HOME SUPPORT AGENCY LICENSING

INFORMATION SESSION AGENDA

DC Health | DC Department of Health
Health Regulation and Licensing Administration
Intermediate Care Facilities Division
899 North Capitol Street, NE
2nd Floor
Washington, DC 20002

July 29, 2019

Afternoon session: 4:00 pm – 6:30 pm

Welcome and Opening Remarks
Sharon Williams Lewis DHA, RN-BC, CPM
Senior Deputy Director
Health Regulation and Licensing Administration

Presentation: Title 22B Chapter 99
Home Support Agency Regulations
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Intermediate Care Facilities Division

License Application and Survey Process
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Program Manager
Health Regulation and Licensing Administration

Legal Authority and Enforcement Actions
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Assistant General Counsel
Office of the General Counsel

Question & Answer
DC HEALTH
Intermediate Care Facilities Division
A Home Support Agency Program
In
The District of Columbia
July 26 & July 29, 2019

Mission

The mission of the Health Regulation and Licensing Administration (HRLA) is to protect the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework.

THE ICFD IS CHARGED WITH REGULATORY OVERSIGHT OF 8 PROGRAMS:

- Child Placing Agencies
- Assisted Living Residences
- Intermediate Care Facilities for individuals with Intellectual Disabilities
- Community Residence Facilities for the elderly
- Community Residence Facilities for individuals with Intellectual Disabilities
- Nurse Staffing Agencies
- Home Care Agencies
- Home Support Agencies
STAFFING COMPOSITION

- Registered Nurses
- Dietitians/Nutritionists
- Special Education Professionals
- Public Health Educators
- Sanitarians
- Social Workers

DC HEALTH

ICFD SURVEY RESPONSIBILITIES

The ICFD responsibilities include conducting/providing the following:

- Annual surveys
- Monitoring visits to ensure continued compliance
- Complaint investigations and investigating unusual incidents
- Education and technical assistance
- Licensing and certification activities

DC HEALTH

WHY THERE IS A NEED TO ESTABLISH
HOME SUPPORT AGENCIES

DC HEALTH
WHY THERE IS A NEED TO ESTABLISH HOME SUPPORT AGENCIES

- To address the large number of District residents who are aging-in-place and need non-medical assistance with day-to-day activities in order to continue to live independently in their homes.
- DC Health had a regulation framework that existed:
  - Home Health Care Services (Homecare Agencies) - medical agencies
  - Employment Agencies (Home Staffing Agencies)

- Today’s Goal: Discuss a new regulatory scheme that resolves the gap between business practices and the poor framework.

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EMERGENCY RULEMAKING FOR HOME SUPPORT AGENCIES

- Statutory Authority: Health, Care, and Community Residence Facility, Hospice, and Home Care Licensing Act of 1993; D.C. Laws 1-48; D.C. Official Code, sec. 44-5601(a) (repealed; D.C. Act).
  - Sec. 11.09.100 (Home Support Agencies) of Title 22 (Health), Subtitle B (Public Health and Welfare) of the District of Columbia Municipal Regulations

- The Director of DC Health has been delegated the authority to determine the need for facilities other than those already defined in some District statutes.

- Goal of home rules: to address District residents whose needs for personal care services are vital and continuing, and to ensure that these services are delivered in a safe and consistent manner.

DC HEALTH

THE RULEMAKING PROCESS

STEPS IN THE PROCESS:

- Proposed Rulemaking Published in D.C. Register for public comment
- 30-Day Comment Period
- Department Reviews and Considers Each Comment’s Recommendation.
- Either: (A) Department adopts recommendations from comments, revises rulemaking to implement the comments, and submits proposed rulemaking process, including internal and external agency approvals; or (B) Department does not adopt recommendations from comments, publishes rules in final form, addresses why comments were not implemented, and rules take permanent effect.

DC HEALTH

No license for just ADLs in D.C.
Some groups are licensed for non-medical + not doing it well. Needed to fill gap. Did emergency regulations.
Grayson Dimick - and most of regulations.
Wanted to find a place for providers to legally care for clients who don't need skilled care. Emergency regulations are now in effect.

Emergency regulations - Director signs
become real. Regs down final regulation path. Mayor req. approval - there now.
30-day comment regulation period.
After 30 days will be published as final - or may need more work.

