



ACHC STANDARDS

PROGRAM

Private Duty

SERVICES

Private Duty Aide Services, Private Duty Companion/Homemaker Services, Private Duty Medical Social Services, Private Duty Nursing Services, Private Duty Occupational Therapy Services, Private Duty Physical Therapy Services, Private Duty Speech Therapy Services

ACHC ACCREDITATION STANDARDS



PRIVATE DUTY



FOR PROVIDERS.
BY PROVIDERS.

The following packet contains the 2022 ACHC Accreditation Standards.

Release Date: February 1, 2022

ACHC is committed to providing healthcare organizations with comprehensive standards that facilitate the highest level of performance. To ensure each standard is clear, concise, and relevant, ACHC conducts annual reviews by compiling feedback from providers, industry consultants, and regulatory bodies.

Based on the annual review, ACHC has made the following changes:

- No standards were updated during ACHC's annual review.

The following Distinctions are offered to providers accredited for Private Duty services:

- Palliative Care
- Telehealth

The attached accreditation packet contains:

- Preliminary Evidence Report (PER) Checklist (if applying for ACHC Accreditation for the first time)
- ACHC Accreditation Standards for Private Duty
- Glossary of Terms
- Glossary of Personnel Qualifications

PRELIMINARY EVIDENCE REPORT CHECKLIST



PRIVATE DUTY

This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Private Duty accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Verification of the following is required for organizations seeking initial accreditation:

- The organization must have provided care to a minimum of 5 clients/patients, having 3 active at time of survey unless state law requires more

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by ACHC Accreditation Standards

_____ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of _____ (date).

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

****PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.**

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

(Name)

(Title)

(Date)

(Signature)

ACHC ACCREDITATION STANDARDS

Customized for Private Duty Aide Services, Private Duty Companion/Homemaker Services, Private Duty Medical Social Services, Private Duty Nursing Services, Private Duty Occupational Therapy Services, Private Duty Physical Therapy Services, Private Duty Speech Therapy Services

Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the organization. All items referring to business licensure, including federal, state, and local licenses that affect the day-to-day operations of the organization, should be addressed. This section includes information on the organization's leadership structure, including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Standard PD1-1A: The Agency is in compliance with federal, state and local laws.

The Agency and its personnel must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of clients/patients. If state or applicable local law provides for the licensure of a Agency, the Agency must be licensed.

The Agency has a physical location and required license(s) and or permit(s) is current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

The Agency is an established entity with legal authority to operate and has the appropriate articles of incorporation, or other documentation of legal authority. Legal authority is granted to one individual, members of a limited liability corporation (LLC), a board of directors, or a board of health; usually referred to as the governing body, and as allowed in state statutes for the appropriate type and structure of the Agency. The entity, individual, or Agency has a copy of the appropriate documentation or authorization(s) to conduct business.

Evidence: Copy of Articles of Incorporation/Bylaws and all applicable amendments

Evidence: Copy of all current applicable license(s)/permit(s) for each location

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-2A: The Agency is directed by a governing body/owner (if no governing body is present, owner suffices), which assumes full legal authority and responsibility for the operation of the Agency. The governing body/owner duties and accountabilities are clearly defined.

A governing body/owner assumes full legal authority and responsibility for the management of the Agency, the provision of all services, its fiscal operations, and the continuous performance improvements that are consistent with acceptable standards of practice.

Activities of the governing body/owner include, but are not limited to:

- Decision making
- Appointing a qualified Administrator
- Adopting and periodically reviewing written bylaws or equivalent
- Establishing or approving written policies and procedures governing overall operations
- Human resource management
- Performance Improvement (PI)
- Oversight of the management and fiscal affairs of the Agency
- Annual review of the policies and procedures

Although many governing bodies/owners delegate authority for some of these functions to individual personnel members or to an advisory committee, the ultimate responsibility continues to rest with the governing body/owner. In situations where the board of directors serves as the governing body for a large, multi-service Agency, board activities will address the overall Agency; however, oversight of the Agency's program is evidenced in some manner such as in reports to the board or documented in minutes of board meetings.

The Agency has a list of governing body members that includes name, address, and telephone number.

Evidence: Written Policies and Procedures

Evidence: Governing Body Meetings Minutes, if applicable

Evidence: Response to Interviews

Evidence: List of Governing Body Members, if applicable
Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-2D: Governing body members/owner receive an orientation to their responsibilities and accountabilities.

There is evidence that the governing body members received an orientation to their responsibilities and accountabilities as defined by the Agency. Governing body members are provided the opportunity to evaluate the orientation process.

Orientation includes, but is not limited to:

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Overview of programs, services, and initiatives
- Personnel and client/patient grievance/complaint policies and procedures
- Responsibilities in the Performance Improvement (PI) Program
- Organizational ethics
- Conflicts of interest

These criteria would not apply to a single owner who serves as the governing body.

Evidence: Orientation Records
Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-3A: Written policies and procedures are established and implemented by the Agency in regard to conflicts of interest and the procedure for disclosure.

The Agency's policies and procedures define conflicts of interest and the procedure for disclosure and conduct in relationships with personnel, customers, and clients/patients. The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body/owner
- Personnel having an outside interest in an entity providing services to the Agency
- Personnel having an outside interest in an entity providing services to the client/patient

In the event of proceedings that require input, voting, or decisions, the individual with a conflict of interest is excluded from the activity.

