

<b>HOME HEALTH AGENCY (HHA) SURVEY REPORTING FORM</b>			
<b>PACE Authority: Title 22 Division 5 Chapter 6: Home Health Agencies</b>			
<b>Name of Clinic:</b>		<b>Provider Number:</b>	
<b>Street Address:</b>		<b>Phone Number:</b>	
<b>City:</b>		<b>Zip Code:</b>	
<b>Surveyed By:</b>		<b>Professional Title:</b>	
<b>Date of Survey:</b>		<input type="checkbox"/>	<input type="checkbox"/>
		<b>Initial Survey</b>	<b>Re-survey</b>

#	On-Site Review	Desk Review	HHA Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			<b>Article 2: Licensing</b>		
<b>1</b>			<b>74659 License Required</b>		
1			<p><b>(a)</b> No person, firm, partnership, association, corporation, receiver, political subdivision of the State or other governmental agency within the State shall establish, operate or maintain a home health agency or hold out, represent or advertise by any means that it operates a home health agency without first obtaining a license from the Department. <b>(b)</b> A subdivision or department of any facility or other agency, such as a hospital, skilled nursing facility or health department may be approved to operate as a home health agency, provided a separate license is obtained. In such facilities or agencies, records shall be maintained in such a manner that activities and expenditures for services provided by the home health agency are separate and identifiable.</p>	42 CFR §460.4 Scope and purpose (a) (1-5), and (b) (1-4) meets the intent of this regulation.	
<b>2</b>			<b>74661 Application for License</b>		
2			<p><b>(a)</b> Any person, firm, partnership, association, corporation, receiver, political subdivision of the State or other governmental agency desiring to obtain a license shall file with the Department an application. Applicants shall use the Department's forms: Application for Facility License HS 200 (March, 1996), Disclosure of Ownership HS 215 (March, 1996), and Administrative Organization/Organizational Structure HS 309 (September, 1995). These forms and instructions are herein incorporated by reference. The application shall contain the following: <b>(1)</b> Name and address of applicant. <b>(A)</b> If an individual, verification that the applicant has attained the age of 18 years. <b>(B)</b> For all incorporated</p>	42 CFR §460.12 Application requirements (a)(2), (b) (1- 2), §460.20 Notice of CMS determination (a) (1-3), (b) (1-2), (c) (1-2), (d), §460.32 Content and terms of a PACE agreement (a) (1-3), (4) (i, ii, iii), (5-13), §460.80 Fiscal soundness (a) (1-3), (b) (1-3), (c) (i, ii), (2) (i, ii, iii) meet the intent of this regulation	

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			applicants, the date and state of incorporation, corporation number and, if a foreign corporation, evidence of authority to do business in the State of California.(2) The type of services for which approval is requested.(3) The location of the home health agency and branch offices and basis upon which the applicant exercises control and possession thereof.(4) The name of the administrator in charge of the home health agency.(5) The name and principal business address and the percentage of ownership interest of all officers, directors, stockholders owning 5 percent or more of stock, members, partners and all other persons having authority or responsibility for the operation of the agency and shall provide evidence that all such persons are of reputable and responsible character.(6) Proof of sufficient financial responsibility as may be necessary to operate the agency.(7) A copy of the current organizational chart.		
<b>3</b>			<b>74663 Special Conditions for License</b>		
3			All home health agencies shall meet the requirements stated herein with the exception that upon finding by the Director that a specific area is a rural, scarcely populated area where no other licensed provider of service is available, and lack of service would constitute a hardship to the people of the area, a license may be granted to a home health agency which does not meet all of the requirements under conditions and for a period specified by the Director.	This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	
4			<b>74664 Operation of an HHA Across State Lines</b>		
4			Home health agencies, as defined in Section 1727 of the Health and Safety Code, that are based outside of		

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			California, and provide services across state lines in California, must have a parent office licensed in this state and meet all applicable requirements. Home Health Agencies crossing state lines in order to serve rural, scarcely populated areas may meet the special conditions for a license on a case-by-case basis pursuant to Section 74663.		
<b>5</b>			<b>74665 Disclosure Clause</b>		
			<p>The home health agency must disclose the following information to the Department at the time of the home health agency's initial request for licensure, at the time of each survey, and at the time of any change in ownership or management:</p> <p><b>(a)</b> The name and address of each person with an ownership or control interest of five percent or greater in the home health agency.<b>(b)</b> The name and address of each person who is an officer, a director, an agent, or a managing employee of the home health agency.<b>(c)</b> The name and address of the person, corporation, association, or other company that is responsible for the management of the home health agency, and the name and address of the chief executive officer and the chairman of the board of directors of the corporation, association or other company responsible for the management of the home health agency.<b>(d)</b> If any person described in (a), (b), or (c) has served as or currently serves as an administrator, general partner, trustee or trust applicant, sole proprietor or any applicant or licensee who is a sole proprietorship, executor, or corporate officer or director of, or has held a beneficial ownership interest of 5 percent or more in any other home health agency, health facility, clinic, hospice,</p>		

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			Pediatric Day Health and Respite Care Facility, Adult Day Health Care Center, or any facility licensed by the Department of Social Services, the applicant shall disclose the relationship to the Department, including the name and current or last address of the facility and the date such relationship commenced and, if applicable, the date it was terminated.		
<b>6</b>			<b>74667 Report of Changes</b>		
6			<p><b>(a)</b> Changes Requiring New Application. An application shall be submitted to the Department within 10 working days whenever a change of ownership occurs. A change of ownership shall be deemed to have occurred where, among other things, when compared with the information contained in the last approved license application of the licensee, there has occurred a transfer of 50 percent or more of the issued stock of a corporate licensee, a transfer of 50 percent or more of the assets of the licensee, a change in partners or partnership interests of 50 percent or greater in terms of capital or share of profits, or a relinquishment by the licensee of the management of the agency.<b>(b)</b> Changes Requiring Written Notice. The licensee shall, within 10 days, notify the Department in writing of the following: <b>(1)</b> Change of name of home health agency.<b>(2)</b> Change of location and/or address of home health agency.<b>(3)</b> Change in the licensing information required by subsection (a) of Section 74661.<b>(4)</b> Change of the mailing address of the licensee.<b>(5)</b> Change in the principal officer (chairman, president, general manager) of the governing board. Such written notice shall include the name and principal business address of each new principal officer.<b>(6)</b> Change of the administrator including the name and mailing address of the administrator, the date the</p>		

