



CMS Proposes Delaying Implementation of New Home Health Agency CoPs

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On January 13, 2017, the Centers for Medicare & Medicaid Services (CMS) published a final rule revising the conditions of participation (CoPs) for home health agencies to participate in and qualify for the Medicare and Medicaid programs. According to CMS, the new CoPs focus on the care delivered to patients by home health agencies, provide greater flexibility for home health agencies to meet quality care standards, simplify and eliminate certain administrative and procedural requirements for home health agencies, and reflect an interdisciplinary view of patient care.¹ The new CoPs include, among others, requirements for an integrated communication system between patients and providers, additional training requirements, an agency-wide quality assessment and performance improvement (QAPI) program that evaluates and improves agency care for patients, and certain personnel qualifications for home health agency administrators and clinical managers.

CMS initially proposed updating the CoPs for home health agencies on October 9, 2014, in the “Medicare and Medicaid Programs: Conditions of Participation for Home Health Agencies” proposed rule. However, based on stakeholder comments that suggested home health providers needed more time to prepare for implementation of the new requirements, CMS agreed to delay the effective date for the new CoPs to July 13, 2017.

However, home health industry associations and home health providers continued to express concerns that providers would not be able to effectively implement the new CoPs until CMS issued revised Interpretive Guidelines in the State Operations Manual.² Stakeholders also asserted that home health agencies would need further sub-regulatory guidance from CMS relating to certain aspects of the new CoPs before being able to make changes to comply with the new CoPs and expressed concerns about the costs associated with compliance.³

In response to this feedback, on April 3, 2017, CMS issued a proposed rule that would delay the start date of the new CoPs for an additional six months, until January 13, 2018. CMS made two conforming changes in the proposed rule to delay the phase-in date for the data-driven performance improvement projects requirements and delay the requirements that administrators meet the new personnel requirements accordingly, in line with the proposed effective date of January 2018.

In light of the imminent effective date for the new CoPs, providers should monitor the status of the proposed rule, and continue to put processes in place to ensure compliance with the new CoPs as CMS considers a delay.

¹ Ctrs. for Medicare & Medicaid Svcs., *Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies*, 82 Fed. Reg. 4505, 4504 (Jan. 13, 2017).

² Ctrs. for Medicare & Medicaid Svcs., *Medicare and Medicaid Programs; Conditions of Participation for Home Health Agencies; Delay of Effective Date*, 82 Fed. Reg. 16150, 16151 (Apr. 3, 2017).

³ *Id.*

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