Intending to solve problem for DC's Providers/clients
REGIONAL CROSSWALK
STATE MODELS SURVEYED

Maryland – Residential Service Agency

Delaware – Home Health Agency-Aide Only (HHAAO)
Delaware – Personal Assistance Service Agency (PASA)

Pennsylvania – Home Health Care Agency (HCCA)
Pennsylvania – Home Care Registry (HCR)

Compared general, administrative, personnel, and clinical provisions across these models

DC HEALTH

Before this rule – Home care agency licenses, skilled nursing & other therapeutic services

1. Nurse staff agencies - large portion providing non-medical in home as an NSA - these regulations address these providers - large volume of DC residents who are receiving these services.

Three tiered model worked well

Regulations reflect all of these regs considered

Service plan not initiated or signed by a physician

Location - must have physical office location -

NSA - office outside district

Shared work space
GENERAL PROVISIONS & TERMINOLOGY

ADLS, IADLS,

DO NOT INCLUDE SKILLED SERVICES - SKILLED NEEDS A CN

SKILLED SERVICES WERE BROAD: DIS I WANT TO INCLUDE, SERVICES ARE ALLOWED

ARE THOSE ALLOWED BY AN HHA SEE 9917.4 A-N COMPLIANCE WITH THE EMERGENCY HOME SUPPORT AGENCY REGULATIONS

LICENSING & INSPECTION

9901 OPERATING OFFICE

Purpose: To enhance the accessibility of the HSA

9901.1 Must have physical office location in the District
9901.2 Office Accessibility & Agency Advertisement
- Business hours posted publicly (visible from outside of office)
- Shared workspaces
- Maintain a public website
9901.4: All records shall be available in the operating office
- Personal, clients, HSA, incident, complaints
- (g) All other records not maintained in operating office shall be produced within 2 hours, or a shorter time frame, upon request of the Department
9901.6 (d-c): Change in location will require renewal license (not transferable) and supporting documentation

Accessibility issue
Shared workspaces - 'we work'
Can be access issues & shared office spaces, Surveyors cannot get to suite & an appointment,
It must allow for unannounced visits by CBS, clients, surveyors

*License is location specific need a new license for a move.
'Accessibility issue gone'
That is for all license categories,
Does office have to be ADA compliant?
 ADMINISTRATION

9905 GOVERNING BODY

Purpose: To clarify the responsibilities of the Governing Body.

Definition: The individual, partnership, group, or corporation designated to assume full legal responsibility for the policy determination, management, operation, and financial stability of the HSA.

- 9905.2 (a) (e): Raw includes:
  1. Establish policies & procedures that govern the agency's operations
  2. Appoint a qualified Director
  3. Review & evaluate the HSA's services no less than annually
  4. Client feedback
  5. Review all complaints and incidents (nature, response, and resolution)
  6. Make any other written reports containing the results of the evaluation.

DC HEALTH

 ADMINISTRATION

9906 DIRECTOR

Purpose: To clarify the qualifications and responsibilities of the Director.

Definition: The individual appointed by the governing body to act on its behalf in the overall management of the HSA.

- 9906.2: Shall be available at all times during business hours [i.e., full-time]
  1. Business hours = the hours during the day in which business operations are commonly conducted in the operating office
  2. Business hours = Monday through Friday between 8:00AM and 5:00PM

- 9906.3: Shall designate, in writing, a similarly qualified person to act in the Director's absence

- Business hours posted publicly (visitors from outside of office)

- 9906.4: Notify DC Health within 10 calendar days of any change.

DC HEALTH

 ADMINISTRATION

9906 DIRECTOR

Purpose: To clarify the qualifications and responsibilities of the Director.

- 9906.8: Qualifications: either a RN licensed in the District or has a 1 year of health services administration experience.

- 9906.9: If Director is not a RN, HSA must also have a full-time Client Services Coordinator
  1. (a) RN licensed in District
  2. (b) Responsible for implementing, coordinating, and assuring quality of client services
  3. (c) Not available at all times during business hours (i.e., full-time)
  4. (d) Participate in all aspects of services provided – developing client service plans & the assignment of qualified personnel
  5. (e) Provide general supervision and direction of services offered by HSA

- 9906.7: Director, Client Services Coordinator, or designee must be on-call outside of business hours.