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			<p>administrator assumed office and a brief description of qualifications and background of the administrator.(7) Change of Director of Patient Care Services including the name and mailing address of the Director of Patient Care Services, the date the Director of Patient Care Services assumed office and a brief description of qualifications and background of the Director of Patient Care Services.(8) Addition or deletion of services.</p>		
7			<b>74669 Fees</b>		
7			<p>(a) Each application for an initial or renewal license shall be accompanied by the prescribed fee as required by Health and Safety Code, section 1266.(b) Change of location of a parent or branch office and change of name shall be accompanied by a processing charge of \$25.(c) An agency whose license renewal date occurs prior to the enrollment date of the Budget Act for that year, shall not be deemed to be operating without a license so long as the renewal application and the fee specified in the Budget Act are submitted to the Department within 20 days after the enrollment of the Budget Act.(d) If the application is withdrawn or denied, the amount of the fee specified in Section 1729 of the Health and Safety Code shall be returned.</p>		
8			<b>74671 Issuance, Denial, Expiration, and Renewal</b>		
8			<p>(a) The Department shall issue the license to the applicant upon verification of compliance with licensing requirements unless cause for denial under (b) below exists.(b) The Department shall deny the application of any prospective licensee who: (1) Is not in compliance with the laws and regulations pertaining to home health agencies.(2) Has had a home health agency license suspended or revoked within the previous 24 months.(3)</p>	<p>42 CFR §460.20 Notice of CMS determination (a) (1- 3), (b) (1-2), (c) (1-2), (d) meets intent of this regulation §78221 Limitations on Participants Admitted: 42 CFR §460.98 Service delivery (a), (d) (2- 3), (e)</p>	



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			<p>Has otherwise failed to establish that the premises, management, the bylaws, the equipment, the staffing, both professional and nonprofessional, and the standards of care and services are adequate and appropriate. <b>(c)</b> Immediately upon the denial of any application for a license, the Department shall notify the applicant in writing. Within 20 days of the Department's notice, the applicant may present a written petition for a hearing to the Department. Upon receipt by the Department of the petition in proper form, such petition shall be set for hearing. The proceedings shall be conducted in accordance with Chapter 5 of Part I of Division 3 of Title 2 of the Government Code beginning with Section 11500. <b>(d)</b> At least 45 days prior to expiration of a license the Department shall mail an application for renewal of license form to each licensee. Application for renewal accompanied by the necessary fees shall be filed with the Department not less than 30 days prior to the expiration date. Failure of the Department to mail the renewal notice does not relieve the licensee of the obligation to make timely renewal. Failure to make a timely renewal shall result in expiration of the license. <b>(e)</b> The licensee shall specify the types of services the home health agency is applying for approval to provide.</p>	<p>meets the intent of this regulation; 42 CFR §460.20 Notice of CMS determination (a) (1-2), (b) (2) meets intent of this regulation; 42 CFR §460.190 Monitor during trial period (a), (b), (1) (i, ii, iii, iv, v), (2- 4), and §460.192 Ongoing monitoring after trial period (a), (b) meet intent of this regulation. §78233 Voluntary Suspension and Reinstatement: 42 CFR §460.50 Termination of PACE program agreement (d) (1-2) meets intent of this regulation §78231 Revocation or Suspension of License: 42 CFR §460.50 Termination of PACE program agreement (a), (b) (1) (i,ii), (2) (c), (d) (1-2), and §460.54 Termination procedures (a) (1-2), (b) meet intent of this regulation.</p>	
<b>9</b>			<b>74673 Transferability</b>		
			Licenses are not transferable. The licensee shall notify	§ 74673. Transferability.	

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			the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for licensure shall be submitted by the prospective new owner.	This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	
<b>10</b>			<b>74675 Separate Licenses</b>		
10			<p><b>(a)</b> Separate licenses shall be required for each parent home health agency office. Licenses shall be posted in public view. All current branch office addresses shall be listed on the parent license. <b>(1)</b> Each branch office shall receive a separate approval by the Department prior to operation and be reviewed as part of the parent agency. The approval may be based on survey of any home health agency requirements and may include on-site inspection of the business location. At the Department's discretion, an abbreviated survey may be conducted which shall require from the home health agency, at a minimum: <b>(A)</b> Submission of the written plan for administration and supervision of the branch office pursuant to Section 74609. The plan shall include the name, license number/qualifications of the nursing supervisor, and those individuals providing other branch office services approved for the home health agency license. The plan shall consist of policies and procedures consistent with criteria in the agency's Quality Management evaluation under Section 74742(c)(5). <b>(B)</b> An update of disclosure information pursuant to Section 74665; and <b>(C)</b> A license application form to update the address and other information for the branch office. <b>(2)</b> The parent agency need not be inspected when a branch office gets a separate approval. The branch office shall post a copy of the parent office's license in public view. The branch office shall have the</p>	§ 74675. Separate Licenses. This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	

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			parent license number followed by a branch office identifier and the current branch office address to meet reporting requirements under Section 74729. The parent agency shall ensure that the Department is notified of any proposed change in the location of the branch office and must receive prior approval by the Department before the change in location. The prescribed fees specified by statute shall be paid prior to operation of a branch office. <b>(b)</b> The Department may require a branch to become licensed as a parent agency when it has determined based on substantial deficiencies that the volume and complexity of services provided are such that the administration and supervision are unable to be shared daily with the parent agency.		
<b>11</b>			<b>74677 Availability of License</b>		
11			The license, or a true copy thereof, shall be conspicuously posted in a location accessible to public view in the main business area.		
<b>12</b>			<b>74679 Voluntary Suspension of License</b>		
12			<b>(a)</b> A licensee may request in writing that a license be put in suspense. The Department may approve the request for a period not to exceed 12 months. <b>(b)</b> Any license which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension. <b>(c)</b> Any license suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension, on receipt of an application and evidence showing compliance with licensing operational	§ 74679. Voluntary Suspension of License. This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	

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			requirements in effect at the time of reinstatement. If license is not reinstated within the 12-month period, the license shall expire automatically and shall not be subject to reinstatement.		
<b>13</b>			<b>74681 Voluntary Cancellation of License</b>		
13			(a) Any licensee desiring to voluntarily surrender a license for cancellation shall notify the Department in writing as soon as possible. (b) Any license voluntarily cancelled pursuant to this section may be reinstated by the Department within 12 months of the date of cancellation on receipt of an application and evidence showing compliance with licensing operational requirements.	§ 74681. Voluntary Cancellation of License. This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	
<b>14</b>			<b>74683 Revocation or Involuntary Suspension of License</b>		
14			(a) Pursuant to proceedings conducted under the provisions of Chapter 5 of Part I of Division 3 of Title 2 of the Government Code beginning with Section 11500, the Department may suspend or revoke the license of any agency upon any of the following grounds: (1) Violation by the licensee of any of the provisions of Chapter 8 of Division 2 of the Health and Safety Code beginning with Section 1725 or of any of the regulations promulgated by the Department contained in Chapter 6 of Division 5 of Title 22 of the California Administrative Code. (2) Aiding, abetting or permitting the commission of any illegal act. (3) Misrepresentation of a material fact in the application for a license. (4) Failure to report any changes required by Section 74661. (5) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the provision of services.	§ 74683. Revocation or Involuntary Suspension of License. This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	

