VNAA
Visiting Nurse Associations of America

Center for Medicare and Medicaid Services
Proposed Rule:
Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies
VNAA Summary
October 29, 2014

The Centers for Medicare and Medicaid Services (CMS) recently proposed new home health conditions of participation after more than a decade of development. The proposed rule is a dramatic departure from prior drafts and discussion documents that consolidates, reorganizes, amends and clarifies retained portions of the original text. The proposed rule appears to align closely with recently adjustments to the hospice COPs.

The proposed rules includes a major emphasis on Quality Assessment and Performance Improvement (QAPI) based on outcome measurement and use of evidence-based clinical protocols in place of many of the process measures in the current COPs. The proposed rule also increases emphasis on patient rights, expanded plans of care, communication with and involvement of the patient, the patient's representative and physician in the care planning process.

The concept of care by a team rather than individuals, along with a strong focus on specific measurable goals, reflects throughout the proposed rule. Requirements for greater specificity in the medical records implicitly suggest, but do not mandate, that electronic records are essential to compliance.

CMS has incorporated many of the concepts and suggested changes advanced by VNAA in various discussions and through a 2010 white paper, Medicare Home Health: Encouraging Quality and Discouraging Abuse. These proposals included requiring the position of clinical manager, changing the qualifications of Administrator, requiring disclosure of owners and officers and requiring prompt access to clinical records by authorities.

The full text of the proposed rule is available here. This summary is based on CMS's 150-page preamble to the rule and focuses on new, clarified or emphasized requirements. The 24-page consolidated COP text is also attached for reference.

The proposed rule, and particularly the flexibility offered in many areas, leaves important questions unanswered regarding how survey agencies will objectively determine whether a home health agency (HHA) has done enough to satisfy the standards. Subsequent CMS guidance, including "Interpretive Guidelines", will likely offer greater detail on what survey agencies will be looking for to determine compliance with the COPs. Recognizing the lengthy development process required for these new COPs, it is not possible to predict the implementation of a final rule. Current law requires that a final rule be produced within three years. Comments on the proposed rule are due by December 8, 2014.

Summary of the Proposed Rule

Significant changes included in the proposed rule:

- Eliminate the Professional Advisory Committee;
- Eliminate subunits. Subunits would operate under their own provider numbers as a separate HHA. Subunits could apply to become a branch office according to state law;
- Eliminate quarterly evaluation of an HHA's program through chart reviews;
- Eliminate requirement that an HHA send the attending physician a summary of care every 60 days;
- Establish that patients have the right to have information that is accessible and accommodates language needs or assists in addition to providing aids to accommodate those with disabilities; (484.50)
- Ensure that patients can chose their representative, in line with patient centered care, who participates in making decisions related to the patient's care or well-being. This includes but is not limited to, a person chosen by the patient, a family member or an advocate for the patient. The patient determines the role of the representative, to the extent possible; (484.50)
- Establish that occupational therapy can complete the initial assessment if they are the only service ordered and can establish eligibility for home health services; (484.55)
- Expand content of the comprehensive assessment to include issues such as current functional, psychosocial and cognitive status, patient care preferences including their strengths, goals, progress of achievement toward the goals of the patient and the measurable outcomes identified by an HHA; (484.55)
- Place new focus on the interdisciplinary team for ongoing planning of the patient care and inclusion of the patient or representative and physician in participation; (484.60)
- Require that verbal orders that are documented in the patient's clinical record must be signed, dated and timed upon the receipt of orders. Verbal orders must be authenticated and dated by the physician according to HHA policies and state; (484.60)
- Require HHAs to develop, implement, evaluate and maintain effective, ongoing, HHA-wide, data-driven QAPI programs; (484.65)
- Expand the responsibilities of an HHA governing body to full legal authority and responsibility for overall management and operation of the HHA, provision of services, review of budget and operational plans, QAPI and fiscal operations; (484.65)
- Require new infection control and prevention programs as part of the QAPI program. (484.70) The home health aide is required to have the ability to communicate with the patient, recognize and report changes in skin condition; (484.80) Establish that registered nurses and all therapy services, can complete the plan of care and assignment for home health aides; (484.80)
- Require availability of the HHA administrator, or specifically pre-designated alternative (authorized in writing), in an active role at all hours that services are being provided to patients; (484.105)
- Require the creation of a clinical manager role. The clinical manager must be a physician or RN responsible for oversight of all personnel and all patient care services provided by the HHA directly or under arrangements. The clinical manager is responsible for assigning personnel, developing personnel qualifications and personnel policies;(484.105)
- Require agencies to maintain strict guidelines on its use of services under arrangement and that an HHA must assume full responsibility for those services; (484.105)

