

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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Supervisory Health Services Program Specialist
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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 MURIEL BOWSER, MAYOR

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.

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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**

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STAFFING COMPOSITION

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

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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

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request Provider's call when questions -

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 regulatory framework that included:
 - Home Health Care Services (Home Care Agencies) – medical agencies
 - Employment Agencies (Nurse Staffing Agencies)
- ❖ Today's Goal = discuss a new regulatory scheme that resolves the gap between business practice and the prior framework

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EMERGENCY RULEMAKING FOR HOME SUPPORT AGENCIES

- Statutory Authority: Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, D.C. Law 5-48, D.C. Official Code, sec. 44-504(a) [hereinafter, "the Act"]
 - New Chapter 99 (Home Support Agencies) of Title 22 (Health), Subtitle B (Public Health and Medicine) of 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 to serve District citizens.
- Goal of these 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

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No license for just ADLs in D.C.
Some groups ϕ licensed for non-medical + not doing it well. Needed to fill gap. Did emergency regulations
Grayson Dimick - did 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.

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, rewrites rulemaking to implement the comments, and restarts 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 comment recommendations were not implemented, and rules take permanent effect.

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Emergency regulations \rightarrow 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

Can enforce regs 'tomorrow' for 120 days
will send link once rules are on register + available by client

intending to solve problem for DC providers/clients

This is not Medicare/Medicaid program
Private pay/private insurance

07/26/2019

**REGIONAL CROSSWALK
STATE MODELS SURVEYED**

Maryland – Residential Service Agency

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

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

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

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Below

Before this rule - ¹ Home agency licenses, ² skilled nursing + 1 other therapeutic services

² Nurse Staff agencies - large portion providing non-medical in home as an NS - these regulations address these providers - large volume of DC residents who are receiving these services.

**REGIONAL CROSSWALK
STATE MODELS UTILIZED**

- Primarily utilized Delaware's Home Health Agency – Aide Only model
- Also utilized provisions from Maryland's Residential Service Agency and Pennsylvania's Home Health Care Agency models
- Sought to be consistent with existing DC laws, when applicable, and Chapter 39 Home Care Agency rules, where appropriate

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Three tiered model worked well

Regulations reflect all of these regs considered

**GENERAL PROVISIONS &
TERMINOLOGY**

Use of Non-Medical Terminology

- Client vs. Patient
 - Client = The individual receiving services from the Home Support Agency (HSA)
- Client Service Plan vs. Plan of Care/Medical Treatment Plan
 - Not initiated or signed by a physician

Location

- Operating Office = The physical location at which the business of the personal care agency is conducted and at which the records of personnel, contractors, clients, incidents, and complaints of the agency are stored either electronically or physically. The office shall be located in the District of Columbia.

Entity Definition

- Home Support Agency (HSA) = An entity licensed in accordance with this chapter that employs home health aides to provide personal care services to clients.
- Level of personnel assigned = Home Health Aide

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Service plan - not initiated or signed by a physician

Location - must have physical office location -

NSA - office outside district

* Shared work spaces

GENERAL PROVISIONS & TERMINOLOGY

Services Allowed by License

- Personal Care Services = Services that are limited to individual assistance with/or 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.

Role of the Registered Nurse

- Director or Client Service Coordinator - to ensure the quality of services provided, the assignment of qualified and appropriately trained staff
- Initial assessment - by RN; to determine that the client does not require skilled services, i.e., justification of non-medical level of care
- Supervises services every 90 days, reviews and evaluates Client Service Plan, ensures that clients' needs are not beyond those that can be addressed by a HSA

Management of Complaints & Incidents

- The Department will receive and investigate complaints & incidents.

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ADLS, IADLS,
DO NOT INCLUDE SKILLED
SERVICES - SKILLED
NEEDS A CDN

SKILLED SERVICES WERE BROAD - DID NOT 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

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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
 - Personnel, clients, P&P, incidents, 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 (a)-(c): Change in location will require new license (not transferable) and supporting documentation

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Accessibility issue
Shared workspaces - 'we work'
Can be access issues in shared office spaces. Surveyors cannot get to suite & an appointment.
if must allow for un-announced visits by CBS, clients, surveyor

Certificate of occupancy & other documents will be needed

* License is location specific need a new license for a move.
 'Accessibility issue'
 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 liability of the HSA.