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15			<b>74685 Pursuing Disciplinary Action to Completion</b>		
15			(a) The withdrawal of an application for a license after it has been filed with the Department shall not, unless the Department consents in writing to such withdrawal, deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground pursuant to Chapter 5 of Part I of Division 3 of Title 2 of the Government Code beginning with Section 11500.(b) The suspension, expiration or forfeiture by operation of law of a license issued by the Department, or its suspension, forfeiture or cancellation by order of the Department or by order of a court of law, or its surrender without the written consent of the Department, shall not deprive the Department of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.	§ 74685. Pursuing Disciplinary Action to Completion. This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	
16			<b>74687 Reinstatement of Revoked or Suspended License</b>		
16			A licensee whose license has been revoked or suspended, may petition the Department for reinstatement or reduction of the disciplinary action imposed after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition pursuant to Government Code Section 11522.	§ 74683. Revocation or Involuntary Suspension of License This regulation will not be applicable if the request for exemption from HHA licensing and regulatory requirements is granted.	

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17			<b>74689 Program Flexibility</b>		
17			<p>(a) All home health agencies shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects, provided such exceptions are carried out with provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the Department.</p> <p>(b) The Department shall approve or deny such request within 60 days of submission. Such approval shall be in writing and shall provide for the terms and conditions under which the exception is granted. A denial shall be in writing and shall specify the basis therefor. (c) Any approval of the Department granted under this section, or a true copy thereof, shall be readily available in the agency and accessible upon request.</p>	§ 74673. Transferability This regulation will not be applicable if the request for exemption from ADHC licensing and regulatory requirements is granted.	
			<b>Article 3: Services</b>		
1			<b>74639 Preventative, Treatment, and Rehabilitative Services</b>		
1			(a) To the extent that services are provided, and the patient's condition makes it appropriate, preventive, treatment, rehabilitative and maintenance services for patients for whom the agency accepts responsibility shall be provided by the agency or through it under arrangements with other qualified providers of		



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			<p>service.<b>(b)</b> The character and scope of advice, treatment and appliances provided by the agency shall be consistent with accepted standards of practice for the discipline involved.<b>(c)</b> The professional personnel of the agency shall check that equipment, apparatus or appliances supplied by the agency for a service or furnished to a patient in the course of their treatment, are in good working order at the time of the visit.<b>(d)</b> Each type of service provided by the agency for patients shall be approved by the Department and as a minimum shall:</p> <p><b>(1)</b> Be under the direction of a person registered, licensed or certified to provide such service if registration, licensure or certification is required, or be otherwise qualified as provided in these requirements.<b>(2)</b> Have written policies and procedures and reference material readily available to guide and assist agency personnel.<b>(e)</b> Services that may be provided and approved include but are not limited to the following: <b>(1)</b> Diet Counseling.<b>(2)</b> Home Health Aide Services.<b>(3)</b> Nursing Services.<b>(4)</b> Occupational Therapy.<b>(5)</b> Physical Therapy.<b>(6)</b> Speech Therapy.<b>(7)</b> Medical Social Services.<b>(8)</b> Medical Supplies and Appliances.<b>(f)</b> Personnel shall be available to render rehabilitative treatment or other services prescribed for patients accepted for care by the agency.</p>		
2			<b>74695 Requirements for Acceptance of Patients</b>		
2			<p><b>(a)</b> All persons accepted for service whose care requires medical orders shall be under the care of a physician, dentist, podiatrist, or other licensed practitioner within his or her scope of practice. <b>(b)</b> A home health agency shall only accept and retain patients for whom it can provide adequate care. <b>(c)</b></p>		

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			Home health agencies participating in the Medicare and/or Medi-Cal program shall meet applicable federal requirements.		
3			<b>74697 Plan of Treatment; Plan of Care; Plan for Personal Care Services</b>		
3			<p><b>(a)</b> A written plan of treatment (or plan of care for home health agencies participating in the Medicare and/or Medi-Cal program) shall be established for each patient whose care requires medical orders. A plan of treatment or plan of care for patients requiring medical orders shall be: <b>(1)</b> Approved and signed within 30 working days by the attending physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice.<b>(2)</b> Developed in consultation with agency health professional staff.<b>(3)</b> Modified and added to only with approval of the attending physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice.<b>(4)</b> Reviewed and updated by the attending physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice in consultation with the agency health professional personnel as frequently as the patient's condition warrants and at least every 62 days.<b>(5)</b> In compliance with applicable federal requirements for a plan of care when the home health agency participates in the Medicare and/or Medi-Cal program.<b>(b)</b> The plan of treatment or plan of care for patients requiring medical orders shall include, but not be limited to, the following pertinent information: <b>(1)</b> Diagnosis.<b>(2)</b> Types of services</p>		

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			<p>and equipment required.(3) Statement of treatment goals.(4) Medications and treatment.(5) Functional limitations.(6) Mental status.(7) Activities permitted.(8) Nutritional requirements. (9) Rehabilitation potential.(10) Any safety measures required to protect against injury to the patient.(11) Proposed frequency of services.(12) Discharge and referral plan.(13) Instructions to patient and family.(14) Food or drug allergies.(c) If after the evaluation visit it is determined that the initial plan of treatment or plan of care for patients requiring medical orders does not meet the patient's needs, the attending physician, dentist, podiatrist or other licensed and legally authorized practitioner within his or her scope of practice shall be consulted to approve additions or modifications to the original plan.(d) The professional person responsible for any specific treatment shall notify the attending physician, dentist, podiatrist or other health professionals and responsible agency staff of significant changes in the patient's condition. "Significant changes" means those changes that suggest the need to modify or develop a plan of treatment or plan of care. The agency shall develop and implement policies and procedures stating when notification is required for a significant change.(e) All plans of treatment or plans of care and notification to the attending physician, dentist or podiatrist or other health professionals and responsible staff shall be made a part of the patient's health record.(f) Personal care services may be provided without a plan of treatment prescribed by a physician, pursuant to a written plan for personal care services.(g) Personal care services for home health agencies participating in the Medicare and/or Medi-Cal</p>		

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			program shall be in compliance with applicable federal requirements.		
4			<b>74701 Orders for Medication and Treatment</b>		
4			<p>(a) No medication or treatment shall be given except on signed order of a person lawfully authorized to give such order. Such order may be given by telephone and shall be signed by the patient's attending physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice within 30 working days.(b) All initial orders and subsequent changes in orders for the administration of drugs shall be signed by the physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice and incorporated in the patient's record maintained by the agency.(c) All other changes in orders shall be signed by the physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice. All telephone orders shall be received only by a licensed nurse, or any other person lawfully authorized to receive such orders as appropriate to their specialty areas. Orders shall be recorded immediately in the patient's health record and shall be countersigned by the attending physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice. (d) Orders for therapy services shall include the specific procedures to be used and the frequency and duration. Orders may only be within that scope of practice allowed by the licensure of the particular discipline involved. (e) All orders shall be reviewed by</p>		