- Expand clinical records standards to require all past and current relevant information be kept with accuracy and adherence to current medical records standards. HHAs must make medical records available to all interdisciplinary team staff and the physician responsible for the plan of care. Require consistency between diagnosis, plan of care and actual care furnished; (484.110)
- Require clinical record to include all goals, progress in reaching goals, contact information of patient and representative, contact information for the physician or other health care professional who will be responsible after discharge; (484.110)
- Establish home health discharge/transfer summaries within seven days of discharge or two days of transfer; (484.110)
- Establish a new standard for authentication of clinical records requiring all entries be clear, legible, complete and appropriately authenticated with individual identification of person making the note. All notes must be dated and timed ;(484.110) and
- Establish a new standard on retrieval of records requiring records must be readily available to a patient or appropriately authorized individuals or agencies on request. There is no timeline noted in this standard; (484.110)

Subpart A: General Provisions:

<u>Sec. 484.2: Definitions</u>

The proposed rule modifies the definition of "branch office" and "clinical note" and adds new definitions for “in advance”, “quality indicator”, [patient] “representative”, “supervised practical training” and “verbal order” that tighten the generally understood meanings of these terms in home health.

"Branch office" would be modified by adding the requirement that the parent HHA offer more than the sharing of services and specifically provide supervision and administrative control of branches on a daily basis. The proposed rule specifically notes that a violation of a COP in one branch office would apply to the entire HHA.

"Clinical note" is modified to mean a notation of a contact with a patient that is written, timed, and dated, and which describes signs and symptoms, treatment, drugs administered and the patient's reaction or response, and any changes in physical or emotional condition during a given period of time.

"In advance" means that HHA staff must complete the task prior to performing any hands-on care or any patient education (such as obtaining order in advance of care).

"Quality indicator" means a specific, valid and reliable measure of access, care outcomes or satisfaction, or a measure of a process of care.

"Representative" means the patient's legal guardian or other person who participates in making decisions related to the patient's care or well-being, including but not limited to, a person chosen by the patient, a family member, or an advocate for the patient. The patient determines the role of the representative, to the extent possible.

"Supervised practical training" means training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing covered services to an individual under the direct supervision of either a registered nurse or a licensed practical nurse who is under the supervision of a registered nurse.

"Verbal order" means a physician order spoken to appropriate personnel and later put in writing for the purposes of documenting as well as establishing or revising the patient's plan of care.

Subpart B: Patient Care

<u>Sec. 484.40 and 484.45: OASIS</u>

The proposed rule includes the following standards:
- Encoding and transmitting OASIS data
- Accuracy of encoded OASIS data
- Transmittal of OASIS data
- Data format

The proposed rule modernizes transmission requirements for OASIS to reflect current electronic transmission requirements identifiable outcome and assessment information set (OASIS) information. Significantly, the proposed rule removes the requirement that OASIS data must be transmitted via direct telephone connection because this transmission method does not comply with the most recent Federal Information Processing Standard.

<u>Sec. 484.50: Patient rights</u>

The propose rule reorganizes patient rights under six standards:
- Notice of rights
- Exercise of right
- Rights of the patient
- Transfer and discharge
- Investigation of complaints
- Accessibility

Existing patient rights COP requirements include six standards; notice of rights, exercise of rights and respect for the property and person, right to be informed and to participate in planning care and treatment, confidentiality of medical records, patent liability for payment and home health hotline.

"Notice of Rights" states that the patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The rule expands patient rights with regard to providing a verbal notice of rights to patient and representative in advance of care being given during the initial assessment visit. The HHA may communicate with the patient's representative if the patient cannot "effectively" communicate. As in the current Title VI of the Civil Rights Act of 1964, staff would be required to provide language assistance (translation) and auxiliary aids and services at no cost and provide notice of the availability of assistance when necessary. A professional interpreter of the patient choice may be used but this person cannot be the patient's representative. Additionally, the HHA must determine if the communication via the interpreter of choice is effective.