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Provide oversight of operation must appoint director

9906.2 FT Employee

IF DIRECTOR IS OFFSITE - CAN DESIGNATE IN WRITING A PERSON TO BE IN CHARGE

Designee needs to have access to file

So Surveyor can get started. Not acceptable for surveyor to wait

Director can be accessible by phone

Surveyor wants to be able to get questions answered,

7 on-call

DC HEALTH
ADMINISTRATION
9907 REQUIRED POLICIES AND PROCEDURES
Purpose: To clarify the minimum required policies and procedures that the HSA must develop and implement.

- 9907.2 (a): Personnel
- 9907.2 (b): Admission and Denials of Admission
- 9907.2 (c): Discharges and Referrals
- 9907.2 (d): Coordination of Services
- 9907.2 (e): Records Retention and Disposal
- 9907.2 (f): Client Rights & Responsibilities
- 9907.2 (g): Complaint Process
- 9907.2 (h): Each Service Offered
- 9907.2 (i): Billing for Services
- 9907.2 (j): Supervision of Services
- 9907.2 (k): Infection Control
- 9907.2 (l): Management of Incidents

DC HEALTH

ADMINISTRATION
9914 RECORDS RETENTION & DISPOSAL
Purpose: To clarify the minimum requirements for the record system that shall be maintained by the HSA.

- 9914.2: Provision for record retention if HSA is dissolved and no new owner has been identified, 3 year minimum (paper or electronic)
  - (b): Records must be produced upon request within 30 days of receipt of request and at no cost to the client
- 9914.4: HSA must maintain client records for at least 5 years after date of client discharge
- 9914.5: HSA must maintain complaint & incident records for a minimum of 8 years
- 9914.6: HSA must maintain personnel records for at least 5 years after the date of separation or termination
- 9914.7: Dispersion shall have unimpeded access to HSA records at all times

DC HEALTH

ADMINISTRATION
9916 MANAGEMENT OF INCIDENTS & COMPLAINTS
Purpose: To clarify the minimum requirements of the HSA to receive, process, document, and investigate complaints & incidents.

Definition of Complaint: Any occurrence or grievance reported by a client or client representative related to the nature of the services provided by the HSA.

- 9916.4: DC Health Complaint Hotline shall be posted in the operating office and visible to all staff & visitors [800-336-2777]
- 9916.5: HSA must:
  1. Respond to each complaint within 14 calendar days of receipt
  2. Investigate as soon as reasonably possible
  3. Provide a written report of the results of the investigation upon completion
- 9916.6: If client is not satisfied with HSA's response, national service responds in writing within 30 calendar days from the date of the agency response
  - Must include HSA Health Complaint intake information

DC HEALTH
ADMINISTRATION

9916 MANAGEMENT OF INCIDENTS & COMPLAINTS

Purpose: To clarify the minimum requirements of the HSA to receive, process, document, and investigate complaints & incidents.

Definition of Incident: Any occurrence that results in significant harm, or the potential for significant harm, to any client's health, welfare, or wellbeing. May include an incident resulting in a client's death, misappropriation of a client's property or funds, or an occurrence requiring or resulting in intervention from law enforcement or emergency response personnel.

9916.7:Clarifies the following:
1. 48-hour incident reporting timeframe to Department
2. Reportable incident = when HSA staff are present

9918: All incidents must be investigated & investigation report must be forwarded to DC Health within 30 calendar days of occurrence/identification that the HSA first became aware.

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Urgent matters should be reported right away - DC DCLR may have contacts to assist & emergencies

Ex: Power off in extreme heat - DCLR will contact APS

48° when you have fixed Issue - client & longer at risk

PERSONNEL

We're still having problems with recruitment, but Maryland making some progress with staff retention.

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9916.10 is RN/HNA in FH & Ft

Report practive report to DC BON
**PERSONNEL**

9908 PERSONNEL

Purpose: To ensure that the HSA maintains an accurate and complete record for all staff.

- 9908.1 (a)(c): Provisions that must be included in the P&P
- 9908.2 (a)(1): Contents of the personnel record
  - Office must contain paper or electronic records
- 9908.3: Must comply with criminal background check requirements for unlicensed personnel
  - Chapter 47 Health-Care Facility Universal Personnel Criminal Background Check Act of 1994
  - 9908.11: Staff need a valid ID issued by HSA before entering client home

*Please note, contractual staffing arrangements will not be permitted for HSAs.*

**CLIENT SERVICES**

"Here’s your support, Dad, and here’s mine."

