

Comprehensive Assessment of Patients (42 CFR §484.55)

Presented by

Linda Harkness, RNC, MSN

Health Care Surveyor

So What's New, What's Changed or Unchanged?



Summary of Reorganization of §484.55

- CMS retained a majority of the past requirements to Section 42 CFR §484.55 Condition of Participation for Comprehensive Assessments. **(G-510)**
- Requires the HHA to conduct, document, and update within specified time frames a patient-specific comprehensive assessment. **(G-510)**
- For Medicare beneficiaries the HHA is required to verify the patient's eligibility for the Home Health benefit including home bound status at the specified timeframes. **(G-522)**



Five Components to Comprehensive Assessments

- **Initial Comprehensive Assessment**

- The first hands on/direct care for the patient to determine the patient's immediate needs and to seek information to develop the Plan of Care. This determines the SOC date.

****G-Tags: G-512, G-514, G-516, G-518, G-520, G-522, G-524****

- **Recertification Comprehensive Assessment**

- Addresses the continuing needs of the patient after 60 days of service when patient is deemed to be in need of additional days of service to meet the objective goals.

(G-532)



Five Comprehensive Assessments (cont.)

- **Transfer Comprehensive Assessment**
 - Patients transferred to another provider-not discharged from the agency. **(G-544)**
- **Resumption of Care Comprehensive Assessment**
 - OASIS update after transfer for 24 hours to another facility due to major decline or improvement in the patient's health status and required upon return to the agency to evaluate the patient for current needs. **(G-Tags: G-544, G-546, G-548)**
- **Discharge Comprehensive Assessment**
 - Discharged from the Agency **(G-550)**



Comprehensive Assessment Time Frames

- Admission/SOC: Initial Comprehensive Assessment
 - Within 48 hours of referral or patient's return home (**G-514**)
 - physician-ordered start of care date.

****Must be completed within 5 calendar days of the first visit.****
(G-512, G-514, G-516, G-518, G-520, G-522, G-524)
- Recertification Comprehensive Assessment (**G-532**)
 - The last 5 days of every 60 day certification period, beginning with the start-of-care date unless there is a:
 - Beneficiary elected transfer
 - Significant change in condition
 - Discharge and return to the same HHA during the 60-day episode.

****Must demonstrate the continuing need for home care****



Comprehensive Assessment Time Frames (cont.)

- **Transfer Comprehensive Assessment (G-544)**
 - Required for the patient transferred to another facility for greater than 24 hours but not discharged from the Home Health Agency.
- **Resumption of Care Comprehensive Assessment**
 - Within 48 hours of the patient's return home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on physician-ordered resumption of care.

this requirement has **changed**

(See G-548)

Discharge Comprehensive Assessment (G-550)

- At discharge includes a summary of the patient's progress in meeting goals.



New Standard Content: Resumption of Care Assessment

- **G-548** 42 CFR §484.55(d)(2).
- The Resumption of Care (ROC) Assessment must include a physician ordered Resumption of Care **Date**.
 - This is in place of the fixed 48-hour time frame for a post-hospital reassessment. This change allows physicians to specify a resumption of care **date** that is tailored to the particular needs and preferences of each patient.



New Standards for Comprehensive Assessment CONTENT

42 CFR §484.55(c)(1).

Requires the Comprehensive Assessment to
“Accurately Reflect the Patient’s Status” (G-526)

– Patient’s current health status includes: (G-528)

- psychosocial
- functional
- cognitive



New Standard for Content (continued)

G-530

42 CFR §484.55(c)(2)

- Patient's
 - strengths
 - goals
 - care preferences
- **including the patient's progress toward achievement of the goals identified by the patient
- **the measurable outcomes identified by the HHA

New Standard for **Content** (continued)

G-538

42 CFR §484.55(c)(6)

The patient's primary caregiver(s), if any, and other available supports, including their:

- Willingness and ability to provide care, and
- Availability and schedules;

G-540

§484.55(c)(7) The patient's representative (if any)



New Standard for Content (continued)

G-544: Update of the Comprehensive Assessment 42 CFR §484.55(d). The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status.



REQUIRED Standard for Content

G-542

42 CFR §484.55(c)(8)

Incorporation of the current version of the Outcome and Assessment Information Set (**OASIS**) items, using the language and groupings of the OASIS items, as specified by the secretary. The OASIS data items determined by the Secretary must include:



INCORPORATION OF THE CURRENT VERSION OF THE OASIS

- Clinical record items
- Demographics
- Patient history
- Living arrangements
- Supportive assistance
- Sensory status
- Integumentary status
- Respiratory status
- Elimination status
- Neuro/Emotional status
- Behavioral status
- Activities of daily living
- Medications
- Equipment management
- Emergent care
- Data items collected at inpatient facility or discharge

Unchanged Requirements for Comprehensive Assessments

G-532 42 CFR §484.55(c)(3)

- Patient's continuing need for home care

G-534 42 CFR §484.55(c)(4)

- Patient's medical, nursing, rehabilitative, social and discharge planning needs

G-536 42 CFR §484.55(c)(5)

- A review of all medications the patient is currently using



Thank
You



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