The administrator must report to the governing body. • The administrator must ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.

<p>designated to fill the administrator role in the absence of the administrator (including the clinical manager) must be qualified to do so.</p> <ul style="list-style-type: none"> At §484.105(c), CMS also proposes a new clinical manager role, who “would be a qualified licensed physician or registered nurse, identified by the HHA, who is responsible for the oversight of all personnel and all patient care services provided by the HHA, whether directly or under arrangement, to meet patient care needs.” Revised §484.105(b)(1)(iii) to require that the administrator assures that a clinical manager is available during all operating hours. CMS stated that assuring the development of personnel qualifications, and policies and procedures, is a task more appropriately assigned to the administrator, rather than the clinical manager. CMS have revised the regulatory requirement at §484.105(b)(1)(iv) accordingly. The administrator may choose to delegate these tasks to others, including the clinical manager, as appropriate, while retaining the responsibility for assuring that tasks are completed and duties performed. <ul style="list-style-type: none"> Revised §484.105(c) to specify that one or more qualified individuals must provide oversight of all patient care services and personnel. Revised §484.105(c) Clinical manager by retaining a description of the clinical manager’s duties while 	<ul style="list-style-type: none"> Must include in writing, the organizational structure, including lines of authority, and services furnished <p>Ensure your job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for the following positions:</p> <ul style="list-style-type: none"> Administrator Clinical manager The development of personnel qualifications, and policies and procedures, is a task more appropriately assigned to the administrator, rather than the clinical manager. A clinical manager is available during all operating hours. The clinical manager is responsible for assuring the development, implementation, and updates of the individualized plan of care, which would entail communication with all physicians involved in the plan of care and integration of orders from all physicians involved in the plan of care including those orders related to medications.
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relocating the personnel specifications for this role to new §484.115(c), which sets for the specific personnel requirements for the clinical manager.

- The role of the clinical manager at §484.105(c). In particular, the clinical manager is responsible for assuring the development, implementation, and updates of the individualized plan of care. CMS believe that, in order to effectively assure the development, implementation, and updates of the individualized plan of care, there would have to be communication with all physicians involved in the plan of care and integration of orders from all physicians involved in the plan of care to assure the coordination of all services and interventions provided to the patient. The requirement to integrate orders from all physicians would include those orders related to medications. Medication orders may be for long-term maintenance issues (for example, cholesterol management medications) as well as shorter-term medications for temporary issues that may or may not be directly related to the reason that home health care was initiated (for example, pain management medications that may be used in the process of surgical recovery or may be used as part of a treatment plan for a strained back that the patient just happened to experience during the time that he or she receives HHA care). CMS would continue to expect that all services or interventions that are ordered are medically necessary, as supported by documentation in the patient's record,

<p>in accordance with the requirements of 42 CFR 409.44 and 409.45.</p> <ul style="list-style-type: none"> • Removed §484.105(c)(6). • Also in §484.105, CMS requires that an “HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient’s plan of care, for each patient’s medical, nursing, and rehabilitative needs,” to which end the HHA <ol style="list-style-type: none"> (1) “must assure that administrative and supervisory functions are not delegated to another agency or organization,” (2) must assure that “all services not furnished directly are monitored and controlled,” and (3) “must set forth, in writing, its organizational structure, including lines of authority, and services furnished.” 	
<p>§484.4 Personnel Qualification</p> <ul style="list-style-type: none"> • CMS proposed to replace the term “practical (vocational) nurse,” currently found in §484.4, with the more widely used and accepted term, “licensed practical nurse.” • Redesignated paragraphs §484.115 (c) through (m) as (d) through (n). • Revised the proposal at §484.115(e) licensed practical nurse to utilize existing regulatory language 	<p>Ensure your job titles, job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for:</p> <ul style="list-style-type: none"> • Licensed practical nurse