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			<p>the attending physician, dentist, podiatrist, or other licensed and legally authorized practitioner within his or her scope of practice at least every 62 days.<b>(f)</b> Medications and treatments shall be administered as prescribed and shall be recorded in patient's health record, as administered.</p>		
<b>5</b>			<b>74703 Director of Patient Care Services</b>		
5			<p><b>(a)</b> Patient care services provided by or arranged for by a home health agency shall be under the direction of a Director of Patient Care Services. The Director of Patient Care Services shall have overall responsibility for coordination of patient care services and shall be responsible for all activities relevant to the patient care services furnished including the development of personnel qualifications and the assignment of personnel. The Director of Patient Care Services or his or her registered nurse designee shall be available on the premises or immediately accessible by telecommunications during operating hours when patients are receiving services. The Director of Patient Care Services shall devote a sufficient number of hours to assure the quality and adequacy of services provided and supervision of staff.<b>(b)</b> The Director of Patient Care Services shall qualify for the position by fulfilling the requirements under one of the following categories, unless the individual has been previously approved for such employment by a program flexibility issued for the individual's current position at the home health agency prior to April 1, 1995: <b>(1)</b> A registered nurse with a baccalaureate or higher degree in nursing or other health</p>		



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			<p>related field with three years of experience within the last five years in a home health agency, primary care clinic or health facility, at least one year of which was in a supervisory or administrative capacity; or<b>(2)</b> A registered nurse with four years' experience within the last five years in a home health agency, primary care clinic or health facility, at least one year of which was in a supervisory or administrative capacity.<b>(c)</b> The Director of Patient Care Services shall have sufficient background knowledge and expertise in clinical decision-making for the patient population of the home health agency to meet the needs of his or her patients, and to contribute to Quality Management review and evaluation.</p>		
<b>6</b>			<b>74705 Nurse Supervisor</b>		
6			<p><b>(a)</b> A Nurse supervisor or his or her registered nurse designee shall be available on the premises or immediately accessible by telecommunications during operating hours when patients are receiving services.<b>(b)</b> A nurse supervisor shall be a registered nurse with two years' experience within the last five years in a home health agency, primary care clinic, or health facility, unless the individual has been previously approved for such employment by a program flexibility issued for the individual's current position at the home health agency prior to April 1, 1995.<b>(c)</b> A nurse supervisor shall have sufficient background knowledge and expertise in clinical decision-making for the patient population assigned to him or her in the home health agency to meet the needs of his or her patients and to contribute to Quality Management review and evaluation.</p>		

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7			<b>74707 Skilled Nursing Services</b>		
7			<p><b>(a)</b> The responsibilities of registered nurse staff shall include, but not be limited to, the following duties: <b>(1)</b> Provide those services requiring nursing skills in accordance with the plan of treatment or the plan of care.<b>(2)</b> Provide the initial nursing assessment prior to the provision of care, provide the ongoing periodic assessment of the patient and initiate preventative and rehabilitative nursing procedures.<b>(3)</b> Notify the patient's attending physician, dentist, or podiatrist and other professional persons and responsible staff of significant changes in the patient's condition pursuant to Section 74697(d).<b>(4)</b> Assist in coordinating all services provided.<b>(5)</b> Prepare documentation and clinical notes.<b>(6)</b> Educate and instruct the patient, patient's family, or staff as required. For licensed vocational nurses, this is limited to teaching patient information which is outlined in and consistent with the Licensed Vocational Nurse Practice Act. <b>(b)</b> The responsibilities of licensed vocational nursing staff shall not include (a)(2) and (a)(4) of this section but may include all other responsibilities identified in subsection (a).<b>(c)</b> A registered nurse shall perform duties consistent with the Nursing Practice Act including the Standards of Competent Performance, Title 16, Chapter 14, Section 1443.5 of the California Code of Regulations. A registered nurse shall meet qualifications established by the home health agency for the services provided and any additional qualifications required by home health agency licensure regulations. Effective January 1, 1998, registered nurses providing services in a patient's</p>		

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			<p>temporary or permanent place of residence through a home health agency shall have one year prior professional nursing experience. <b>(d)</b> A licensed vocational nurse shall perform duties consistent with the Vocational Nursing Practice Act. A licensed vocational nurse shall meet qualifications established by the home health agency for the services provided and any additional qualifications required by home health agency licensure regulations. Effective January 1, 1998, licensed vocational nurses providing services in a patient's temporary or permanent place of residence through a home health agency shall have one year prior professional nursing experience. <b>(e)</b> The home health agency shall provide the services of registered nurses and licensed vocational nurses in sufficient quality and quantity to meet the needs of the patients accepted for care. The services of registered nurses and licensed vocational nurses shall be reviewed pursuant to the Quality Management requirements of Section 74742(b)(2).</p>		
<b>8</b>			<b>74709 Home Health Aide/Personal Care Services Supervision</b>		
8			<p><b>(a)</b> When an agency provides or arranges for home health aide services for a patient in conjunction with skilled nursing services, the services shall be given in accordance with a written plan of treatment or plan of care and the case shall be supervised by a registered nurse. <b>(1)</b> If the patient receives skilled nursing care, the registered nurse shall perform the supervisory visit described in (a)(2) of this section, unless the registered nurse, in the exercise of professional judgment,</p>		

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			<p>delegates this task to a licensed vocational nurse. The registered nurse shall provide the initial assessment of the patient and the care environment. If the patient is not receiving skilled nursing care, but is receiving another skilled service (e.g., physical therapy, occupational therapy, or speech-pathology services), the initial assessment or evaluation and supervision may be provided by the appropriate therapist, when within his or her scope of practice. The supervisor nurse shall be responsible for: <b>(A)</b> Assigning home health aides to a case in accordance with the plan of treatment or plan of care as required in subsection (a). <b>(B)</b> Providing written instructions for patient care. <b>(2)</b> If the patient receives skilled care, the registered nurse (or another professional described in paragraph (a)(1) of this section) shall make an on-site visit to the patient's home no less frequently than every two weeks. The home health agency shall develop and implement policies and procedures for those circumstances when the home health agency requires on-site supervisory visits to be conducted jointly with the home health aide present (e.g. when joint visits are part of a performance evaluation). <b>(A)</b> When a licensed vocational nurse is delegated supervision of home health aide services that are provided in conjunction with skilled nursing services, a registered nurse shall make the on-site supervisory visit to the patient's home at least every three months, to observe the patient and patient care environment. <b>(3)</b> If the home health aide/personal care services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology</p>		

