The Role of the Surveyor in conducting Home Health Surveys

Incorporating OASIS items

HHA's must incorporate the OASIS data items into their own assessment instrument using the exact language of the items, replacing similar items/questions on their current assessment tool as opposed to simply adding the OASIS items at the beginning or end of the existing assessment tool.

Home Health Pre-Survey Preparation

Review reports generated from OASIS data such as case mix, potential avoidable events, risk adjusted Outcome-based Quality Improvement (QBQI) reports, or process measure reports. These reports contain valuable information that may assist the surveyor in identifying areas of concern during the survey and possibly identify individuals to be included in the sample selection.

Home Health Pre-Survey Preparation

The worksheet can be used to conduct a review of the following five OASIS reports.

1. Potentially Avoidable Events Report and Patient Listing Report
2. QBQI Outcome Report (risk adjusted outcome report)
3. Patient/Agency Characteristics report (case-mix report)
4. Submission Statistics by Agency Report
5. Error Summary Report by HHA

Home Health Entrance Interview

- Request access to all active patient names (Medicare/Medicaid/private pay) receiving skilled services that identifies the start of care (SOC) date, primary diagnosis, and services provided. This will aid in selecting the sample for home visits with records review based on the review of the QBQM and QBQI reports.
- Request specific closed records for review from the agency's Potentially Avoidable Event Patient Listing report.

Home Health Entrance Interview

- Ask what the HHA's policy is for making corrections in the clinical record.
- Ask what the HHA's policies are for conducting initial and comprehensive assessments (including whether therapists complete these assessments).
- Ask how the HHA ensures that initial assessments are conducted within the required time frame.

Home Health Entrance Interview

- If problems with OASIS data submission are evident in the reports reviewed pre-survey, ask the administrative staff to address those issues.
- Ask the clinical managers to describe the HHA's process of drug regimen review, including how this is accomplished when a therapist completes the comprehensive assessment.
- Ask how the HHA tracks due dates for updating the comprehensive assessments.

Home Health Surveying Information Gathering

Ask Clinical Manager to:

- Describe how clinicians ensure that the initial assessments are conducted within the required time frame and that all assessments are comprehensive?
- Describe who completes the drug regimen review? How is it documented for therapy-only cases? At follow-up and discharge time points.

Home Health Surveying Information Gathering

Selecting clinical records:

- The surveyor may also select some patients for review based on OASIS reports reviewed during pre-survey preparation. The OASIS reports only represent Medicare and Medicaid skilled patients. The sample selection for record review with home visits and record review without home visits should include patients from all payment sources. The patient selected through the use of the QBQM and QBQI reports should not replace the entire stratified sample. Additional current patients should be selected for record review with home visits and record review without home visits.

Home Health Surveying Information Gathering

Selecting clinical records:

Surveyors continue to complete the surveyor worksheet by:

- Selecting one or two patient triggers to be “at risk” of Tier 1 potentially avoidable events.
- Selecting one or two patients triggered to be “at risk” for Tier 2 potentially avoidable events of (a) Emergent Care for Improper Medication Administration and Side Effects; and (b) Emergent care for Hypo/hyperglycemia.

Home Health Surveying Information Gathering

Selecting clinical records:

- Select one or two patients with a medical condition relevant to the QBQI outcomes triggered. (For example, if the outcome "Improvement in Urinary Incontinence" is a focus outcome, select one or two patients with or at risk for urinary incontinence.)

Home Health Surveying Information Gathering

Selecting clinical records for non home visits:

- Select both closed and active clinical records for review based on the potentially avoidable events and QBQI outcomes triggered for focus and targeted case mix characteristics. If possible, review of closed clinical records identified on the Potentially Avoidable Event Patient Listing report under any triggered outcomes can begin while the HHA obtains the patient roster and home visit schedule.

Home Health Surveying Information Gathering

Selecting clinical records for non home visits:

- Select one or two clinical records for review for each Tier 1 potentially avoidable event triggered.
- Select one or two clinical records for review for each Tier 2 potential avoidable event outcome triggered.
- Patient experiencing more than one Tier 1/Tier 2 potentially avoidable events are good candidates for clinical record reviews.