<p>regarding vocational nurses, and align the requirement with state practice acts.</p>	
<p>§484.115 Personnel Qualifications §484.115(a) Administrators qualifications-</p> <ul style="list-style-type: none"> • CMS decided to finalize that an administrator who begins working for an HHA after the effective date of this final rule, even if he or she was previously employed as an administrator for a different HHA, is required to be a licensed physician, a registered nurse, or hold an undergraduate degree. A registered nurse would include a Nurse Practitioner or other advance practice nurse. • Additionally, an administrator who begins working for an HHA after the effective date of this final rule is required to have experience in health service administration, with at least 1 year of supervisory or administrative experience in home health care or a related health care program. CMS stated that current administrators who do not meet these qualifications should be allowed to continue employment in their current position, and they have revised the regulation at §484.115(a) to reflect this policy. • Added §484.115(c) to specify personnel qualifications for clinical managers. 	<p>Ensure your job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for the following positions:</p> <ul style="list-style-type: none"> • Administrator
<p>§484.80 Home Health Aide Qualifications.</p> <ul style="list-style-type: none"> • Revised §484.80(b)(3)(xiii) by withdrawing part of the provision under home health aide training 	<p>Ensure your job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for the following positions:</p> <ul style="list-style-type: none"> • Home Health Aide

<p>requirements for aides to recognize and report changes in pressure ulcers.</p>	
<p>§484.32 Therapy services, revised at §484.75 Skilled Professional Services</p> <ul style="list-style-type: none"> • CMS proposed at §484.115(m) to revise the personnel qualifications for speech-language pathologists (SLP) in order to more closely align the regulatory requirements with those set forth in section 1861(l)(4)(A) of the Act. CMS proposed that a qualified SLP is an individual who has a master’s or doctoral degree in speech-language pathology, and who is licensed as a speech-language pathologist by the state in which he or she furnishes these services. Should a state choose to not offer licensure at some point in the future, CMS proposed a second, more specific, option for qualification. In that circumstance, CMS would require that a SLP has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating supervised clinical experience); performed not less than 9 months of supervised full-time speech-language pathology services after obtaining a master’s or doctoral degree in speech-language pathology or a related field; and successfully completed a national examination in speech-language pathology approved by the Secretary. • Made technical changes to the requirements at §484.115(f) through (i) to align with current personnel qualification requirements for occupational therapists, occupational 	<p>Review if your job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for the following positions:</p> <p>Occupational Therapist, Sec. 484.115(f): The occupational therapist (“OT”) must be licensed where the HHA is located if licensure is required. If licensure is not required, the OT must have graduated from an OT program accredited by the Accreditation Council for Occupational Therapy Education (“ACOTE”) of the American Occupational Therapy Association (“AOTA”) or any successor organization of the ACOTE. After completion of the requisite educational requirements, the OT must be eligible for or have taken the OT certification examination administered by the National Board for Certification in Occupational Therapy (“NBCOT”). There are additional requirements for OTs practicing on or before December 31, 1977, January 1, 2008 and December 31, 2009 that HHAs should note as they include varying educational and board certification requirements. There are also additional education and board certification requirements for OTs educated outside of the United States.</p> <p>Occupational Therapy Assistant, Sec. 484.115(g): The OT assistant must be licensed where the HHA is located if licensure is required. If licensure is not required, the OT assistant must have graduated from an OT assistant program accredited by the ACOTE of the AOTA or any successor organization of the of the ACOTE. After completion of the requisite educational requirements, the OT assistant must be eligible for or have taken the OT assistant certification examination administered by the NBCOT. There</p>

therapy assistants, physical therapists, and physical therapy assistants.

are additional requirements for OT assistants practicing after December 31, 1977 and on or before December 31, 2007, on or before December 31, 2009 and after January 1, 2010. There are also additional education and board certification requirements for OT assistants educated outside of the United States.

Physical Therapist, Sec. 484.115(h): A physical therapist (“PT”) must be licensed where the HHA is located if licensure is required. If licensure is not required, the PT must have graduated from a PT program approved by The Commission on Accreditation in Physical Therapy Education (“CAPTE”) or any successor organization of the CAPTE. There are additional requirements for PTs practicing before January 1, 1966, on or before December 31, 1977, before January 1, 2008 and on or before December 31, 2009. There are also additional education and board certification requirements for PTs educated outside of the United States.