HHAs are required to provide a copy of the patient rights in the preferred language and in alternative forms for those with disabilities at no cost to the patient. A written copy of the patient rights must be provided in English or preferred language. This written notice would be required to be understandable

to person who has limited English proficiency and to inform patient of the availability of the services and instruct patient how to access those services. Additional rights include information on consumer protection agencies.

The proposed new “notice of rights” standard also requires agencies to provide contact information for the HHA administrator, including the administrator's name, business address and business phone number in order to receive complaints or questions. Patients would have the right to be informed of their right to access auxiliary aids and language services and to be provided instruction on how to access these services. HHAs would also be required to provide a copy of the OASIS privacy notice at the same time that the general notice of rights is provided to the patients. A patient or representative signature will be required confirming that he or she has received a copy of the rights and responsibilities.

The proposed new “exercise of rights” standard requires that, in the event the patient was declared incompetent by a court, an appointed representative could exercise the rights of the patient. If a patient has not been declared incompetent, then any representative chosen by the patient could exercise the rights of the patient. The patient must be informed about the option for consent or refusal of care in advance of and during treatment, completion of the comprehensive assessment and the care to be furnished, the disciplines, frequency of visits, expected outcomes, factors that could impact treatment effectiveness and changing the care to be furnished, receive all services outlined in plan of care, and have a confidential clinical record. Patients would have the right to be informed of their right to access auxiliary aids and language services and to be provided instruction on how to access these services

The proposed “transfer and discharge” standard would mandate that patients and representatives have the right to be informed of policies governing admission, transfer and discharge, and the right to safe and appropriate transfer and notification of patients of their right to be involved in all steps of care planning and delivery. CMS seeks comments on ways to assure that patient choice is respected and upheld and acknowledges the complexities of this. Each patient must be provided with a copy of an individualized plan of care and provided information in order to ensure their right to a confidential record. The proposed new standard would allow the HHA to discharge patients for cause if the patient or other person in the home is disruptive, abusive or uncooperative that the delivery of care to the patient or the ability of the HHA to operate effectively and safely is seriously impaired. The patient, physician and, if appropriate, the representative must be notified of this impending decision. HHAs are required to provide the patient/ representative of other HHAs and organizations who can provide services after discharge.

The proposed new “investigation of complaints” standard would require that HHAs obtain a signature that the patient or representative has received notice of rights and responsibilities. The rule expands requirements for HHA investigation of patient complaints. The HHA is responsible to report abuse or neglect by both agencies and contracted service providers.

The proposed new “accessibility” standard requires that information must be provided to the patient in plain language and in a timely manner. Patients would have the right to be informed of their right to access auxiliary aids and language services and to be provided instruction on how to access these services

Sec. 484.55: Comprehensive assessment of patients

The proposed rule includes the following standards:

- Initial assessment visit
- Completion of the comprehensive assessment
- Content of the comprehensive assessment
- Update of the comprehensive assessment

Current COPs include four standards: initial assessment visit, completion of the comprehensive assessment, drug regimen and update of the comprehensive assessment.

Completion of the comprehensive assessment now allows occupational therapy to establish eligibility for the home health if it is the only service ordered.

The revised "comprehensive assessment" standard would add detailed standards for content of the comprehensive assessment featuring a more holistic approach.

The new "content of the comprehensive assessment" standard appears consistent with the OASIS items and would to include issues such as:

- Current functional, psychosocial and cognitive status;
- Patient care preferences including their strengths, goals, progress of achievement toward the goals of the patient and the measurable outcomes identified by the HHA;
- The continuing need for care;
- The nursing, rehabilitative, social and discharge planning needs;
- A review of medications; and
- Availability of caregivers and other support.

The revised "update of the comprehensive assessment" standard would require HHAs to update and revise as patient condition changes due to a decline or improvement in the patient health.

Sec. 484.60: Care planning, coordination of services and quality of care

The proposed rule includes the following five standards:

- Plan of care
- Conformance with physician orders
- Review and revision of the plan of care
- Coordination of care
- Discharge or transfer summary

Current COPs incorporate these standards under acceptance of patients, plan of care and medical supervision, periodic review of plan of care and conformance with physician orders.

