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**IDAPA 16
TITLE 03
CHAPTER 07**

16.03.07 - RULES FOR HOME HEALTH AGENCIES

000. LEGAL AUTHORITY.

The Board of Health and Welfare according to 39-2401(2), Idaho Code, adopts these rules for the operation of home health agencies. (5-3-03)

001. TITLE.

The rules contained in this chapter are to be cited in full as Idaho Department of Health and Welfare Rules, IDAPA 16, Title 03, Chapter 07, "Rules for Home Health Agencies". (7-1-93)

002. DEFINITIONS.

01. Abuse. Any conduct as a result of which (a person) suffers skin bruising, bleeding, malnutrition, sexual molestation, burns, fracture of any bone, subdural hematoma, soft tissue swelling, failure to thrive or death, or mental injury, and such condition or death is not justifiably explained, or where the history given concerning such condition or death is at variance with the degree or type of such condition or death, or the circumstances indicate that such condition or death, may not be the product of accidental occurrence. (Idaho Code, Title 39, Chapter 5202(2). (7-1-93)

02. Administrator. The person appointed by the governing body delegated the responsibility for managing the home health agency. (12-31-91)

03. Audiologist. A person who: (7-1-93)

a. Meets the education and experience requirements for a Certificate of Clinical Competence in audiology granted by the American Speech-Language-Hearing Association; or (7-1-93)

b. Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification. (7-1-93)

04. Audit. A methodical examination and review. (12-31-91)

05. Board. The Idaho State Board of Health and Welfare. (12-31-91)

06. Branch Office. A location from which a HHA provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the HHA and must be sufficiently close to the parent agency that it is not impractical for it to receive administration, supervision and services from the parent agency. The branch office is not required to independently meet the requirements for licensure. (7-1-93)

07. Business Entity. A public or private organization owned or operated by one (1) or more persons. (7-1-93)

08. Patient. A natural person who is a recipient of provided health care services. (7-1-93)

09. Clinical Note. A notation of a contact with or regarding a patient that is written and dated by a member of the health team. (7-1-93)

10. Clinical Record. A legal document containing all pertinent information relating to a patient. (7-1-93)

11. Complaint Investigation. An investigation by an agency to determine the validity of an allegation against it and to identify solutions to resolve conflicts between the complainant and the agency. (7-1-93)

- 12. Complaint Survey.** On-site inspection conducted by the Department to investigate an allegation against an agency. (7-1-93)
- 13. Deficiency.** A determination of noncompliance with a specific rule or part of a rule. (7-1-93)
- 14. Department.** The Idaho Department of Health and Welfare. (7-1-93)
- 15. Directly.** Providing home health services either through salaried employees or through personnel under hourly or per visit contracts. (7-1-93)
- 16. Director.** A physician or registered nurse responsible for general supervision, coordination, and direction of patient care in a home health agency. (7-1-93)
- 17. Follow-Up Survey.** A survey made to determine if corrections have been made to deficiencies cited in an earlier survey. Areas surveyed are determined by the nature of the deficiencies cited during the previous survey although new deficiencies may be cited in any area. (7-1-93)
- 18. Governing Body.** The designated person or persons who assume full responsibility for the conduct and operation of the home health agency. (12-31-91)
- 19. Government Unit.** The state, or any county, municipality, or other political subdivision, or any department, division, board or other agency thereof. (7-1-93)
- 20. Grievance Procedure.** A method to insure patient rights by receiving, investigating, resolving, and documenting complaints related to the provision of services of the home health agency. (12-31-91)
- 21. Group of Professional Personnel.** A group which includes, at least, one (1) physician, at least, one (1) registered nurse, and other health professionals representing at least the scope of the program, agency staff, and others. (7-1-93)
- 22. Health Care Services.** Any of the following services that are provided at the residence of an individual: (7-1-93)
- a.** Skilled nursing services; (7-1-93)
 - b.** Homemaker/home health aide services; (7-1-93)
 - c.** Physical therapy services; (7-1-93)
 - d.** Occupational therapy services; (7-1-93)
 - e.** Speech therapy services; (7-1-93)
 - f.** Nutritional Services/Registered Dietitian Services; (7-1-93)
 - g.** Respiratory therapy services; (7-1-93)
 - h.** Medical/social services; (7-1-93)
 - i.** Intravenous therapy services; and (7-1-93)
 - j.** Such other services as may be authorized by rule of the Board. (7-1-93)
- 23. Home Health Agency.** Any business entity that primarily provides skilled nursing services by licensed nurses and at least one (1) other health care service as defined in Subsection 002.22 to a patient in that patient's place of residence. Any entity that has a provider agreement with the Department as a personal assistance agency under Title 39, Chapter 56, Idaho Code, requires licensure as a home health agency only if it primarily