Home Health Surveying Information Gathering

Record Review Guidelines

- If the initial assessment occurred greater than 48 hours after the referral was received, was the discrepancy explained (physician ordered, patient request, or approved by physician)?
- Are comprehensive assessments complete?

Home Health Surveying Information Gathering

Record Review Guidelines

- Are comprehensive assessments completed on time and by the appropriate clinician during a home visit at start of care, within 48 hours of (or knowledge of) patient's return home from an inpatient stay (or referral or on the physician ordered start date), every 60 days (or more frequently), and at discharge?
- If a record indicates that a patient had a "major decline or improvement," was the comprehensive assessment updated?

Home Health Surveying Information Gathering

Home Visits

- Home visits may be made before or after reviewing a patient's clinical record. It is preferable to review the comprehensive assessment and plan of care before meeting the patient since this may assist the surveyor in making appropriate observations and asking pertinent questions during the home visit.

Tags related to OASIS

G102 Notice of Rights

- Look for notation of a statement concerning the collection and reporting of OASIS information has been given to the patient by the HHA staff prior to care being initiated.
- The HHA must provide the patient with a written notice of the collection of OASIS in advance of furnishing care to the patient.

Tags related to OASIS

G102 Notice of Rights

- Before the comprehensive assessments are conducted, HHA must tell patients about OASIS and explain their rights with respect to the collection and reporting of OASIS information.
- A standard notice to patients that explains these rights in plain language is available in English and Spanish on the OASIS website. HHAs must present and explain this required notice to beneficiaries before their initial OASIS assessment.

Tags related to OASIS

These rights include:

- The right to be informed that OASIS information will be collected and for what purpose;
- The right to have the information kept confidential and secure;
- The right to be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act;
- The right to refuse to answer a specific question; and
- The right to see, review, and request changes on their assessment.

Tags related to OASIS

G102 Notice of Rights

- The surveyor should review the HHA admission information to determine if the OASIS Statement of Patient Privacy Rights (for Medicare/Medicaid patients) is included concerning OASIS data collection and transmission.
- If the HHA chooses to collect information on non Medicare/non Medicaid patients, the patient should be provided with the Notice about Privacy.

Probes for the Surveyor

- What are the HHA's admission policies concerning the OASIS Privacy Act Statement?
- How does the HHA assure that the patient understands the OASIS Privacy Act Statement?
- Is the Patient given a copy of the OASIS Privacy Act Statement?

Tags related to OASIS

G310 Release of Patient Identifiable OASIS Information

- The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentially of all patient identifiable information contained in the clinical record including OASIS data, and may not release patient identifiable information to the public.

Release of Patient Identifiable OASIS Information

- HHAs are required to maintain the confidentiality of OASIS data while it is being used for patient care and may not release it without the consent of the patient for any reason other than for what it is intended, which is to appropriately deliver patient care.
- HHAs must have policies and procedures for limiting access to OASIS information to only those persons the HHA designates.

Release of Patient Identifiable OASIS Information

- If the HHA contracts with a vendor for transmission of its OASIS data, a written agreement that addresses the confidentiality of that data must be in place.
- For privacy and security reasons, communication of OASIS information (from branch to branch, branch to parent, parent to vendor, etc.) must be done in accordance with CMS policies on the communication of patient-identifiable information.

Release of Patient Identifiable OASIS Information

- HHAs must have processes in place to assure that access to and transfer and delivery of OASIS information is limited to only authorized personnel.
- HHAs that contract with accrediting Organizations (AO) such as Joint Commission for determining compliance with the Medicare Conditions of Participation may share Outcome-Based Quality Improvement /Monitoring (QBQI/M) reports with representatives of the appropriate AO on survey.

Release of Patient Identifiable OASIS Information

- The Federal Privacy Act of 1974 requires that policies and procedures related to the collection of information be made available to the public describing the reasons for collecting OASIS data, what will be done with it, and who will have access to it in an identifiable format. The Privacy Act puts into place certain processes that protect patient identifiable data from unauthorized use and disclosure.

