

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: Long Term Care -Regulatory
Regional Directors, State Office Section Managers and
HCSSA Program Administrators

FROM: Marc Gold, Director
Long Term Care Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #01-16

DATE: January 2, 2002

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 01-16 -- OASIS REQUIREMENTS IN ACCREDITED HOME HEALTH AGENCIES. Please direct inquiries to Mary Jo Grassmuck, Program Administrator, HCSSA, at (512) 438-2100.

~Original Signature on File~

Marc Gold

Attachment



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

September 4, 2001

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 01-16

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: OASIS REQUIREMENTS IN ACCREDITED HOME HEALTH AGENCIES.

When your agency receives a request from a home health agency interested in participating in the Medicare program, please ensure that the agency understands its obligation to meet the OASIS requirements, even if the agency plans to seek "deemed" accreditation from either CHAP or JCAHO. If you receive a certification packet from a home health agency which is seeking Medicare certification based upon its "deemed" accreditation from either JCAHO or CHAP, it is your responsibility to determine that the agency is meeting its OASIS responsibilities. This may be determined by reviewing the HHA's final OASIS Validation Reports to ensure that the agency has successfully transmitted OASIS data to the State system.

If your agency recommends the initial denial of Medicare participation for a home health agency or the termination of an existing agency based on the non-compliance of any OASIS Condition of Participation, the survey and certification packet submitted to the Centers for Medicare and Medicaid Services (CMS) must clearly demonstrate how the HHA failed to meet the statutory/regulatory requirements. The survey packet must contain:

- A comprehensive survey narrative that clearly shows the processes the surveyor has undertaken to assess the HHA non-compliance with the OASIS requirements.
- Summary of HHA staff interviews if not included in the narrative.
- Copies of pertinent HHA policies and procedures that relate to non-compliance findings.
- Copies of OASIS Final Validation Reports.
- Copies of Initial Feedback Reports.
- HCFA-2567 (Statement of Deficiencies).
- HCFA-1539.

If you have any questions about the initial certification of an accredited home health agency, non-accredited agencies or the OASIS requirements, please contact Linda Jones at (214) 767-2076 or Mitch Chunn at (214) 767-4446.

Sincerely,

~Signature on File~

Molly Crawshaw, Chief
Survey and Certification Operations Branch