Home Care Compliance: A National Practice Module

Building and running a compliance program in a home care agency.

Why this module matters. Home care agencies face federal fraud and abuse laws, privacy rules, new Medicaid requirements, labor and safety law, and state licensing. Small agencies are held to the same rules as large ones.

About this module

This module gives teams a shared, evidence-based approach to building and running a compliance program in a home care agency. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Agency owners, administrators, compliance officers, and supervisors
Format	8 units, case scenarios, a knowledge check, and a national checklist
Time	About 2 to 3 hours as training
How to use it	Leaders use all units. Supervisors focus on Units 3 to 5. All staff complete Units 4 and 5 yearly.

Learning objectives

After completing this module, learners will be able to:

1. Map the rules that apply to home care.
2. Apply OIG's seven elements in a small agency.
3. Prevent common billing and documentation risks.
4. Use EVV correctly.
5. Protect client privacy and data.
6. Track new Medicaid HCBS dates.
7. Run a yearly compliance calendar.

Scope. This module explains national rules in plain language. It is not legal advice. Rules change, and state rules vary, so confirm requirements with your state agency or a qualified adviser.

Unit 1. The compliance landscape for home care

Home care agencies answer to several sets of rules at once: federal health program rules, privacy law, labor and safety law, and state licensing. A compliance program is how an agency keeps track of them, prevents problems, and fixes them quickly.

Area	Main rules	Who enforces
Fraud, waste, and abuse	False Claims Act, Anti-Kickback Statute, Civil Monetary Penalties Law, exclusion rules	HHS Office of Inspector General (OIG), Department of Justice, state Medicaid fraud units
Medicare home health	Conditions of Participation (42 CFR Part 484)	CMS and state survey agencies
Medicaid home and community-based services	Access Rule (2024), HCBS Settings Rule, state waiver rules, EVV	CMS and state Medicaid agencies
Privacy and security	HIPAA Privacy, Security, and Breach Notification Rules	HHS Office for Civil Rights
Wages and hours	Fair Labor Standards Act and state wage laws	Department of Labor and state labor agencies
Worker safety	OSHA standards and the General Duty Clause; state plans	OSHA and state agencies
Licensing	State home care and home health licensing laws	State health or social services departments
Abuse reporting	State mandated reporter laws	Adult Protective Services, law enforcement

Unit 2. The seven elements of an effective compliance program

In November 2023, OIG published General Compliance Program Guidance for all health care organizations. It keeps the seven elements as the foundation, and it includes tips for small organizations with limited resources.

Element	What it looks like in a home care agency
1. Written policies and procedures	Code of conduct and policies on billing, documentation, privacy, abuse reporting, and conflicts of interest
2. Compliance leadership and oversight	A named compliance officer with direct access to the owner or board
3. Training and education	Compliance training at hire and every year for all staff
4. Open lines of communication	A way to report concerns anonymously, with no retaliation
5. Standards, consequences, and incentives	Consistent discipline for violations, and recognition for doing the right thing
6. Risk assessment, auditing, and monitoring	Yearly risk review, regular audits of visits and billing, and monthly exclusion screening

Element	What it looks like in a home care agency
7. Responding to offenses and corrective action	Investigate promptly, fix the problem, return overpayments, and report when required

Exclusion screening. OIG lists monthly screening of employees and contractors against the List of Excluded Individuals and Entities (LEIE) and state Medicaid exclusion lists as routine monitoring.

Unit 3. Billing and documentation risks

Risk	Example	Prevention
Billing for services not provided	Visit billed but caregiver did not show	EVV data match before billing
Up-coding or wrong service code	Billing skilled care for personal care	Coding review and audits
Missing or late documentation	No signed visit note	Daily documentation checks
Services outside the plan or authorization	Extra hours not authorized	Authorization tracking
Excluded individuals	Hiring someone on the LEIE	Screen before hire and monthly
Kickbacks	Paying for referrals or giving gifts to referral sources	Policy and legal review of marketing
Not returning overpayments	Keeping known duplicate payments	Report and return within 60 days of identifying them, as Medicare and Medicaid rules require

Unit 4. Electronic Visit Verification (EVV)

The 21st Century Cures Act requires states to use EVV for Medicaid personal care services and home health care services. EVV must capture six data elements:

1. Type of service performed
2. Individual receiving the service
3. Date of the service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

Train caregivers to check in and out correctly, document exceptions promptly, and never share log-ins. Review exception reports weekly.

Unit 5. Privacy and security (HIPAA)

Requirement	In practice
Minimum necessary	Share only the information needed for the task
Safeguards	Lock paper records, use passwords and encryption, never text client details on personal apps unless approved and secure
Client rights	Clients can see their records and receive a Notice of Privacy Practices
Business associate agreements	Needed with vendors that handle protected health information, such as scheduling or EVV systems
Breach response	Report suspected breaches immediately; the agency follows the notification rules
Training	All staff at hire and yearly

> **Security Rule update.** HHS proposed a major update to the HIPAA Security Rule in January 2025, including mandatory multifactor authentication and encryption. Final action is now projected no earlier than July 2027. Strong security practices now will ease the transition.

