


Arizona Association for Home Care
2009 Annual Education Conference


**Arizona Department of
Health Services Update
June 12, 2009**





Home Health Agency or a
Home Care Agency?

Home Health Agency Home Care Agency


<ul style="list-style-type: none">■ Patients must require skilled care on a part-time, intermittent basis for a planned program of care over a specified period of time ordered by a physician	<ul style="list-style-type: none">■ Patients and/or family request home care services and meet the requirements established by the individual home care agency
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	<ul style="list-style-type: none">□ Home Health Agency<ul style="list-style-type: none">■ Primarily engaged in providing skilled nursing services and at least one of the following other therapeutic services: physical therapy, speech language pathology, occupational therapy, medical social services or home health aide services	<ul style="list-style-type: none">□ Home Care Agency<ul style="list-style-type: none">■ Services available are chore services, companion services, household maintenance and housekeeping
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	<ul style="list-style-type: none">□ Home Health Agency<ul style="list-style-type: none">■ Has policies established by a group of professionals including one or more physicians and one or more registered professional nurses to govern the services which it provides	<ul style="list-style-type: none">□ Home Care Services<ul style="list-style-type: none">■ May or may not policies and procedures
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□ Home Health Agency	□ Home Care Agency
■ Supervision of the services provided is by a physician or registered professional nurse	■ There may or may not be supervision of the services provided




□ Home Health Agency	□ Home Care Agency
■ Must maintain clinical records on all patients	■ May or may not keep records on clients




- Home Health Agency
 - Requires physician's orders for care and treatment
- Home Care Agency
 - Does not require physician's orders



- Home Health Agency
 - Visits are part-time, intermittent and generally last about one hour
- Home Care Agency
 - Visits are at the request of the patient; minimum visit is usually 2 to 4 hours and can be up to 24 hours



- Home Health Agency
 - Payor source is Medicare, AHCCCS, ALTCS, private insurance, or private pay
- Home Care Agency
 - Typically private pay




- Home Health Agency
 - **REQUIRES STATE HEALTHCARE INSTITUTION LICENSE**
- Home Care Agency
 - State healthcare institution license not required



Decisions, Decisions, Decisions

- State License Only
- State Licensed and Medicare Certified
- Home Health Agency (skilled care)
- Home Care Agency (non skilled care)

These are Business Decisions



Top 10 Federal Deficiencies (1-1-08 through 12-31-08)

- **484.18: Acceptance of Patients, POC,
Medication Supervision**

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.



■ **484.18(b): Periodic Review of Plan of Care**

Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.




■ **484.18(a): Plan of Care**

The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items




■ **484.55(c): Drug Regimen Review**

The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and non compliance with drug therapy




■ **484.36(d)(2) Supervision**

The registered nurse (or other professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks



- **484.14: Organization, Services, and Administration**
Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable



- **484.14(g) Coordination of Patient Services**
A written summary report for each patient is sent to the attending physician at least every 60 days
- **484.18(c) Conformance with Physician Orders**
Drugs and treatments are administered by agency staff only as ordered by the physician




■ **484.48 Clinical Records**

A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physicians; and a discharge summary



■ **484.14(b) Governing Body**

A governing body (or designated persons so function) assumes full legal authority and responsibility for the operation of the agency



Top 10 State Licensing Deficiencies (1-1-08 through 12-31-08)

■ R9-10-1104.A.2.e. Home Health Services

(A) The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:


(2) A registered nurse shall be responsible for the following:

(e) Informing the patient's physician of changes in a patient's condition and needs



■ R9-10-1106.A. Plan of Care


(A) Home health services shall be provided by the home health agency in accordance with a written plan of care established and authorized by a physician in consultation with the patient and other members of the home health care team



■ **R9-10-1108.B.13. Medical Records**

(B) Each agency shall maintain a medical record for each patient which contains the following:

(13) Patient transfer or discharge plan and discharge summary



■ **R9-10-1104.A.1.c.iii. Home Health Services**

(A) The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:

(1) Unless a physician orders therapy services only, a registered nurse shall conduct patient assessments as follows:

(c) The assessments shall include:

(iii) Medications used by the patient, including the side effects contraindications



■ **R9-10-1104.A.1.a. Home Health Services**

(A) The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:

(1) Unless a physician orders therapy services only, a registered nurse shall conduct patient assessments as follows:

(a) The initial assessment shall be conducted within 72 hours of a patient's acceptance into a home health program and shall include a review of advance directives



■ **R9-10-1104.C.1. Home Health Services**

(C) The supervising physician or registered nurse shall ensure that providers of therapy and other professional services comply with the following:

(1) The services shall be ordered by a physician and provided in accordance with the patient's plan of care



■ **R9-10-1106.C. Plan of Care**

(C) Staff shall document, in the medical record, any verbal order for either the initiation or modification to the plan of care and shall include in the record the physician's verifying signature which shall be obtained within 30 days of the order



■ **R9-10-1104.A.1.b. Home Health Services**

(A) The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:

(1) Unless a physician orders therapy services only, a registered nurse shall conduct patient assessments as follows:

(b) Reassessments shall be conducted within 62-day periods thereafter, according to the patient's needs and as the patient's condition warrants



■ **R9-10-1104.A.2.f. Home Health Services**

(A) The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:

(2) A registered nurse shall be responsible for the following:

(f) Summarizing the patient's status for submission to the physician, every 62 days or more often, as the patient's condition warrants



■ **R9-10-1104.A.2.j.i. Home Health Services**

(A) The supervising physician or registered nurse shall ensure that nursing services shall be managed in accordance with the following:

(2) a registered nurse shall be responsible for the following:

(j) Conducting supervisory visits to the patient who is receiving home health aide services to determine the quality of care being given by the home health aide, according to the following schedule:


(i) every two weeks when home health aide services together with wither nursing services or therapy services are being provided




Hot Topics

□ Organization of HHA


- Parent (part of the Home Health Agency (HHA) that develops and maintains administrative control of branch(es) and subunit(s))
 - Branch Office (location or site from which an HHA provides services within a portion of the total geographic areas served by the parent agency)
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- Subunit (semi-autonomous organization that serves patient in a geographic area different from that of the parent agency and must independently meet the HHA Conditions of Participation because it is too far to share administration, supervision and services on a daily basis)
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Differentiating Branches from Subunits Administrative Functions

<p>□ Branch</p> <ul style="list-style-type: none">■ Not autonomous■ Part of HHA and shares administration, supervision, and services with the parent on a daily basis■ Parent is aware of staffing, patient census and any issues affecting the operation of any given branch	<p>□ Subunit</p> <ul style="list-style-type: none">■ Semi-autonomous■ Located at such a distance from the parent that is incapable of sharing administration, supervision, and services on a daily basis■ Serves patients in a geographic area different from the parent■ Subunit may have a branch
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Differentiating Branches from Subunits Compliance with CoPs

<p>□ Branch</p> <ul style="list-style-type: none">■ Does not have to independently meet the CoPs as an HHA	<p>□ Subunit</p> <ul style="list-style-type: none">■ Independently meets all CoPs as an HHA
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Differentiating Branches from Subunits Organizational Structure

- **Branch**
 - Lines of authority and professional and administrative control are clearly delineated in both organizational structure and practice and can be traced to the parent
- **Subunit**
 - Lines of authority and professional and administrative control are clearly delineated in both organizational structure and practice




Differentiating Branches from Subunits Supervision

- **Branch**
 - Shared between the parent and branch
 - If branch is so large (large staff and serves many patients) or is so distant that it is impossible for a supervisor of a specific discipline to accomplish adequate supervision, the branch should be converted to a subunit
- **Subunit**
 - Functions independently of the parent and supervision is provided by staff designated by the subunit