**CLIENT SERVICES**

9917 PERSONAL CARE SERVICES

Purpose: To establish the scope of services the HSA can offer.

Definition: Services that are limited to individual assistance within supervision of activities of daily living, companion services, homemaker services, reporting changes in client’s condition and completing reports. Personal care services do not include skilled services.

- 9917.1: Home Health Aides (HHAs) provide these services
- 9917.2: Each HHA is supervised onsite by an RN or 10 calendar days
- 9917.3: Must have an adequate number of RNs to supervise services
- 9917.4 (a)(b): Services may include those allowed for HHAs under HORA
  - (a): Assisting client with self-administration of medication
  - (b): Measuring/reading/recording vital signs & weight - see 9912.3(b)
  - (m): Companion services - companions on duty, i.e. - cooking, housekeeping, errands, social engagement.

**Example of cross reference**

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**ALL FIELD STAFF NEED ID**

**CANNOT CONTRACT TO NSA**

**MUST BE EMPLOYEES**

($) Contract RNs can be FT/PT/PRN

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**HHA must know what to do when outside of parameters**

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CLIENT SERVICES

9909 ADMISSIONS

Purpose: To ensure that the HSA defines and implements its admission criteria based on the services allowed.

- 9909.1(a)(i): Ensure that admission policies & procedures from 9907.3 reflect those requirements
  - (b)(i): Medical Orders for Scope of Treatment (MOST)
  - (c)(ii): Evaluation by HSA of client carer orders
  - (c)(ii): Communication with Client Representative
  - (d): Determination of eligibility

- 9909.3: HSA must admit only those individuals whose needs can be met
- 9909.4: Initial assessment by HSA prior to service initiation

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9910 CLIENT SERVICE AGREEMENT

Purpose: To ensure that there is a written agreement between the HSA and its clients.

- 9910.1(c): Minimum provisions that must be included in the agreement
  - (b)(1): Procedure for HSA contract staff x shift
  - (c)(2): Provision for changes

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9912 CLIENT SERVICE PLAN

Purpose: To provide a roadmap of the services to be provided and to ensure that services are client-centered.

Definition: A written plan developed by the HSA in alignment with the client’s representative that specifies the tasks that are to be performed by the HSA primarily in the client’s residence: identifies scope, frequency, and duration of services.

- 9912.2: Developed at admission, based on initial assessment, and is in accordance with 9917.3 (Personal Care Services)
- 9912.3a(4): Minimum provisions that must be in service plan
- 9912.4: RN to review & evaluate plan at least q. 60 calendar days
- 9912.5: Copy available upon client representative request
- 9912.6: Assigned personnel must be oriented to the service plan

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Most - in DC replaces Care order
Portable med order - informed decision making
other legal representative arrangement - appointed by client's legal documentation

Welcome public comments on RN assessment waiver for delayed assessment

Small part of business - if Agency cannot staff - what does client agreement say? Policy must capture this clearly - signed by both client & agency

9912.5 important - must be available upon request - do not need paper copy in the home -

Must be an accounting of plan by HSA - written or electronic
CLIENT SERVICES

9915 CLIENT RIGHTS & RESPONSIBILITIES
Purpose: To clarify what each client can expect from the HSA and what the HSA expects of each client.
- 9915.1: Must be a written statement given upon admission
- 9915.2(a)-(l): Minimum provisions for rights
- 9915.3: Inform all clients of their right to a complaint to DC Health and/or provide feedback concerning services rendered by the HSA
- 9915.4(a)-(c): Minimum provisions for responsibilities
- 9915.6: Accommodations for alternative language/communication method

CLIENT SERVICES

9913 CLIENT RECORDS
Purpose: To clarify the minimum contents of a complete, accurate client record.
- 9913.2(a)-(g): Minimum contents of the client record
  - (a): Initial assessment and ongoing evaluation
  - (b): Signed Client Services Agreement
  - (c): Service Plan
  - (d): Medication List
  - (e): Signed, dated service delivery notes
  - (f): Discharge summary
  - (g): Documentation of training & education given to client and staff

