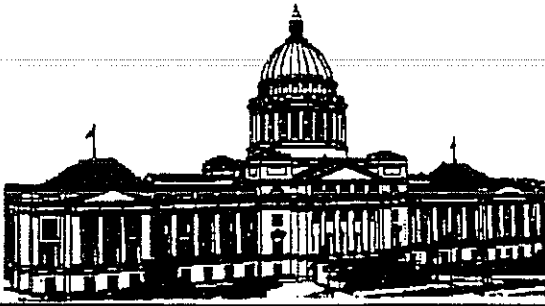


ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 026
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 4/10/97 Code Number 007.05.97--601

Name of Agency Division of Health Facility Services

Department Health

Contact Person Val Buck

Statutory Authority for Promulgating Rules _____

	Date
<input type="checkbox"/> Intended Effective Date	
<input type="checkbox"/> Emergency	Legal Notice Published <u>Dec 20, 1996</u>
<input type="checkbox"/> 10 Days After Filing	Final Date for Public Comment <u>Jan 16, 1997</u>
<input checked="" type="checkbox"/> Other <u>April 10, 1997</u>	Reviewed by Legislative Council <u>Dec 30, 1996</u>
	Adopted by State Agency <u>Nov 21, 1996</u>

CERTIFICATION OF AUTHORIZED OFFICER

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

Valentin M. Buck
Signature

501 661-2201
Phone Number

Director Health Facility Services
Title

March 11, 1997
Date

FILED
AR. REGISTER DIV.
97 MAR 11 PM 2:16
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

DEPARTMENT Health
DIVISION Health Facility Services
PERSON COMPLETING THIS STATEMENT Valetta M. Buck
TELEPHONE NO. 501-661-2201 FAX NO. 501-661-2165

FILED
AD. REGISTER DIV.

97 MAR 11 PM 2:16

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Home Health Extended Care Amendment

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes _____ No X
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. N/A

1995-96 Fiscal Year

1996-97 Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

1995-96 Fiscal Year

1996-97 Fiscal Year

none

none

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

1995-96 Fiscal Year

1996-97 Fiscal Year

none

none

FILED
ALL REGISTER DIV.

97 MAR 11 PM 2:16

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

CERTIFICATION

BY _____

This will certify that the foregoing revisions to the Rules and Regulations for Home Health Agencies in Arkansas were adopted by the State Board of Health of Arkansas at a regular session of said Board held in Little Rock, Arkansas, on the 21st day of November, 1996.

Sandra B. Nichols M.D.

Sandra B. Nichols, M.D.
Secretary of Arkansas State Board of Health
Director, Arkansas Department of Health

Dated at Little Rock, Arkansas, this 1st day of March 1997.

The forgoing Rules and Regulations, copy having been filed in my office, are hereby approved on this 5th day of March, 1997.

Mike Huckabee

Mike Huckabee
Governor

XIII

STANDARDS FOR LICENSURE

- A. A class A agency shall meet the Conditions of Participation as a home health agency under Title XVIII 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 Division of Health Facility Services, Arkansas Department of Health, 5800 West Tenth, Suite 400, Little Rock, Arkansas 72204, and are available for public inspection during regular working hours.
- B. Agencies providing both Class A and Class B services 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. Where the Health Service Agency determines a Permit of Approval is required, this must be obtained for the geographical area to be served by the agency before a license can be issued.

XIV

STANDARDS FOR A CLASS B LICENSE

- A. A Class B agency shall meet the standards of this section and the Standards for Extended Care Services, if applicable. 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. Where the Health Service Agency determines a Permit of Approval is required, this must be obtained for the geographical area to be served by 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.
 - 1. 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.

XVI

STANDARDS FOR EXTENDED CARE SERVICES

Extended Care is defined as six (6) or more hours of continuous home health services provided in a twenty-four (24) hour period, by a licensed agency which provides both skilled nursing and other home health services. (Medicaid Personal Care is not included in the above definition.)