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			<p>services, the registered nurse or, when delegated, the licensed vocational nurse, shall make a supervisory visit to the patient's home no less frequently than every 62 days. Regular supervisory visits shall occur while the home health aide is providing patient care and shall include verification that the plan of treatment, plan of care, or plan for personal care services is being followed appropriately. <b>(A)</b> When a licensed vocational nurse is delegated supervision of home health aide/personal care services (when the patient is only receiving these services), the registered nurse shall at least alternate on-site supervisory visits to the patient's home with the licensed vocational nurse, to observe the patient and the patient care environment.<b>(4)</b> If home health aide/personal care services are provided by an individual who is not an employee of the primary home health agency, the primary home health agency shall be responsible for the overall quality of care provided by the aide, and provide for supervision of the aide, including referral of any concerns to the appropriate agency or organization when care problems are observed.<b>(b)</b> When a licensed vocational nurse is delegated supervision of home health aide/personal care services, a registered nurse shall retain responsibility for supervision of licensed and unlicensed personnel providing such services.<b>(c)</b> Registered nurses who are assigned to supervise the case when a licensed vocational nurse has been delegated supervision of home health aide patient care, or registered nurses who supervise home health aide care, may also be assigned to provide direct services for agency patients.<b>(d)</b> Nothing in this section shall be</p>		



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			<p>construed as permitting a physical therapy aide, as defined in Title 16, Section 1399, California Code of Regulations, to perform the functions of a home health aide, unless the physical therapy aide meets the definition of a home health aide. Physical therapy aides who are not certified as home health aides may not substitute for home health aides when home health aides are required by a plan of treatment or plan of care. Nothing in this section shall require a physical therapist to supervise home health aides in the same manner as physical therapy aides. Home health aide services shall comply with applicable state law. <b>(e)</b> Home health agencies participating in the Medicare and or Medi-Cal program shall meet applicable federal requirements.</p>		
9			<p><b>74710 Personal Care/Home Health Aide Services</b></p>		
9			<p><b>(a)</b> Personal care/home health aide services may include, but not be limited to, the following duties: <b>(1)</b> Assisting patients with personal hygiene such as skin, mouth, hair care and bathing. <b>(2)</b> Assisting patients in and out of bed and assisting with ambulation. <b>(3)</b> Assisting with prescribed exercises which patients and aides have been taught by appropriate health personnel. <b>(4)</b> Preparing meals, including therapeutic diets, and assisting patients with eating. <b>(5)</b> Assisting patients to the bathroom or in using commodes, bedpans, or urinals. <b>(6)</b> Performing household services which will facilitate the patient's self-care at home and are necessary to prevent or postpone institutionalization. <b>(7)</b> Assisting patients with medications which are ordinarily self-administered. The home health aide shall not administer medications of any kind. <b>(8)</b> Performing other activities</p>		

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			<p>taught by a health professional for a specific patient. These may include such services as changing colostomy bags, changing of non-sterile dressings, taking of vital signs, and non-sterile bowel and bladder hygiene care.<b>(9)</b> Reporting changes in the patient's condition and needs to the supervising nurse or therapist.<b>(10)</b> Completing records regarding services performed.<b>(b)</b> The aide shall demonstrate competency in any service the aide is to perform prior to providing patient care.<b>(c)</b> Personal care services which are not provided under a plan of treatment prescribed a physician may be provided by a person who is not a certified home health aide.<b>(d)</b> Home health agencies participating in the Medicare and/or Medi-Cal program shall meet applicable federal requirements.</p>		
<b>10</b>			<b>74711 Therapy Services</b>		
10			<p><b>(a)</b> Physical therapy, occupational therapy and speech therapy services offered by the agency directly or under arrangement shall be given by or under the supervision of a qualified therapist in accordance with a plan of treatment.<b>(b)</b> The qualified therapist duties include: <b>(1)</b> Providing treatment as ordered by the attending physician, dentist or podiatrist.<b>(2)</b> Assisting the physician in evaluating level of function.<b>(3)</b> Assisting in developing and updating the plan of treatment.<b>(4)</b> Observing, recording and reporting information on the patient's condition to the attending physician and in the patient's health record.<b>(5)</b> Advising, consulting and, when appropriate, instructing family and other agency personnel, in patient's therapy program.<b>(6)</b> Teaching and supervising other health personnel when appropriate.<b>(7)</b></p>		

#	On-Site Review	Desk Review	HHA Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			Evaluating the home environment and making appropriate recommendation. <b>(8)</b> Participating in in-service education programs. <b>(c)</b> When services cannot readily be made available to the individual in the place of residence, the home health agency may provide those therapy services in a location other than the patient's place of residence.		
<b>11</b>			<b>74713 Medical Social Services</b>		
11			<b>(a)</b> Medical social services shall be provided by a social worker or by a social work assistant under the supervision of a social worker and in accordance with a plan of treatment. <b>(b)</b> An unlicensed social worker shall only provide those social work services for which no license is required under Business and Professions Code section 4996. <b>(c)</b> The social worker or the social work assistant's duties include: <b>(1)</b> Assisting the physician and other team members in understanding the significant social and emotional factors related to the health problems. <b>(2)</b> Participating in the development of the plan of treatment. <b>(3)</b> Observing, recording and reporting information on the patient's condition to the attending physician and in the patient's health record. <b>(4)</b> Advising, counseling, and, when appropriate, instructing family in patient's social needs. <b>(5)</b> Using appropriate community resources. <b>(6)</b> Participating in discharge planning. <b>(7)</b> Participating in in- service education programs. Participation will be carried out by the social worker.		
<b>12</b>			<b>74715 Diet Counseling Services</b>		
12			<b>(a)</b> When an agency provides or arranges for diet counseling services, these services shall be given in		

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			accordance with the plan of treatment, and by or under the supervision of a dietitian. <b>(b)</b> Diet counseling personnel duties include: <b>(1)</b> Assisting the physician and other agency personnel in evaluating the dietary needs of the patient. <b>(2)</b> Assisting the patient and family to understand, accept and follow dietary modifications ordered by the physician. <b>(3)</b> Observing, recording and reporting to the physician and the nurse supervisor the patient's reaction to dietary treatment and any related changes in the patient's condition. <b>(4)</b> Instructing, supervising or counseling other members of the health care team including, when appropriate, home health aides and family members regarding the dietary care of the patient. <b>(5)</b> Participating in in-service education program.		
			<b>Article 4: Administration</b>		
<b>1</b>			<b>74717 Governing Body</b>		
1			<b>(a)</b> Each home health agency shall have a governing body. The governing body shall assume full legal authority and responsibility for the operation of the agency. The governing body shall: <b>(1)</b> Appoint a qualified administrator. <b>(2)</b> Assume responsibility for the management and fiscal affairs of the agency. <b>(3)</b> Ensure that the agency does not refuse service to or employment to or in any way discriminate against any person based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.		
<b>2</b>			<b>74718 Administrator</b>		