Governing board members and personnel demonstrate understanding of conflict of interest policies and procedures.

Evidence: Written Policies and Procedures
Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-4A: There is an individual who is designated as responsible for the overall operation and services of the agency. The administrator organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body/owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system.

The Administrator is responsible for all programs and services and is accountable to the governing body/owner. There is a job description that specifies the responsibilities and authority of this individual.

The resume/application of the current Administrator verifies that the individual who holds this position possesses the appropriate education and experience requirements as defined by the governing body/owner and any applicable state and federal laws and regulations.

Evidence: Job Description
Evidence: Administrator Resume/Application
Evidence: Observation
Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-4B: The governing body, or its designee, writes and conducts annual evaluations of the Administrator.

The Agency conducts annual reviews of the Administrator's performance. The governing body/owner may delegate the evaluation function to a specific person or entity such as an advisory or personnel committee. The evaluation is reviewed with the Administrator and documented.

This criterion does not apply to sole proprietorships or to limited liability corporations (LLCs), where the president and Administrator is also the owner and governing body. A proprietary Agency's annual outcome evaluation could serve as an evaluation of the Administrator's performance.

This criterion is not applicable if the Agency has been in operation less than one year at the time of accreditation survey.

Evidence: Written and Dated Evaluations of the Administrator

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-4C: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies.

A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and included in the orientation of this individual.

Evidence: Job Description

Evidence: Orientation Records

Evidence: Response to Interviews

Evidence: Personnel Files

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-5A: Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the Agency with identifiable lines of authority.

The services furnished by the Agency, administrative control and lines of authority for the delegation of responsibility down to the client/patient care/service level are clearly defined in writing.

The governing body/owner and all positions are identified on the organizational chart. The organizational chart shows the position responsible for each program or service the Agency provides.

Personnel can provide a description of the Agency's chain of command that is consistent with the organizational chart.

Evidence: Organizational Chart

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-7A: The Agency is in compliance with all applicable federal, state, and local laws and regulations.

This standard requires compliance with all laws and regulations including but not limited to:

- Local and state licensure
- Professional licensure/certification
- The Americans with Disabilities Act
- Equal Employment Opportunities Act
- Fair Labor Standards Act
- Title VI of the Civil Rights Act of 1964
- Occupational Safety and Health Administration (OSHA)
- Medicaid regulations
- Health Insurance Portability and Accountability Act (HIPAA)
- Agency policies and procedures

- ACHC's Accreditation Process
- Other laws and regulations as applicable to the care/service provided by the Agency

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Evidence: Written Policies and Procedures

Evidence: Copies of Required Posters in a prominent location

Evidence: Observation

Evidence: Personnel Files

Evidence: Client/Patient Records

Services applicable: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-7B: The Agency complies with accepted professional standards and practices.

Accepted standards of practice are utilized by the Agency to guide the provision of care/service.

Evidence: Observation

Evidence: Written Policies and Procedures

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-8A: The Agency informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspections and/or audits.

Negative outcomes affecting accreditation, licensure, or Medicaid certification are reported to ACHC within 30 days. The report includes all actions taken and plans of correction.

Incidents that must be reported to ACHC include, but are not limited to:

- License suspension(s)
- License probation; conditions/restrictions to license(s)
- Non-compliance with Medicaid Regulations identified during survey by another regulatory body
- Revocation of Medicaid/third-party provider number
- Any open investigation by any regulatory or governmental authority

Evidence: Governing Body Meeting Minutes, if applicable

Evidence: Response to Interviews

Evidence: Prior Regulatory Inspection Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-9A: The organization is in compliance with disclosure of ownership and management.

Written policies and procedures describe the required action and time frames for the disclosure of any change in authority, ownership or management to ACHC and any regulatory agencies. Notification of these changes is completed within 30 days of the change.

The Agency discloses the following information to ACHC at the time of initial application and within 30 days of any change in ownership or management:

- The name and address of all persons with an ownership or control interest of 5% or greater
- The name and address of each person who is an officer, a director, or the site manager of the Agency
- The name and address of the corporation, association, or other company that is responsible for the management of the Agency, and the name and address of the chief executive officer (CEO) and the chairman of the board of directors of that corporation.

Evidence: Observation

Evidence: Organizational Chart

Evidence: Response to Interviews

Evidence: Written Policies and Procedures

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-10A: A Agency that uses outside personnel/organizations to provide care/services on behalf of the Agency has a written contract/agreement for care/services which is kept on file within the Agency.

Arranged care/services are supported by written agreements that require that all care/services are:

- Authorized by the Agency
- Furnished in a safe and effective manner by qualified personnel/organizations
- Delivered in accordance with the client's/patient's plan of care/service

Agencies that utilize personnel/organizations hourly or per visit have a written contract/agreement that includes, but is not limited to:

- The care/services to be furnished
- The necessity to conform to all applicable agency policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
- The responsibility for participating in developing plans of care/service
- The manner in which care/services will be controlled, coordinated, and evaluated by the Agency
- The procedures for submitting progress notes, scheduling of visits, and periodic client/patient evaluation
- The procedures for payment of care/services furnished under the contract
- Duration of contract/agreement
- Overall responsibility for supervision of personnel
- Other applicable laws and regulations

In addition, the organization maintains current copies of professional liability insurance certificates for all contract personnel providing direct care/service and/or other organizations providing shared responsibility care/service.