Differentiating Branches from Subunits Administrator

- **Branch**
 - Administrator of the HHA maintains an ongoing liaison with the branch staff and group of professional personnel
 - Sufficient time must be allocated from sharing information with all parties
 - Located sufficiently close to the parent to share administration
 - Administrator is appraised of and resolves issues affecting patients in branch(es) as well as the service area(s) covered by the parent
- **Subunit**
 - Semi-autonomous and maintains its own administrative staff
 - Functions as an independent entity




Differentiating Branches from Subunits Supervising Physician or RN

- **Branch**
 - Location of the branch in relation to parent is such that the parent is able to assure adequate supervision during all operating hours
- **Subunit**
 - Supervisory physician or RN is available during all operating hours




Differentiating Branches from Subunits Personnel Policies

- **Branch**
 - Parent Office maintains current personnel records on all staff
 - A statement of personnel policies is maintained in each branch for staff use
- **Subunit**
 - Personnel policies and records must be maintained at the subunit




Differencing Branches from Subunits Coordination of Patient Services

- **Branch**
 - Information about care provided to patients is communicated to staff in branch(es) and parent, particularly when staff of one organizational unit (i.e. branch) does not base its practice at that site
- **Subunit**
 - Coordination is simply because staff is generally available on a regular basis or can easily be reached to discuss and implement coordination of patient care




Differentiating Branches from Subunits Services Under Arrangements

- **Branch**
 - Contracted arrangement with various entities are the responsibility of the parent, even when the contracted services are used exclusively by the branch
- **Subunit**
 - Maintains contacts with various entities to provide services
 - Responsible for the administration and supervision of those services
 - Parent agency monitors subunit services provide under arrangements



Differentiating Branches from Subunits Group of Professional Personnel

- **Branch**
 - Annual review of the agency's policies conducted by a group of professional personnel
 - Focus of review is directed on service delivery throughout the entire agency including parent and branch(es)
- **Subunit**
 - Parent group of professional personnel may also serve as subunit's group of professional personnel
 - Parent and subunit policy statements and minutes of group meetings must include specific references to issues addressed in the delivery of home health services
 - Subunit may establish its own group of professional personnel or it may form a subcommittee of the parent's group which deals specifically with the subunits' policies and procedures



Differentiating Branches from Subunits Clinical Records

- Branch**
 - Retains the clinical records for its patients, since the branch site is where the professionals providing the services are located
 - Duplicate records need not be maintained at the parent, but must be made available upon request
- Subunit**
 - Maintains clinical records on all its patients



Guidelines to Consider

- Supervision
- Distance
- Geographic Area
- Sharing Administration, supervision, and Services




Drop Sites

- No staff assigned to these locations
 - Do not accept referrals to these locations
 - Do not advertise them as part of the HHA
 - Do not operate them in any other way as branch(es) of the HHA
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Hot Topic

- Home Health Aide**
 - Must meet the training and competency requirements
 - Home health aide services must be ordered by the physician on the Plan of Care
 - If skilled services are being provided, RN or appropriate therapist must make onsite visit to the patient's home no less than every 2 weeks to supervise the aide. Aide does not need to be present
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- If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the RN must make a supervisory visit to the home no less that every 60 days . Aide must be present providing patient care.




Hot Topic

□ Assessments

- RN must conduct the **initial** assessment visit within 48 hours of referral, or within 48 hours of the patient's return home or on the physician-ordered start of care date for Medicare and within 72 hours for state licensing
- Comprehensive assessment must be completed no later than 5 calendar days after the start of care



- Web Site: www.az.carecheck.com
 - All Statement of Deficiencies posted 30 days after the SOD is sent to the facility
 - Medicare
 - State
- Web Site: www.azdhs.gov
 - Licensing – Enforcement
 - All enforcement actions are posted immediately after the finalization of the agreement between the Department and the Licensee



Questions
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Contact Information

- Kathy McCanna, Program Manager
 - Email: mccannk@azdhs.gov
 - Phone: 602-364-2841
 - Website: www.azdhs.gov
