# ARKANSAS REGISTER



# Transmittal\_Sheet

W.J. "Bill" McCuen
Secretary of State
State Capitol
Little Rock, Arkansas 72201-1094

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Name of Agency Department Contact Person Statutory Authority	Arkansas Department of Health  Division of Health Facility Services  Valetta M. Buck Telephone 66  for Promulgating Rules _Act 956 of 19	
	Rules and Regulations for Home Health Agencies	
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### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted In Compliance With Act 434 of 1967 As Amended.

Valottu M. Buck SIGNATURE

Director, Division of Health Facility Services

March 14, 1990



# Arkansas DEPARTMENT OF HEALTH

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M. JOYCELYN ELDERS, M.D. DIRECTOR

March 14, 1990

W.J. "Bill" McCuen Secretary of State State Capitol Little Rock, AR 72201-1094

Dear Mr. Secretary:

We have enclosed four certified copies of Rules and Regulations for Home Health Agencies in Arkansas along with four Transmittal Sheets.

Please let us know if you have any questions.

Sincerely,

Valetta M. Buck

Valetta M. Buck

Director

Division of Health Facility Services

CWG/sdp

Enclosures 4



RULES AND REGULATIONS FOR

HOME HEALTH AGENCIES IN ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH 1990

(Pursuant to Act 956 of 1987)

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# RULES AND REGULATIONS FOR HOME HEALTH AGENCIES IN ARKANSAS ARKANSAS DEPARTMENT OF HEALTH 1990 (Pursuant to Act 956 of 1987)

I

#### PREFACE

These rules and regulations have been prepared for the purpose of establishing a criterion for minimum standards for the licensure of Home Health Agencies in Arkansas that is consistent with current trends in patient care practices. By necessity they are of a regulatory nature but are considered to be practical minimal design and operational standards for these facilities. These standards are not static and are subject to periodic revisions in the future as new knowledge and changes in patient care trends become apparent. However, it is expected that facilities will exceed these minimum requirements and that they will not be dependent upon future revisions in these standards as a necessary prerequisite for improved services. Each Home Health Agency has a strong moral responsibility for providing optimum patient care and treatment for the patients it serves.

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#### AUTHORITY

The following Rules and Regulations for Home Health Agencies in Arkansas are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas in Act 956 of 1987.

III

#### **PURPOSE**

To establish rules, regulations and minimum standards for home health programs operating in the State of Arkansas in accordance with Act 956 of 1987. These rules will ensure high quality professional care for patients in their home by providing for the safe, appropriate care of all admitted to a home health program regardless of setting and shall apply to both new and existing agencies.

IV

#### **DEFINITIONS**

Definitions. The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise:

- Administrator--A person who is a physician, registered nurse, or an individual with at least one (1) year of supervisory or administrative experience in home health care or in related health provider programs.
- 2. Assistance with Medication—Ancillary aid needed by a patient to self-administer medication, such as reminding a patient to take a medication at the prescribed time, opening and closing a medication container, returning a medication to the proper storage area, and assisting in reordering medications from a pharmacy. Such ancillary aid shall not include administration of any medication by injection, inhalation, ingestion, or any other means, calculation of a patient's medication dosage, or altering the form of the medication by crushing, dissolving, or any other method.

- 3. Branch Office--A location or site from which a home health agency provides services within a portion of the total geographic area served by the primary agency. The branch office is part of the primary agency and is located sufficiently close (within the fifty (50) mile radius) to share administrative supervision, and services in a manner that renders it unnecessary to obtain a separate license as a home health agency. A branch office shall be staffed with at least one (1) registered nurse on a full time basis.
- 4. Certified Agency--A home health agency which holds a current letter of approval signed by an official of the Department of Health and Human Services which indicates compliance with the Conditions of Participation in the Social Security Act. Title XVIII.
- 5. Clinical Note--A dated, written and signed notation by agency personnel of a contact with a patient containing a description of signs and symptoms, treatment and/or medication given, the patient's response, other health services provided, and any changes in physical and/or emotional condition.
- 6. Clinical Record--An accurate account of services provided for each patient and maintained by the agency in accordance with accepted medical standards.