Unit 6. Medicaid HCBS requirements to watch

Requirement	Date
Critical incident definitions and provider reporting to the state	From July 9, 2027
State electronic incident management system	From July 9, 2029
Grievance system for fee-for-service HCBS	Enforcement delayed to December 31, 2027
State reporting on the HCBS Quality Measure Set	From July 9, 2028
At least 80% of certain HCBS payments spent on direct care worker compensation	From 2030 (reporting structures by 2028)

Several dates have shifted. Check your state Medicaid agency's guidance before setting internal deadlines.

Unit 7. Labor, safety, and licensing

- **Wages and hours:** Home care workers employed by agencies are generally entitled to minimum wage and overtime under the Department of Labor's 2013 home care rule. In 2025 the Department proposed rescinding parts of that rule and paused related enforcement. State laws may give more protection. Confirm the current status before changing pay practices.
- **Worker safety:** There is no federal OSHA workplace violence standard for health care yet, but OSHA can cite employers under the General Duty Clause. California and other states have their own requirements.
- **Licensing:** Keep your license current, report changes of ownership or address, and prepare for state surveys.
- **Mandated reporting:** Train all staff on how and when to report suspected abuse, neglect, or exploitation.

Unit 8. Building a compliance calendar

Frequency	Tasks
Monthly	Exclusion screening; EVV exception review; billing sample audit
Quarterly	Compliance committee or owner review; incident and complaint trends
Yearly	Risk assessment; policy review; staff compliance and HIPAA training; license renewals; program evaluation
As needed	Investigations, corrective action, overpayment returns, breach response

Case scenarios

Case 1. EVV mismatch

An audit finds 12 visits billed where EVV shows the caregiver checked out after 20 minutes of a 2-hour visit.

- What compliance steps follow?
- What might be the cause?

Discussion: Stop billing those visits until resolved, investigate with the caregiver and client, correct the claims, return any overpayment, and retrain or discipline as needed. Causes may include app problems, early departures, or forgotten check-outs.

Case 2. A referral gift

A marketing staff member wants to give gift cards to hospital discharge planners who refer clients.

- What law is at risk?
- What should the agency do?

Discussion: The Anti-Kickback Statute prohibits giving anything of value to induce referrals of federal program business. Stop the plan and get legal advice before any marketing that involves referral sources.

Knowledge check

1. How many elements does OIG list for an effective compliance program? *(Seven)*
2. How often should staff be screened against exclusion lists? *(Before hire and monthly)*
3. Name the six EVV data elements. *(Service type, recipient, date, location, provider, start and end time)*
4. When must providers begin reporting critical incidents under the Access Rule? *(From July 9, 2027)*
5. What is “minimum necessary” under HIPAA? *(Share only the information needed for the task)*
6. Is there a federal OSHA workplace violence standard for health care? *(Not yet)*

National Home Care Compliance Program Checklist

This checklist turns OIG's seven elements and key federal rules into one tool any agency can adopt. The "National basis" column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Program structure

Action	National basis	Done	Notes
Written code of conduct and compliance policies	OIG GCPG element 1	☐	
Named compliance officer with access to leadership	OIG GCPG element 2	☐	
Compliance and HIPAA training at hire and yearly	OIG GCPG element 3; HIPAA	☐	
Anonymous reporting line; non-retaliation policy	OIG GCPG element 4	☐	
Consistent discipline policy	OIG GCPG element 5	☐	

B. Monitoring

Action	National basis	Done	Notes
Yearly compliance risk assessment	OIG GCPG element 6	☐	
Monthly LEIE and state exclusion screening	OIG GCPG	☐	
Monthly billing and documentation audit sample	OIG GCPG element 6	☐	
Weekly EVV exception review	21st Century Cures Act	☐	
Investigation and corrective action process; overpayments returned within 60 days	OIG GCPG element 7; Medicare and Medicaid rules	☐	

C. Privacy and security

Action	National basis	Done	Notes
Notice of Privacy Practices given to clients	HIPAA Privacy Rule	☐	
Security risk analysis completed yearly	HIPAA Security Rule	☐	
Business associate agreements in place	HIPAA	☐	
Multifactor authentication and encryption for systems with client data	Proposed HIPAA Security Rule; best practice	☐	

D. Medicaid, labor, safety, and licensing

Action	National basis	Done	Notes
Critical incident reporting process ready for July 2027	Access Rule	☐	
Grievance process in place	Access Rule; state rules	☐	
Wage and overtime practices reviewed against current federal and state law	FLSA; state law	☐	
Workplace violence and safety program in place	OSHA General Duty Clause; state laws	☐	
License current; survey readiness reviewed	State licensing	☐	
Mandated reporter training for all staff	State law	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

Crowell: OIG General Compliance Program Guidance (Nov. 2023) (crowell.com)

California DHCS: Electronic Visit Verification (dhcs.ca.gov)

CMS: Access Rule incident management slides (medicaid.gov)

Soriaga CPA: Medicaid 80/20 rule and Access Rule delays (Sept. 2026) (soriagacpa.com)

BankInfoSecurity: HIPAA Security Rule overhaul delayed to mid-2027 (bankinfosecurity.com)

MedCity News: OSHA's approach to workplace violence in health care (Apr. 2026) (medcitynews.com)

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