


CALIFORNIA LICENSURE SURVEY PREP



 This information is intended to provide an abbreviated version of the California licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit leginfo.legislature.ca.gov.

- All policies must be available for the Surveyor to review once they arrive on site. Please flag the identified policies for review.
- The agency Administrator or alternate Administrator must be present during the licensure survey. The Director of Patient Care Services (DPCS) or alternate DPCS must be available, at least by phone, during the licensure survey.

POLICIES AND PROCEDURES

- Written policies and procedures, per California requirement 1727.5(F), describe the purchase, storage, furnishing, and transportation of legend devices, including:
 - Legend devices are reviewed annually by a group of professional personnel, including a physician and surgeon, Pharmacist, and Registered Nurse
 - A legend device is defined as any device that bears the label "Caution: federal law restricts this device to sale by or on the order of a ____" (or words of similar meaning)

- Written policies and procedures, per California requirement 74709, describe the circumstances under which the HHA requires on-site supervisory visits to be conducted jointly with the Home Health Aide present.

- Written policies and procedures, per California requirement 74731, describe the retention, retrieval, and security for off-site centralized storage of inactive patient records.

- Written policies and procedures are established in regard to the Compliance Program detailing what actions the organization takes to prevent fraud and abuse to include, at a minimum:
 - Implementation of written policies, procedures, and standards of conduct
 - Designation of a Compliance Officer and Compliance Committee
 - Conducting effective training and education programs
 - Development of open lines of communication between the Compliance Officer and/or Compliance Committee and HHA personnel for receiving complaints and protecting callers from retaliation
 - Performance of internal audits to monitor compliance
 - Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures, applicable statutes, and regulations
 - Prompt response to detected offenses through corrective action

- Written policies and procedures are consistent with HIPAA standards to include, at a minimum:
 - Conditions for release of information
 - Backup procedures that include, but are not limited to:
 - Electronic transmission procedures
 - Storage of backup disks and tapes
 - Methods to replace information if necessary
 - A description of the protection and access of computerized records and information
 - Personnel authorized to enter information and review the records
 - Who can have access to patient records
 - Retention of records even if the agency discontinues operations and must inform the state agency where

clinical records will be maintained

OBSERVATION

- The organization is an established entity and has the appropriate Articles of Incorporation or other documentation of legal authority.

- The organization must disclose the following information at the time of its initial request for licensure, at the time of each survey, and at the time of any change in ownership per California requirement 74665:
 - The name and address of each person with an ownership or control interest of five percent or greater in the HHA
 - The name and address of each person who is an officer, a director, an agent, or a managing employee of the HHA
 - 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 HHA
 - If any person described above has served or currently serves as: an Administrator, general partner, trustee or trust applicant, or sole proprietor, or if any applicant or licensee is a sole proprietorship, executor, or corporate officer or director of, or has held a beneficial ownership interest of five percent or more in any other home health agency, health facility, clinic, hospice, Pediatric Day Health and Respite Care Facility, Adult Day Health Care Center, or any facility licensed by the Department of Social Services, then 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

- The Administrator organizes and directs the HHA's ongoing functions and maintains ongoing liaison among the governing body/owner and the personnel including, at minimum:
 - Is responsible for all day-to-day operations of the HHA
 - Ensures that a clinical manager as described in 42 CFR 484.105(c) is available during all operating hours
 - Ensures that the HHA employs qualified personnel, including ensuring the development of personnel qualifications and policies
 - When the Administrator is not available, a qualified, pre-designated person, who is authorized in writing by the Administrator and the governing body, assumes the same responsibilities and obligations as the Administrator. The pre-designated person may be the clinical manager as described in 42 CFR 484.105(c)
 - The Administrator or a pre-designated person is available during all operating hours
 - A supervising physician or Director of Patient Care Services may also be the Administrator. An Administrator who is neither a physician nor 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 per California requirement 74718

- The HHA has a standardized form used to report adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care and develop a plan of correction to prevent the same or similar event from occurring again.