- 7. Department--The Arkansas Department of Health, Division of Health Facility Services.
- 8. Director--The Director of the Division of Health Facility
  Services-Arkansas Department of Health.
- 9. Discharge Summary--A recapitulation of all services provided by the home health agency before discharge of a patient.
- 10. Health Assessment--A determination of a patient's physical and mental status performed by medical professionals.
- 11. Division--The Division of Health Facility Services of the Arkansas
  Department of Health.
- 12. Geographic Area--The land area, for which the agency shall be licensed, consisting of not more than a fifty (50) mile radius surrounding the home health agency's primary or subunit location.
- 13. Home Health Services--The providing or coordinating of acute. restorative. rehabilitative, maintenance, preventive, or health promotive services through professional nursing or by other therapeutic services such as physical therapy, speech therapy, occupational therapy, medical social services, home health aide or personal services in a client's residence.

- 14. Home Health Aide--A person who provides personal care/personal services for a person in the home under the supervision of a registered nurse.
- 15. Home Health Agency--Any person, partnership, association, corporation, or other organization, whether public or private, proprietary, or non-profit, that provides a home health service for pay or other consideration in a patient's residence.
- 16. Licensed Physical Therapy Assistant--A person who is currently licensed under the laws of this state to use the title, Licensed Physical Therapy Assistant.
- 17. Licensed Practical Nurse--A person who is currently licensed under the laws of this state to use the title, Licensed Practical Nurse.
- 18. Occupational Therapist--A person who is currently licensed under the laws of this state to practice occupational therapy.
- 19. Patient Care Conference--A documented conference among the home health agency staff to evaluate patient care needs and the delivery of service.

- 20. Personal Care/Personal Services--Health related assistance in activities of daily living, hygiene and grooming for the sick or debilitated.
- 21. Physical Therapist--A person who is currently licensed under the laws of this state as a registered physical therapist.
- 22. Physician--A person who is currently licensed under the laws of this state to practice medicine and who holds a doctor of medicine or doctor of osteopathy degree.
- 23. Place of Business--Any office of a home health agency that maintains home health service patient records or directs home health services and includes a suboffice, a branch office, or any other subsidiary location.
- 24. Plan of Care/Care Plan--A written plan which identifies the goal for care based on identified patient problems and the intervention planned to achieve the goal.
- 25. Plan of Treatment--A written plan which specifies scope, frequency and duration of services.

- 26. Parent Agency--The agency that develops and maintains administrative control of subunits and/or branches.
- 27. Primary Agency--The agency responsible for the service rendered to patients and for implementation of the plan of treatment.
- 28. Progress Note--A dated and signed notation by agency personnel summarizing facts about care and the patient's response during a given period of time.
- 29. Registered Nurse--A person who is currently licensed under the laws of this state as a registered nurse.
- 30. Quality of Care--Clinically competent care which meets professional standards, supported and directed in a planned pattern to achieve maximum dignity at the required level of comfort, preventative health measures and self management.
- 31. Residence--A place where a person resides, including a home, nursing home, residential care facility or convalescent home for the disabled or aged.
- 32. Service Area--The land area for which the agency shall be licensed, which shall be consistent with their CON or POA, if one is required, but in no case shall the service area consist of more than a fifty (50) mile radius from the home health agency's primary or subunit

location.