- provides nursing services. (5-3-03)
- 24. Homemaker/Home Health Aide.** A person who has successfully completed a basic prescribed course or its equivalent and has been placed on the Home Health Aide Registry by the state of Idaho, Board of Nursing. (7-1-93)
- 25. Individual.** A natural person who is a recipient of provided health care services. (7-1-93)
- 26. Licensed Practical Nurse.** A person who is duly licensed pursuant to Title 54, Chapter 14 of the Idaho Code. (7-1-93)
- 27. Licensing Agency.** The Department of Health and Welfare. (12-31-91)
- 28. Medical Equipment and Supplies.** Items, which due to their therapeutic or diagnostic characteristics, are essential to provide patient care. (7-1-93)
- 29. Must/Will/Shall.** A requirement. (7-1-93)
- 30. Neglect.** The negligent failure to provide those goods or services which are reasonably necessary to sustain the life and health of a person. {Idaho Code, Title 39, Chapter 5302 (8)}. (7-1-93)
- 31. Occupational Therapist.** A person licensed by the Idaho State Board of Medicine to provide occupational therapy services. (7-1-93)
- 32. Occupational Therapy Assistant.** A person certified by the Idaho State Board of Medicine to provide occupational therapy services under the supervision of an occupational therapist. (7-1-93)
- 33. Parent Unit.** The part of the HHA which develops and maintains administrative and professional control of subunits and/or branch offices. Services are provided by the parent unit. (7-1-93)
- 34. Physical Therapist.** A person licensed by the Idaho State Board of Medicine to provide physical therapy services. (7-1-93)
- 35. Physical Therapy Assistant.** A person certified by the Idaho State Board of Medicine to provide physical therapy services under the supervision of a physical therapist. (7-1-93)
- 36. Physician.** Any person licensed as required by Title 54, Chapter 18, of the Idaho Code. (7-1-93)
- 37. Place of Residence.** Wherever a patient makes their home. This may be a dwelling, an apartment, a relative's home, a residential care facility, a retirement center, or some other type of institution exclusive of licensed facilities which provide skilled nursing care. (7-1-93)
- 38. Progress Note.** A written notation, dated and signed by a member of the health team, that documents facts about the patient's assessment, care provided, and the patient's response during a given period of time. (7-1-93)
- 39. Registered Dietitian.** A person who is registered by the Commission of Dietetic Registration as a registered dietitian. (7-1-93)
- 40. Registered Nurse (R.N.).** A person who is duly licensed pursuant to Title 54, Chapter 14 of the Idaho Code. (7-1-93)
- 41. Regulation.** A requirement established by State, Federal, or local governments pursuant to law and having the effect of law. (7-1-93)
- 42. Respiratory Therapist.** A person who is duly licensed pursuant to Title 54, Chapter 43, of the Idaho Code. (7-1-93)

43. Skilled Nursing Services. Those services provided directly by a licensed nurse for the purpose of promoting, maintaining, or restoring the health of an individual or to minimize the effects of injury, illness, or disability. (7-1-93)

44. Social Services. Those services provided by a person currently licensed by the Bureau of Occupational Licenses as a social worker in the state of Idaho. (12-31-91)

45. Speech Therapist. A person who: (7-1-93)

a. Has a current certificate of clinical competence in speech pathology granted by the American Speech-Language-Hearing Association; or (7-1-93)

b. Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification. The supervision is provided by a qualified speech therapist who is contracted or employed by the home health agency. (7-1-93)

46. Subunit. A semi-autonomous organization under the same governing body serving patients in a geographic area different from that of the parent agency. The parent agency, because of the distance between it and the subunit, is incapable of sharing administration, supervision and services with the subunit on a daily basis. Therefore, the subunit must independently meet the requirements for licensure. (7-1-93)

47. Summary of Care Report. The compilation of the pertinent factors of a patient's clinical and progress notes that is submitted to the patient's physician. (7-1-93)

48. Supervision. Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity. (7-1-93)

49. Under Arrangement. Furnishing home health services through contractual or affiliation arrangements with other agencies, organizations or persons. (7-1-93)

003. LICENSURE - GENERAL REQUIREMENTS.

01. Types of Licensure. Temporary License, License, Provisional License. (7-1-93)

a. Temporary License. A license issued upon application when the Department determines that all application requirements have been met. This license allows the Department time to evaluate the agency's capability to provide services to patients and to meet these rules. (7-1-93)

b. License. (7-1-93)

c. Provisional License. A license issued to an agency which is not found to be in substantial compliance with these rules. (7-1-93)

02. Application for Licensure. An application for a license shall be made to the Department upon forms provided by it and shall contain such information as it reasonably requires, which shall include affirmative evidence of ability to comply with such reasonable standards, and rules as are lawfully adopted by the Board. (7-1-93)

03. Issuance of License. Upon receipt of an application for license, the Department shall issue a license if the applicant meets the requirements established under this chapter. A license, unless suspended or revoked, shall be renewable each and every year upon filing by the licensee, and approval by the Department, of an annual report upon such uniform dates and containing such information in such form as the Board prescribes by rule. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the Department. Every agency shall be designated by a distinctive name in applying for a license, and the name shall not be changed without first notifying the Department in writing at least thirty (30) days prior to the date the proposed change in name is to be effective. Licenses shall be

posted in a conspicuous place on the licensed premises. (7-1-93)

