

Home Health Agencies **Continued Efforts over the Past Years**

Non-Deemed Home Health Agencies (HHAs)

1. Basic Expectations: Under Section 1891(b) of the Act, the Secretary is responsible for assuring that Conditions of Participation (CoPs) and the resulting enforcement are adequate to protect the health and safety of individuals under the care of an HHA and to promote the effective and efficient use of Medicare funds. In accordance with Sections 1861(o), 1864 and 1891(c) of the Act, SAs conduct surveys of HHAs to determine whether they are complying with the CoPs.

HHAs must be surveyed via a standard survey at least every 36.9 months. This is not an average of 36.9 months; it is a maximum interval between surveys for any one particular HHA. The Medicare statute established the 36-month interval commensurate with the need to assure the delivery of quality home health services. Comprehensive State performance standards for compliance with the 36.9-month statutory requirement continue to apply.

2. Activation, De-activation, and CHOWs: Since January 1, 2010, a provider or supplier who does not submit any Medicare claims for 12 consecutive calendar months is subject to having its Medicare billing privileges deactivated. This may occur when an HHA is primarily providing services to Medicaid or other third party payer sources that require Medicare certification. Deactivated agencies and suppliers with a payment suspension remain certified and must continue to be surveyed at least every 36.9 months. When a provider seeks to reactivate billing privileges, a standard survey is conducted as a recertification survey with a note that this is an early recertification due to a request for reactivation of Medicare billing.

In addition to the requirements outlined under 42 CFR §489.18, if an HHA undergoes a CHOW within 36 months of the effective date of the provider's enrollment into Medicare, or subsequent asset sale, stock transfer or CHOW the provider agreement and Medicare billing privileges do not convey to the new owner. An initial survey will be required. The initial surveys will be considered Tier 4 of the survey priorities, and the HHA may utilize an approved AO for a deeming survey and follow existing procedures. It is the responsibility of the HHA to arrange the Medicare survey with the AO.

3. Surveyor Qualifications: Before any State or Federal surveyor may serve on a survey team (except as a trainee) for an HHA survey, he/she must take the Home Health Agency Basic Surveyor Training course.

Deemed Home Health Agencies

States will continue to be responsible for conducting two types of validation surveys for deemed HHAs: substantial allegation complaint surveys and representative sample validation surveys in FY2019.

Each SA should budget for one representative sample validation survey of its deemed HHAs from its standard allocation, unless it does not have any deemed HHAs located in its State.

Depending on the AOs' actual survey schedules, there may be States with deemed HHAs for which no representative sample validation survey can be assigned within the FY. Each month a sample of scheduled AO surveys is selected for validation. We will inform the SAs promptly if they have been assigned a validation survey. Some States with larger numbers of deemed HHAs have been designated to perform more of these representative sample validation surveys once they have completed the one survey provided for in the standard allocation. For these States, a supplemental budget allocation will be made for surveys completed beyond the first representative sample validation survey.

Survey Protocol Revision: A new survey protocol is expected to be published for HHAs in Appendix B of the SOM in 2020 with a corresponding change to the HHA Basic Surveyor training.