The organization has an established process to review and renew contracts/agreements as required in the contract.

Evidence: Written Contracts/Agreements

Evidence: Professional Liability Insurance

Evidence: Observation

Services applicable: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-10D: The Agency monitors all care/service provided under contract/agreements to ensure that care/services are delivered in accordance with the terms of the contract/agreement.

The Agency has implemented a process for monitoring all care/service provided under a contract/agreement. Processes include, but are not limited to:

- Satisfaction surveys
- Record reviews
- On-site observations and visits
- Client/patient comments and other performance improvement (PI) activities

Data and outcomes from monitoring activities are reported to the Agency leadership to ensure the overall quality of the care/service provided to the client/patient.

Evidence: Performance Improvement Activities

Evidence: Board Minutes or Leadership Meeting Documentation

Services applicable: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard PD1-11A: Written policies and procedures are established and implemented in regard to the verification of credentials of the referring physician* or other licensed independent practitioner approved by law to prescribe medical services, treatments, and/or pharmaceuticals being conducted prior to providing care/service.

Written policies and procedures describe the process for verification of referring practitioner credentials. Periodic assessments of current physician* and other licensed independent practitioners credentials are obtained from the state and federal boards. The Agency has a mechanism to ensure that orders are only accepted from currently credentialed practitioners.

For PDA only services, this standard is applicable when the agency is required to have physician's* orders to provide care/service.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Written Policies and Procedures
Evidence: Response to Interviews

Services applicable: PDA, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Section 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, incidents, Protected Health Information (PHI), cultural diversity, and compliance with laws to prevent fraud and abuse.

Standard PD2-1A: Written policies and procedures are established and implemented in regard to the Agency's descriptions of care/services and the distribution to personnel, clients/patients, and the community.

Written policies and procedures include, but are not limited to:

- Types of care/service available
- Care/service limitations
- Charges or client/patient responsibility for care/service
- Eligibility criteria
- Hours of operation, including on call availability
- Contact information and referral procedures

Written descriptions of care/services with detailed information are available. Marketing and instructional materials use lay language and provide a more general description of care/services offered.

Clients/patients will receive information about the scope of services that the Agency will provide and specific limitations on those services. The client/patient will receive this information prior to receiving care/service with evidence documented in the client/patient record.

Evidence: Written Policies and Procedures

Evidence: Marketing Materials Including Electronic Media

Evidence: Documents that include Service Descriptions

Evidence: Client/patient Records

Evidence: Response to Interviews

Evidence: Observation

Services applicable: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-2A: Written policies and procedures are established and implemented by the Agency in regard to the creation and distribution of the Client/Patient Rights and Responsibilities statement. (Standard PD2-2A is in regard to the creation and distribution of the statement of the Client/Patient Rights and Responsibilities and the standard reference next to the right is the standard that demonstrates the implementation of the right).

Written policies and procedures outline the client/patient rights and responsibilities. The Agency provides the client/patient with a written notice of the client's/patient's rights and responsibilities in advance of furnishing care/service to the client/patient or during the initial evaluation visit before the initiation of care/service. The policies and procedures state that if a client/patient cannot read the statement of rights and responsibilities, it is read and a copy given to the client/patient in a language the client/patient understands. For a minor or a client/patient needing assistance in understanding these rights and responsibilities, both the client/patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities. If required to do so an agency will provide written information concerning Advance Directives prior to providing care/service. Documentation of receipt and understanding of the information is signed, dated, and maintained in the client/patient record.

The written Client/Patient Rights and Responsibilities statement includes, but is not limited to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care/service and the frequency of visits, as well as any modifications to the plan of care/service (PD2-1A)
- Be informed, in advance, both orally and in writing, of care/service being provided; of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible (PD3-6B)
- Receive information about the scope of services that the Agency will provide and specific limitations on those services (PD2-1A)
- Participate in the development and periodic revision of the plan of care/service (PD5-3F,G,H,I,O, and P)
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented (PD2-6A)
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable (PD2-6A and PD2-6B)
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality (PD2-2B)
- Be able to identify visiting personnel members through agency generated photo identification (PD2-2B)
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property (PD2-3A)
- Voice grievances/complaints regarding treatment or care/service, lack of respect of property or recommend changes in

- policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal (PD2-4A)
- Have grievances/complaints regarding treatment or care/service that is (or fails to be) furnished, or lack of respect of property investigated (PD2-4A)
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) (not applicable for PDC) (PD2-5A)
- Be advised on the agency's policies and procedures regarding the disclosure of client/patient records (not applicable for PDC) (PD2-5A)
- Choose a health-care provider, including an attending physician*, if applicable (PD2-2B)
- Receive appropriate care/service without discrimination in accordance with physician's* orders, if applicable (PD2-2B)
- Be informed of any financial benefits when referred to a PD (PD2-2B)
- Be fully informed of one's responsibilities (PD2-2B)

When additional state or federal regulations exist regarding client/patient rights, the Agency's Client/Patient Rights and Responsibilities statement must include those components. The client/patient has the right to be informed and exercise their rights. If the client/patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the client/patient are exercised by the person appointed to act on the client's/patient's behalf. If a state court has not adjudged a client/patient incompetent, any legal representative designated by the client/patient in accordance with state law may exercise the client's/patient's rights to the extent allowed by state law.