04. Denial of Application. The Department may deny any application or revoke any license when persuaded by evidence that such conditions exist as to endanger the health or safety of any patient, or which will violate the patients' rights, or the home health agency does not meet requirements for licensure to the extent that it hinders its ability to provide quality services that comply with rules for home health agencies, or the home health agency has a history of repeat deficiencies. Before denial or revocation is final, the Department shall provide opportunity for a hearing at which time the owner or sponsor of an agency may appear and show cause why the license should not be denied or revoked. The Board shall provide by rules a procedure whereby a waiver of a specific rule or standard may be granted in the event that good cause is shown for such a waiver and providing that said waiver does not endanger the health, safety or rights of any patient. The decision to grant a waiver shall not be considered as precedent or be given any force or effect in any other proceeding. Said waiver may be renewed annually if sufficient written justification is presented to the Department. Hearings for licensure, including denial and revocation, shall be conducted by the Department pursuant to Chapter 52, Title 67, Idaho Code, and appeal shall be as provided therein. (7-1-93)

05. Expiration Date and Renewal. Each license to operate a home health agency shall expire on the date designated on the license, unless suspended or revoked. (7-1-93)

06. Revocation of License. The licensing agency may deny or revoke any license when persuaded by the evidence that: (7-1-93)

- a. Any conditions exist as to endanger the health or safety or welfare of any patient. (7-1-93)
- b. Has a history of repeat deficiencies. (7-1-93)
- c. Prior actions. Has been denied or has had revoked any license to operate a health or personal care facility or agency or has been convicted of operating any home health agency without a license or has been enjoined from operating such agency within two (2) years from the date of application. (7-1-93)
- d. Lacks personnel sufficient in number or qualifications by training, experience, or judgement, to properly service the proposed or actual number and type of patients. (7-1-93)
- e. Has been guilty of fraud or deceit or misrepresentation in the preparation of the application or other documents required by the licensing agency; has been guilty of fraud or deceit or misrepresentation or dishonesty associated with the operation of a licensed home health agency; has been guilty of negligence or abuse or neglect or assault or battery while associated with the provision of services in the operation of a home health agency. If the Department finds the public health, safety, or welfare imperatively requires emergency action, a license may be summarily suspended pending proceedings for revocation or other action. (7-1-93)
- f. Refusal to allow inspection of all records. (7-1-93)

07. Return of License. Each license is the property of the state of Idaho and shall be returned to the Department immediately upon the revocation of the license. (7-1-93)

08. Appeal. Before denial or revocation is final, the Department shall provide opportunity for a hearing at which time the owner or sponsor of an agency may appear and show cause why the license should not be denied or revoked. Hearings for licensure, including denial and revocation, shall be conducted by the Department pursuant to Chapter 52, Title 67, Idaho Code, and shall be as provided therein. (7-1-93)

09. Injunction to Prevent Operation Without License. Notwithstanding the existence or pursuit of any other remedy, the Department may in the manner provided by law maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of an agency without a license required under this chapter. The Department shall be represented by the county prosecutor of the county in which the violation occurs or by the office of the attorney general. (7-1-93)

10. Information Confidential. Information received by the Department through filed reports, inspection, or as otherwise authorized under this chapter, shall not be disclosed publicly in such a manner as to identify patients of home health agencies except in a proceeding involving the question of licensure. Public disclosure of information obtained by the Department for the purposes of this chapter shall be governed by rules adopted by the Board. Nothing in this chapter, however, shall be construed, nor shall any rule be promulgated under this section, as to impair, restrict, or alter the confidentiality and privilege afforded the physician and patient communications, including without limitation, documentation thereof in records of agencies, or communications to and with nurses or other assisting persons, or entities, nor shall this chapter be construed to amend by implication such physician-patient communication privilege as provided elsewhere in this code, including without limitation, Section 9-023(4), Idaho Code, which shall remain inviolate. In addition to the information subject to public disclosure by law, the following information is also subject to disclosure: (7-1-93)

- a. Name of agency, it's owner(s), administrator, and location; and (7-1-93)
- b. Official findings of deficiencies based on survey reports by the licensing agency; and (7-1-93)
- c. Plan of correction between the provider and the licensing agency; and (7-1-93)
- d. Comments furnished by the provider to the licensing agency. (7-1-93)

11. Conformity to Rules. Applicants for licensure and licensees shall conform to all applicable rules of the Department. (12-31-91)

12. Inspection of Records. The home health agency and all records required under these rules shall be accessible at any reasonable time to authorized representatives of the Department for the purpose of inspection with or without prior notice. Refusal to allow such access shall result in revocation of the home health agency's license. (7-1-93)

004. CHANGE OF OWNERSHIP, ADMINISTRATOR OR LESSEE.

01. Notification to Department. When a change of a licensed agency's ownership, administrator, lessee, title, or address occurs, the owner/administrator shall notify the Department in writing. (7-1-93)

02. New Application Required. A new application must be submitted in the instance of a change of ownership or lessee, or establishment of a subunit or branch. (7-1-93)

005. -- 019. (RESERVED).