- 33. Social Worker--A person who is currently licensed under the laws of this state as a social worker.
- 34. Skilled Care Services--Any service delivered by a health care professional requiring physician's orders.
- 35. Speech Pathologist or Audiologist—A person who is currently licensed under the laws of this state as a speech pathologist or audiologist.
- 36. Subunit--A semi-autonomous organization, which serves patients in a geographic area different from that of the parent agency. The subunit by virtue of the distance between it and the parent agency is judged incapable of sharing administration, supervision, and services on a daily basis with the parent agency and must, therefore, independently meet the Conditions of Participation for home health agencies and/or shall independently meet the regulations and standards for licensure. A subunit may not have a branch office.
- 37. Supervision--Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity with initial direction and periodic inspection of the actual act of accomplishing the function or activity.

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#### UNREGULATED AGENCY

- A. The authority is invested in the Director to determine if a person is subject to regulation under the statute and is inherent in the responsibility to regulate agencies that are within the definitions of the Act.
- B. Personnel from the Health Facility Services Division of the Department shall schedule an appointment with the person to determine whether the person is providing home health services. If the Director determines that a person is providing home health services, the person will be notified of the determination by certified mail and will be required to submit an application for a license or a claim for exemption in accordance with these rules within ten (10) days of receipt of notice.
- C. If a person refuses to cooperate in the investigation, the Director shall notify the person by certified mail that provision of home health service is unlawful without a home health service license. The Director may refer the case of injunctive relief to the attorney general.

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#### **EXEMPTIONS**

- A. The Act exempts from its licensing requirements persons who hold certain other licenses or engage in certain limited activities. A person providing home health care services, as defined in the Act, in addition to the limited activities for which an exemption would otherwise be available, must obtain a license to provide the home health care services.
- B. When there is a question about the subject of regulation status of a person, and the person claims exemption under the Act, the Director shall ask the person to make a written claim to the Department, citing the subsection of the Act under which exemption is claimed and including any and all documentation supporting the exemption claim.
- C. The Director shall evaluate the information received and determine if the person is exempt. The Director shall notify the person in writing upon the completion of the evaluation.

VII

#### APPLICATION FOR LICENSE

- A. Application for temporary license shall be on forms prescribed by the Department and shall be for less than one (1) year and for a time specified by the Department.
- B. Annual license shall be on forms prescribed by the Department and shall be effective on a calendar year basis with an expiration date of December 31.
- C. No license may be transferred from one entity to another. If a person, partnership, organization or corporation is considering acquisition of a licensed agency, in order to insure continuity of patient services, the entity should submit a license application at least sixty (60) days prior to the acquisition for each place of business.
- D. No license may be transferred from one location to another without prior approval from the Division as provided in this subsection. If an agency is considering relocation, the agency shall complete and submit a form provided by the Division thirty (30) days prior to the intended relocation.

- A relocation shall be approved by the Division if the new location is within the existing service area.
- 2. All other relocations shall not be approved, and the licensee shall submit a new application for a license.
- E. The agency shall notify the Division of any of the following:
  - 1. Addition or deletion of services provided;
  - 2. Request to change license classification;
  - 3. Request to apply for or withdraw home health designation;
  - 4. Notification of termination of provision of home health services;
  - 5. If a Class A agency, notification of changes in certified status;
  - Any change in telephone number;
  - 7. Any name changes in the agency within five (5) working days after the effective date of the name change.

VIII

#### INSPECTIONS

- A. An onsite inspection shall determine if standards for licensure are being met. A standard-by-standard evaluation is required before the first annual license is issued and annually thereafter.
- B. If the inspection is conducted in order to determine compliance with standards, the agency shall come into compliance within sixty (60) days. An onsite follow-up visit or a follow-up by mail will be conducted to determine if deficiencies have been corrected. If the agency fails to comply, the Director may propose to suspend or revoke the license in accordance with the section relating to License Denial, Suspension, or Revocation.