The Agency protects and promotes the exercise of these rights. The Agency also develops a statement of client/patient responsibilities.

Personnel are provided training during orientation and at least annually thereafter concerning the Agency's policies and procedures on the client's/patient's rights and responsibilities.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Written Policies and Procedures
 Evidence: Statement of Client's/Patient's Rights and Responsibilities
 Evidence: Client/patient Records
 Evidence: Response to Interviews

Services applicable: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-2B: The Agency protects and promotes the exercise of the Client/Patient Rights.

Personnel honor the client/patient right to:

- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through agency generated photo identification
- Choose a health-care provider, including choosing an attending physician*
- Receive appropriate care/service without discrimination in accordance with physician's* orders
- Be informed of any financial benefits when referred to Agency
- Be fully informed of one's responsibilities

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-3A: Written policies and procedures are established and implemented by the Agency in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property by anyone furnishing services on behalf of the Agency.

The client/patient has the right to be free of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

The Agency ensures this right and investigates all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property by anyone furnishing services on behalf of the Agency. These are reported immediately to the Administrator or appropriate designee.

The Agency immediately investigates all alleged violations involving anyone furnishing services on behalf of the Agency, and takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all

alleged violations are conducted in accordance with established policies and procedures.

The Agency takes appropriate corrective action in accordance with state law if the alleged violation is verified by the Agency's administration or an outside body having jurisdiction, such as ACHC, the state survey agency, or the local law enforcement agency. The Agency ensures that verified violations are reported to ACHC as well as state, and local bodies having jurisdiction (including to the state survey and certification agency) within five working days of becoming aware of the verified violation, unless state regulations are more stringent.

Evidence: Written Policies and Procedures
Evidence: Incident Reports/Investigation Results
Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-4A: Written policies and procedures are established and implemented by the Agency requiring that the client/patient be informed at the initiation of care/service how to report grievances/complaints.

The client/patient has the right to voice grievances/complaints regarding treatment or care/service that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the Agency, and must not be subjected to discrimination or reprisal for doing so.

The Agency ensures this right and investigates all grievances/complaints. Written policies and procedures include, but are not limited to:

- The appropriate person to be notified of the grievance/complaint
- Time frames for investigation activities, to include after hours
- Reporting of information
- Review and evaluation of the collected information
- Communication with the client/patient
- Documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution

The Agency investigates and attempts to resolve all client/patient grievances/complaints and documents the results within a described time frame as defined in policies and procedures.

The Agency maintains records of grievances/complaints and their outcomes, submitting a summary report quarterly to the governing body/owner. This information is included in the PI annual report.

Personnel are oriented and familiar with the grievance/complaint policies and procedures. Personnel assist in implementing the resolution process when needed.

Evidence: Written Policies and Procedures
Evidence: Grievance/Complaint Log
Evidence: Governing Body Meeting Minutes, if applicable
Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-4B: The Agency provides the client/patient with written information concerning how to contact the Agency, appropriate state agencies and ACHC concerning grievances/complaints at time of admission.

The Agency provides all clients/patients with written information listing a telephone number, contact person, and the Agency's process for receiving, investigating and resolving grievances/complaints about its care/service.

The agency advises clients/patients in writing of the telephone number for the appropriate state regulatory body's hotline, the hours of operations, and the purpose of the hotline. This may be a separate information sheet given to the client/patient or incorporated with the client/patient rights information. ACHC's telephone number must be provided. The ACHC phone number requirement is not applicable to Agency if this is its first ACHC survey.

Evidence: Client/Patient Records
Evidence: Admission/New client/patient packet

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-5A: Written policies and procedures are established and implemented by the Agency in regard to securing and releasing confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

The client/patient has the right to a confidential client/patient record. The Agency ensures this right and follows all policies and procedures to secure client/patient information.

Confidentiality policies and procedures include, but are not limited to:

- A definition of protected health and confidential information, and the types of information that are covered by the policy including electronic information, telephone and cell phone communications, and verbal and faxed information
- Persons/positions authorized to release PHI/EPHI and confidential information
- Conditions that warrant its release
- Persons to whom it may be released
- Signature of the client/patient or someone legally authorized to act on the client's/patient's behalf
- A description of what information the client/patient is authorizing the Agency to disclose
- Securing client/patient records and identifying who has authority to review or access client/patient records
- When records may be released to legal authorities
- The storage and access of records to prevent loss, destruction, or tampering of information
- The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement

The Agency has clearly established written policies and procedures that address the areas listed above and are clearly communicated to personnel.

There is a signed confidentiality statement for all personnel and the governing body/owner. Personnel and the governing body/owner abide by the confidentiality statement and the Agency's policies and procedures. The Agency designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

The individual seeing the client/patient for the first time will provide written information and will discuss confidentiality/privacy of client/patient-specific information as included in the Client/Patient Rights and Responsibilities statement. Client/patient records contain signed release of information statements/forms when the organization bills a third-party payor or shares information with others outside the organization as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.

Evidence: Written Policies and Procedures
Evidence: Signed Confidentiality Agreements
Evidence: Observation
Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-5C: The Agency has Business Associate Agreements (BAAs) for all Business Associates that may have access to Protected Health Information (PHI) as required by HIPAA and other applicable laws and regulations.

