

in dining areas, unless otherwise specified by the interdisciplinary team or a physician;

(2) Provide table service for all clients who can and will eat at a table, including clients in wheelchairs;

(3) Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client;

(4) Supervise and staff dining rooms adequately to direct self-help dining procedure, to assure that each client receives enough food and to assure that each client eats in a manner consistent with his or her developmental level; and

(5) Ensure that each client eats in an upright position, unless otherwise specified by the interdisciplinary team or a physician.

## PART 484—HOME HEALTH SERVICES

### Subpart A—General Provisions

Sec.

484.1 Basis and scope.

484.2 Definitions.

484.4 Personnel qualifications.

### Subpart B—Administration

484.10 Condition of participation: Patient rights.

484.11 Condition of participation: Release of patient identifiable OASIS information.

484.12 Condition of participation: Compliance with Federal, State, and local laws, disclosure and ownership information, and accepted professional standards and principles.

484.14 Condition of participation: Organization, services, and administration.

484.16 Condition of participation: Group of professional personnel.

484.18 Condition of participation: Acceptance of patients, plan of care, and medical supervision.

484.20 Condition of participation: Reporting OASIS information.

### Subpart C—Furnishing of Services

484.30 Condition of participation: Skilled nursing services.

484.32 Condition of participation: Therapy services.

484.34 Condition of participation: Medical social services.

484.36 Condition of participation: Home health aide services.

484.38 Condition of participation: Qualifying to furnish outpatient physical therapy or speech pathology services.

484.48 Condition of participation: Clinical records.

484.52 Condition of participation: Evaluation of the agency's program.

484.55 Condition of participation: Comprehensive assessment of patients.

### Subpart D [Reserved]

### Subpart E—Prospective Payment System for Home Health Agencies

484.200 Basis and scope.

484.202 Definitions.

484.205 Basis of payment.

484.210 Data used for the calculation of the national prospective 60-day episode payment.

484.215 Initial establishment of the calculation of the national 60-day episode payment.

484.220 Calculation of the national adjusted prospective 60-day episode payment rate for case-mix and area wage levels.

484.225 Annual update of the national adjusted prospective 60-day episode payment rate.

484.230 Methodology used for the calculation of the low-utilization payment adjustment.

484.235 Methodology used for the calculation of the partial episode payment adjustment.

484.237 Methodology used for the calculation of the significant change in condition payment adjustment.

484.240 Methodology used for the calculation of the outlier payment.

484.245 Accelerated payments for home health agencies.

484.250 Patient assessment data.

484.260 Limitation on review.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)) unless otherwise indicated.

SOURCE: 54 FR 33367, Aug. 14, 1989, unless otherwise noted.

EDITORIAL NOTE: Nomenclature changes affecting part 484 appear at 56 FR 32973, July 18, 1991.

### Subpart A—General Provisions

#### § 484.1 Basis and scope.

(a) *Basis and scope.* This part is based on the indicated provisions of the following sections of the Act:

(1) Sections 1861(o) and 1891 establish the conditions that an HHA must meet in order to participate in Medicare.

## § 484.2

## 42 CFR Ch. IV (10–1–00 Edition)

(2) Section 1861(z) specifies the Institutional planning standards that HHAs must meet.

(3) Section 1895 provides for the establishment of a prospective payment system for home health services covered under Medicare.

(b) This part also sets forth additional requirements that are considered necessary to ensure the health and safety of patients.

[60 FR 50443, Sept. 29, 1995, as amended at 65 FR 41211, July 3, 2000]

### § 484.2 Definitions.

As used in this part, unless the context indicates otherwise—*Bylaws or equivalent* means a set of rules adopted by an HHA for governing the agency's operation.

*Branch office* means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.

*Clinical note* means a notation of a contact with a patient that is written and dated by a member of the health team, and that describes signs and symptoms, treatment and drugs administered and the patient's reaction, and any changes in physical or emotional condition.

*HHA* stands for home health agency.

*Nonprofit agency* means an agency exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954.

*Parent home health agency* means the agency that develops and maintains administrative controls of subunits and/or branch offices.

*Primary home health agency* means the agency that is responsible for the services furnished to patients and for implementation of the plan of care.

*Progress note* means a written notation, dated and signed by a member of the health team, that summarizes facts about care furnished and the patient's response during a given period of time.

*Proprietary agency* means a private profit-making agency licensed by the State.

*Public agency* means an agency operated by a State or local government.

*Subdivision* means a component of a multi-function health agency, such as the home care department of a hospital or the nursing division of a health department, which independently meets the conditions of participation for HHAs. A subdivision that has subunits or branch offices is considered a parent agency.

*Subunit* means a semi-autonomous organization that—

(1) Serves patients in a geographic area different from that of the parent agency; and

(2) Must independently meet the conditions of participation for HHAs because it is too far from the parent agency to share administration, supervision, and services on a daily basis.

*Summary report* means the compilation of the pertinent factors of a patient's clinical notes and progress notes that is submitted to the patient's physician.

*Supervision* means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity. Unless otherwise specified in this part, the supervisor must be on the premises to supervise an individual who does not meet the qualifications specified in § 484.4.

### § 484.4 Personnel qualifications.

Staff required to meet the conditions set forth in this part are staff who meet the qualifications specified in this section.

*Administrator, home health agency.* A person who:

(a) Is a licensed physician; or

(b) Is a registered nurse; or

(c) Has training and experience in health service administration and at least 1 year of supervisory or administrative experience in home health care or related health programs.

*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