□ 9905.2 (a)-(e): Role 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
 - Client feedback
 - Review all complaints and incidents (nature, response, and resolution)

*There should be a written report containing the results of the evaluation

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Provide oversight of operation
must appoint director

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]

- Business hours = the hours during the day in which business operations are commonly conducted in the operating office
- Business day = 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 (visible from outside of office)

□ 9906.4: Notify DC Health within 15 calendar days of any change

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9906.2 FT Employee
IF DIRECTOR IS OFF SITE - CAN DESIGNATE
IN WRITING A PERSON TO BE IN CHARGE
~~with~~

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.

ADMINISTRATION

9906 DIRECTOR

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

□ 9906.5: Qualifications: either a RN licensed in the District or has ≥ 1 year of health services administration experience

□ 9906.6: If Director is not a RN, HSA must also have a full-time Client Services Coordinator

- (a) RN licensed in District
- (b) Responsible for implementing, coordinating, and assuring quality of client services
- (c) Be available at all times during business hours [i.e., full time]
- (d) Participate in all aspects of services provided - developing client service plans & the assignment of qualified personnel
- (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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.7 on-call

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; and
- 9907.2 (l): Management of Incidents

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'minimum required P+Ps'
Starting point but must cross
reference other revisions

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, 5 year minimum [paper or electronic]
 - (a) Records must be produced upon client request within 30 days of receipt of request and at no cost to 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 5 years
- 9914.6: HSA must maintain personnel records for at least 5 years after the date of separation or termination
- 9914.7: Department shall have unimpeded access to HSA records at all times

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Unimpeded access to records
@ all times

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 [202-442-4779]
- 9916.5: HSA must:
 1. Respond to each complaint within 14 calendar days of receipt
 2. Investigate as soon as reasonably possible
 3. Provide complainant with the results of the investigation upon completion
- 9916.6: If client is not satisfied with HSA's response, the agency must respond in writing within 30 calendar days from the date of the agency's initial response
 - Must include DC Health Complaint Hotline information

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Complaint vs. Incident.
Complaint RT actual service
provision does @ Service/safety

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 accident resulting in significant injury to a client, 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
- 9916.8: All incidents must be investigated & investigation report must be forwarded to DC Health within 30 calendar days of occurrence/date that the HSA first became aware

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Urgent matter should be reported right away - DC DCLR MAY has contacts to assist in emergencies

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

48° - when you have fixed issue - client no longer @ risk

ADMINISTRATION

9916 MANAGEMENT OF INCIDENTS & COMPLAINTS


- 9916.9: Must have a system of documenting all complaints & incidents for each calendar year and reflect the following for each complaint/incident
 - (a): name, address, phone number of client or complainant
 - (b): if anonymous, state so
 - (c): date complaint received or incident occurred
 - (d): Description of the complaint/incident, including name(s) of staff involved
 - (e): Date on which investigation is completed
 - (f): whether complaint is substantiated
 - (g): Any subsequent action taken as a result and date
- 9916.10: Must report any action taken by, or any condition affecting the fitness to practice of, a RN or HHA that might be grounds for enforcement or disciplinary action by the Board of Nursing
 - Report within 5 business days of receipt or development

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9916.10 - is RN/HHA is felt to fit to practice report to DC BON

PERSONNEL

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



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PERSONNEL

9908 PERSONNEL

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

- 9908.1 (a)-(e): Provisions that must be included in the P&P
- 9908.2 (a)-(n): 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 Unlicensed Personnel Criminal Background Check Act of 1998
- 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.*

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Example of cross reference

ALL FIELD STAFF NEED ID
CANNOT CONTRACT C NSA
MUST BE EMPLOYEES
∅ contract RNs can be
FT/PT/PRN

CLIENT SERVICES

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

DC HEALTH

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 with/for 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 on-site by an RN g. 90 calendar days
- 9917.3: Must have an adequate number of RNs to supervise services
- 9917.4 (a)-(n): Services may include those allowed for HHAs under HORA
 - (d): Assisting client with self-administration of medication
 - (e-f): Measuring/reading/recording vital signs & weight – see 9912.3(b)
 - (m): Companion services = non-hands on care, i.e. - cooking, housekeeping, errands, social engagement

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9917.3B.

