

DIA Follow-up Responses from November 4, 2004 Audio Teleconference

**Editors Note*: Martha Coleman of DIA has provided the following information in answer to some questions raised at the November 4, 2004 audio teleconference.*

1. Can the RN delegate neuro/rectal stimulation for quadriplegic patients to the home health aide?

I have contacted CMS in Kansas City and Baltimore. Both have said they have reservations about allowing it, but if the RN trains, competency tests and periodically supervises the aide, they will allow it. They also told me to remind everyone the nurse is liable for any problems associated with the aide performance. One patient accused the aide of sexual abuse while performing the stimulation, so teach the patient about it also.

2. What can an agency do when the aide is in the home once a week for personal care only and when the RN arrives for the 60 day supervision the aide is not there because the schedule had been changed?

This is a requirement (see 484.36(d), tag G230, so plan ahead with the aide and the scheduler to make sure both of you can be at the home at the same time.

3. Is the home health agency responsible for costs incurred for wound center services while a patient is under the Medicare PPS/Home Health Benefit?

Amanda Schroeder RN, from Circle of Friends Home Care/Circle of Life Hospice called Cahaba GBA and asked the question.

The answer she received was, "No, wound center services are separated from the PPS system and would be billed directly to Medicare from the wound center."

Following are the web sites that Juli Ermer talked about and the requirements for electronic signature:

1. CD ROM Version 2.0 C

www.oasistraining.org

2. OASIS 2005 calendar

[gov/oasis/oasispps.asp#2005](http://www.cms.gov/oasis/oasispps.asp#2005)

3. SCIC info

<http://cms.hhs.gov/oasis/oasispps.asp>

Revised 8/2004

4. Comprehensive assessment required for Non-Medicare and Non-Medicaid

S & C Memos

04-26 and 04-45

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0445.pdf>

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0426.pdf>

5. CMS New Q/A-New August 2004

www.QTSO.com/hhdownload.html

6. The new opinion from the National Pressure Advisory Panel (NPUAP) effective 9/1/04

cms.hhs.gov/oasis

What's New (on the OASIS Home Page)

CMS GUIDELINES FOR ELECTRONIC SIGNATURE

A home health agency may create the option for an individual's record to be maintained electronically, rather than in hard copy, and may use electronic signatures as long as there is a process for reconstruction of the information, and there are safeguards to prevent unauthorized access to the records. The following guidelines must be in place and operational before such a system would be acceptable:

- * The home health has a written policy describing the authentication policy(ies) in force at the agency;
- * The computer has built-in safeguards to minimize the possibility of fraud;
- * Each person responsible for an entry has an individualized identifier;
- * The agency has the responsibility to demonstrate that the identifier is used under safeguards to assure that no one but the person assigned the code uses the code;
- * A secret password known only to the user is to be employed to maintain confidentiality;
- * The date and time is recorded from the computer's internal clock at the time of entry;
- * The entry is not to be changed after it has been recorded;
- * The computer program controls what sections/areas any individual can access or enter data, based on the individual's personal identifier (and therefore, his/her level of professional qualification).