### Centers for Medicare & Medicaid Services, HHS

§486.525

(ii) A documented individual facilitybased risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

[81 FR 64040, Sept. 16, 2016, as amended at 84 FR 51830, Sept. 30, 2019]

### Subpart H—[Reserved]

# Subpart I—Requirements for Home Infusion Therapy Suppliers

SOURCE: 83 FR 56630, Nov. 13, 2018, unless otherwise noted.

#### GENERAL PROVISIONS

### §486.500 Basis and scope.

Section 1861(s)(2)(iii) of the Act requires the Secretary to establish the conditions that home infusion therapy suppliers must meet in order to participate in the Medicare program and which are considered necessary to ensure the health and safety of patients.

#### §486.505 Definitions.

As used in §§ 486.520 and 486.525:

Applicable provider means a physician, a nurse practitioner, and a physician assistant.

Home means a place of residence used as the home of an individual, including an institution that is used as a home. An institution that is used as a home may not be a hospital, CAH, or SNF as defined in section 1861(e)(1), 1861(mm)(1), or 1819(a)(1) of the Act, respectively.

Home infusion drug means a parental drug or biological administered intravenously, or subcutaneously for an administration period of 15 minutes or more, in the home of an individual through a pump that is an item of durable medical equipment. The term does not include insulin pump systems or a self-administered drug or biological on a self-administered drug exclusion list.

Infusion drug administration calendar day means the day on which home infusion therapy services are furnished by skilled professionals in the individual's home on the day of infusion drug administration. The skilled services provided on such day must be so inherently complex that they can only be safely and effectively performed by, or under the supervision of, professional or technical personnel.

Qualified home infusion therapy supplier means a supplier of home infusion therapy that meets the all of the following criteria which are set forth at section 1861(iii)(3)(D)(i) of the Act:

(1) Furnishes infusion therapy to individuals with acute or chronic conditions requiring administration of home infusion drugs.

(2) Ensures the safe and effective provision and administration of home infusion therapy on a 7-day-a-week, 24hour-a-day basis.

(3) Is accredited by an organization designated by the Secretary in accordance with section 1834(u)(5) of the Act.

(4) Meets such other requirements as the Secretary determines appropriate.

[83 FR 56630, Nov. 13, 2018, as amended at 84 FR 60646, Nov. 8, 2019]

STANDARDS FOR HOME INFUSION THERAPY

### §486.520 Plan of care.

The qualified home infusion therapy supplier ensures the following:

(a) All patients must be under the care of an applicable provider.

(b) All patients must have a plan of care established by a physician that prescribes the type, amount, and duration of the home infusion therapy services that are to be furnished.

(c) The plan of care for each patient must be periodically reviewed by the physician.

#### §486.525 Required services.

(a) The qualified home infusion therapy supplier must provide the following services on a 7-day-a-week, 24hour-a-day basis in accordance with the plan of care:

(1) Professional services, including nursing services.

## Pt. 488

(2) Patient training and education not otherwise paid for as durable medical equipment as described in §424.57(c)(12) of this chapter.

(3) Remote monitoring and monitoring services for the provision of home infusion therapy services and home infusion drugs.

(b) All home infusion therapy suppliers must provide home infusion therapy services in accordance with nationally recognized standards of practice, and in accordance with all applicable state and federal laws and regulations.

[83 FR 56630, Nov. 13, 2018, as amended at 86 FR 61625, Nov. 5, 2021; 88 FR 36510, June 5, 2023]

# PART 488—SURVEY, CERTIFI-CATION, AND ENFORCEMENT PROCEDURES

## Subpart A—General Provisions

Sec.

- 488.1 Definitions.
- 488.2 Statutory basis.
- 488.3 Conditions of participation, conditions for coverage, conditions for certification and long term care requirements.
- 488.4 General rules for a CMS-approved accreditation program for providers and suppliers.
- 488.5 Application and re-application procedures for national accrediting organizations.
- 488.6 Providers or suppliers that participate in the Medicaid program under a CMSapproved accreditation program.
- 488.7 Release and use of accreditation surveys.
- 488.8 Ongoing review of accrediting organizations.
- 488.9 Validation surveys.
- 488.10 State survey agency review: Statutory provisions.
- 488.11 State survey agency functions.
- 488.12 Effect of survey agency certification.
- 488.13 Loss of accreditation.
- 488.14 Effect of QIO review.
- 488.18 Documentation of findings.
- 488.20 Periodic review of compliance and approval.
- 488.24 Certification of noncompliance.
- 488.26 Determining compliance.
- 488.28 Providers or suppliers, other than SNFs, NFs, HHAs, and Hospice programs
- with deficiencies. 488.30 Revisit user fee for revisit surveys.

#### Subpart B—Special Requirements

488.52 [Reserved]

## 42 CFR Ch. IV (10-1-23 Edition)

- 488.54 Temporary waivers applicable to hospitals.
- 488.56 Temporary waivers applicable to skilled nursing facilities.
- 488.60 Special procedures for approving end stage renal disease facilities.
- 488.61 Special procedures for approval and re-approval of organ transplant programs.
- 488.64 Remote facility variances for utilization review requirements.
- 488.68 State Agency responsibilities for OASIS collection and data base requirements.
- 488.70 Special requirements for rural emergency hospitals (REHs).

#### Subpart C—Survey Forms and Procedures

488.100 Long term care survey forms, Part A.

- 488.105 Long term care survey forms, Part B.
- 488.110 Procedural guidelines.
- 488.115 Care guidelines.
- Subpart D—Reconsideration of Adverse Determinations—Deeming Authority for Accreditation Organizations and CLIA Exemption of Laboratories Under State Programs

488.201 Reconsideration.

- 488.203 Withdrawal of request for reconsideration.
- 488.205 Right to informal hearing.
- 488.207 Informal hearing procedures.
- 488.209 Hearing officer's findings.
- 488.211 Final reconsideration determination.

#### Subpart E—Survey and Certification of Long-Term Care Facilities

- 488.300 Statutory basis.
- 488.301 Definitions.
- 488.303 State plan requirement.
- 488.305 Standard surveys.
- 488.307 Unannounced surveys.
- 488.308 Survey frequency.
- 488.310 Extended survey.
- 488.312 Consistency of survey results.
- 488.314 Survey teams.
- 488.318 Inadequate survey performance.
- 488.320 Sanctions for inadequate survey performance.
- 488.325 Disclosure of results of surveys and activities.
- 488.330 Certification of compliance or noncompliance.
- 488.331 Informal dispute resolution.
- 488.332 Investigation of complaints of violations and monitoring of compliance.
  - 488.334 Educational programs.