FLORIDA LICENSURE SURVEY PREP

HOME HEALTH

FOR PROVIDERS. BY PROVIDERS.

This information is intended to provide an abbreviated version of the Florida licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit **ahca.myflorida.com**.

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, per Florida requirement 59A-8.003(10), must designate the:

- → Hours of operation.
- → The HHA Administrator and Director of Nursing (DON), or their alternates, must be available to the public for any eight consecutive hours between 7 a.m. and 6 p.m., Monday through Friday of each week, excluding legal and religious holidays.
- → When the Administrator and the DON are not on the premises during designated business hours, a staff person must be available to answer the phone and the door, and must be able to contact the Administrator and the DON by telecommunications.

☐ Written policies and procedures, per Florida requirement 59A-8.003(10)(d), describe the HHA's on-call system, which includes:

- → 24-hour availability to licensed professional nursing staff by active patients of the HHA receiving skilled care
- → Designated nursing staff will be available to directly communicate with the patient

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☐ Written policies and procedures address the following:

- → On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report complaints.
- → The statewide toll-free telephone number for reporting complaints about the HHA must be provided to clients; the words: "To report a complaint regarding the services you receive, please call toll-free (phone number)" must be included and clearly legible.
- → The statewide toll-free telephone number for the central abuse hotline must be provided to clients; the words: "To report abuse, neglect, or exploitation, please call toll-free (phone number)" must be included and clearly legible.
- → A description of Medicaid fraud written by the HHA and the statewide toll-free telephone number for the central Medicaid fraud hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report suspected Medicaid fraud, please call toll-free (phone number)."
    - The HHA shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.

☐ The Compliance Program details actions the organization takes to prevent fraud and abuse. The guidelines include, but are not limited to:

- → Implementation of written policies, procedures, and standards of conduct
- → Designation of a Compliance Officer and Compliance Committee
- → Conducting effective training and education programs
- → Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures, applicable statutes, and regulations

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- → 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
- → Prompt response to detected offenses through corrective action

☐ Written policies and procedures regarding confidentiality address the following:

- → The HHA ensures the confidentiality of the patient's clinical record
- → The federal Health Insurance Portability and Accountability Act (HIPAA) regulations referenced in Section 164.502 and 164.506 permit providers to disclose health information for treatment, payment, or healthcare operations
- → When disclosing information for payment or healthcare operations, only the minimum necessary information should be disclosed
- → Description of any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas
- → Conditions for release of information
- → Retention of medical records even if the HHA discontinues operations
- → Backup procedures that include, but are not limited to:
  - Electronic transmission procedures
  - Storage of backup disks and tapes
  - Methods to replace information if necessary
- → 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

☐ The HHA's policies and procedures provide for retention even if the HHA discontinues operations. When an HHA discontinues operations, it must inform the state agency where clinical records will be maintained.

☐ Written policies and procedures regarding emergency management address the following:

- → Each HHA shall prepare and maintain a comprehensive emergency management plan that is consistent with the standards adopted by national or state accreditation organizations and with the local special needs plan.
- → The plan shall be updated annually and shall provide for continuing home health services during an emergency that interrupts patient care or services in the patient's home.
- → The plan shall include the means by which the HHA will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation.
- → The plan shall describe how the HHA establishes and maintains an effective response to emergencies and disasters, including:
  - Notifying staff when emergency response measures are initiated
  - Providing communication between staff members, county health departments, and local emergency management agencies
  - Including a backup system
  - Identifying resources necessary to continue essential care or services or referrals to other organizations subject to written agreement
  - Prioritizing and contacting patients who need continued care or services

☐ Written policies and procedures, per Florida requirement 59A-8.0245(1), address the distribution of information

regarding Advance Directives, which include:

- → The HHA's position with respect to the state law and rules relative to Advance Directives
- → The policies shall not condition treatment or admission upon whether or not the individual has executed or waived an Advance Directive
- → In the event of conflict between the HHA's policies and procedures and the patient's Advance Directive, provision should be made in accordance with Chapter 765, Florida Statutes
- → The HHA shall provide each adult patient, in advance of receiving services, with a copy of "Health Care Advance Directives --- The Patients' Right to Decide," as prepared by AHCA, revised April 2006, as well as the HHA's position concerning their policies respecting Advance Directives
- → Documentation on whether or not the patient has executed an Advance Directive shall be contained in the patient's medical record and not kept solely at another location in the HHA
- → If an Advance Directive has been executed, a copy of that document shall be made a part of the patient's medical record. If the HHA does not receive a copy of the Advance Directive for a patient, the HHA must document in the patient's record that it has requested a copy.

☐ Written policies and procedures address that a Registered Nurse performs an annual evaluation of the Licensed Practical Nurse's performance of duties.

☐ Written policies and procedures address that the DON, Administrator, or Alternate Administrator shall establish policies and procedures on biomedical waste for HHAs providing nursing and physical therapy services, per Florida requirement 59A-8.0095(2)(b).

☐ Written policies and procedures address the following:

- → The HHA's policies and procedures are consistent with recommended Centers for Disease Control (CDC) and Occupational Safety and Health Agency (OSHA) guidelines for safety, universal precautions, and infection control procedures
- → The HHA will employ and evaluate nursing personnel
- → The coordination of patient care services
- → The HHA will set or adopt policies for and keep records of criteria for admission to service, case assignments, and case management

☐ 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 and procedures address the following:

- → All employees complete a continuing education course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) with an emphasis on appropriate behavior and attitude change.
- → Instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25.