HHA must know what to do
when outside of parameters

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 9907.2 reflect these requirements
 - (f): Medical Orders for Scope of Treatment (MOST)
 - Portable medical orders that result from informed decision-making; replaces EMS comfort care orders
 - (g): Communication with Client Representative
 - Definition: a person designated in writing by the client in the service agreement, or a person acting in a representative capacity under a durable POA, durable POA for health care, or guardianship, or other legal representative arrangement
- 9909.3: HSA can admit only those individuals whose needs can be met
- 9909.4: Initial assessment by RN prior to service initiation
 - Purpose: To determine whether the agency has the ability to provide the necessary services in a safe and consistent manner

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MOST - in DC Replaces ^{Comfort} care order

Portable Med order - Informed decision making

other legal representative arrangement - appointed by client & legal documentation

CLIENT SERVICES

9910 CLIENT SERVICE AGREEMENT

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

- 9910.1(a)-(j): Minimum provisions that must be included in the agreement
 - (b): Procedure if HSA cannot staff a shift
 - (c): Financial Arrangements - i.e., cost, payment method, billing procedures +/- deposits, policy for non-payment
 - (g): Signed by both parties prior to service initiation
 - (j): Review/Update to reflect changes in service/financial arrangement

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Welcome public comments on RN Assessment waiver for delayed assessment

Represents 'small portion of business'

- IF Agency cannot staff - what does client agreement say, policy must capture this clearly

- signed by both client + agency

CLIENT SERVICES

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 RN in agreement with the client/representative that specifies the tasks that are to be performed by the HHA primarily in the client's residence; specifies scope, frequency, and duration of services.

- 9912.2: Developed at admission, based on initial assessment, and in accordance with 9917.2 [Personal Care Services]
- 9912.3(a)-(e): Minimum provisions that must be in service plan
- 9912.4: RN to review & evaluate plan at least q. 90 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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9912.5 - important - must be available upon request - do not need paper copy in the home -

must be an accounting of plan by HHA - 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 make a complaint to DC Health and/or to provide feedback concerning services rendered by the HSA
- 9915.4(a)-(e): Minimum provisions for responsibilities
- 9915.6: Accommodations for alternative language/communication method

DC HEALTH

Minimum - can have others if agency so chooses

CLIENT SERVICES

9913 CLIENT RECORDS

Purpose: To clarify the minimum contents of a complete, accurate client record.

- 9913.2 (a)-(q): Minimum contents of the client record
 - (c): Initial assessment and ongoing evaluation
 - (d): Signed Client Services Agreement
 - (h): Service Plan
 - (j): Medication List
 - (k): Signed, dated service delivery notes
- Definition = documentation of the duties or tasks completed per shift by a HHA, nursing supervision, and any other pertinent information related to the provision of services.*
- (n): Discharge summary - reason for termination of services and date
 - (o): Documentation of Coordination of Services
 - (q): Documentation of training & education given to client and staff

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Medication list - to know what HHA should look for and how RN would triage an emergency call. RN would need ^{to} reference med list. RN CANNOT

RECONCILE MED LIST - FAMILY OR other entity must update med list - under this license RN cannot do this RN's must be made aware of what to do when a need is identified that they cannot do under this license. P&P must be tight to address this.