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2			<p><b>(a)</b> The administrator shall: <b>(1)</b> Organize and direct the ongoing functions of the agency.<b>(2)</b> Maintain ongoing liaison between the governing body and staff.<b>(3)</b> Be responsible for ongoing oversight of the agency's quality management system.<b>(4)</b> Employ qualified personnel and ensure adequate staff education and evaluation.<b>(5)</b> Ensure the accuracy of public information materials and activities including advertisements and brochures that the agency uses to represent itself to the community-at-large.<b>(6)</b> Implement an effective budgeting and accounting system.<b>(b)</b> A supervising physician or Director of Patient Care Services may also be the administrator. An administrator who is neither a physician or a registered nurse shall have training and experience in health service administration and at least one year of supervisory experience in home health care or health related programs.<b>(c)</b> The administrator shall have a similarly qualified designee available in the administrator's absence.<b>(d)</b> The administrator may have responsibilities over more than one parent agency provided that the administrator can demonstrate the adequacy of administrative and nursing supervision over each parent agency through ongoing Quality Management review.</p>		
3			<p><b>78719 Services Arranged by Agreement</b></p>		
3			<p><b>(a)</b> When any service offered by the agency is not provided by employees, there shall be a written agreement meeting the requirements of this section.<b>(b)</b> The agreement shall include at least the following: <b>(1)</b> The nature and scope of the services to be provided;<b>(2)</b></p>		



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			<p>The rights and responsibilities of the agency or individual providing services and of the contracting agency in the coordination, supervision, and evaluation of the care or services provided;(3) The role, if any, of the agency and the contracted individual or agency in: (A) The patient admission process,(B) Patient assessment,(C) The development, review, and revision of the plan of treatment or plan of care,(D) Patient care conferences,(E) The scheduling of visits or hours,(F) Discharge planning;(4) The submission to the agency of documentation of services provided;(5) The responsibility of the contracted individual or agency to adhere to applicable agency policies, including personnel qualifications;(6) The procedures for determining charges and reimbursement; and(7) The term of the agreement and the conditions for its renewal or termination.(c) Agreements shall be reviewed and revised as necessary.</p>		
4			<p><b>74721 Written Administrative Policies</b></p>		
4			<p>(a) Administrative policies shall be established and implemented by the agency. (b) These policies and procedures shall be reviewed and revised as necessary. The policies and procedures shall be made available upon request to patients or their representatives and to Department representatives. (c) These policies and procedures shall include, but not be limited to: (1) A plan to handle medical emergencies.(2) A statement that patients will be accepted for treatment or care on the basis of reasonable expectation that the patient's needs can be met by the agency.(3) Reasons for termination of services.(4) Policies</p>		

#	On-Site Review	Desk Review	HHA Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			<p>designed to prevent, identify, and control infections.(5) Clinical program policies.(6) Provisions for a quality management program.(7) Written personnel policies which shall include qualifications, responsibilities, and conditions of employment for each type of personnel. Such policies shall be available to all personnel.(8) An emergency preparedness plan designed to provide continuing care/service in the event of an emergency that would result in the interruption of patient care services.</p>		
5			<p><b>74723 Employee's Health Examinations and Health Records</b></p>		
5			<p>(a) All agencies shall require health assessments and maintain health records for employees with direct patient contact.(b) A written health assessment of each employee who has direct patient contact shall: (1) Be required as a prerequisite of employment.(2) Be performed within six months prior to employment or within 15 days of assuming employment with the agency.(3) Be performed and evaluated by a licensed and legally authorized practitioner within his or her scope of practice.(c) The written health assessment report shall: (1) Be signed by the person who performed the assessment.(2) Verify that the employee is free from health conditions which would interfere with the employee's ability to perform assigned duties. (3) Contain verification that the employee is free from signs or symptoms of infectious disease.(4) Provide for a tuberculosis screening which shall be administered to all new employees who have direct patient contact and annually thereafter using a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the</p>		

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			<p>federal Food and Drug Administration (FDA). <b>(A)</b> The tuberculosis test shall be administered by a licensed health care professional who is specifically trained for the procedure. <b>(B)</b> Employees who present evidence of a previous positive tuberculosis test or that he or she has previously been treated for tuberculosis infection or disease shall be excluded from the tuberculosis screening testing. <b>(d)</b> An employee shall not be required to undergo the annual tuberculosis screening requirements of (c)(4) if the local health officer certifies in writing that less frequent testing may be conducted, and the rationale for less frequent testing is in accordance with applicable federal, state, and local requirements and established professional standards. <b>(e)</b> All agencies shall implement a written policy regarding employees who develop or sustain symptoms of infectious diseases to determine when employees shall be removed from contact with patients. <b>(f)</b> A health record for each employee who has direct patient contact shall: <b>(1)</b> Be maintained by the agency. <b>(2)</b> Include the records and pertinent documentation of health examinations. <b>(3)</b> Be stored in such a manner as to be protected from loss, destruction or unauthorized disclosure or use. <b>(4)</b> Be retained for a minimum of three years following termination of employment.</p>		
<b>6</b>			<b>74725 Reporting of Communicable Disease</b>		
6			<p>All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 1, Title 17, California Administrative Code.</p>		

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7			<b>74727 Reporting of Outbreaks</b>		
7			All cases of any outbreak or undue prevalence of infections or parasitic disease or infestation shall be reported to the local health officer in accordance with Section 2502, Article 1, Subchapter 4, Title 17, California Administrative Code		
8			<b>74729 Annual Reports</b>		
8			Each agency on or before the 15th day of March of each year shall file with the Department, upon forms furnished by the Department, a verified report for the preceding calendar year upon all matters requested by the Department. This report may include data pertaining to age of patients, diagnostic categories of patients and classification of visits by service provided.		
9			<b>74731 Patient's Health Records Availability</b>		
9			<b>(a)</b> Each patient health record, either original or an accurate reproduction, shall be: <b>(1)</b> Permanent, either typewritten or legibly written in ink, and be capable of being photocopied. <b>(2)</b> Current and kept in sufficient detail to identify the patient's health status for health care providers. <b>(3)</b> Be readily available for review upon request of the attending physician or other prescriber; any authorized employee, agent or officer of the agency; authorized representatives of the Department; or any other person authorized by law to make such a request. <b>(b)</b> The agency shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons. <b>(c)</b> All health records of discharged patients shall be completed within 30 days after their discharge date. <b>(d)</b> Health records of each discharged		