The proposed "plan of care" standard would require that patients receive a written plan of care that includes the care and services necessary including patient and caregiver education and training provided by the HHA. The plan of care would include improvement, maintenance and prevention goals and outcomes. The proposed rule expands planning standards including patient and physician participation in a shared decision-making model with the HHA. The proposed rule makes explicit and expands requirements for the content of the individualized plan of care including all treatment goals and discharge planning activity. The plan of care will have patient specific measurable outcomes and goals

selected jointly by the patient and HHA. The HHA is encouraged to consider social determinants that may contribute to poor health outcomes.

The proposed “conformance with physician orders” standard specifies verbal order requirements regarding who may accept verbal orders from physicians and details counter signature requirements by the physician. A qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical record and sign, date and time the receipt of orders. The proposed rule discusses that these orders must be recorded in the plan of care. Verbal orders must be authenticated and dated by the physician according to HHA policies and state laws.

The proposed “review and revision of the care plan” standard would require HHAs to immediately notify the physician when goal expectations are not being reached to allow revision to plan of care. These changes must also be communicated to the patient and representative.

The proposed “coordination of care” standard would require that updates to the plan of care must be communicated to the patient and, if appropriate, the representative. HHAs would be responsible for integrating and coordinating all care and documenting this activity. The proposed standard places new emphasis on coordinating care by all disciplines, and communication with the physician. Additionally, the standard ensures that coordination involve the patient, representative (if any), and caregiver(s), as appropriate. HHAs would be required to assure that the patient/ representative receive ongoing training and education regarding the care and services in the plan of care. The proposed rule adds special emphasis on HHA training non-self-injecting diabetics for self-care including seeking out and training other caregivers or family members.

The proposed “discharge or transfer summary” standard would require HHAs to include the reason for the referral, the patient’s clinical mental, psychosocial, cognitive and functional condition at the time of the start of services by the HHA all services provided by the HHA, the start and end dates, and the clinical, mental, psychosocial, cognitive and functional condition at time of discharge.

Sec. 484.65: Quality Assessment and Performance Improvement (QAPI)

The proposed rule would require HHAs to develop, implement, evaluate and maintain an effective, ongoing, HHA-wide, data-driven QAPI programs. The proposed rule notes that standards for QAPI programs are intended to produce pre-emptive, proactive assessment and performance improvement focus in place of the current problem oriented, external after-the-fact approach.

CMS notes that state surveys of QAPI programs will assess whether HHAs have all components of QAPI in place based on objective data from the HHA including OASIS and other data with required focus on actual care outcomes, process of care, satisfaction indicators and quality indicators.

The proposed rule further notes that physicians employed by or under contract with the HHA must participate in QAPI programs, along with all HHA disciplines. CMS also recommends volunteer physician input in QAPI programs.

This proposed COP for QAPI programs is organized into five standards:

- Program scope
- Program data

- Program activities
- Performance improvement projects
- Executive responsibilities

The proposed “program scope” standards would require program to be data driven and capable of showing meaningful improvement in health outcomes and safety and measure, analyze and track quality indicators including adverse events.

The proposed “program data” standard would require HHAs to use quality indicator data including, but not limited to, OASIS based on prioritization of outcome goals. The proposed rule notes that the HHAs governing body would be responsible for approving data plan.

The proposed “program activities” standard would require that QAPI programs focus on high risk, high volume or problem prone areas. HHAs would be required to immediately correct identified problems that potentially threaten the health or safety of patients and incorporate incidence, prevalence and severity of problems. HHAs would also be required to track adverse events and steps to avoid future events.

The proposed “performance improvement projects” standard would require HHAs to conduct performance improvement projects at least annually focusing on past problem performance including evidence of poor patient outcomes.

The proposed “executive responsibilities” standard would establish that the HHA’s governing body has responsibility for QAPI programs including services under arrangement and must address findings of fraud, waste or abuse. HHAs would further be required to document all QAPI activities. Specifically, an HHA's governing body must ensure the program:

- Reflects the complexity of its organization and services;
- Involves all HHA services (including those services provided under contract or arrangement);
- Focuses on indicators related to improved outcomes, including hospital admissions and re-admissions; and
- Takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors.

Sec. 484.70: Infection Prevention and Control

The proposed rule includes the following standards:

- The HHA follow infection prevention and control best practices to include the use of standard precautions.
- The HHA follow infection control and prevention practices to maintain a coordinated agency-wide program for surveillance, identification, prevention control and investigation of communicable diseases.
- The HHA is expected to provide education on current best practices to staff, patients and caregivers.