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#### CLASS B LICENSE DENIAL, SUSPENSION, OR REVOCATION

A. The Division may deny issuing a license to an agency if the agency fails to comply with these rules.

- B. The Division may suspend the license of an agency for one (1) or more of the following reasons:
  - Violation of the provisions of the statute or of any of the standards in these rules;
  - Misstatement of a material fact on any documents required to be submitted to the Division or requirements to be maintained by the agency pursuant to these rules;
  - Commission by the agency or its personnel of a false,
     misleading, or deceptive act or practice;
  - 4. Materially altering any license issued by the Department.
- C. The Division may revoke the license of an agency for one or more of the following reasons:
  - A repeat violation within a twelve (12) month period which resulted in a license suspension;
  - 2. An intentional or negligent act by the agency or its employees which materially affects the health and safety of a patient.

- D. If the Director of the Division of Health Facility Services of the Department proposes to deny, suspend, or revoke a license, the Director shall notify the agency of the reasons for the proposed action and offer the agency an opportunity for a hearing. The agency may request a hearing within thirty (30) days after the date the agency receives notice. The request must be in writing and submitted to the Director, Health Facility Services, Arkansas Department of Health, 4815 West Markham, Little Rock, Arkansas 72205-3867. A hearing shall be conducted pursuant to the Administrative Procedure Act. If the agency does not request a hearing in writing after receiving notice of the proposed action, the agency is deemed to have waived the opportunity for a hearing and the proposed action shall be taken.
- E. The Division may suspend or revoke a license to be effective immediately when the health and safety of patients are threatened. The Division shall notify the agency of the emergency action and shall notify the agency of the date of a hearing, which shall be within seven (7) days of the effective date of the suspension or revocation. The hearing shall be conducted pursuant to the Administrative Procedure Act.

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#### PATIENT RIGHTS

- A. An agency must respect the rights and privileges of other agencies.

  In order to preserve the rights of the patient, the solicitation of
  referrals by coercion or harassment by an agency will be considered a
  violation of these rules.
- B. The Division shall investigate all complaints received. The complainant shall have the right to remain anonymous. Complaint findings may result in a statement of deficiencies or cause a full survey of standards to be conducted.
- C. The agency will inform the patient and/or his family in writing of the terms of their agreement for services and obtain an acknowledgment of receipt of the agreement. The information provided shall include, but not be limited to the following:
  - 1. Services to be provided;
  - 2. Supervision by the agency of services provided;
  - 3. Agency charges for services rendered if the charges will be paid in full or in part by the patient and/or his family.

- 4. The right to be fully informed in advance about the care and treatment to be provided by the agency; about any changes in the care or treatment to be provided, and except for an individual judged incompetent, to participate in planning care and treatment or changes in care of treatment.
- 5. The right to voice grievances without discrimination or reprisal with respect to treatment or care that is or fails to be furnished, and the right to voice complaints to Department.
- 6. The right to confidentiality of clinical records.
- 7. The right to have one's property treated with respect.

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#### QUALITY ASSURANCE

The agency shall have a Quality Assurance program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient/client care, resolve identified problems, and pursue opportunities to improve patient/client care.

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#### EMPLOYEE HEALTH

It shall be the responsibility of the administration to establish written policies concerning pre-employment physicals.

- A. Each employee shall have a health file which contains a communicable disease history.
- B. At a minimum, each employee shall be tested or evaluated annually for tuberculosis in accordance with the applicable section of the Tuberculosis Manual of the Arkansas Department of Health.
- C. Other tests shall be performed as required by agency policy.
- D. The agency shall assure that no person with a disease in a communicable stage is in direct contact with the patient.
- E. The agency shall develop a policy on when sick employees may return to work.
- F. A policy shall be developed to protect employees in the event of accidental exposure to a patient with a previously unsuspected communicable disease.