020. ADMINISTRATION - GOVERNING BODY.

01. Scope. The home health agency shall be organized under a governing body, which shall assume full legal responsibility for the conduct of the agency. (7-1-93)

02. Structure. The administrative responsibilities of the agency shall be documented by means of a current organizational chart. (7-1-93)

03. Responsibilities. The governing body shall assume responsibility for: (7-1-93)

a. Adopting appropriate bylaws and policies and procedures. (7-1-93)

b. Appointing the group of professional personnel; meeting at least bi-annually. (7-1-93)

c. Appointing an administrator qualified to carry out the agency's overall responsibilities in relation to written goals and objectives and applicable state and federal laws. The administrator shall participate in deliberation and policy decisions concerning all services. (7-1-93)

d. Providing a continuing and annual program of overall agency evaluation. (11-19-76)

e. Assuring that appropriate space requirements, support services, and equipment for staff to carry out assigned responsibilities. (11-19-76)

f. Assuring that an agency having one or more branches providing service and located in a geographic area which varies from a centralized administrative area, shall provide, on a regular basis, supervision and guidance relating to all activities so as to maintain the entire agency on an equitable basis. (7-1-93)

g. Assuring that branches are held to the same standards and policies as the parent organization. Services offered by branches are specified in writing. Branches do not need to offer the same services as the parent agency. (7-1-93)

h. Seeking and promoting sources of reimbursement for home health services which will provide for the patient's economic protection. (7-1-93)

i. Cooperating in establishing a system by which to coordinate and provide continuity of care within the community served. (11-19-76)

j. Assuring that services will be provided directly or under arrangement with another person, agency or organization. Overall administrative and supervisory responsibility for services provided under arrangement rests with HHA. The HHA assures that legal physician's orders are carried out regardless of whether the service is provided directly or under arrangement. The home health agency and its staff, including staff services under arrangement, must operate and furnish services in accordance with all applicable federal, state, and local laws. (7-1-93)

04. Patients' Rights. Insure that patients' rights are recognized and include as a minimum the following: (7-1-93)

a. Home health providers have an obligation to protect and promote the exercise of these rights. The governing body of the agency must insure patients' rights are recognized. (7-1-93)

b. A patient has a right to be informed of his rights and has a right to be notified in writing of his rights and obligations before treatment is begun. HHAs must provide each patient and family with a written copy of the bill of rights. A signed, dated copy of the patient's bill of rights will be included in the patient's medical record. (7-1-93)

c. A patient has the right to exercise his rights as a patient of the HHA. A patient's family or guardian may exercise a patient's rights when a patient has been judged incompetent. (7-1-93)

d. A patient's rights shall include at a minimum the following: (7-1-93)

i. A patient has the right to courteous and respectful treatment, privacy, and freedom from abuse and neglect. (7-1-93)

ii. A patient has the right to be free from discrimination because of race, creed, color, sex, national origin, sexual orientation, and diagnosis. (7-1-93)

iii. A patient has the right to have his property treated with respect. (7-1-93)

iv. A patient has the right to confidentiality with regard to information about his health, social and financial circumstances and about what takes place in his home. (7-1-93)

v. The HHA will only release information about a patient as required by law or authorized by a patient. (7-1-93)

vi. A patient has the right to access information in his own record upon written request within two (2) working days. (7-1-93)

vii. A patient has the right to voice grievances regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the HHA and must not be subjected to discrimination or reprisal for doing so. (7-1-93)

viii. The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA and must document both the existence of the complaint and the resolution of the complaint. (7-1-93)

ix. A patient has the right to be advised of the availability of the toll-free HHA hotline in the state. When the agency accepts a patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the state, the hours of its operation and that the purpose of the hotline is to receive complaints or questions about local HHAs. (7-1-93)

x. A patient has the right to be informed of the HHA's right to refuse admission to, or discharge any patient whose environment, refusal of treatment, or other factors prevent the HHA from providing safe care. (7-1-93)

xi. A patient has the right to be informed of all services offered by the agency prior to, or upon admission to the agency. (7-1-93)

xii. A patient has the right to be informed of his condition in order to make decisions regarding his home health care. (7-1-93)

xiii. Upon admission, the HHA must provide written and oral information to all adult patients regarding The Natural Death Act (Idaho Code, Title 39, Chapter 45). The agency must maintain documentation showing that it has complied with this requirement whether or not the patient has executed an advance directive ("Living Will" and/or "Durable Power of Attorney for Health Care"). (7-1-93)

xiv. An agency cannot condition the provision of care or otherwise discriminate against a patient based on whether or not the patient has executed an advance directive. (7-1-93)

xv. If the agency cannot comply with the patient's "Living Will" and/or "Durable Power of Attorney for Health Care" as a matter of conscience, the agency will assist the patient in transferring to an agency that can comply. (7-1-93)

xvi. The HHA must advise a patient, in advance, of the disciplines that will be furnished, care, and frequency of visits proposed to be furnished. (7-1-93)

xvii. The HHA must advise a patient in advance of any change in the plan of care before the change is made. (7-1-93)

xviii. A patient has the right to participate in the development of the plan of care, treatment, and discharge planning. The HHA must advise the patient in advance of the right to participate in planning the care or treatment. (7-1-93)

xix. A patient has the right to be informed prior to any care provided by the agency which has experimental or research aspects. The patient's or the patient's legal guardian's written consent is required. (7-1-93)

xx. A patient has the right to refuse services or treatment. (7-1-93)

xxi. Before the care is initiated, the HHA must inform a patient orally and in writing of the following: (7-1-93)