Physical Therapist Assistant, Sec. 484.115(i): A PT assistant must be licensed where the HHA is located if licensure is required. If licensure is not required, the PT assistant must have graduated from a PT assistant program approved by CAPTE and have passed a national examination for PT assistants. There are additional requirements for PT assistants practicing on or before December 31, 1977, before January 1, 2008 and on or before December 31, 2009.

Physician, Sec. Sec. 484.115(j): A physician must meet the Final CoP implemented at Sec. 410.20(b). Please refer to a more detailed discussion in this article pertaining to the physician CoP requirements found at Sec. 410.20.

Registered Nurse, Sec. 484.115(k): A registered nurse must have graduated from an approved school of nursing and be licensed in the state where practicing.

Social Work Assistant, Sec. 484.115(l): A social work assistant must have a baccalaureate degree

	<p>in social work, psychology, sociology or another field related to social work and at least one year of social work experience in a health care setting. A social work assistant may also qualify if he/she has two years of appropriate experience and has a satisfactory grade on a proficiency examination conducted, approved or sponsored by the U.S. Public Health Service. These proficiency determinations do not apply to persons licensed or seeking initial qualifications as a social work assistant after December 31, 1977.</p> <p>Social Worker, Sec. 484.115(m): A social worker must have a master's or doctoral degree from a school of social work accredited by the Council on Social Work Education and one year of social work experience in a health care setting.</p> <p>Speech-Language Pathologist, Sec. 484.115(m): A speech-language pathologist must have a master's or doctoral degree in speech-language pathology and be licensed in the state where practicing. If licensure is not required, the speech-language pathologist must have completed or be in the process of completing 350 clock hours of supervised clinical practice experience. It is also permissible for the speech-language pathologist to have performed not less than nine months of supervised speech-language pathologist services after obtaining a master's or doctoral degree in speech-language pathology or a related field. Successful completion of a national examination in speech-language pathology is also allowed in states where licensure is not required.</p> <p>Audiologist, Sec. 484.115(b): An audiologist must meet the education and experience requirements for a Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association. If the audiologist meets the educational requirements, he/she may still serve as the audiologist provided he/she is in the process of accumulating the supervisory experience required for certification.</p>
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<p>§484.34 Medical social services, revised at §484.75 Skilled Professional Services</p> <ul style="list-style-type: none"> In §484.75, CMS proposes “that skilled professionals actively participate in the coordination of all aspects of care where appropriate” and in §484.75(a) defines “skilled professional services” to include physician services, skilled nursing services, physical therapy, speech-language pathology services, occupational therapy, and medical social work services. This CoP is meant to promote coordination among skilled professionals when they are working on an interdisciplinary care team. 	<p>Ensure your job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for the following positions:</p> <ul style="list-style-type: none"> ○ physician services ○ skilled nursing services ○ physical therapy ○ speech-language pathology services ○ occupational therapy ○ medical social work services
<p>§484.36 Home Health aide services, revised at §484.80 Home Health Aide Services.</p> <ul style="list-style-type: none"> CMS proposed to retain the requirement currently found at §484.36(b)(1), which states that an individual may furnish home health aide services on behalf of an HHA only after the successful completion of a competency evaluation program as described in that section. Under proposed §484.80(a)(2), CMS would specify when a home health aide is deemed to have completed a program (as specified in proposed §484.80(a)(1)). This determination would be based on whether, since the most recent completion of a program, there was a period of 24 months or greater since completion of the last home health aide training during which none of the services furnished by the aide were for compensation. 	<p>Ensure your job descriptions, staff qualification requirements are aligned with the staff qualifications and job responsibilities listed in the HH CoP for Home Health Aide</p> <ul style="list-style-type: none"> home health aide services can only furnish home health aide services after the successful completion of a competency evaluation program as described in HH CoPs.

We would also stipulate that, if there had been a 24-month or greater lapse in furnishing services, the aide would need to complete another program before the home health aide can provide services, as specified in §484.80(a)(1).