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#### STANDARDS FOR A CLASS A LICENSE

- A. A class A agency shall meet the Conditions of Participation as a home health agency in the insurance program for the aged within the meaning of the Social Security Act and the regulations adopted thereunder (42 Code of Federal Regulations 405.1201 et seq), which regulations are adopted by reference herein for all purposes. Copies of the regulations adopted by reference in this section are indexed and filed in the Medicare Certification Division, Arkansas Department of Health, 4815 West Markham, Little Rock, Arkansas 72205-3867, and are available for public inspection during regular working hours.
- B. Agencies providing both Class A and Class B services shall receive one license, Class A, but shall meet the licensure requirements for both Class A and Class B licensure.
- C. No license may be issued to operate a subunit or branch whose primary agency is not located within the state of Arkansas.
- D. If a Health Planning permit of approval is required, this must be obtained for the geographical area of the agency before a license can be issued.

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#### STANDARUS FOR A CLASS B LICENSE

- A. A Class B agency shall meet the standards of this section. In no
   case shall the Division license a Class B agency to operate a branch office or subunit unless the agency first is licensed to operate a primary home health agency within the state of Arkansas.
- B. If a Health Planning permit of approval is required this must be obtained for the service area of the agency before a license can be issued.
- C. Organizational structure and operational policies of the agency must be clearly stated in writing. It must include the lines of authority and delegation of responsibility down to the patient care level and the services provided.
  - The ownership of the agency shall be involved in development, review and periodic evaluation of agency budget, policies and services. Documentation shall be maintained of such involvement.

- 2. The administrator of an agency will administratively supervise provision of all health services. The administrator organizes and directs the agency's ongoing functions, employs qualified personnel, insures adequate staff education and evaluations. insures the accuracy of public information materials and activities, and implements an effective budgeting and accounting system. A person shall be authorized in writing by the administrator to act in his or her absence.
- 3. Personnel policies are developed in writing and contain the following:
  - a. Employment procedures;
  - b. Hours of work;
  - Eligibility for vacation, sick leave, and other fringe benefits;
  - d. Orientation of all personnel to the policies and objectives of the agency, and participation by all personnel in appropriate employee development programs;
  - Periodic evaluation of employee performance; adherence to personnel policies and patient care policies, including disciplinary action and procedures;
  - f. Job description (statement of those functions and responsibilities which constitute job requirements) and job qualifications (specific education and training necessary to perform the job);
  - g. Infection control policy to prevent the spread of infectious and communicable diseases.

- 4. A personnel record shall be maintained on each employee. A personnel record should include the following: job description, qualifications, application for employment, job experience, education requirements and applicable certification on license, performance evaluation, health records, and disciplinary actions or letters of commendation. All information should be kept current.
- 5. If an agency utilizes independent contractors, there shall be a written contract between such independent contractors and the agency clearly designating:
  - a. That patients are accepted for care only by the primary home health agency;
  - b. The services to be provided;
  - c. The necessity to conform to all applicable agency policies, including personnel qualifications;
  - d. The plan of treatment and plan of care to be carried out as ordered;
  - e. The manner in which services will be coordinated and evaluated by the primary agency;
  - f. The procedures for submitting clinical and progress notes, scheduling of visits, and periodic patient evaluation;
  - g. The procedures for determining charges and reimbursement; and
  - h. The geographic area to be served by such personnel.

- 6. Services provided by an agency under arrangement with another agency or organization must be subject to a written contract conforming with the requirements specified in paragraph four (4) of this subsection.
- 7. The agency shall maintain a current roster of patients and have a clinical record for each patient which is maintained according to professional standards:
  - a. A clinical record shall contain, as applicable, appropriate identifying information, name of physician, physician's orders, plan of treatment which shall include medication, dietary, treatment, and activity orders, initial assessment, and patient care plan, clinical and progress notes (clinical notes are written the day service is rendered and incorporated no less often than weekly), medication administration records, record of patient care conferences, record of supervisory visits, and discharge summary. All entries shall be signed and dated by the person making the entry and/or supervisory personnel as is necessary.
  - b. A Clinical Record Review shall be conducted at least quarterly by appropriate professionals. A minimum of ten (10) percent of both active and closed records must be reviewed or a minimum of ten (10) records per quarter if the case load is less than ninety-nine (99).