(1) The extent to which payment may be expected from third party payors; and (7-1-93)

(2) The charges for services that will not be covered by third party payors; and (7-1-93)

(3) The charges that the patient may have to pay; and (7-1-93)

(4) The HHA must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than thirty (30) days from the date the home health agency provider becomes aware of the change. (7-1-93)

xxii. A patient has the right to have access, upon request, to all bills for service he has received regardless of whether they are paid by him or by another party. (7-1-93)

021. ADMINISTRATOR.

An administrator shall be appointed by the governing body and shall be responsible and accountable for implementing the policies and programs approved by the governing body. (11-19-76)

01. Medical Personnel as Administrator. The administrator may also be a supervising physician or supervising registered nurse. (11-19-76)

02. Absences. The administrator shall designate, in writing, a qualified person to perform the functions of the administrator to act in his absence. (7-1-93)

03. Responsibilities. The administrator, or his designee, shall assume responsibility for: (7-1-93)

a. Organizing and coordinating administrative functions of the program, delegating duties, establishing a formal means of accountability on the part of staff members, and maintaining continuing liaison among the governing body, the group of professional personnel and the staff. (7-1-93)

b. Providing staff orientation, continuing education, information on applicable laws, rules and policies, resource materials, and staff development to effectively implement and continue the program. (11-19-76)

c. Appointing a director to provide general supervision, coordination, and direction of the medical, nursing, and other direct patient services of the program. (7-1-93)

d. Insuring that personnel employed shall be qualified to perform their assigned duties and that agency practices are supported by written personnel policies. (7-1-93)

e. Personnel records of staff working directly with patients shall include: qualifications, licensure or certification when indicated, orientation to home health, the agency and its policies; performance evaluation, and documentation of attendance or participation in staff development, in-service, or continuing education; documentation of a current CPR certificate; and other safety measures mandated by state/federal rules or regulations. (7-1-93)

f. Developing and implementing a policy addressing safety measures to protect patients and staff as mandated by state/federal rules or regulations. (7-1-93)

g. Insuring that agency personnel, including those providing services under arrangement, practice within the bounds set forth by the applicable state licensure boards. (7-1-93)

h. Insuring that if personnel under hourly or per visit contracts are used by the HHA, there is a written contract between those personnel and the agency that specifies the following: (7-1-93)

i. A patient is accepted for care only by the primary home health agency; (7-1-93)

ii. The services that are to be furnished; (7-1-93)

iii. The necessity to conform to all applicable HHA patient care policies including personnel qualifications; (7-1-93)

iv. The responsibility for participating in developing plans of care; (7-1-93)

- v. The manner in which services will be controlled, coordinated, and evaluated by the primary agency; (7-1-93)
- vi. The procedures for submitting clinical and progress notes, scheduling of visits, and periodic patient evaluation; (7-1-93)
- vii. The procedures for payment for services furnished under the contract; and (7-1-93)
- viii. A statement to the effect that the contractee does not engage in patient discrimination because of race, creed, color, sex, national origin, sexual orientation, and diagnosis. (7-1-93)
- i. Insuring that the clinical record and minutes of case conferences establish that effective interchange, reporting, and coordination of patient care between all agency personnel caring for that patient does occur. (7-1-93)
- j. Implementing an ongoing program of budgeting and accounting. (7-1-93)
- i. The annual operating budget shall include all anticipated income and expenses related to the overall operation of the program. (11-19-76)
- ii. The overall plan and budget shall be reviewed and updated at least annually by the governing body. (11-19-76)
- k. Coordinating agency services with other community health care providers. (11-19-76)
- l. Conducting an annual evaluation and maintaining documentation of reports and communications to the governing body. (11-19-76)
- m. Directing investigations by the agency of complaints against the agency or agency personnel. (7-1-93)
- n. Reporting all suspected instances of abuse or neglect as defined by state law, to the appropriate state authority. (7-1-93)
- o. Ensuring that all agency personnel, including volunteers authorized by the agency, provide services in accordance with agency policies and procedures. Family members and other volunteers not affiliated with the agency are exempt from this requirement. (7-1-93)