Sec. 484.75: Skilled Professional Services

The proposed rule includes the following standards:

- Provision of services by skilled professionals
- Responsibilities of skilled professionals
- Supervision of skilled professional assistants

This revised condition includes three previous conditions of the professional staff including; skilled nursing services, therapy services and medical social work services. The standards included duties of the registered nurse and licensed practical nurse, and supervision of the physical and occupational therapy assistants.

The proposed rule specifies common responsibilities of all skilled professional staff for:

- Conducting interdisciplinary assessments;
- Providing ordered care;
- Patient, furnishing caregiver and family counseling and education; and
- Preparing clinical notes, communicating with physician, and participating in QAPI

The proposed rule requires RN supervision of LPNs and LVNs; physician or OT supervision of all rehab therapy assistants; and MSW supervision of medical social service.

<u>Sec. 484.80: Home Health Aides</u>

The proposed rule outlines nine standards for home health aides, including:

- Home health aide qualification;
- Content and duration of home health aide classroom and supervised practical training;
- Competency evaluation;
- In-service training;
- Qualifications for instructors conducting classroom and supervised practical training;
- Eligible training and competency evaluation organizations;
- Home health aide assignments and duties;
- Supervision of home health aides; and
- Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit.

The current standards under this condition are the following four: home health aide training, competency evaluation and in-service training, assignment of duties and supervision. The proposed rule retains existing standards for the following five areas: competency evaluation, in-service training, qualifications of instructors conducted classroom and practical training, eligibility training and competency evaluation organizations, and individuals furnishing Medicaid personal care services.

The proposed "home health aide qualification" standard would allow long-term care facility nurse aide training to be used as a qualification for providing home health aide services, thus increasing the pool of eligible employees. The proposed rule also delineates the training requirements, competency evaluation and other requirements throughout these standards.

The proposed "content and duration of home health aide classroom and supervised practical training" standard would require that aides, in addition to usual competencies, be required to have the ability to communicate with the patient, recognize and report changes in skin condition.

The proposed "supervision of home health aides" standard would require that supervision visits must focus on aide's ability to demonstrate initial and continued satisfactory performance including success in following plan of care, completing tasks, communicating with patient, representative, caregivers, and family, preventing infection, reporting change in patient condition and honoring patient rights. HHAs would be required to document this activity using a method left to the discretion of the HHA. HHAs would further be responsible for all aide services provided under arrangement.

Subpart C: Organizational Environment

Sec. 484.100: Compliance with federal, state and local laws and regulations related to the health and safety of patients

The proposed rule includes the following standards:
- Disclosure of ownership and management information
- Licensing
- Laboratory services

Current COP standards include compliance with federal, state and local laws and regulations, disclosure of ownership and management information and compliance with accepted professional standards and principles. The proposed rule makes no change to the licensing standard.

The proposed new "disclosure" standard would requires HHAs to disclose the names and addresses of owners, those with controlling interest, officers, directors, agents, managing employees, chief executive officer and board chair. The proposed rule further requires that the address disclosed must be a residential address and not an office or post office box.

The proposed "laboratory services" standard would prohibits an HHA from substituting the agency's own self-administered lab test equipment for patient's own equipment with limited exceptions.

Sec. 484.105 Organization and administration of services

The proposed rule includes the following standards:
- Governing body
- Administrator
- Clinical manager
- Parent-branch relationship
- Services under arrangement
- Services furnished
- Outpatient physical therapy or speech-language pathology services
- Institutional planning

This section has been reorganized. Current COP standards include services furnished, governing body, administer, supervising physician or registered nurse, personnel policies, personnel under hourly or per visit contracts, coordination of patient services, services under arrangements, institutional planning and laboratory services. No changes are proposed to the standards for outpatient physical therapy or speech-language pathology services or institutional planning.

The revised "governing body" standard would expand the responsibilities of an HHAs governing body to include provision of services and the newly required QAPI program in addition to prior responsibilities related to legal authority and responsibility for overall management and operation of the HHA, review of the budget and fiscal operations.

The proposed "administrator" standard would require the HHA administrator (or designee) to be available during all operating hours. The HHA administrator or specifically pre-designated alternative (authorized in writing) must be available and in an active role at all hours that services are being provided to patients. Previously, the administrator could also be the supervising physician or nurse.