- c. Records shall be retained for five (5) years and safeguarded against loss and unofficial use. The agency shall have written procedures governing the use and removal of records and the release of information.
- d. An agency shall provide a copy of the clinical record to a person who has obtained the patient's written consent for the release of the record.
- 8. There is an annual operating budget which includes all anticipated income and expenses.
- 9. The agency must have a written contingency plan in the event of dissolution for continuity of patient care. All records shall be retained even if the agency discontinues operation.
- 10. The agency shall accept a patient for health services on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately in the patient's residence.

- 11. An initial assessment shall be performed in the patient's residence by regularly employed personnel of the agency who have completed orientation/training in the initial assessment procedures of the agency and have demonstrated competency in performance of these skills. Initial assessment must completed by a registered nurse or licensed physical therapist, occupational therapist. speech pathologist, medical worker, as appropriate within seventy-two (72) hours of a specific request for services to determine whether the agency has the ability to provide the necessary services in the home. At the time of the admission, the Plan of Treatment is developed conjunction with the patient and/or family in and the appropriate health care professional.
  - a. The Plan of Treatment shall include potential services to be rendered; the frequency of visits and/or hours of service; the assignment of health care providers; and the estimated length of service.
  - b. If a physician orders skilled care, the plan of treatment must be signed and approved by a physician within fourteen (14) days of the physician's order. The plan of treatment shall be revised as necessary but reviewed and updated at least every six (6) months.
  - c. The patient care plan should be developed within seventy-two (72) hours of admission and reviewed and updated at least every two (2) months.

- 12. For patients receiving skilled care services a patient care conference shall be held at least every two (2) months to evaluate patient care needs and delivery of service. A summary of this conference shall be maintained in the agency.
- 13. Medications will be administered by a registered nurse or by a licensed practical nurse, and only if such medication is ordered by the patient's physician.
  - a. Upon the request by a patient and/or his family for assistance with medications, the registered nurse may assign a home health aide to assist with oral medications which are ordinarily self-administered. The request shall be documented in the patient's clinical record.
  - b. For patients receiving nursing care, a current medication sheet and medication administration record will be maintained and will be incorporated into the clinical record. Notation will be made in clinical notes of medications not given and reason. Any untoward action will be reported to the supervisor and documented.

- D. An agency shall provide at least one (1) health service. All services shall be rendered and supervised by qualified personnel.
  - Supervision shall consist of a combination of activities including:
    - a. initial assessments by a registered nurse, physical therapist, or speech therapist as appropriate to the service provided;
    - b. care plan;
    - c. patient care conferences;
    - d. Quality Assurance activities;
    - e. the licensed nurse, or appropriate professional staff member, if other services are provided, shall make a supervisory visit to the patient's residence at least every other month, either when aide is present to observe and assist, or when the aide is absent (preferably alternating visits), to assess relationships and determine whether goals are being met.
  - 2. If nursing service is provided, a registered nurse shall be available to supervise nursing care. The administrator shall designate a registered nurse to serve as an alternate.
  - 3. If physical therapy service is provided, a registered physical therapist shall be employed by or under contract with the agency to provide services and/or supervision. Physical therapy services may only be provided by RPT or LPTA under supervision of a RPT.

- 4. If occupational therapy service is provided, an occupational therapist shall be employed by or under contract with the agency to provide services and/or supervision.
- 5. If speech-language pathology or audiology services are provided, a speech-language pathologist or audiologist shall be employed by or under contract with the agency to provide services and/or supervision.
- 6. If a medical social worker's service is provided, a licensed social worker shall be employed by or under contract with the agency to provide services and/or supervision.
- 7. If home health aide service is provided, a home health aide shall be employed by or under contract with a licensed agency to provide home health aide services, and a registered nurse shall be employed by or under contract with the agency to perform the initial assessment, prepare the patient care plan, and supervise the home health aide. The registered nurse shall supervise the home health aide onsite at least once (1) every sixty (60) days.
- 6. If services are provided by a licensed physical therapist assistant, a registered physical therapist shall be employed by or under contract with the agency to provide physical therapy services.