022. DIRECTOR.

- 01. Qualifications.** General supervision, coordination, and direction of the medical, nursing, and other services provided shall be the responsibility of a physician or registered nurse. The physician or registered nurse or their designee, who shall be a physician or registered nurse, shall be available at all times during operating hours and shall participate in all activities relative to the professional or other services provided, including the qualifications of personnel as related to their assigned duties. (11-19-76)
- 02. Responsibilities.** The director or designee shall be responsible for assuring that: (11-19-76)
 - a. An initial assessment/evaluation is made to provide a data base to plan and initiate care of the patient; (11-19-76)
 - b. There is a plan of treatment established for each patient; (7-1-93)
 - c. Continuing assessment and evaluation is provided in accordance with the patient's response and progress as related to the course of his disease or illness and the plan of treatment; (11-19-76)

d. The initial plan of treatment and subsequent changes are approved by signature of the attending physician and carried out according to his direction. (11-19-76)

e. The total plan of treatment is reviewed by the attending physician as often as the severity of the patient's condition requires and shall be reviewed at least every sixty (60) days; (5-3-03)

f. Information is available to the attending physician on an ongoing basis and is timely, accurate, and significant of change in clinical status or condition; (11-19-76)

g. Information is provided to the administrator and guidance requested as is necessary to carry out assigned duties. (11-19-76)

023. POLICY AND PROCEDURE MANUAL.

01. Development and Approval. A policy and procedure manual shall be developed for effectively implementing the objectives of the home care program. They shall be approved by the governing body. These policies and procedures shall be reviewed annually and revised as indicated. (7-1-93)

02. Contents. The manual will, at a minimum, include policies and procedures reflecting the: (11-19-76)

a. Scope of services offered and geographic area served; (11-19-76)

b. Acceptance of patients; (11-19-76)

c. Description of clinical records maintained; (11-19-76)

d. Procedures that may be performed in the home by each service; (11-19-76)

e. Patient safety assessment; (11-19-76)

f. Emergency care measures; (11-19-76)

g. Administrative records to be maintained; (11-19-76)

h. Personnel qualifications, responsibilities, and job descriptions; (11-19-76)

i. Program evaluation; (11-19-76)

j. Audit of clinical records for medical, nursing, and other services; (11-19-76)

k. Description of the relationship and manner of administrative and program supervision, coordination, and evaluation of services provided through satellite units providing services in geographic locations which varies from the centralized administrative area; (11-19-76)

l. Patient rights. (11-19-76)

024. SKILLED NURSING SERVICES.

The HHA furnishes nursing services by or under the supervision of a registered nurse in accordance with the plan of care. (7-1-93)

01. Registered Nurse. A registered nurse assures that care is coordinated between services and that all of the patients needs identified by the assessments are addressed. A registered nurse performs the following:(7-1-93)

a. Makes the initial evaluation visit and regularly reevaluates the patient's nursing needs; (7-1-93)

b. Initiates the plan of care and makes necessary revisions; (7-1-93)

- c. Provides those services requiring substantial and specialized nursing skill; (7-1-93)
 - d. Initiates appropriate preventive and rehabilitative nursing procedures; (7-1-93)
 - e. Prepares clinical and progress notes, and summaries of care; (7-1-93)
 - f. Informs the physician and other personnel of changes in the patient's condition and needs; (7-1-93)
 - g. Counsels the patient and family in meeting nursing and related needs; (7-1-93)
 - h. Supervises and teaches other nursing personnel; (7-1-93)
 - i. Participates in in-service programs, and (7-1-93)
 - j. For patients receiving care from a licensed practical nurse, the registered nurse reviews the plan of care and nursing services received at least every two (2) weeks and documents this in the patient's medical record. (7-1-93)
- 02. Licensed Practical Nurse.** A licensed practical nurse performs the following: (7-1-93)
- a. Furnishes services in accordance with agency policies and the plan of care; (7-1-93)
 - b. Assists the physician and registered nurse in performing specialized procedures; (7-1-93)
 - c. Prepares equipment and materials for treatments observing aseptic technique as required; (7-1-93)
 - d. Assists the patient in learning appropriate self-care techniques; (7-1-93)
 - e. Consults the registered nurse in making judgements and decisions regarding care and services rendered; (7-1-93)
 - f. Prepares clinical and progress notes, and (7-1-93)
 - g. A licensed practical nurse may not assume responsibility for intravenous therapy in the home. (7-1-93)
- 03. Home Health Aide.** A home health aide must have completed the supplemental skills checklist approved by the Idaho State Board of Nursing and must be included on the Idaho State Board of Nursing's Home Health Aide Registry. Duties of a home health aide include the following: (7-1-93)
- a. The performance of simple procedures as an extension of therapy services; (7-1-93)
 - b. Personal care; (7-1-93)
 - c. Ambulation and exercise; (7-1-93)
 - d. Assistance with nutritional needs of the patient; (7-1-93)
 - e. Household services essential to health care at home; (7-1-93)
 - f. Assistance with medications that are ordinarily self-administered; (7-1-93)
 - g. Reporting changes in the patient's condition and needs; and (7-1-93)
 - h. Completing appropriate records. (7-1-93)

04. Supervisory Visits. A registered nurse or therapist makes a supervisory visit to the patient's residence at least every two (2) weeks, either when the aide is present to observe and assist, or when the aide is absent, to assess relationships and determine whether goals are met. For patients who are receiving only home health aide services, a supervisory visit must be made at least every sixty (60) days. (7-1-93)