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			<p>adult patient shall be kept for a minimum of seven years following discharge of the patient. The health record of a discharged minor shall be kept for at least one year after the minor has reached the age of 18 years and in all cases not less than seven years.<b>(e)</b> The Department shall be informed immediately, in writing, whenever patient health records are defaced or destroyed before termination of the required retention period.<b>(f)</b> If any agency ceases operation, the agency shall make arrangements to transfer the records to the new agency or make other arrangements for the safe preservation of the records. The Department shall be notified in writing of the location of the records.<b>(g)</b> If the ownership of the agency changes, both the licensee and the applicant for the new license shall, prior to the change in ownership, provide the Department with written documentation that: <b>(1)</b> The new licensee will have custody of the patient's health records upon transfer of the agency and the health records are available to both the new and former licensee and other authorized persons; or<b>(2)</b> Other arrangements have been made for the safe preservation of patients' health records, and that the health records are available as set forth within this regulation.<b>(h)</b> If the agency stores records in an off-site location, the following requirements shall apply: <b>(1)</b> Timely accessibility of stored records on a 24 hour basis, seven days a week.<b>(2)</b> Records are organized and systematically maintained.<b>(3)</b> Protection of the clinical records from loss, destruction or unauthorized use.<b>(4)</b> A current written agreement with the storage facility.<b>(5)</b> Policies and procedures which address the retention,</p>		

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			<p>retrieval and security for off-site centralized storage of inactive patient records.(i) If the agency utilizes computerized patient records, policies and procedures shall be established and implemented which address data security, privacy, and confidentiality in conformance with state law. (1) The agency shall protect patients from unnecessary intrusion into their private lives by safeguarding the health information entrusted to them. (2) The agency shall assure conformance with current acceptable professional standards and follow state laws that may be more prescriptive.</p>		
<b>10</b>			<b>74735 Patient Health Records</b>		
10			<p>(a) The agency shall establish and maintain for each patient accepted for care a health record which shall include the following information: (1) Admission record. The admission record shall include: (A) Name. (B) Current address.(C) Date of birth.(D) Sex.(E) Date of admission.(F) Name, address and telephone number of the responsible party.(G) Name, address, and telephone number of the attending physician, dentist, podiatrist, or other licensed and legally authorized person whose orders or recommendations are being implemented by the home health agency.(H) Admission diagnosis or pertinent health information.(I) Reason for admission.(2) Notation of the conditions and diagnoses which are relevant to the plan of treatment, plan of care, or plan for personal care services.(3) Plan of treatment, plan of care, or plan for personal care services in its entirety as specified in Section 74697.(4) Allergies and known untoward reactions to drugs and food. This</p>		

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			<p>information shall be given such prominence in the record that it is obvious to any health practitioner or agency personnel who have reasons to provide food or medication to the patient. <b>(5)</b> Clinical notes dictated or written at the time of service by personnel rendering the services. Clinical notes shall be signed and incorporated into the patient's health record at least every seven working days. <b>(6)</b> Laboratory and X-ray reports, if applicable.</p> <p><b>(7)</b> Treatment consent or service authorization forms.<b>(8)</b> Documentation that a list of patient rights has been made available to each patient, patient's representative, or next of kin.<b>(9)</b> Discharge statement. The discharge statement shall include the date of discharge, reason for termination of services, and condition upon discharge.</p>		
<b>11</b>			<b>74742 Quality Management</b>		
11			<p><b>(a)</b> Each agency shall have a system of reviewing and evaluating the appropriateness and effectiveness of patient services and the correction of deficiencies. At a minimum, the quality management system shall consist of a semi-annual review of a stratified sample of patient clinical records and an annual review of overall agency functioning. The sample of clinical records shall be representative of the diagnoses of patients treated and services provided. <b>(b)</b> The review of a patient's clinical records shall be based on a sample of five percent of the total patient census with a minimum of twenty records and a maximum of 100 records every six months. The review of the clinical record sample shall be: <b>(1)</b> Both concurrent and retrospective. <b>(2)</b> Performed against</p>		

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			<p>preset criteria of practice for each discipline providing care. Criteria of practice shall include: <b>(A)</b> Appropriateness of the level of care provided to protect the health and safety of patients.<b>(B)</b> Timeliness of the provision of care.<b>(C)</b> Adequacy of the care to meet patients' needs.<b>(D)</b> Appropriateness of the specific services provided.<b>(E)</b> Compliance with the standards of practice for patient care.<b>(F)</b> Accessibility to care.<b>(G)</b> Continuity of care.<b>(H)</b> Privacy and confidentiality of care.<b>(I)</b> Safety of care environment.<b>(J)</b> Participation in care by patient and family.<b>(3)</b> Performed by a qualified health professional of equivalent or higher level of training than the care provider.<b>(4)</b> Documented and maintained on file.<b>(c)</b> There shall be an organized, effective and documented evaluation of overall agency functioning at least annually. This evaluation shall include but need not be limited to the evaluation of: <b>(1)</b> Administrative policies and procedures. <b>(2)</b> Personnel policies. <b>(3)</b> Infection control program.<b>(4)</b> Clinical program policies.<b>(5)</b> The adequacy of management and supervision, either on- site or by telecommunications, of support, paraprofessional, and professional personnel based at a minimum on the following considerations: <b>(A)</b> The total patient census.<b>(B)</b> The numbers, qualifications, experience and current competence of the individuals providing each service.<b>(C)</b> The level of care/service required.<b>(D)</b> Service areas covered by the home health agency including personnel supervised out of branch offices.<b>(E)</b> The numbers and types of visits conducted.<b>(F)</b> The primary condition/diagnosis of patients.<b>(G)</b> Services provided which require specialized</p>		

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			<p>training.<b>(H)</b> Dissatisfaction expressed by patients regarding the supervision of services.<b>(d)</b> The evaluation shall be undertaken by a group which shall include the administrator, the Director of Patient Care Services, another licensed health care professional employed by the agency, and at least one physician. Results shall be documented, and a plan developed, implemented, and documented for correcting deficiencies within specified time frames.</p>		
<b>12</b>			<b>74743 Patient Rights</b>		
12			<p>The patient has the right to be informed of his or her rights. The home health agency must protect and promote the exercise of these rights.</p> <p><b>(a)</b> Notice of rights. <b>(1)</b> The home health agency must provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.<b>(2)</b> The home health agency must maintain documentation showing that it has complied with the requirements of this section.<b>(b)</b> Exercise of rights and respect for property and person: <b>(1)</b> The patient has the right to exercise his or her rights as a patient of the home health agency.<b>(2)</b> If the patient lacks the ability to understand these rights and the nature and consequences of proposed treatment, the patient's representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient's incapacity shall be determined by the court in accordance with state law or by the patient's physician</p>		

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			<p>unless the physician's determination is disputed by the patient or patient's representative.(3) The patient has a right to have his or her property treated with respect.(4) The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so.(5) The patient has the right to be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.(6) The home health agency shall investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency, and must document both the existence of the complaint and the resolution of the complaint.(c) Right to be informed and to participate in planning care and treatment. (1) The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. (A) The home health agency shall advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.(B) The home health agency shall advise the patient in advance of any change in the plan of treatment or plan of care, or plan for personal care services, before the change is made.(2) The patient has the right to participate in the</p>		