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#### HOME HEALTH AIDES TRAINING COURSE, DUTIES

- A. A home health aide shall have a minimum of one (1) year experience in direct patient care in an institutional setting (home health agency, hospital, or nursing home) or shall have satisfactorily completed a home health aide training course that has been approved by the Division. In lieu of the requirement for completion of a home health aide training course, a nursing student may qualify as a home health aide by submitting documentation from the Director of programs and/or the Dean of a School or Nursing that states that the nursing student has demonstrated competency in providing basic nursing care in accordance with the school's curriculum.
- B. Tasks to be performed by a home health aide shall be assigned by and performed under the supervision of a registered nurse who shall be responsible for the patient care provided by the home health aide. In no event shall a home health aide be assigned to receive or reduce to writing orders from a physician. A home health aide shall not perform any sterile procedures or any procedure requiring the application of prescription medications. Except as otherwise provided in these rules, duties of the home health aide may include:

- Personal care: bathing, grooming, feeding, ambulation, exercise, oral hygiene, and skin care;
- Assistance with medications ordinarily self-administered as assigned;
- 3. Household services essential to health care in the home;
- 4. Completion of records and reporting to appropriate supervisor;
- 5. Taking and charting vital signs;
- Charting intake and output.
- 7. Other duties which may be assigned by a registered nurse.
- C. If the training is provided by the agency, the training program for home health aides will be conducted under the supervision of a registered nurse. The training program may contain other aspects of learning, but must contain the following:
  - 1. A minimum of forty (40) hours of classroom and clinical instruction related particularly to the home health setting.
  - Written course objectives with expected outcomes and methods of evaluation.
  - An assessment that the student knows how to read and write English and to carry out directions.

- D. Course and clinical work content must include, but is not limited to, bathing, ambulation and exercise, personal grooming, principles of nutrition and meal preparation, aging process and emotional problems of illness, household services essential to health care at home, assistance with medication, safety in the home, completion of appropriate records and reporting changes to appropriate supervisor.
- E. A request for approval of a home health aide training program shall be submitted to the Director with the following documentation:
  - Number of hours of instruction (classroom and clinical):
  - 2. Name and copy of license, qualifications of instructors;
  - Names and addresses of facilities used for clinical experience and classroom instruction;
  - 4. Course outline:
  - Lesson plans;
  - 6. Methods of evaluation for successful completion of course;
  - 7. Evidence of successful completions (certificate); and
  - 8. Methods of instructor supervision of students during clinical experience.

F. If the Director proposes to disapprove a home health aide training program, the Director shall notify the applicant of the reasons for the proposed action. The applicant may request a hearing within thirty (30) days after the applicant receives notice. The request must be in writing and submitted to the Director, Health Facility Services, Arkansas Department of Health, 4815 West Markham, Little Rock, Arkansas 72205-3867. A hearing shall be conducted pursuant to the Administrative Procedure and Arkansas Register Act. If the applicant does not request a hearing, in writing, after receiving notice of the proposed action, the agency is deemed to have waived the opportunity for a hearing and the proposed action shall be taken by the Division.

This agency hereby certifies that the rules as adopted have been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

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Rev-01/10/90

#### CERTIFICATION

This is to certify that the foregoing Rules and Regulations for Home Health Agencies in Arkansas were adopted by the Arkansas State Board of Health at a regular session of said Board held in Little Rock, Arkansas on the 25th day of January, 1990.

M. Joycelyn Elders, M.D. Secretary of Arkansas State Board of Health

Director, Arkansas Department of Health

The foregoing Rules and Regulations, copy having been filed in my office, are hereby approved on this 13% day of March, 1990.

Bill Clinton Governor