05. Training, Assignment, and Instruction of a Home Health Aide. (7-1-93)

a. A home health aide must receive training for all care duties not included in the supplemental skills checklist. The professional responsible for the specific services assures that training occurs. (7-1-93)

b. A home health aide is assigned to a particular patient by a registered nurse. (7-1-93)

c. Written instructions for home care, including specific exercises, are prepared by a registered nurse or therapist as appropriate. (7-1-93)

025. THERAPY SERVICES.

Any therapy services offered by the HHA directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care. (7-1-93)

01. Qualified Therapist. A qualified therapist duties include the following: (7-1-93)

a. Assists in developing the plan of care and revising it when necessary; (7-1-93)

b. Advises and consults with the family and other agency personnel; (7-1-93)

c. Prepares clinical and progress notes, and summaries of care; and (7-1-93)

d. Participates in in-service programs. (7-1-93)

02. Services Provided. Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. The duties of a physical therapy assistant or occupational therapy assistant include the following: (7-1-93)

a. Performs services planned, delegated, and supervised by the therapist; (7-1-93)

b. Assists in preparing clinical and progress notes and, summaries of care; and (7-1-93)

c. Participates in educating the patient and his family; and (7-1-93)

d. Participates in in-service programs. (7-1-93)

03. Speech Therapy Services. Speech therapy services are furnished only by or under the supervision of a qualified speech pathologist or audiologist and include the following: (7-1-93)

a. Performs services planned, delegated, and supervised by the therapist; (7-1-93)

b. Assists in preparing clinical and progress notes, and summaries of care; (7-1-93)

c. Participates in educating the patient and his family; and (7-1-93)

d. Participates in in-service programs. (7-1-93)

026. SOCIAL SERVICES.

01. Service Providers. If the agency furnishes medical social services, those services are given by a qualified social worker, licensed in Idaho, in accordance with the plan of care. (7-1-93)

- 02. Social Worker.** A social worker performs the following duties: (7-1-93)
- a.** Assists the physician and other team members in understanding the significant social and emotional factors related to health problems; (7-1-93)
 - b.** Participates in the development of the plan of care; (7-1-93)
 - c.** Prepares clinical and progress notes; (7-1-93)
 - d.** Works with the patient's family; (7-1-93)
 - e.** Participates in discharge planning; (7-1-93)
 - f.** Participates in in-service programs; and (7-1-93)
 - g.** Acts as a consultant to other agency personnel. (7-1-93)
- 027. NUTRITIONAL SERVICES DEFINED AS REGISTERED DIETITIAN SERVICES.**
The duties of the registered Dietitian include the following: (7-1-93)
- 01. Performs Services.** Performs services planned, delegated, and supervised by the dietitian. (7-1-93)
 - 02. Provides Assistance.** Assists in preparing clinical and progress notes, and summaries of care. (7-1-93)
 - 03. Participates in Education.** Participates in educating the patient and his family. (7-1-93)
 - 04. Participates in In-Service Programs.** (7-1-93)
- 028. -- 029. (RESERVED).**
- 030. PLAN OF CARE.**
Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's plan of care. (7-1-93)
- 01. Written Plan of Care.** A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes: (7-1-93)
 - a.** All pertinent diagnoses; (7-1-93)
 - b.** The patient's mental status; (7-1-93)
 - c.** Types of services and equipment required; (7-1-93)
 - d.** Frequency of visits; (7-1-93)
 - e.** Functional limitations; (7-1-93)
 - f.** Ability to perform basic activities of daily living; (7-1-93)
 - g.** Activities permitted; (7-1-93)
 - h.** Nutritional requirements; (7-1-93)
 - i.** Medication and treatment orders; (7-1-93)

- j.** Any safety measures to protect against injury; (7-1-93)
 - k.** Any environmental factors that may affect the agency's ability to provide safe, effective care; (7-1-93)
 - l.** The family's or other caregiver's ability to provide care; (7-1-93)
 - m.** The patient and his family's teaching needs; (7-1-93)
 - n.** Planning for discharge; and (7-1-93)
 - o.** Other appropriate items. (7-1-93)
- 02. Goals of Patient Care.** The goals of patient care must be expressed in behavioral terms that provide measurable indices for performance. (7-1-93)
- 03. Orders for Therapy Services.** Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration. (7-1-93)
- 04. Initial Plan of Care.** The initial plan of care and subsequent changes to the plan of care are approved by a doctor of medicine, osteopathy, or podiatric medicine. (7-1-93)
- 05. Total Plan of Care.** The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires but at least once every sixty (60) days. (5-3-03)
- 06. Changes to Plan.** Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. (7-1-93)
- 07. Drugs and Treatments.** Drugs and treatments are administered by agency staff only as ordered by the physician. The nurse or therapist immediately records and signs oral orders and obtains the physician's countersignature. Agency staff check all medications a patient may be taking to identify possible ineffective side effects, the need for laboratory monitoring of drug levels, drug allergies, and contraindicated medication and promptly report any problems to the physician. (7-1-93)
- 031. CLINICAL RECORDS.**
- 01. Purpose.** A clinical record containing past and current findings, in accordance with accepted professional standards, is maintained for every patient receiving home health services. (7-1-93)
- 02. Contents.** Clinical records must include: (7-1-93)
- a.** Appropriate identifying information; (7-1-93)
 - b.** Assessments by appropriate personnel; (7-1-93)
 - c.** The plan(s) of care; (7-1-93)
 - d.** Name of physician; (7-1-93)
 - e.** Drug, dietary treatment, and activity orders; (7-1-93)
 - f.** Signed and dated clinical and progress notes; (7-1-93)
 - g.** Copies of summary reports sent to the attending physician; (7-1-93)
 - h.** Signed patient release or consent forms where indicated; (11-19-76)