Confidentiality of OASIS Data

Verify the HHA has established a mechanism to ensure confidentiality of OASIS data by interviewing the Administrator and staff regarding:

- Protecting confidentiality of OASIS data (written and/or electronic).
- Assignment and maintenance of secure passwords for data encoding and transmission.
- Determine how OASIS data, whether in hard copy or electronic format is kept confidential before and after transmission to the State agency.

Confidentiality of OASIS Data

Verify the HHA has established a mechanism to ensure confidentiality of OASIS data by interviewing the Administrator and staff regarding:

- Knowledge and application of rights to add, edit, or otherwise modify encoded OASIS data.
- Assignment of passwords.
- Assurance that only specified staff have contact with assessment information.
- Actions taken when an employee with access to the system leaves the HHA's employment.

Probes for the Surveyor

- How does the HHA assure that only specified personnel have access to OASIS assessment information?
- How is the security of passwords maintained?
- What policies and procedures address password assignment and use?
- How does the HHA assure that the computer is “logged off” or password protected when the data entry operator is away from the computer, i.e., at lunch or break times?

Probes for the Surveyor

- Who in the HHA has the password information needed to electronically report OASIS data to the State agency? At least two staff persons should have the password.
- If the HHA has branches, how is OASIS data protected and kept secure during transfer from the branch to the parent agency?

Tags related to OASIS

G164 Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.

- When a Medicare beneficiary elects to transfer to a different HHA or is discharged and returns to the same HHA, it warrants a new clock for purposes of payment, OASIS assessment, and physician certification of the new plan of care.

Tags related to OASIS

G320 Reporting OASIS Information

The surveyor must ensure:

- The HHA is electronically reporting OASIS data on all applicable patients in a format that meets CMS electronic data and edit specifications.

Tags related to OASIS

G321 Encoding and transmitting OASIS Data

The surveyor must ensure:

- The HHA is encoding and electronically transmitting each completed OASIS assessment to the State agency or the CMS contractor, regarding each beneficiary with respect to which such information is required to be transmitted within 30 days of completing the assessment of the beneficiary.

Tags related to OASIS

G322 Accuracy of Encoded OASIS Data

The surveyor must ensure:

- The HHA monitors the accuracy of their data to ensure the data collected, encoded, and reported accurately reflects the patient's status at the time of the assessment.

Probes for the Surveyor

- How does the HHA conduct clinical and data entry audits to verify that collected OASIS data is consistent with reported OASIS data?
- How does the HHA assure consistency?
- How does the HHA review the final validation reports for accuracy purposes?
- Has the HHA identified any discrepancies in data collected and reported? If so, how were discrepancies addressed?
- How does the HHA handle the correction of errors?

Tags related to OASIS

G324 Transmittal of OASIS Data

The surveyor must ensure:

- HHAs electronically transmit all OASIS data collected and encoded, by the 30th day following any required OASIS assessment for each patient applicable, to the state agency or CMS OASIS contractor.
- Rejected data that requires correcting and re-transmitting must be received by the OASIS State System within the same required time frame.
- All required OASIS assessments are being transmitted.

Probes for the Surveyor

- Is the HHA successfully transmitting OASIS data 30 days after each assessment?
- Review the HHA's OASIS validation reports. If the HHA corporate office or contracted vendor submits OASIS data on its behalf, are feedback reports being shared with the HHA?
- What is the HHA's back-up plan if it is unable to submit OASIS data to the State agency?
- What kind of errors is the HHA finding and correcting?

Probes for the Surveyor

- How is the HHA responding to identified fatal errors?
- How does the HHA verify that assessment data is consistent with the required format?
- What are the established times of OASIS data transmission to the state? (They must be at least monthly.)
- Who is assigned to transmit OASIS data?
- If questions arise, review HHA policies and procedures regarding OASIS data transmission.

Tags related to OASIS

G325 Successfully transmit test data to the State Agency or CMS OASIS contractor

The surveyor should ensure:

Prior to the initial survey, the HHA has demonstrated connectivity to the OASIS State system by:

- Making a test transmission of any start of care or resumption of care OASIS data that passes CMS edit checks.
- Receiving validation reports back from the State confirming transmission of data.