CLIENT SERVICES

9918 COORDINATION OF SERVICES
Purpose: To ensure that service planning is communicated and coordinated when another licensed agency is serving a client.
- 9918.1(a)-(b): Develop & implement P&P to:
  - (a): The delineation of services provided by the HSA when the HSA coordinates care with another provider
- 9918.2: Personnel providing services shall maintain liaison to assure that:
  1. Their efforts effectively complement one another
  2. Subject the objectives outlined in the Client Service Plan
- 9918.3: Documentation in client record should demonstrate that effective interchange, reporting, and coordinated client evaluation and planning efforts

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"MUST HAVE A WEBSITE"  
IT IS IN THE REGULATIONS
CLIENT SERVICES
9911 DISCHARGES, TRANSFERS, AND REFERRALS

Purpose: To clarify the responsibilities of the HSA in discharging, transferring, or referring clients.

9911.1: Written P&P must describe discharge, transfer, and referral criteria and procedures.

9911.2(a): Written notice to less than 7 calendar days prior to action, unless the discharge/transfer/referral is the result of:

(a) A medical or social emergency
(b) Physician's order to transfer as inpatient
(c) A determination by the HSA that action is necessary to protect the health, safety, or welfare of the HSA's staff
(d) Client-inconsistently refuses further services

9911.3: HSA shall document activities related to discharge, transfer, or referral planning in client record.

IF C LIENT REFUSES RN SUP VISIT, must determine whether client is appropriate for care. Must show attempts.

UNDERSTANDING THE APPLICATION & SURVEY PROCESS

LAW AND REGULATIONS

- Health Care and Community Residence Facility, Hospital and Home Care Licensing Act of 1983 (DC Law 5-48);

- DC Code of Municipal Regulations Title 22B Chapters:
  - Chapter 31 - Licensing of Health Care and Community Residence Facilities
  - Chapter 47 - Health Care Facility Unlicensed Personnel Criminal Background Checks
  - Chapter 50 - Home Support Agencies

- Health Occupations Revision Act (HORA)
  - Home Health Aides
  - Nurses

- Time frame policy statement for referral to 1st level of care
  - 7-day written notice to client
    - does n't apply is a) - d) is a factor
    - keep non-pmt policy in mind

Chptr 47 unlicensed individual background checks - office staff - licensed/certified staff already have a background check

HORA scope of practice be familiar w those regs
Chptr 99 now available on website

ALL POSTED ON WEBSITE

- COMPLETE
- SIGN
- DATE
- NOTARIZE - IF NOTARY
- DO NOT NOTARIZE YOUR OWN
- Cert of occupancy from DC zoning Dept → Name must be there of Co.
- CLEAN HANDS → on-line
- Dir. Background check - if not on RN,
- C.O. Insurance
Initial Licensure Process
Step #2
Application will not be considered if the following required forms are not completed and attached to the application:

- Reference Letters (3) attesting to the character and qualifications of the Director*
- Original Copy of the Certificate of Good Standing
- Trade Name Registration (if applicable)*
  - The trade name cannot reference “Health” (9902.13)
- If Corporation: A copy of the Articles of Incorporation and By-laws*
- If Partnership: A copy of the partnership agreement*

(Signed) DC HEALTH

IF MAIN COMPANY HAS HEALTH
IT'S OK BUT TRADE NAME
AND CERT OF OCCUPANCY MUST
AND HEALTH

Initial Licensure Process
Step #2
Application will not be considered if the following required forms are not completed and attached to the application:

- If Limited Liability Company: A copy of the Articles of Formation and Operating Agreement*
- Ownership and Disclosure Form
- Operating Policies and Procedures*

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SURVEYOR PET PEEVE: REG INSTEAD OF P+P - PROVIDER DOESN'T KNOW WHAT IS IN THEM

Initial Licensure Process
Step #3
Drafting Policies and Procedures

- Policies relate to how the rules are going to be implemented. Entities design their policies on the basis of rules applied by regulatory authorities AND their business objectives. Policies basically give a direction to the entity that is in-line with both applicable laws and aims that business wants to achieve.

