

MISSOURI LICENSURE SURVEY PREP



This information is intended to provide an abbreviated version of the Missouri licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit <http://health.mo.gov>.

All policies must be available for the Surveyor to review once they arrive on site. Please flag the identified policies for review.

POLICIES AND PROCEDURES

- Written policies and procedures are established in regard to drugs that may be possessed by any licensed nurse of an HHA and used in the usual course of business without being licensed as a Pharmacist or a pharmacy. Policies and procedures address, at a minimum:
 - Specific drugs authorized to be possessed by the HHA and the nurse
 - Quantity of drugs possessed by the HHA and the nurse
 - Indications for use of the drugs
 - Receiving physicians' orders for administration of the drugs
 - Leaving drugs with the patient for routine care procedures
 - Conditions for storage and transport of the drugs by the agency and the nurse

- The HHA has a Compliance Program that details actions the organization takes to prevent fraud and abuse. The guidelines address, 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
 - Performance of internal audits to monitor compliance
 - Prompt response to detected offenses through corrective action
 - 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
 - Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures and applicable statutes and regulations

- Written policies and procedures are established in regard to the required orientation on dementia-specific training about Alzheimer's disease and related dementias for employees and independent contractors who provide direct care to patients. The training includes, at a minimum:
 - An overview of Alzheimer's disease and related dementias
 - Communicating with persons with dementia
 - Behavior management
 - Promoting independence in activities of daily living
 - Understanding and dealing with family issues
 - Dementia-specific training about Alzheimer's disease and related dementias shall be incorporated into orientation for new employees with direct patient contact and independent contractors with direct patient contact. The training shall be presented by an instructor who is qualified by education, experience, and knowledge in the current standards of practice regarding individuals with Alzheimer's disease and related dementias. The training shall be provided annually and updated as needed.

- Written policies and procedures are established and consistent with HIPAA standards. Written policies and procedures address, at a minimum:
- Any circumstances and the procedures to be followed to remove patient records from the premises or designated electronic storage areas
 - 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
 - Identification of personnel that can have access to patient records
-

- Written policies and procedures provide for retention of patient records even if the HHA discontinues operations.
-

- Written policies and procedures are established in regard to verbal orders only being accepted by personnel authorized to do so by applicable state and federal laws and regulations, as well as by the HHA's policies and procedures.
-

- Written policies are established in regard to the process for transferring and discharging a patient receiving Home Health Services.
- The patient and patient representative (if any) have the right to be informed of the HHA's policies and procedures on transfers and discharges
 - The HHA can only transfer or discharge a patient from the HHA if:
 - The transfer or discharge is necessary for the patient's welfare because the HHA and the physician who is responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities;
 - The patient or payor will no longer pay for the services provided by the HHA;
 - The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care in accordance with 42 CFR 484.60(a)(2)(xiv) have been achieved, and the HHA and the physician who is responsible for the home health plan of care agree that the patient no longer needs the HHA's services;
 - The patient refuses services, or elects to be transferred or discharged; or
 - The HHA determines, under a policy set by the HHA for the purpose of addressing discharge for cause that meets the requirements of 42 CFR 484.50(d)(5)(i) through (d)(5)(iii), that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired.
 - The HHA must do the following before it discharges a patient for cause:
 - Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered;
 - Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
 - Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care;
-

- Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records;
 - The patient dies; or
 - The HHA ceases to operate.
- Policies and procedures also include:
- Medicare and Medicare HMO patients are issued a Notice of Medicare Non-Coverage (NOMNC) at least 48 hours prior to termination of Home Health Services which explains the patients' right to an immediate independent review of the proposed discontinuation of services
- Discharge summary :
- A completed discharge summary is sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within 5 business days of the patient's discharge
- Transfer summary:
- A completed transfer summary is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a healthcare facility; or
 - A completed transfer summary is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a healthcare facility at the time when the HHA becomes aware of the transfer

Written policies and procedures are established that outline the process for discharging a patient receiving Home Health Services and define the requirements of a discharge summary, which include:

- Date of discharge
- Patient identifying information
- Patient's physician and phone number
- Diagnosis
- Reason for discharge
- A brief description of care provided
- Patient's medical and health status at the time of discharge
- Any instructions given to the patient or responsible party

Written policies and procedures are established that outline the process for transferring a patient receiving Home Health Services and define the requirements of a transfer summary, which include:

- Date of transfer
- Patient identifying information
- Emergency contact
- Destination of patient transferred
- Date and name of person receiving report
- Patient's physician and phone number
- Diagnosis related to the transfer
- Significant health history
- Transfer orders and instructions
- A brief description of services provided and ongoing needs that cannot be met
- Status of patient at the time of transfer

- Written policies and procedures and/or the Employee Handbook address, at a minimum:
 - Wages
 - Benefits
 - Grievances and complaints
 - Recruitment, hiring, and retention of personnel
 - Disciplinary action/termination of employment
 - Professional boundaries and conflict of interest
 - Performance expectations and evaluations

OBSERVATION

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

- There is evidence the HHA has a standardized form on which to report incidents.

- The HHA has a sample admission packet that contains the required patient education materials.

GOVERNING BODY

- 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 Administrator organizes and directs the HHA's ongoing functions at minimum:
 - Is responsible for all day-to-day operations of the HHA
 - Maintains liaison among the governing body/owner and the personnel
 - 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

-
- The job description of the Home Health Aide 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
-
- The clinical manager meets the following criteria:
 - A minimum of two years of home care experience and at least one year of supervisory experience is required with sufficient education and experience in the scope of services offered
-
- All personnel show evidence of background checks including:
 - Office of Inspector General exclusion list
 - Criminal background
 - National sex offender registry (only required for personnel providing direct patient care)
-
- There is evidence in the personnel files that prior to patient contact (Missouri Revised Statutes, Chapter 660, Department of Social Services, Section 660.317, the HHA must verify that employee is registered with the Family Care Safety Registry (FCSR). For survey purposes, a copy of the registration and the results must be in the employee file. Any employee with a class A or B felony violation of chapter 565, 566 or 569, or any violation of subsection 3 of section 198.070, RSMo, or section 568.020, RSMo, cannot have patient contact unless a Good Cause Waiver has been GRANTED by the Department of Health and Senior Services. Any employee with any other FCSR finding cannot have patient contact without a Good Cause Waiver application having been SUBMITTED to the Department of Health and Senior Services. For survey purposes, if a Good Cause Waiver is required (either submitted or granted), there must be documentation in the employee file.
-
- There is evidence in the personnel files that the HHA, per Section 660.315, did not knowingly hire a person, for any type of position, whose name appears on the Employee Disqualification List (EDL). Home health agencies must, at a minimum, check the latest annual EDL and quarterly updates, available on the Missouri Department of Health and Senior Services website, before hiring any person for any job. An annual list is available in January of each year. Personnel records show:
 - Evidence of a state background check prior to any contact with patient
 - Evidence of checking the Employee Disqualification List (EDL) prior to hire
 - Evidence of checking the Employee Disqualification List quarterly and annually
-
- There is evidence in the personnel file of a Criminal Disclosure statement prior to the employee having patient contact. (Per Missouri Revised Statutes, Chapter 660, Department of Social Services, Section 660.317(5)(2)).

STAFF INTERVIEW QUESTIONS

- All staff are able to discuss how the agency receives, reports, and resolves any patient grievances and the HHA has a standardized form to report incidents.
-
- Administrator and Supervising Nurse are knowledgeable of what would prevent the HHA from hiring an individual who had a criminal background.

Above 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.