Tags related to OASIS

G326 Transmit data using electronics communications software that provides a direct telephone connection from the HHA to the State agency or CMS OASIS contractor

The surveyor should ensure:

- The HHA must transmit data using electronics communications software that provides a direct telephone connection from the HHA to the State agency or CMS OASIS contractor

- The HHA has a computer system that complies with current CMS policy and requirements for the transmission of OASIS data to the State agency or CMS OASIS contractor, transmits the export files, and receives validation information.

Tags related to OASIS

G327 Data Format

The surveyor must ensure:

- The HHA encodes and transmits data using the HAVEN software from CMS or HAVEN-like software that conforms to all CMS data transmission specifications available on the OASIS website.
- The software includes the most current version of the OASIS data items which are available on the OASIS website at all times.

Probes for the Surveyor

- What steps did the HHA take to correct transmission problems, i.e. change in software vendor, notifying the State, or using HAVEN as a backup software program?
- Does the HHA use the correct identifier in OASIS item M0016 Branch ID to identify if the assessment record is submitted by the parent agency, the branch, or an agency without branches?

Tags related to OASIS

G328 Transmit data that includes the CMS assigned branch identification number, as applicable

The surveyor must ensure:

- The HHA transmits data that includes the CMS assigned branch identification number, as applicable

Tags related to OASIS

G330 Comprehensive Assessment of Patients

- The comprehensive assessment must incorporate the use of the current version of the OASIS items, using the language and grouping of the OASIS items.
- The comprehensive assessment includes the collection of OASIS data items by a qualified clinician, i.e. an RN, physical therapist, occupational therapist, or speech language pathologist.

Tags related to OASIS

G331

- A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status….

Tags related to OASIS

- G331 continues

- For patients receiving only nursing services or both nursing and therapy services, a registered nurse must conduct the initial assessment visit.
- Review a case-mix, stratified sample of clinical records and make home visits according to the survey process to determine compliance with this requirement.

Probes for the Surveyor

- What are the HHA's policies for conducting the initial assessment?
- How is Medicare eligibility and homebound status determined?

Tags related to OASIS

G332

- …The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.

Tags related to OASIS

- G332 continues

- In the absence of a physician-specified start of care date, the initial assessment visit is conducted within 48 hours of the referral. If the physician specified a start of care date, this supersedes the 48 hour time frame. Check the intake or clinical record for documentation of a specified start of care date.

Probes for the Surveyor

- How does the HHA assure that initial visits are conducted within the required time frames?
- Compare the date of the physician referral and the date of the initial assessment visit. If the initial visit is later than 48 hours or later than the physician ordered start of care date, check the individual patient's clinical record. Sometimes a patient requests that a visit not be made until a more convenient time. That request must be documented in the clinical record as well a notation that the physician was notified of and approves the patient's request for a delayed start of care.
- If the physician ordered start of care to begin after the 48 hour time frame specified in the regulations, is there an order in the patient's chart specifying this start of care date?

Tags related to OASIS

G333

- When rehabilitation therapy service (speech language pathology, physical therapy, or occupational therapy) is the only service ordered by the physician, and if the need for that service established program eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.

Tags related to OASIS

- G333 continues

- For non-Medicare patients, if the need for a single therapy services establishes initial home health eligibility, the corresponding practitioner, (including a physical therapist, speech language pathologist, or occupational therapist) can conduct the initial assessment visit.
- For the Medicare home health benefit, occupational therapy services provided at the start of care alone do not establish eligibility; therefore, occupational therapists may not conduct the initial assessment visit under Medicare.

Probes for the Surveyor

- How does the HHA assure the initial visits are conducted within the required time frames?
- Compare the date of the physician referral and the date of the initial assessment visit. If the difference is greater than 48 hours or later than the physician ordered start of care date, check the individual patient's clinical record. If a patient requests that a visit not be make until a more convenient time, the request should be reported to the physician and documented in the clinical record.
- Review patient records in which therapy (occupational therapy, physical therapy, or speech language pathology) was the only skilled provided. Determine if the appropriate discipline completed the initial assessment.
- Interview staff to determine how therapy-only initial assessment visits are conducted.
- How does the HHA ensure that the skilled disciplines completing the initial assessment are performing this task accurately.