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 for:
 - (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. Support 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 occurs

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Must be sure services are Complementary

"MUST HAVE A WEBSITE"
IT IS IN THE REGULATIONS

CLIENT SERVICES

9911 DISCHARGES, TRANSFERS, AND REFERRALS

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

- 9911.1: Written P&P must describe discharge, transfer, and referral criteria and procedures
 - Timeframe for referral to higher level of care - policy statement
- 9911.2(a)-(d): Written notice no 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 admit 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/representative refuses further services
- 9911.3: HSA shall document activities related to discharge, transfer, or referral planning in client record

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- Time frame policy statement for referral to ↑ level of care
- 7 - day written notice to client if D/C or Tx fr
- does it apply is a) - d) is a factor
- keep non-pmt policy in mind

IF CLIENT REFUSES RN SUP VISIT - must determine whether client is appropriate for care, must show attempts -

UNDERSTANDING THE APPLICATION & SURVEY PROCESS

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LAWS AND REGULATIONS

- Health-Care and Community Residence Facility, Hospice and Home Care Licensure 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 99 - Home Support Agencies
- Health Occupation Revision Act (HORA)
 - ✓ Home Health Aides
 - ✓ Nurses


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

HORA scope of practice be familiar to those regs

Initial Licensure Process
Step #1

Read! Read! Read!



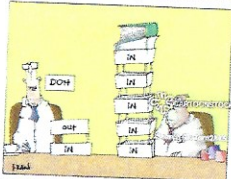
Title 22B Chapter 99 and all applicable laws and regulations

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Chptr 99 now available on website

Initial Licensure Process
Step #2

Collect the Required Forms



The application and instructions can be downloaded DC Health's website:
<https://dchealth.dc.gov/service/icfd>

The submission of an application is in no way a guarantee that a license will be issued

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ALL POSTED ON WEBSITE

NOW:

- 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

Initial Licensure Process
Step #2

Application will not be considered if the following required forms are not completed and attached to the application:

- A Completed, Signed, Dated and Notarized Application
- Certificate of Occupancy*
- Cleans Hands Self-Certification
- Proof of Criminal Background Check for the Director*
- Insurance Verification Certificate

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Dir- Background check - if not an R.N.

- 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 Bylaws*
- If Partnership: A copy of the partnership agreement*

(CEO) DC HEALTH

IF MAIN COMPANY HAS HEALTH IT'S OK BUT TRADE NAME AND CERT OF OCCUPANCY MUST HAVE '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 S'HEALTH'
-> Has to Be registered DEPT OF CONSUMER REGULATORY AFFAIRS

P+P take the longest to prepare -
Cannot be a re-hash of the rules - must include how rule is implemented, give direction to employees. How rules + 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+Ps

**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 scramble eggs. The **procedure** is cracking eggs into a bowl and beating them before scrambling them in a pan.

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PERSONNEL
D/C

**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

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**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

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**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


- ✓ Delineation 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 - Each applicant shall be responsible for submitting a complete application, including all information required pursuant to Section 9902.3 of this Chapter. The Department reserves the right to return an incomplete application to the applicant:

- The return of an incomplete application to the applicant shall not be considered a denial of the application; and
- The Department will return the application with identified deficiencies;
- The applicant shall have thirty (30) calendar days to correct the identified deficiencies and return the application to the Department; and
- If the applicant resubmits the application to the Department and has not corrected all the deficiencies, the application will be deemed incomplete and returned the applicant. The applicant will have the option of filing a new application along with a new processing fee.

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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

**Application Approval
Step #4**

- Announced Initial Environmental Inspection
 - ✓ Office Location Matches C of O
 - ✓ Posted Business Hours
 - ✓ Posted Complaint Hotline
 - ✓ Filing and Storage System
 - ✓ Working Telephones



INSPECTIONS

DC HEALTH


DCLR
 WILL CALL MAKE VISIT
 ONCE APPROVED ONSITE
 IN PERSON MTG -
 CITE EXPECTATIONS
 - QUIZ ON POLICIES
 - 90 Day Provisional License
 - now can admit

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

**Onsite Inspection Approved
Step #5**

- Compliance conference with the new HSA management and ICFD
- Applicant must pay a \$400.00 licensure fee.
- Issuance of a 90 day Provisional License to allow onboarding of clients
 - NSAs who are currently providing personal care services must transition clients to their HSA or transfer them to a licensed HCA during this licensure period.