A copy of all Business Associate Agreements (BAAs) will be on file at the Agency for all non-covered entities as defined by the Health Insurance Portability and Accountability Act (HIPAA).

Examples of non-covered entities include, but are not limited to:

- A CPA firm whose accounting services to a health care provider involves access to PHI
- An attorney whose legal services to a health plan involve access to PHI
- A consultant that has access to PHI
- An independent medical transcriptionist that provides transcription services to a physician*

A BAA is not required with persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of PHI, and where any access to PHI by such persons would be incidental, if at all.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Business Associate Agreements

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-6A: Written policies and procedures are established by the Agency in regard to the client's/patient's rights to accept or refuse medical care, client/patient resuscitation, surgical treatment and the right to formulate an Advance Directive.

Clients/patients have the right to be informed under state law to formulate an Advance Directive and to refuse care or treatment after the consequences of refusing care or treatment are fully presented.

The Agency's policies and procedures describe client/patient rights under law to make decisions regarding medical care, including the right to accept or refuse care/service and the right to formulate an Advance Directive.

Written policies and procedures include, but are not limited to:

- Determining the existence of an Advance Directive
- Rendering care/service in the absence or presence of an Advance Directive
- Educating personnel

Client/patient care/service is not prohibited based on whether or not the individual has an Advance Directive.

Advance Directive information is provided to the client/patient prior to the initiation of care/services. The client's/patient's decision regarding an Advance Directive is documented in the client/patient record.

The Agency's personnel respect the client's/patient's wishes and assist the client/patient in obtaining resources to complete an Advance Directive, if requested.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-6B: Written policies and procedures are established and implemented by the Agency in regard to resuscitative guidelines and the responsibilities of personnel.

The Agency has written policies and procedures for personnel responsibilities regarding client/patient resuscitation and the response in the event of a medical emergency. The policies and procedures identify which personnel, if any, may perform resuscitative measures, respond to medical emergencies, and utilize 911 services (EMS) for emergencies. Successful completion of appropriate training, such as a cardiopulmonary resuscitation (CPR) certification course, is defined in the policies and procedures. Online CPR certification is acceptable with in-person verification of competency. Clients/patients and families are provided information about the Agency's policies and procedures for resuscitation, medical emergencies, and accessing 911 services (EMS).

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-7A: Written policies and procedures are established and implemented by the Agency in regard to identification, evaluation, and discussion of ethical issues.

The Agency provides care/service within an ethical framework that is consistent with applicable professional and regulatory bodies. Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues in the Agency.

Examples of forums utilized to consider and discuss ethical issues include:

- Ethics Committee
- Ethics forum
- Professional expert access
- Performance Improvement Committee

The Agency monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

All personnel received training during initial orientation and annually, that includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Evidence: Written Policies and Procedures

Evidence: Governing Body Meeting Minutes, if applicable

Evidence: Ethic Committee Reports

Evidence: Response to Interviews

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-8A: Written policies and procedures are established and implemented by the Agency in regard to the provision of care/service to clients/patients with communication or language barriers.

Personnel can communicate with the client/patient in the appropriate language or format understandable to the client/patient. Mechanisms are in place to assist with language and communication barriers. This may include the availability of bilingual personnel, interpreters, or assistive technologies. Personnel can communicate with the client/patient by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the client's/patient's language.

All personnel are knowledgeable regarding the written policies and procedures for the provision of care/service to clients/patients with communication barriers.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-8B: Written policies and procedures are established and implemented for the provision of care/service to clients/patients from various cultural backgrounds, beliefs and religions.

Written policies and procedures describe the mechanism the Agency utilizes to provide care/service for clients/patients of different cultural backgrounds, beliefs, and religions. The policies and procedures also describe any actions expected for personnel providing care/service to clients/patients who have different cultural backgrounds, beliefs, and religions.

Different cultural backgrounds, beliefs, and religions impact the clients/patient's lifestyles, habits, view of health, and healing. Personnel identify differences between their own beliefs and that of the client/patient, and find ways to support the client/patient. Personnel make efforts to understand how the client's/patient's cultural beliefs impact their perception of their illness

All personnel are provided with annual education and resources to increase their cultural awareness of the clients/patients they serve.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-9A: Written policies and procedures are established and implemented by the Agency in regard to a Compliance Program aimed at preventing fraud and abuse.

The Agency has an established Compliance Program that provides guidance for the prevention of fraud and abuse. The Compliance Program identifies numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the Agency takes to prevent violations of fraud and abuse. The guidelines include, but are not limited to:

- Implementation of written policies, procedures, and standards of conduct
- Designation of a Compliance Officer and Compliance Committee
- Conducting effective training and education programs
- Developing open lines of communication between the Compliance Officer and/or Compliance Committee and Agency personnel for receiving complaints and protecting callers from retaliation
- Performing internal audits to monitor compliance
- Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures, applicable statutes, and regulations
- Promptly responding to detected offenses through corrective action

Evidence: Written Policies and Procedures

Evidence: Performance Improvement Activities

Evidence: Response to Interviews

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD2-10A: The Agency provides after hours aide services; the Agency must provide the services according to the client's/patient's plan of care.

The Agency provides aide services as necessary to meet client/patient needs and in accordance with the client's/patient's plan of care. A scheduler must be on call to provide access to services after office hours.