Tags related to OASIS

G334

- The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.

Tags related to OASIS

- G334 continues

- For patients to whom OASIS applies, when a patient is admitted to the HHA, a start of care comprehensive assessment that includes certain required OASIS data items, must be completed no later than 5 calendar days after the start of care.

Tags related to OASIS

- G 334 continues
- Pre-Survey Activities – Review OASIS data management reports, as available, to determine if start of care comprehensive assessments are completed within the required time frame.
- Onsite Activity – Identify the start of care date. For all practical purposes, the start of care date is the first billable home visit. For payers other than Medicare, the first billable visit might be a visit made by a home health aide.

Probes for the Surveyor

- Was the start of care comprehensive assessment completed within 5 calendar days after the start of care date?
- Did the HHA provide acceptable explanations and documentation for start of care comprehensive assessments completed outside of the required time frame?

Tags related to OASIS

G335

- Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.

Tags related to OASIS

- G 335 continues
- When nursing and therapy are both at the start of care, the registered nurse performs the start of care comprehensive assessment. Either discipline may perform subsequent assessments if the discipline is still actively providing skilled services to the patient.

Probes for the Surveyor

- Is the appropriate clinician conducting the comprehensive assessments, i.e., RN, physical therapist, occupational therapist, or speech language pathologist? Check the signature of the clinician who completed the start of care assessment, and verify that it is a qualified clinician.

Tags related to OASIS

G336

- (b)(3) – When physical therapy, speech-language pathology, or occupational therapy is the only service ordered by the physician, a physical therapist, speech-language pathologist or occupational therapy may complete the comprehensive assessment, and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. The occupational therapist may complete the comprehensive assessment if the need for occupational therapy establishes program eligibility.

Tags related to OASIS

- G336 continues

- NOTE: Occupational therapy alone does not establish eligibility for the Medicare home health benefit a the start of care. However, for Medicare patients receiving services of multiple disciplines during the episode of care, can retain eligibility if, over time, occupational therapy is the only remaining skilled discipline providing care. At that time, an occupational therapist can conduct OASIS assessments, i.e., resumption of care, follow-up, transfer, and discharge assessments.
- Occupational services only may qualify for eligibility under other programs, such as Medicaid.

Probes for the Surveyor

- Are the appropriate clinicians conducting the comprehensive assessments, i.e., RN, physical therapist, occupational therapist, or speech language pathologist? Check the signature of the clinician who completed the start of care assessment (only one clinician takes responsibility for an assessment, although more than one may collaborate.)

Tags related to OASIS

G337

- The comprehensive assessment must include 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.

Tags related to OASIS

- G337 continues

- This requirement applies to ALL patients being serviced by the HHA, regardless of whether the specific requirements of OASIS apply.
- The drug regiment review must include documentation of ALL medications the patient is taking.
- Determine if clinical record documentation includes medication review, etc. In therapy only cases, determine the HHA's policy for medication review.

Tags related to OASIS

G337 continues

Onsite Activity: Interview clinical staff, asking them to describe their process of drug regimen review including:

- How are potential adverse effects and drug reactions identified?
- What steps does the HHA require its personnel to take?
- What process is followed when a patient is found to be noncompliant?

Tags related to OASIS

G337 Onsite Activity continues:

- How is the drug regimen review completed if the patient is receiving only therapy services?
- How are drugs reviewed when medication orders are modified or changed after the start of care comprehensive assessment in multi-discipline cases and in therapy-only cases?

Probes for the Surveyor

- What is the HHA's policy for drug regimen /medication review?
- How does the HHA respond to medication discrepancies and prescriptions from physicians other than the physician responsible for the patient's home health care?
- If HHA personnel identify patient sensitivity or other medication problems, what actions does the HHA require its personnel to take?

Tags related to OASIS

G338 Update of the comprehensive assessment

- 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 status.