- i. A signed dated copy of the patient's bill of rights; (7-1-93)
- j. Copies of transfer information sent with the patient; and (7-1-93)
- k. A discharge summary. (7-1-93)

03. Clinical and Progress Notes, and Summaries of Care. Clinical and progress notes must be written or dictated on the day service is rendered and incorporated into the clinical record within seven (7) days. Summaries of care reports must be submitted to the attending physician at least every sixty (60) days. (5-3-03)

04. Written Policies and Procedures. Written policies and procedures must insure that clinical records are legibly written in ink suitable for photocopying and are available and retrievable during operating hours either in the agency or by electronic means. (7-1-93)

05. Retention Period. Clinical records must be retained for five (5) years after the date of discharge, or in the case of a minor, three (3) years after the patient becomes of age. Policies provide for retention even if the HHA discontinues operations. Records must be protected from damage. (7-1-93)

06. Disposal of Records. There must be a method of disposal of clinical records, assuring prevention of retrieval and subsequent use of information. (7-1-93)

07. Copies of Records. There must be a means of submitting a copy of the clinical record or an abstract and copy of most recent summary report with the patient in the event of patient transfer to another agency or health care facility. (7-1-93)

08. Safeguarding and Protection of the Record. Agencies shall insure that records are protected from unauthorized use and damage and shall adhere to written procedures governing use and removal of records and conditions for release of information unless authorized by law. (7-1-93)

09. Discontinuation of Operation. Agencies discontinuing operation shall obtain approval of a plan to preserve or destroy clinical records prior to disposition. (7-1-93)

032. -- 039. (RESERVED).

040. AGENCY EVALUATION.

A group of professional personnel, which includes at least one (1) physician, one (1) registered nurse, and with appropriate representation from other professional disciplines, establishes and annually reviews the agency's policies governing the scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one (1) member of the group is neither an owner nor an employee of the agency. (7-1-93)

01. Evaluation Timetable. The group of professional personnel meets as needed to advise the agency and monitor the program. The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel, or a committee of this group, HHA staff, and consumers, or by professional people working outside the agency in conjunction with consumers. (7-1-93)

02. Evaluation Criteria and Purpose. The evaluation consists of an overall policy and administrative review and a clinical record review and assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient. (7-1-93)

03. Evaluation Results. Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency and are maintained separately as administrative records. (7-1-93)

041. -- 049. (RESERVED).

050. CLINICAL RECORD REVIEW.

The agency shall have a subcommittee to perform an audit of clinical records on at least a quarterly basis to determine

the adequacy of services provided in meeting patient's needs. The committee members will represent the scope of the program consisting of health professionals. The review shall consist of at least a ten percent (10%) sampling of both active and closed clinical records representing all services being offered. A written summary of findings and recommendations of the committee shall be utilized in the overall review and self-evaluation of the agency. (7-1-93)

051. -- 059. (RESERVED).

060. STATISTICAL AND REPORTING SYSTEM.

A documented statistical and reporting system shall be maintained and may include: age, sex, diagnosis, referral source, length of service, number of visits, types of services provided, reason for discharge or referral, patient disposition. (11-19-76)

061. -- 069. (RESERVED).

070. TERMINATION OF AGENCY.

On the termination of an agency, the agency shall: (12-31-91)

- 01. Provide Adequate Notice to All Parties.** (12-31-91)
- 02. Provide Clinical Records.** (12-31-91)
- 03. Inform Public.** (12-31-91)
- 04. Insure Confidentiality, Safekeeping and Storage of Records.** (12-31-91)
- 05. Return License to the Department.** (12-31-91)

071. -- 994. (RESERVED).

995. WAIVERS.

Pursuant to Section 39-2404, Idaho Code, waivers to these rules, may be granted by the Department as necessary, provided that granting the waiver does not endanger the health or safety or rights of any patient. The decision to grant a waiver shall not be considered as precedent or be given any force or effect in any other proceeding. Said waiver may be renewed annually if sufficient written justification is presented to the Department. (7-1-93)

996. ADMINISTRATIVE PROVISIONS.

Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Sections 000, et seq., "Rules Governing Contested Case Proceedings and Declaratory Rulings". (7-1-93)

997. CONFIDENTIALITY OF RECORDS.

Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records". (7-1-93)

998. INCLUSIVE GENDER AND NUMBER.

For the purposes of these rules, words used in the masculine gender include the feminine, or vice versa, where appropriate. (12-31-91)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, IDAPA 16.03.07, are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (7-1-93)

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