

0938-0365 Response to Public Comments

Comment: *A number of commenters requested that we increase the time allowed for the agency to process **written summary reports** for each patient. These reports are sent to the attending physician for approval and signature when additional care is requested. .*

Response: Preparing a patient's written summary report is a usual and customary practice that is included as part of the standard medical care provided to each home health patient.. In addition to preparing the written summary reports, we require that the reports be recertified by each patient's attending physician. We feel that the amount of time we have allowed for submitting the reports to the attending physicians and obtaining the recertification is sufficient.

Comment: *A number of commenters reported that the amount of time allotted for the discussion of the **patient's rights** prior to the initiation of services was not sufficient.*

Response: We do not require specific tasks to be completed when discussing patient rights. Rather, we expect that HHAs will conduct a brief discussion that directs the patients to the privacy rights as stated in the OASIS information collection piece. Furthermore, we require that a system be devised to document the fulfillment of this requirement. Since the exact method of presentation and documentation is left to the discretion of each HHA, the amount of time we have allowed is an average. We believe that this average estimate continues to be appropriate.

Comment: *A number of commenters reported that the time allotted for the review and development of the **Plan of Care** was too little. They felt that the majority of the time was spent in developing intervention strategies for each individual patient, and therefore that allotted amount of time was not adequate.*

Response: We are aware that developing a comprehensive plan of care can require varying amounts of time. However, it is a usual and customary practice when caring for a home health patient. We have provided an estimation of the approximate time that is needed to forward the POC, not create it. We feel our designated amount of time is an accurate estimate of time required to forward the POC.

Comment: A commenter agreed that filing the **clinical medical record** was not a burden, but that ensuring that the record is complete is a burden. The commenter stated that the time allotted was too little and should be adjusted.

Response: The requirement that clinical medical records be maintained, stored and complete is standard throughout the medical community. It is considered usual and customary medical practice that each patient's medical record be complete and properly maintained. We allow HHAs the flexibility to prepare and maintain clinical records in the manner that meets their needs. Our estimates reflect the fact that HHAs are given the

flexibility to maintain complete medical records in accordance with current standard practices, and we believe that these estimates are sufficient.

Comment: *Several comments were received that the actual time allowed for the conducting of a **Professional Advisory Council** meeting, review and minute compilation was not enough. The commenters felt that the annual evaluation meeting usually last 45-60 minutes and therefore the time was not sufficient.*

Response: We appreciate the comments that an insufficient amount of time was allowed for the Home Health Advisory board meeting, but it is not our intent to allocate the actual amount of time a board would meet for. Rather, it is our intent that each home health agency devise a time table and documentation format that meets the required condition for participation in the home health program.