- The organization has a job description for the Home Health Aide that includes, but is not limited to:
 - The provision of hands-on care
 - The performance of simple procedures as an extension of therapy or nursing services
 - Assistance in ambulation or exercises

-
- Assistance in administering medications ordinarily self-administered

GOVERNING BODY

- The organization must have a governing body per California requirement 74717. The governing body shall assume full legal authority and responsibility for the operation of the agency. The governing body shall ensure that the agency does not refuse service 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.
-
- There is a description of the governing body that includes name, address, and telephone number for each member.
-
- There is evidence the governing body members receive an orientation to their responsibilities that includes:
 - Organizational structure
 - Confidentiality practices and signing of a confidentiality agreement
 - Review of the HHA's values, mission, and/or goals
 - Overview of programs, operational plans, services, and initiatives
 - Personnel and patient grievance policies and procedures
 - Responsibility for the Quality Assessment and Performance Improvement (QAPI) Program
 - Organizational ethics
 - Conflicts of interest

PERSONNEL RECORDS

- The organization may have an Administrator who is neither a physician nor Registered Nurse, but has training and experience in health service administration and at least one year of supervisory experience in home health care or health-related programs per California requirement 74718.
-
- The Director of Patient Care Services per California regulation 74703 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:
 - A Registered Nurse with a baccalaureate or higher degree in nursing or other health-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
 - An 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
-
- 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 per California requirement 74703.
-
- The Nurse Supervisor per California regulation 74705 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. 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.

The Clinical Manager meets the following criteria:

- A minimum of two years of home care experience and at least once year of supervisory experience is required with sufficient education and experience in the scope of services offered

The agency has performed background checks to include:

- Office of Inspector General (OIG) exclusion list
- Criminal record
- National sex offender registry (only needed for personnel providing direct patient care)

The HHA personnel files contain evidence of state and federal criminal background checks for all Home Health Aides, personnel care aides, LPNs, CNAs, OTAs, PTAs, and RNs per Welfare and Institutions Code Sec. 12301.6, 12305.81, & Sec. 15660. In addition:

- The following persons shall submit to the State Department of Public Health an application and shall submit electronic fingerprint images to the Department of Justice for the furnishing of the person's criminal record to the state department, at the person's expense as provided in subdivision (b), for the purpose of a criminal record review:
 - The owner or owners of a private agency if the owners are individuals
 - If the owner of a private agency is a corporation, partnership, or association, any person having a 10 percent or greater interest in that corporation, partnership, or association
 - The Administrator of a home health agency
- When the conditions set forth in paragraph (3) of subdivision (a) of Section 1265.5, subparagraph (A) of paragraph (1) of subdivision (a) of Section 1338.5, and paragraph (1) of subdivision (a) of Section 1736.6 are met, the licensing and certification program shall issue an All Facilities Letter (AFL) informing facility licensees. After the AFL is issued, facilities must not allow newly hired Administrators, program directors, and fiscal officers to have direct contact with clients or residents of the facility prior to completion of the criminal record clearance. A criminal record clearance shall be complete when the department has obtained the person's criminal offender record information search response from the Department of Justice and has determined that the person is not disqualified from engaging in the activity for which clearance is required

STAFF INTERVIEW QUESTIONS

All staff are able to discuss how the HHA receives, reports, and resolves any patient grievances.

The Administrator and Director of Nursing (DON) are aware of the procedure to prevent hiring an individual with a criminal background.

MOCK-UP CLINICAL RECORD/PATIENT ADMISSION INFORMATION

Patient admission packet to include, at minimum:

- Consent
- Advance Directives
- Patient confidentiality
- Patient charges
- Consent to release information not authorized by law

- Patient Education Materials
 - Patient Rights and Responsibilities statement
-

The Patient Rights and Responsibilities statement includes the ACHC requirements per ACHC Standard HH2-2A.

The identified policies will be reviewed on site to ensure compliance with ACHC Standards.
Compliance with all Medicare CoPs and ACHC Home Health Standards is required for a Medicare certification survey.