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			<p>planning of the care. <b>(A)</b> The home health agency must advise the patient in advance of the right to participate in planning the care or treatment and in planning changes in the care or treatment. <b>(B)</b> The home health agency shall maintain written policies and procedures regarding advance directives. The home health agency must distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. <b>(d)</b> Confidentiality of medical records.</p> <p><b>(1)</b> The patient has the right to confidentiality of the clinical records maintained by the home health agency.</p> <p><b>(2)</b> The home health agency must advise the patient of the agency's policies and procedures regarding disclosure of clinical records. <b>(e)</b> Patient liability for payment. <b>(1)</b> The patient has a right to be advised, before care is being initiated, of the extent to which payment for the home health agency services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient. <b>(2)</b> Before the care is initiated, the home health agency must inform the patient, orally and in writing, of: <b>(A)</b> the extent to which payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the home health agency; <b>(B)</b> The charges for services that will not be covered by Medicare; and <b>(C)</b> The charges that the individual may have to pay. <b>(f)</b> The patient has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph (e)(1) of this section when they occur.</p>		

#	On-Site Review	Desk Review	HHA Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			<p>The home health agency must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the home health agency becomes aware of the change. <b>(g)</b> Home health hotline:</p> <p>The patient has the right to be advised of the availability of the applicable toll-free home health agency hotline in the state. When the agency accepts the patient for treatment or care, the home health agency must advise the patient in writing of the telephone number of the home health hotline established by the state licensing and certification district office, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local home health agencies.</p>		
<b>13</b>			<b>74744 Plan of Correction</b>		
13			<p><b>(a)</b> The home health agency shall be responsible for submitting a written plan of correction on HCFA form 2567 (09-92) furnished by the Department, whenever the Department issues a statement of deficiencies to the home health agency. This form is herein incorporated by reference. <b>(b)</b> The plan of correction shall be developed by the home health agency for each deficiency, and the written plan of correction shall be provided to the Department within 10 calendar days of receipt of written deficiencies from the Department by the home health agency. <b>(c)</b> The plan of correction must contain the following basic elements. <b>(1)</b> How the correction will be accomplished. <b>(2)</b> The title or position of the person responsible for the correction.</p>		

#	On-Site Review	Desk Review	HHA Requirement	Federal Regulation that meets requirement	Policy & Procedure that meets requirement
			(3) Plan of continued compliance and description of the monitoring process to prevent recurrence of the deficiency. (4) The date the correction will be accomplished.(d) The administrator or licensee shall follow procedures specified by the department if there is a disagreement with a written deficiency.		
			<b>Article 5: Qualifications for Home Health Aide Certification</b>		
<b>1</b>			<b>74745 Home Health Aide Certification</b>		
1			(a) Home health aides shall be certified by the Department. To qualify for certification the following shall be met: (1) Completion of a Department approved training program as outlined in Section 74747 or its equivalent. (2) Submission by the home health agency to the Department of satisfactory evidence of completion of an equivalent home health aide training program on forms furnished by the Department. The Department may certify the home health aide as meeting the equivalent training requirement and shall maintain records on the aides certified through this method.		
<b>2</b>			<b>74747 Home Health Aide Training</b>		
2			(a) The basic training program for certification shall be a minimum of 120 hours and consist of at least the following: (1) Introduction (4 hours). (A) Definition, functions, and responsibilities of a home health aide as a member of the health service team in a home health agency. (B) Interpretation of the importance of understanding the employing agency's policies, including: 1. Employment practices.2. Nursing policies and procedures.3. Supervision.4. Ethics and		

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			<p>confidentiality. <b>(2)</b> Interpretation of medical and social needs of people being served (20 hours). <b>(A)</b> Basic simple description, in lay terms, of disease and its effects on the individual and the family. <b>(B)</b> Personal adjustment of the individual and his family to illness and disability. <b>(3)</b> Personal care services (70 hours). Personal care services include those supportive services which are required to help provide and maintain normal bodily and emotional comfort and to assist the patient toward independent living in a safe environment including at least: <b>(A)</b> Assisting patients with personal hygiene. <b>(B)</b> Assisting patient in self-care activities: <b>1.</b> Bathing -tub, shower, bed.<b>2.</b> Dressing and undressing.<b>3.</b> Feeding. <b>(C)</b> Assisting with mobility. <b>1.</b> Getting in and out of bed, chair, wheelchair, toilet.<b>2.</b> Walking with or without devices.<b>3.</b> Assisting with exercises as ordered.<b>4.</b> Positioning.<b>(4)</b> Cleaning and care tasks in the home (10 hours) which includes at least: <b>(A)</b> Home safety measures.<b>(B)</b> Economical cleaning materials and method of use.<b>(C)</b> Maintenance of cleanliness where dishes and food are stored.<b>(D)</b> Principles of general cleanliness of environment.<b>(E)</b> Handling of laundry.<b>(5)</b> Nutrition (16 hours) which includes at least: <b>(A)</b> Basic principles of diet.<b>(B)</b> Meal planning and serving.<b>(C)</b> Food purchasing.<b>(D)</b> Food preparation, sanitation and storage.<b>(b)</b> There shall be a minimum of 20 hours of clinical experience of which 15 hours are in personal services, 2 hours are in cleaning and care tasks and 3 hours are in nutrition. <b>(c)</b> There shall be no more than 75 hours of classroom lecture. <b>(d)</b> Training in personal care services shall be given by a</p>		

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			<p>registered nurse, preferably a public health nurse. Nutritionists, physical therapists, social workers, and other health personnel may be involved in appropriate aspects of the training program. <b>(e)</b> Personal care services training may be given at an acute hospital, but the emphasis of the program must be on home care.</p>		
3			<p><b>74749 Issuance, Denial, Revocation or Suspension of Home Health Aide Certification</b></p>		
3			<p><b>(a)</b> The Department shall issue a home health aide certificate to all persons who submit evidence of satisfactory qualifications as determined by the Department. <b>(b)</b> Notwithstanding the above, a home health aide certificate may be denied, revoked or suspended on any of the following grounds: <b>(1)</b> Failure to submit an application which sets forth information as the Department may deem necessary. <b>(2)</b> Conviction of a felony, or any crime which evidences an unfitness to provide home health services, unless such person presents evidence satisfactory to the Department that such person has been rehabilitated and presently is of such good character as to justify the issuance or continuance of the home health aide certificate. <b>(3)</b> Failure to submit evidence of satisfactory qualifications. <b>(c)</b> If the certificate is denied, the Department shall notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 of Part I of</p>		

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			Division 3 of Title 2 of the Government Code beginning with Section 11500. <b>(d)</b> If a certificate is considered for revocation or suspension, the Department shall proceed in accordance with Chapter 5 of Part I of Division 3 of Title 2 of the Government Code beginning with Section11500.		