→ An employee who has completed the educational course required in this subsection is not required to repeat the course upon changing employment to a different facility licensed under Part II, III, or IV of chapter 400 or Part I of chapter 429.

☐ 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 health care 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 of termination of Home Health Services that 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 healthcare professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within five business days of the patient's discharge.

→ Transfer summary:

- A completed transfer summary is sent within two 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 two 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 includes:
- → 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 includes:
- → 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 address how clinical records are transferred to another agency.

OBSERVATION

☐ The home health agency (HHA) can demonstrate the availability of the Administrator and Director of Nursing (DON) or appropriate alternatives 8 hours a day, between 7 a.m. and 6 p.m., Monday through Friday of each week, and appropriate phone availability if the Administrator or DON are not available on site during these times.

☐ The HHA has an appropriately appointed Medical Director who is either under contract, an employee, or a volunteer.

☐ The HHA has marketing materials that provide a description of the care/services to be offered and the contact information. Marketing materials also provide information regarding the referral process.

- ☐ The HHA has a current lease for the office space occupied and proof the HHA is appropriatelyzoned.
- ☐ All home health services are provided under the direction of a Registered Nurse or a physician with sufficient education and experience in the scope of services offered.
- ☐ The HHA has a sample admission packet that contains the required patient educationmaterials.
- ☐ Supervision for all skilled nursing and therapeutic services is available at all times either by the supervising nurse, physician, or a qualified alternate.
- ☐ There is evidence the HHA has a standardized form on which to report incidents.
- ☐ Once patients are accepted, the DON compiles a daily report of the home health services provided by a specific direct employee or contracted staff member.
- ☐ Once services are offered, the HHA's license number is included in newspaper advertisements, phone books, and brochures.
- ☐ The organization is an established entity and has the appropriate Articles of Incorporation or other documentation of legal authority.
- ☐ The director of nursing shall establish and conduct an ongoing quality assurance program that ensures compliance with Florida requirement 59A-8.0095(2)(c):
  - → The home health agency accepts patients whose home health service needs can be met by the home health agency.
  - → Case assignment and management is appropriate, adequate, and consistent with the plan of care, medical regimen and patient needs.
  - → Nursing and other services provided to the patient are coordinated, appropriate, adequate, and consistent with plans of care.
  - → All services and outcomes are completely and legibly documented, dated, and signed in the clinical service record.
  - → The home health agency's policies and procedures are followed.
  - → Confidentiality of patient data is maintained.
  - → Findings of the quality assurance program are used to improve services.

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 thatincludes:
  - → 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

☐ Job Descriptions must include:

- → Job duties
- → Reporting responsibilities
- → Minimum job qualifications, experience requirements, education, and training
- → Requirements for the job
- → Physical and environmental requirements with or without reasonable accommodation

☐ The Administrator's job description includes the following functions:

- → Maintains ongoing liaison among the governing body/owner and the personnel.
- → 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.

☐ HHAs must have the Level 2 background checks, the Affadavit of Compliance, the Office of Inspector General (OIG) exclusion list check, and national sex offender registry checks completed and on file at the HHA.

☐ The DON job description specifies the requirement to compile a daily report of home health services provided by a specific direct employee or contracted staff member.

☐ The DON meets all of the following qualifications:

- → Is a Registered Nurse from an approved school of nursing
- → Is licensed in the state
- → Is a direct employee
- → Has a minimum of two years of home care experience and
- → Has one year of supervisory experience with sufficient education and experience in the scope of services offered
- → Fulfills the duties of the Director of Quality Assurance

☐ The Administrator meets the following qualifications:

- → Is a direct employee; and
- → Must be a licensed physician, physician assistant, or Registered Nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home healthcare or in a facility licensed under chapter 395 or under part II of this chapter, or under part I of chapter 429.

→ If a change in Administrator has occurred, the change must be reported to the state of Florida.

☐ 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; and
→ Assistance in administering medications ordinarily self-administered.

STAFF INTERVIEW QUESTIONS

☐ All staff are able to discuss how the agency receives, reports, and resolves any patientgrievances.

☐ The Administrator and DON are aware of the procedure to prevent hiring an individual with a criminal background.

MOCK-UP CLINICAL RECORD

☐ Patients are provided information for the statewide toll-free telephone number for reporting complaints. The words "To report a complaint regarding the services you receive, please call toll-free (phone number)" must be included and clearly legible.

☐ The April 2006 version of "Health Care Advance Directives - The Patient's Right to Decide" is included in the medical record.

☐ Patients are provided information for the toll-free telephone number for the state's central abuse hotline. The words "To report abuse, neglect, or exploitation, please call toll-free (phone number)" must be included and clearly legible.

☐ Patients are provided a written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline. The words: "To report suspected Medicaid fraud, please call toll-free (phone number)" must be included and clearly legible. The HHA shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.

EMERGENCY PLANNING

☐ There is a written comprehensive emergency plan in accordance with criteria shown in the "Comprehensive Emergency Management Plan" Agency for Health Care Administration (AHCA) Form 3110-1022 revised December 2006.

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.