- Revised §484.80(b)(3)(xiii) by withdrawing part of the provision under home health aide training requirements for aides to recognize and report changes in pressure ulcers.
- Proposed §484.80(b) would set forth the elements that must comprise home health aide classroom and supervised practical training, thus suggesting that those elements of training should form a basis for ongoing in-service training. CMS proposed that aide in-service training could be offered by any organization, and that the training would be required to be supervised by an RN.
- CMS proposed to relocate the requirement that the RN that conducts training possess a minimum of 2 years of nursing experience, of which at least 1 year is in home health care, to standard (e), “Qualifications for instructors conducting classroom and supervised practical training.” CMS continue to believe that RNs with nursing experience in the home health field should be the principal instructors in the basic training of home health aides. While other individuals could provide instruction to home health aides, classroom and practical training would be required to be under the general supervision of an RN who possessed a minimum of 2 years nursing experience, at least 1

year of which would have to be in home health care.

- CMS proposed to retain the current requirement that home health aide training may be provided by any organization, except an organization that falls under one of the exceptions specified in the regulation. These exceptions include, but are not limited to, agencies that have been found out of compliance with the home health aide requirements any time in the last 2 years, agencies that permitted an unqualified individual to function as a home health aide, and agencies that have been found to have compliance deficiencies that endangered patient health and safety. The full list of exceptions are included in the regulatory text.
- At §484.80(d), CMS would retain 12 as the minimum number of hours of in-service training required for a 12-month period. The training could occur while an aide was furnishing care to a patient.
- Revised §484.80(g)(1) by removing the requirement that the skilled professional who is responsible for the supervision of a home health aide must be the individual who prepares written patient care instructions for the home health aide.
- CMS proposed, at §484.80(g), “Home health aide assignments and duties,” to set forth aide responsibilities and duties.
- Proposed §484.80(g)(1) would provide that the home health aide would be assigned to a specific patient by the RN or other appropriate

<p>skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).</p> <ul style="list-style-type: none">• Proposed §484.80(g)(2) would require that the home health aide provide services that are ordered by the physician in the plan of care, that the home health aide is permitted to perform under state law, and that are consistent with the home health aide training.• In §484.80(g)(3), CMS proposed to retain the inclusive listing of duties for home health aides currently under §484.36(c)(2). At §484.80(g)(4) CMS proposed a requirement that home health aides be members of the interdisciplinary team, must report changes in the patient's condition to an RN or other appropriate skilled professional, and must complete appropriate records in compliance with the HHA's policies and procedures. On-going home health aide supervision, as described in proposed §484.80(h), "Supervision of home health aides," is a necessary component of quality care for HHAs, and ensures that services provided by home health aides are in accordance with the agency's policies and procedures and in accordance with state and federal law. In this proposed standard, CMS would differentiate the aide supervision requirements based on the skill level of the care required by the patient.• Proposed §484.80(h)(5) would retain, with minor revisions, the current requirements found under §484.36(d)(4) as they relate to the	
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<p>HHA’s responsibilities for home health aides who are furnishing services under arrangement (that is, the aides are not employees of the HHA).</p> <ul style="list-style-type: none"> • The HHA would be required to ensure the quality of home health aide services, supervise aides as proposed in this section, and ensure that aides have met the training and competency evaluation requirements of this proposed part. At proposed §484.80(i), “Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit,” CMS proposed to retain the requirements at current §484.36(e), with some minor clarifying revisions. Under this provision, a Medicare-certified HHA that provides personal care aide services to Medicaid patients under a State Medicaid personal care benefit would be required to determine and ensure the competency of individuals for those Medicaid-approved services performed. In addition, the reference to §440.170 in the current regulation at §484.36(e)(2) is incorrect; it should read §440.167. Therefore, CMS proposed to make the necessary correction. 	
<p>§484.36(a)(1), revised at §484.80(b)</p> <ul style="list-style-type: none"> • At §484.80(b)(4), CMS proposed to require the HHA to maintain documentation that the requirements for content and duration of home health aide classroom and supervised practical training have been met. • §484.36(a)(2)(i) revised at §484.80(f) 	