Evidence: On-Call Schedule

Services applicable: PDA

Standard PD2-11A: Nursing services are provided according to the client's/patient's plan of care with access available 24 hours a day, 7 days per week.

The Agency provides nursing services 24 hours a day, seven days a week as necessary to meet client's/patient's needs. An on-call coverage system for nursing services must be used to provide this coverage during evenings, nights, weekends and holidays.

Evidence: On Call Schedule

Evidence: Observation

Services applicable: PDN

Standard PD2-12A: The Agency provides after hours therapy services; the Agency must provide the services according to the client's/patient's plan of care.

The Agency provides therapy services as necessary to meet client/patient needs and in accordance with the client's/patient's plan of care. A scheduler must be on call to provide access to services after office hours.

Evidence: On Call Schedule

Services applicable: PDOT, PDPT, PDST

Section 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the organization. These standards address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

Standard PD3-1A: The Agency's annual budget is developed in collaboration with management and personnel and under the direction of the governing body/owner.

There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item-by-item identification of the components of each type of anticipated income or expense.

The Agency has a budget that includes projected revenue and expenses for all programs and the care/service it provides. The budget is reflective of the Agency's care/service and programs.

The Agency's leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

The budget is reviewed and updated at least annually by the Agency's governing body/owner and leadership personnel.

Evidence: Current Annual Budget

Evidence: Governing Body Meeting Minutes, if applicable

Evidence: Responses to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD3-2A: The Agency Implements financial management practices that ensure accurate accounting and billing.

These practices include, but are not limited to:

- Receipt and tracking of revenue
- Billing of clients/patients and third-party payors
- Notification to the client/patient of changes in reimbursement from third-party payors
- Collection of accounts
- Reconciliation of accounts
- Extension of credit, if applicable
- Financial hardship, if applicable
- Consequences of non-payment, if applicable
- Assignment of revenue to the appropriate program
- Retention of financial records per applicable laws and regulations

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD3-6A: The Agency develops care/service rates and has methods for conveying charges to the client/patient, public, and referral sources.

Current charges for care/services are available in writing for reference by personnel when conveying information to the client/patient, public, and referral sources.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Evidence: List of Care/Services with Corresponding Charges

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD3-6B: The client/patient is advised orally and in writing of the charges for care/service at, or prior to, the receipt of services. The client/patient also has the right to be informed of changes in payment information, as soon as possible but no later than 30 days after the agency becomes aware of the change.

The client/patient will be provided written information concerning the charges for care/service at or prior to the receipt of care/service. Client/patient records contain written documentation that the client/patient was informed of the charges, the expected

reimbursement for third-party payors, and the financial responsibility of the client/patient.

Evidence: Client/Patient Records

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD3-7A: There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the Agency.

The Agency verifies that the clients/patients and/or third-party payors are properly billed for care/service provided.

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Section 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contracted personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records, including skill assessments and competencies.

Standard PD4-1A: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

The written policies and procedures include, but are not limited to:

- Positions having access to personnel files
- Proper storage
- The required contents
- Procedures to follow for employees who wish to review their personnel file
- Time frames for retention of personnel files

The Agency has personnel records for all Agency employees that are available for inspection by federal, state regulatory, and accreditation agencies.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-1B: Prior to or at the time of hire all personnel complete appropriate documentation.

Prior to or at the time of hire all personnel complete the appropriate documentation, which includes, but is not limited to:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-1C: All personnel files at a minimum contain or verify the following items. (Informational Standard Only)

Please refer to the standard listed for a detailed description of these requirements.

Description:	Standard:
Position application	PD4-1B
Dated and signed Withholding Statements	PD4-1B
Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)	PD4-1B
Personnel credentialing/verification of qualifications	PD4-2B
TB screening	PD4-2C
Hepatitis B vaccination	PD4-2D
Job description	PD4-2E
Motor vehicle license, if applicable	PD4-2F
Criminal background check	PD4-2H
National sex offender registry	PD4-2H
Office of the Inspector General's (OIG's) exclusion list	PD4-2H
Personnel policies review or employee handbook	PD4-2I
Annual performance	PD4-2J
Orientation	PD4-5A
Confidentiality agreement	PD2-5A

Competency assessments
Annual evaluation of job duties

PD4-6B, PD4-6A
PD4-6B

- Personnel includes, but is not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers.
- For contract staff, the organization must have access to all of the above items, except position application, withholding statements, I-9, and personnel handbook. The remainder of items must be available for review during survey but do not need to be kept on site.
- Direct client/patient care - care of a client/patient provided personally by a staff member or contracted individual/organization in a client's/patient's residence or healthcare facility. Direct client/patient care may involve any aspects of the health care of a client/patient, including treatments, counseling, self-care, client/patient education, and administration of medication.

Evidence: None required/Informational Standard

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2B: Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the Agency. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.

Personnel hired for specific positions within the Agency meet the minimum qualifications for those positions in accordance with applicable laws or regulations and the Agency's policies and procedures and job descriptions.

Education, training, and experience are verified prior to employment. This can be accomplished by obtaining copies of resumes, applications, references, diplomas, licenses, certificates, and workshop attendance records.

All professionals who furnish services directly, under an individual contract, or under arrangements with a Agency, must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope their state license, certification, or registration. All personnel qualifications must be kept current at all times.