- STATUS NSA - start P+P
 'in good standing'
 * HURRY UP + BECOME LICENSED
 GIVING 90 DAYS TO TRANSITION CLIENTS -

* IF NSA COMPLAINT IS REC'D BY DCLR - WILL HOLD YOU TO THE DC NSA STANDARDS

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

**Onsite Inspection Approved
Step #5**

- The HSA informs the ICFD after the admission of 5 or more clients, or after the transition of all clients receiving personal care services from NSAs, that they are prepared for a full licensure survey.
- Full surveys are *unannounced* and will be conducted to determine compliance for annual license.

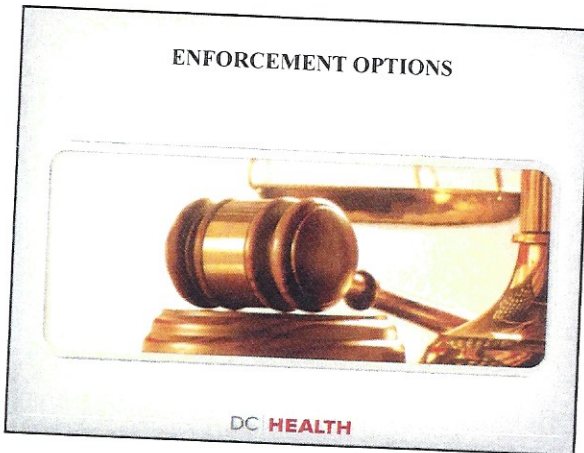


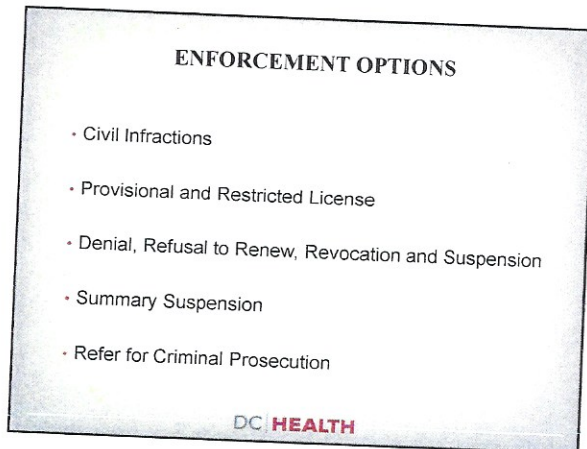
APPROVED

DC HEALTH

→ TURN AROUND TIME ON LICENSURE WILL BE QUICKER -

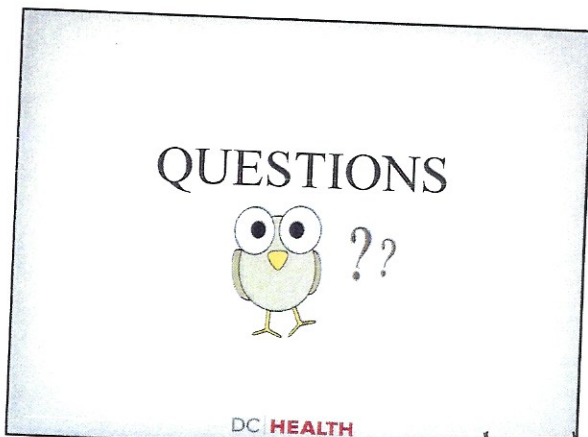
YOU CAN GET THE HSA LICENSE NOW BEFORE 120 DAY REVIEW OF REGULATIONS IS IN EFFECT A TD POLICIES WILL BE MINOR.





Civil infractions - ticket if in violation - \$50 - \$2000 based on provision violated.

Reviewing rulemaking to make sure consistent + fair almost done - will be ready when rules final



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

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


may take license \bar{s} a hearing hearing

DEFINITION OF NSA have individual in them leads one to believe care can be provided in home - word "individual" will be removed - will be an employment agency

only when something is so wrong can have a hearing in court but can suspend \bar{s} delay


- can refer/document what has happened + report to police or other entity

Contact Information



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Current Homecare Agency E Con can continue
to provide personal care