The proposed new "clinical manager" standard would require HHAs to create a clinical manager role to be a physician or RN responsible for oversight of all personnel and all patient care services provided by the HHA directly or under arrangements. The clinical manager would be responsible for assigning personnel, developing personnel qualifications and personnel policies. The proposed rule also requires a licensed clinician to be responsible for coordinating referrals and assuring that plans of care meet each patient's needs.

The proposed new "parent-branch relationship" standard would delete the current time and distance standard and would require HHAs to demonstrate the ability to monitor all services provided by branches to assure the attainment of all quality and scope of services requirements to all patients with clear lines of authority and control delineated. HHAs would also be required to report branch locations to their state agency at their initial certification request, at each survey and at the time of any addition or deletion of a branch.

The proposed "services under arrangement" standard would require HHAs to maintain strict guidelines on the use of services under arrangement and to assume full responsibility for those services.

Sec. 484.110: Clinical records

The proposed rule includes the following standards:

- Contents of clinical record
- Authentication
- Retention of records
- Protection of records
- Retrieval of clinical records

Current clinical records COPs included only two standards, retention of records and protection of records.

The proposed "contents of clinical record" standard would require the inclusion of:

- The patient's current comprehensive assessment, including all assessments from the most recent home health admissions, clinical visit notes and individualized plan of care;
- All interventions, including medication administration, treatments, services, and responses to those interventions, which would be dated and timed;
- Goals in the patient's plan of care and the progress toward achieving the goals;
- Contact information for the patient and representative (if any);

- Contact information for the primary care practitioner or other health care professional responsibility for providing care and services to the patient after discharge from the HHA;
- A copy of the discharge summary to be sent to the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA within seven days of a discharge. Alternatively, if the patient is discharged to a facility, the HHA will send the discharge summary to the facility within two days of a discharge;
- The proposed rule requires that all entries be legible, clear, complete and appropriately authenticated, dated and timed. Authentication refers to the process of identifying the person who has made an entry into the clinical record and that person's acknowledgement by a signature and title or use of an electronic identifier that he/she is responsive for the content, accuracy and completeness of the entry; and
- The rule proposes that clinical records be made readily available to a patient or appropriately authorized individual to assure communication, continuity and quality of care. The provision of clinical records outside of the HHA would be required to comply with rules regarding personal health information.

Sec. 484.115: Personnel qualifications

The proposed rule includes standards and specific credentialing requirements for HHA staff. The proposed rule would retain and/or expand the current personnel qualifications for the following professions:

- Administrator
- Audiologist
- Home health aide
- Licensed practical nurse
- Occupational therapist
- Occupational therapy assistant
- Physical therapist
- Physical therapist assistant
- Physician
- Registered nurse
- Social work assistant
- Social worker
- Speech-language pathologist

New to this proposed rule is the removal of separate qualifications for public health nurse in favor of registered nurse qualifications and deletion of practical vocational nurse qualifications in favor of licensed practical nurse.

The proposed modification to the "administrator" standard would require a licensed physician, registered nurse or person with an undergraduate degree plus one year of supervisory experience in home health care or related program. The proposed rule would permit the HHA governing body to specify the type of undergraduate degree acceptable to the HHA. CMS seeks comments on whether to include financial management training in the qualifications.

The amended "speech language pathologist" qualification standard would reflect existing statutory requirements for a masters or doctorate in SLP and licensure as a SLP in the relevant state.

CMS Requests for Feedback

Finally, in addition to the proposed standards included in the COPs, CMS has requested comments on several additional concepts. These questions are outlined below and will be considered as VNAA develops comments on the proposed rule.

1. CMS is soliciting public comments regarding methods to engage patients and the physicians who are responsible for their plans of care. CMS is specifically interested in ways to maximize the level of involvement of the physician who is most involved in the patient's care prior to admission to the HHA, and who is responsibility for overall treatment of the conditions(s) that led to the need for home health care.

2. CMS is interested in ways to facilitate communication between the HHA and other physicians and practitioners (such as nurse practitioners and physician assistants) who may be furnishing care for issues that are not directly connected to the issues being addressed by the HHA.

3. CMS seems public comment on the timeframes for submitting transfer or discharge from HHA services. Specifically, CMS has asked if the proposed timeframes are adequate to assure a smooth transition of care. CMS also seeks input on whether current HHA record systems are capable of producing a discharge summary in a shorter period of time, such as the same day a patient is discharged.