The personnel file or other personnel records contain validation that credentialing information is obtained at time of hire, upon renewal, and in accordance with specific state practice act requirements. Credentialing information includes a procedure for the review of professional occupational licensure, certification, registration, or other training as required by state boards and/or professional associations for continued credentialing.

Credentials are verified through the appropriate licensing or credentialing organizations.

Evidence: Personnel Files (Primary Source Verification)

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2C: Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.

Prior to patient contact, direct care personnel provide or have:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high risk exposures have occurred since administration of the baseline TB test.
- If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

An organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of healthcare professionals is not recommended unless there is a known exposure or ongoing transmission.

Evidence: Written Policies and Procedures

Evidence: Personnel Files or other Confidential Employee Records

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2D: Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.

The Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines. Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an organization is exempt from making the vaccination available:

- The complete Hepatitis B vaccination series was previously received
- Antibody testing shows the employee to be immune
- The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing

Evidence: Personnel Files or other Confidential Employee Records

Evidence: Written Policies and Procedures

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2E: There is a job description for each position within the Agency which is consistent with the organizational chart with respect to function and reporting responsibilities.

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

The Agency's job descriptions are consistent with the organizational chart with respect to function and reporting responsibilities. Review of the job description with personnel is conducted as part of the orientation process and whenever the job description changes. There is documentation of receipt of the job description at the time of orientation and whenever the job description changes (e.g., signed job description orientation checklist and electronic verification).

Evidence: Job Descriptions

Evidence: Organizational Chart

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2F: All personnel who transport clients/patients in the course of their job duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

There is evidence that all personnel who transport patients as part of their job duties have valid drivers' licenses, appropriate to the type of vehicle being operated. The Agency conducts a Motor Vehicle Records (MVRs) check on all personnel who are required to transport patients as part of their job duties, at time of hire and annually.

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2H: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct client/patient care and/or access to client/patient records. Background checks include: Office of Inspector General (OIG) exclusion list, criminal background record and national sex offender registry.

The Agency obtains a criminal background check, OIG exclusion list check, and national sex offender registry check on all Agency employees who have direct client/patient care. Agency contracts requires that all contracted entities obtain a criminal background check, OIG exclusion list check, and national sex offender registry check on contracted employees who have direct client/patient contact.

The Agency obtains a criminal background check and OIG exclusion list check on all Agency employees who have access to client/patient records. Agency contracts require that all contracted entities obtain a criminal background check and OIG exclusion list check on contracted employees who have access to client/patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks to be obtained within three months of the date of employment for all states where the individual has lived or worked in the past three years.

The Agency has policies and procedures regarding special circumstances, if any, for hiring a person convicted of a crime. The policies and procedures include, but are not limited to:

- Documentation of special considerations
- Restrictions
- Additional supervision

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2I: Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

Personnel policies and procedures and/or the employee handbook include, but are not limited to:

- Wages
- Benefits
- Complaints and grievances
- Recruitment, hiring, and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Personnel policies and procedures and/or the employee handbook are reviewed at least annually and updated as needed, and are in accordance with applicable laws and regulations. Personnel policies and procedures show evidence of non-discriminatory practices.

Wages

Information is available on overtime, on-call, holiday pay, and exempt versus non-exempt status.

Benefits

An explanation of benefits is shared with all benefit-eligible personnel. Agencies that provide no benefits to some categories of personnel communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an “as needed” basis may address that benefits are not available to persons employed in that classification.

Grievances/Complaints

Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

Recruitment, Hiring and Retention of Personnel

The Agency has written policies and procedures on its recruitment, hiring, and retention of personnel that demonstrate non-discriminatory practices.

Disciplinary Action and Termination of Employment

Policies and Procedures on disciplinary action and termination of employment define time frames for probationary actions, conditions warranting termination, steps in the termination process, and the appeal process.

Professional Boundaries

Written policies and procedures are established and implemented that define professional boundaries.

Conflict of Interest

Written policies and procedures are established and implemented that define a conflict of interest.

Performance Expectations and Evaluations

The Agency's policies and procedures outline general performance expectations of all personnel (e.g., dress code and professional conduct), along with the schedule for performance evaluations.

Written documentation is kept verifying that the employee has reviewed and has access to personnel policies and procedures.

Evidence: Written Policies and Procedures and/or Employee Handbook

Evidence: Observation

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-2J: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

Written policies and procedures are established and implemented addressing individual performance evaluations for all personnel. These policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted. The policies and procedures also identify any deviations to their policy.

Personnel evaluations are completed, shared, reviewed, and signed by the supervisor and employee on an annual basis.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-5A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.

The orientation policies and procedures include, but are not limited to:

- Review of the individual's job description, duties performed, and his or her role in the Agency
- Organizational chart
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information (PHI)
- Client's/patient's rights
- Advance Directives, if applicable to the service(s) provided
- Conflict of interest
- Written policies and procedures
- Emergency plan
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., pediatrics, disease processes with specialized care and developmentally disabled individuals).
- Cultural diversity
- Communication barriers
- Ethical issues
- Professional boundaries
- Performance Improvement (PI) Plan
- Compliance Program
- Conveying of charges for care/service
- OSHA requirements, safety, and infection control
- Orientation to equipment, if applicable
- Incident/variance reporting
- Handling of client/patient complaints/grievances

The Agency creates and completes a checklist or other method to verify that the topics have been reviewed with all personnel.

Evidence: Personnel Files

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-5B: The Agency designates an individual who is responsible for conducting orientation activities.