In addition to meeting the applicable standards for Class B license, all agencies providing extended care must meet the following:

- A. Shall make available in writing the hours of service and provide a Registered Nurse Supervisor or a Registered Nurse and Supervisor for consultation and triage at least during those hours. The agency shall be responsible for assuring that each patient, or guardian if the patient is mentally incompetent, is aware of the steps to take in an emergency or unusual situation. The agency must have a contingency plan regarding how the case is managed if a scheduled employee is unable to staff the case;
- B. The patient's permanent medical record shall be available at the licensed agency location that has been approved by the Division to provide the services;
- C. A medical record must also be maintained in the home if a patient is receiving skilled extended care.
 - I. The record must contain:
 - a. Current plan of treatment (physician's orders);

- b. Medication profile;
 - c. Clinical notes;
 - d. Documentation of any medication administered by agency staff including the date, time, dosage and the manner of administration;
 - e. Any other information deemed necessary by the licensed agency.
 2. The information included in the home record must be filed in the permanent medical record at least every two (2) weeks if it is not already included in the permanent record.
 3. If extended care aide service is the only service being provided, a home record is not required. Written instructions for the aide service must be maintained in the home and in the permanent record;
- D. For patients receiving skilled extended care, a visit must be made to the patient's home by a registered nurse, who is an employee of the licensed agency, no less frequently than every two (2) weeks to supervise the services being provided. Patients requiring extended care services beyond three (3) months and classified by the licensed agency as chronic/stabilized will require supervision once every month.

For patients receiving extended care aide services only, the aide must be continually supervised and a visit must be made to the patient's home by a Registered Nurse at least every thirty (30) days;

- E. The agency must have an orientation plan for the staff providing the care to the patients. Since extended care cases may involve highly technical services, this plan must reflect how the agency ensures that the individuals providing the extended care are qualified to provide these types of services;

F. Contracting for Extended Care Services. An Arkansas licensed home health agency may contract with another entity to provide extended care in the licensed agency's service area provided that administration, patient management and supervision down to the patient care level is ultimately the responsibility of the licensed agency.

A written contract is required and must specify the following:

1. All referrals are through the primary agency and patients are accepted for care only by the primary agency;
2. The services to be provided;
3. The contracted entity conforms to all applicable agency policies, including personnel qualifications;
4. The primary agency is responsible for reviewing, approving and assuring the implementation of the plan of treatment;
5. The manner in which services will be controlled, coordinated and evaluated by the primary agency;
6. The procedures for submitting medical record documentation and scheduling of staff;
7. The procedure for how changes in the plan of treatment will be communicated between the two (2) agencies;

G. Conditional Emergency Service. Notwithstanding the provisions of these Rules and Regulations, the Division of Health Facility Services shall be empowered to permit the provision of extended care to one (1) or more individuals by any licensed extended care provider where such provider:

1. Certifies that the patient requires conditional emergency services which shall be defined as; a medically indicated skilled extended care case in which the patient requires specialized care of a Registered Nurse or a Licensed Practical Nurse under the supervision of a Registered Nurse, not available through licensed agencies in the area and which, if not provided, would result in the patient being institutionalized;
2. Furnishes such information on forms prescribed by the Department regarding the patients receiving conditional emergency services that would include but not be limited to:
 - a. Name of patient;
 - b. Address of the patient;
 - c. Diagnosis;
 - d. The type of specialized skilled extended care the patient requires and why the patient would require institutionalization if the care was not provided;
3. Furnishes information to the Department ensuring that all agencies whose extended care licensed area encompasses the location of the patient were contacted to determine if the required services could be provided. Such information should include the name of the agency contacted, the name of the person contacted, the date and time of the contact, and the reason given for not being able to provide the

care. If the agency contacted does not respond with an answer within twenty-four (24) hours of the initial contact the agency seeking to provide the services may proceed as required. The lack of response should be noted in the information furnished to the Department.

In each case the Division of Health Facility Services shall maintain a file or register concerning the Conditional Emergency Service and notify both the Health Services Agency and any licensed providers whose extended care geographical area includes the location of the service.

The approval will be for a period of one-hundred-eighty (180) days. For each consecutive one-hundred-eighty (180) day period thereafter, the agency will be required to submit documentation as required in G.

If, at the end of each one-hundred-eighty (180) day period services are available through an agency licensed for the area, the agency providing the service must notify the patient/caregiver of the availability of services through a licensed agency in the area and offer the opportunity to transfer.

The choice of transfer shall be the patient/caregiver's decision.

An agency operating outside their licensed service area must provide documentation to the Department at the beginning of each one-hundred-eighty (180) day period that the patient was informed of any new agencies providing extended care services in the area and was given the choice of transferring. The information shall be submitted on forms prescribed by the Department.

An agency operating outside their licensed geographic area to provide extended care may provide all services required by the patient until such time the skilled extended care is discontinued or the patient is transferred to an agency licensed to provide extended care services in the area. The discharging agency will be responsible for referring the patient to an agency licensed to serve the area in which the patient resides if the patient requires further service.