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3 Dir-Letter References
Good Standing - on-line

# TRADE NAME - IF COMPANY
HAS "HEALTH" IN ITS NAME
IT HAS TO BE CHANGED TO TRADE
NAME IS "HEALTH",
DEPT OF

REGULATORY
AFFAIRS

P+P TAKE THE LONGEST
TO PREPARE -
CANNOT BE A RE-HASH OF
THE RULES - MUST INCLUDE HOW
THE RULES ARE IMPLEMENTED, GIVE DIRECTIONS
to employees. How rules fit business match.

YOU CAN USE 3RD PARTY TO CREATE
P+P BUT MUST KNOW WHAT IS IN
THOSE POLICIES
BE SURE YOUR COMPANY NAME
IS ON ALL DOCUMENTS - NOT
SOME OTHER AGENCY'S NAME
BE SURE P+P APPLICABLE TO
THIS REGULATION - THAT YOU
CAN EXECUTE WHAT IS IN THE
P+P
Initial Licensure Process
Step #3

Drafting Policies and Procedures

The definition of *procedure* is order of the steps to be taken to make something happen, or how something is done.

For an example: if your objective is to make scrambled eggs. The procedure is cracking eggs into a bowl and beating them before scrambling them in a pan.

Initial Licensure Process
Step #3

Required Policies and Procedures

**Personnel**
- Terms and conditions of employment
- Annual evaluations
- Disciplinary Actions, Termination, and Grievance Procedures
- Compliance with Criminal Background Check Requirements

**Admission**
- Admission Criteria
- Initial Assessments
- Personal Care Services and Client Service Agreements
- Fees and Charges
- Advance Directives

Initial Licensure Process
Step #3

Required Policies and Procedures

**Discharge/Transfer/Referrals**
- Timeframe for discharge, transfer, or referral if a need for services beyond personal care services is identified.

**Record Retention and Disposal**
- Protection, confidentiality, retention, storage, and maintenance of records
- Timeframe for record retention

**Client Rights and Responsibilities**
- Policies reflect that the statement of responsibilities addresses treating personnel with respect and dignity
- Communicate these policies to any client who cannot read or who otherwise needs accommodations in an alternative language or communication method
Initial Licensure Process
Step #3
Required Policies and Procedures

Client Rights and Responsibilities
- Ensure each client has the right to be free from mental and physical abuse, neglect, and exploitation by personal care agency employees
- Ensure each client has the right to voice a complaint or other feedback in confidence and without fear of reprisal
- Ensure each client has the right to be assured confidential handling of client records as provided by law

Complaint Process
- A complaint can be presented orally or in writing
- Respond to the complaint within 14 days
- Investigation timeframe

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Initial Licensure Process
Step #3
Required Policies and Procedures

Coordination of Services
- Definition of services
- Notification to client/client representative of the coordination of services with another provider

Infection Control
- Procedures to ensure infection control

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Initial Licensure Process

9902.4 "COMPLETE APPLICATION"  
"WILL RETURN INCOMPLETE"  
"NOT COUNTED AS DENIAL - 30 DAYS TO CORRECT & RETURN"  
Resubmits & correcting deficiencies will be incomplete - will have to file new application & fee pmt all over again
NSAs must transition all clients to HCA or a homecare agency.

90 days to transition. If a lot of clients can extend to 180 days but notify the Dept + request an extension.

STATUS NSA - START P-P
- in good standing
- Hurry up + become licensed
- Giving 90 days to transition clients-

WILL NOT SAY NOT OUT OF YOU ARE IN COMPLIANCE BUT GIVING EVERYONE TIME TO TRANSITION -

→ Turn around time on licensure will be quick.

You can get the HSA license now before 120 day review of regulations is in effect. A TD policies will be minor.
ENFORCEMENT OPTIONS

- Civil Infractions
- Provisional and Restricted License
- Denial, Refusal to Renew, Revocation and Suspension
- Summary Suspension
- Refer for Criminal Prosecution

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QUESTIONS

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Civil infractions - ticket if in violation - $30-$2000 based on provision violated.

Reviewing rulemaking to make sure consistent and fair.

Almost done - will be ready when rules final.

 Provisional - Enforcement - if several surveys are violating law several times in a row - will A license back to provisional and will have time to correct.

Can take license, restrict license, may keep you from admitting more clients.

May take license to a hearing only when something is so wrong.

Can have a hearing in court but can suspend & delay.

- Can refer/document what has happened & report to police or other entity.
Current Homecare agency can continue to provide personal care.