<ul style="list-style-type: none"> • CMS proposed to retain the current requirements regarding organizations that offer aide training at §484.80(f), “Eligible training and competency evaluation organizations.” • §484.36(a)(2)(ii) revised at §484.80(e) • §484.36(a)(3) revised at §484.80(b) • §484.36(b)(1) revised at §484.80(c) • §484.36(b)(2)(i) revised at §484.80(c) 	
<p>§484.36(b)(2)(ii) revised at §484.80(h)</p> <ul style="list-style-type: none"> • Revised §484.80(h)(1)(i) by adding a requirement that the registered nurse or other appropriate skilled professional who conducts supervision of a home health aide must be familiar with the patient, the patient’s plan of care, and the written patient care instructions described in §484.80(g). • Revised §484.80(h)(1)(ii) by removing the word “potential deficiency” and replacing it with “area of concern.” • In proposed §484.80(h)(1), CMS proposed that if a patient is receiving skilled care, the home health aide supervisor (RN or therapist) must make an onsite visit to the patient’s home no less frequently than every 14 days. The home health aide would not have to be present during this visit. If a potential deficiency in home health aide service was noted by the home health aide supervisor, then the supervisor would have to make an on-site visit to the location where the patient was receiving care in order to observe and assess the home health 	<p><i>The following are the requirements which need to be in your Policy and Procedures for this section of the Conditions of Participation and included in staff training as applicable:</i></p> <ul style="list-style-type: none"> • Require the registered nurse or other appropriate skilled professional who conducts supervision of a home health aide must be familiar with the patient, the patient’s plan of care, and the written patient care instructions • Require if a patient is receiving skilled care, the home health aide supervisor (RN or therapist) must make an onsite visit to the patient’s home no less frequently than every 14 days. The home health aide would not have to be present during this visit. If a potential deficiency in home health aide service was noted by the home health aide supervisor, then the supervisor would have to make an on-site visit to the location where the patient was receiving care in order to observe and assess the home health aide while he or she is performing care. • If a deficiency in home health aide services was verified by the home health aide supervisor during an on-site visit, then the agency would have

<p>aide while he or she is performing care. In addition to the regularly scheduled 14-day supervision visits and the as-needed observation visits, HHAs would be required to make an annual on-site visit to a patient's home to observe and assess each home health aide while he or she is performing patient care activities. The HHA would be required to observe each home health aide with at least one patient.</p> <ul style="list-style-type: none">• In proposed §484.80(h)(2), CMS would require that if home health aide services are provided to a patient who is not receiving skilled care, the RN must make an on-site visit to the location where the patient is receiving care no less frequently than every 60 days in order to observe and assess each home health aide while he or she is performing care.• At proposed §484.80(h)(3), CMS would require that if a deficiency in home health aide services was verified by the home health aide supervisor during an on-site visit, then the agency would have to conduct, and the home health aide would have to complete, a competency evaluation in accordance with paragraph (c) of this section.• CMS also proposed to add a new paragraph at §484.80(h)(4) to ensure that home health aide supervision visits focus on the aide's ability to demonstrate initial and continued satisfactory performance in meeting essential criteria. Supervision visits would be required to assess the home health aide's success in following the	<p>to conduct, and the home health aide would have to complete, a competency evaluation</p> <ul style="list-style-type: none">• Home health aide supervision visits must focus on the aide's ability to demonstrate initial and continued satisfactory performance in meeting essential criteria. Supervision visits would be required to assess the home health aide's success in following the patient's plan of care; completing tasks assigned to the home health aide; communicating with the patient, representative (if any), caregivers, and family; demonstrating competency with assigned tasks; complying with infection prevention and control policies and procedures; reporting changes in the patient's condition; and honoring patient rights.• In addition to the RN, the competency evaluation must be done in consultation with other skilled professionals, as appropriate.
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<p>patient’s plan of care; completing tasks assigned to the home health aide; communicating with the patient, representative (if any), caregivers, and family; demonstrating competency with assigned tasks; complying with infection prevention and control policies and procedures; reporting changes in the patient’s condition; and honoring patient rights.</p> <ul style="list-style-type: none"> • §484.36(d) revised at §484.80(c) • §484.36(e) revised at §484.80(c) 	
<p>§484.38 Qualifying to furnish outpatient physical therapy or speech pathology services revised at §484.105(g) CMS proposed to relocate the requirements for outpatient physical therapy or speech pathology services to § 484.105(g), without change.</p>	