Tags related to OASIS

G338 Update of the comprehensive assessment

- The term “major decline or improvement in the patient’s health status” is the impetus for collecting and reporting OASIS data.
- The transfer assessment should include required OASIS items.
- The comprehensive assessment updates must include the appropriate OASIS data items as indicated on the current OASIS data set.

Tags related to OASIS

G339 The last 5 days of every 60 days beginning with the start of care date, unless there is a: Beneficiary elected transfer, significant change in condition, or discharge and return to the same HHA during the 60 day episode.

- The follow-up comprehensive assessment is conducted by the qualified clinician to identify the patient's current health status and continued need(s) for home health services. The follow-up comprehensive assessment must be performed within the last 5 days of the current 60-day certification period, i.e. between and including days 56-60.

Tags related to OASIS

G339 continues:

- If the HHA does not transmit OASIS data for a month, verify that the HHA understands the transmission process and required comprehensive assessment time points. Review any validation reports the HHA has received from previous OASIS submissions to their respective State agency, i.e. OASIS initial feedback and final validation reports.

Tags related to OASIS

G339 continues:

- When a Medicare beneficiary elects to transfer to a different HHA or is discharged and return to the same HHA, it warrants a new clock for purposes of payment, OASIS assessment, and physician certification of the new plan of care.

Tags related to OASIS

G339 continues:

- A Significant Change In Condition (SCIC) occurs when a Medicare beneficiary experiences a significant change in condition (improvement or deterioration) during a 60-day episode that was not envisioned in the original plan of care. The HHA must complete an OASIS assessment and obtain the physician change orders reflecting the significant change in treatment approach in the patient's plan of care.

Tags related to OASIS

G340 Within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.

- Comprehensive assessments are required within 48 hours of (or Knowledge of) the patient's return home from a hospital stay of 24 hours or more for any reason except diagnostic tests (resumption of care OASIS data set, and within 48 hours of (or knowledge of) the patient's return home from an inpatient stay (resumption of care OASIS data set).

Tags related to OASIS

G341 At discharge

Updated comprehensive assessments are required:

- Within 48 hours of (or knowledge of) transfer to any inpatient facility (transfer to an inpatient facility comprehensive assessment with OASIS data items integrated, with or without agency discharge); and
- Within 48 hours of (or knowledge of) discharge to the community or death at home (discharge OASIS assessment with OASIS data items integrated).

Probes to Tags 340 and 341

- Does the M0090 item (date assessment completed) fall within the time frame required for the resumption of care comprehensive assessment?
- Does the M0090 item (date assessment completed) fall within the timeframe required for the transfer (with or without agency discharge, discharge to the community or death at home comprehensive assessment?)

Tags related to OASIS

G342 Incorporation of OASIS Data Items

- The HHAs must incorporate OASIS data items into their own assessment instrument using the exact language of the items, replacing similar items/questions on their existing assessment tool as opposed to simply adding the OASIS items at the beginning or end.

Tags related to OASIS

G342 Incorporation of OASIS Data Items

- The surveyor should review the HHA's comprehensive assessments to determine that required OASIS data items have been integrated into its comprehensive assessment tool. The comprehensive assessment forms (nursing or therapy) must include all required OASIS data items for each time point indicated. All comprehensive assessment forms, including those provided by vendors must be reviewed to ensure compliance.

Tags related to OASIS

G342 Incorporation of OASIS Data Items

- For new HHAs seeking initial certification, or the first HHA survey after a required change to the OASIS data set, randomly select approximately 8 OASIS items and compare them to the HHA's comprehensive assessment. Include items that have skip patterns and multiple responses. During recertification surveys after an OASIS modification, review data items that have been modified.

Probes for the Surveyor

- Does the HHA have the required OASIS data items integrated into its comprehensive assessments, i.e. start of care, resumption of care, follow-up, transfer, discharge and death at home?
- Is the OASIS data set appended at the beginning or end of the HHA's assessment form, rather than integrated into the HHA's own comprehensive assessment tool?

Home Health Surveys

The above slides assist providers in knowing what to expect when the Home Health Agency is surveyed by the State Agency.

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