Long-Term Care Regulation Provider Letter

Number: PL 2026-15
Title: Acceptance-to-Service Requirement for Home Health Agencies (HHA) and Updated Guidance
Provider Types: Home and Community Support Services Agencies (HCSSA) – Certified HCSSA
Date Issued: September 2, 2026

1.0 Subject and Purpose

The Centers for Medicare and Medicaid Services (CMS) has issued QSO-26-13-HHA[1] to introduce a new standard for acceptance-to-service policy requirements to address CMS concerns regarding Medicare certified Home Health Agency's (HHA) referral and acceptance process and their implications for prospective and current patients.

Consistent with these new requirements, two new G-tags (G990 and G992) were added to Appendix B of the State Operations Manual (SOM)[2] with interpretive guidelines for surveyors. Noncompliance with these new requirements will be cited using these tags. Additional clarifying guidance was added to G1052 in 42 Code of Federal Regulations (CFR) §484.115(a)[3] regarding an administrator qualification requirement that surveyors and HHAs frequently question.

[1] QSO-26-13-HHA

[2] Appendix B of the State Operations Manual (SOM)

[3] 42 CFR §484.115

2.0 Policy Details & Provider Responsibilities

In accordance with 42 CFR §484.105(i)[4] relating to HHA acceptance to service, a HHA must do the following:

(1) Develop, implement, and maintain through an annual review, a patient acceptance-to-service policy that is applied consistently to each prospective patient referred for home health care, which addresses criteria related to the HHA's capacity to provide patient care, including, but not limited to, all of the following:

(i) Anticipated needs of the referred prospective patient.

(ii) Case load and case mix of the HHA.

(iii) Staffing levels of the HHA.

(iv) Skills and competencies of the HHA staff.

(2)(i) Make available to the public accurate information regarding the services offered by the HHA and any limitations related to types of specialty services, service duration, or service frequency.

(2)(ii) Review the information specified in paragraph (i)(2)(i) of this section as frequently as the services are changed, but no less often than annually.

Revised interpretive guidelines were added to 42 CFR §484.115(a) relating to the requirement of an Administrator's qualification.

(1) For individuals who began employment with the HHA before January 13, 2018, a person who:

(i) Is a licensed physician;

(ii) Is a registered nurse; or

(iii) Has training and experience in health service administration and at least 1 year of supervisory administrative experience in home health care or a related health care program.

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[4] 42 CFR §484.105

(2) For individuals who begin employment with an HHA on or after January 13, 2018, a person who:

(i) Is a licensed physician, a registered nurse, or holds an undergraduate degree; and

(ii) Has experience in health service administration, with at least 1 year of supervisory or administrative experience in home health care or a related health care program.

3.0 Background/History

Calendar Year 2025 Home Health Prospective Payment System final rule amended the Home Health Agency Conditions of Participation (CoPs) at 42 CFR part 484.

This final rule adds a new standard for an acceptance-to-service policy in the HHA CoPs, effective January 1, 2025.

Revisions were made to the regulatory tags and interpretive guidelines to the SOM, Appendix B - Guidance for Surveyors: Home Health Agencies.

See QSO-26-13-HHA and Appendix B of the SOM for a full description of changes.

4.0 Resources

QSO-26-13-HHA

For questions or concerns relating to this memorandum, please contact HHAsurveyprotocols@cms.hhs.gov.

5.0 Contact Information

If you have any questions about this letter, please contact the Policy and Rules Section by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.

Summary of Changes to the State Operations Manual Appendix B: Home Health Agencies					
Condition	**Guidance/ Topic/Tag**	**Status**	**Link to the Code of Federal Regulation**	**Reason for the update**	**Summary of Revisions/Updates**
§484.105 Condition of Participation: Organization and administration of services	G990	New	42 CFR 484.105(i)(1) Standard: HHA acceptance-to-service	Regulatory Calendar Year 2025 Home Health Prospective Payment System final rule (89 FR 88354)	Reflects a new standard requiring HHAs to develop, implement, and maintain (through annual review) a patient acceptance-to service policy applied consistently to each prospective patient. The policy must address: (1) anticipated needs of the referred patient, (2) HHA case load and case mix, (3) staffing levels, and (4) skills and competencies of HHA staff.
§484.105 Condition of participation: Organization and administration of services	G992	New	42 CFR 484.105(i)(1) Standard: HHA acceptance-to-service	Regulatory Calendar Year 2025 Home Health Prospective Payment System final rule (89 FR 88354)	Home Health Agencies (HHAs) are required to make information about their services publicly available and must review and update this publicly facing information whenever services change, but no less than annually.
§484.115 Condition of participation: Personnel qualifications	G1052	Revised	42 CFR 484.115(a) Standard: Administrator, home health agency	Clarification	Adds a clarifying note to the existing Administrator standard (§484.115(a)): individuals acting as administrator before January 13, 2018 must meet requirements under §484.115(a)(1); individuals hired after January 13, 2018 must meet requirements under §484.115(a)(2).