The Agency designates an individual to coordinate the orientation activities ensuring that instruction is provided by qualified personnel.

Evidence: Orientation Schedule

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-6A: Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.

The Agency designs and implements a competency assessment program based on the care/service provided for all direct care personnel. Competency assessment is an ongoing process and focuses on the primary care/service, and/or therapies being provided. Competency assessment is conducted initially during orientation, prior to providing a new task, and annually. Validation of skills is specific to the employee's role and job responsibilities.

Policies and procedures for determining that direct care personnel are competent to provide quality care/service are in place and may be accomplished through observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable.

Peer review of clinical personnel competency by like disciplines is acceptable if defined by the Agency. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Competency/training of the aides must be performed by or under the general supervision of an RN.

Evidence: Written Policies and Procedures
Evidence: Personnel Files/Competency Assessments
Evidence: Response to Interviews

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-6B: Written policies and procedures are established and implemented requiring the Agency to design a competency assessment program on the care/service provided for all direct care personnel.

The Agency designs and implements a competency assessment program based on the care/service provided for all direct care personnel. Competency assessment is an ongoing process and focuses on the primary care/service being provided. Competency assessment is conducted initially during orientation, prior to providing a new task and annually thereafter. Validation of skills is specific to the employee's role and job responsibilities.

Policies and procedures for determining that direct care personnel are competent to provide quality care/service are in place and may be accomplished through supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment. All competency assessments and training are documented. A self-assessment tool alone is not acceptable. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Evidence: Written Policies and Procedures
Evidence: Personnel Files/Competency Assessments
Evidence: Response to Interviews

Services applicable: PDC

Standard PD4-7A: A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of on-going in-service training for each classification of personnel.

The education plan includes training provided during orientation as well as ongoing in-service education. Agencies provide this training directly or arrange for personnel to attend sessions offered by outside sources.

The ongoing in-service education plan is a written document that outlines the education to be offered for personnel throughout the year. The plan is based on reliable and valid assessment of needs relevant to individual job responsibilities. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include provision of journals, reference materials, books, internet learning, in-house lectures and demonstrations, and access to external learning opportunities.

The Agency has an ongoing education plan that annually addresses, but is not limited to:

- Emergency/disaster training
- How to handle grievances/complaints
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Work place (OSHA), client/patient safety and components of PD7-2A

- Client/patient rights and responsibilities
- Compliance Program

There is written documentation confirming attendance at ongoing education programs.

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Evidence: Personnel Files

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-7B: Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education required for each classification of personnel.

Non-direct care or companion/homemaker personnel have a minimum of eight hours of in-service/continuing education per year. Direct care personnel must have a minimum of 12 hours of in-service/continuing education per year. Aide in-service training may be conducted while the aide is providing care to a client/patient.

Evidence: Written Policies and Procedures

Evidence: Training Logs/Files

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-7D: Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care/service personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.

Qualified personnel observe and evaluate direct care/service personnel performing their job duties prior to providing care independently and at frequencies required by state or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided.

Written policies and procedures define the evaluation criteria. This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-9A: Supervision is available during all hours that care/service is provided.

There is administrative (and clinical, when applicable) supervision provided in all areas during the hours that care/service is furnished. Supervision is consistent with state laws and regulations.

Evidence: Observation

Evidence: On-Call Schedules

Evidence: Response to Interviews

Evidence: Personnel Files

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-10A: There are experienced personnel designated as client/patient care coordinator/case manager for each client/patient.

There are personnel designated to provide case management functions for each client/patient receiving care/services. The case manager coordinates activities with the client/patient, physician* (if applicable), other service personnel and other organizations involved in the client's/patient's care.

The case manager may be one of the following:

- An employee of the Agency
- A consultant under agreement with another organization

- An individual under contract to perform specific case management functions

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Evidence: Personnel Files

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD4-11A: Written policies and procedures are established and implemented when there is a professional reviewing and supervising paraprofessionals that gather data.

Responsibilities that may be delegated to paraprofessionals include collection of data, as long as an RN reviews and interprets the data. There are written policies and procedures describing the review and supervision of paraprofessionals.

Evidence: Written policies and procedures

Evidence: Client/Patient Records

Services applicable: PDA

Standard PD4-11B: Written policies and procedures are established and implemented that describe professional oversight activities when paraprofessionals are used in a supervisory role.

Written policies and procedures describe professional oversight activities when paraprofessionals are used in a supervisory role that include, but are not limited to:

- Co-signing of supervisory notes
- Periodic joint home visits
- Case conferences

Professionals retain full responsibility for supervision of aides even when some supervisory activities are delegated to paraprofessionals.

Certain aspects of supervision delegated to paraprofessionals include, but are not limited to:

- Assigning cases
- Establishing work schedules
- Monitoring work performance of aides

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Evidence: Response to Interviews

Services applicable: PDA

Standard PD4-11C: There is a qualified Registered Nurse (RN) responsible for supervision of all services.

All Agency Nursing services must be provided under the direction of an RN with sufficient education and experience in the scope of services offered. A minimum of two years of home care experience and one-year supervisory experience is required.

Evidence: Personnel Files

Evidence: Observation

Services applicable: PDN

Standard PD4-11D: Written policies and procedures are established and implemented in regard to Licensed Practical Nurses/Licensed Vocational Nurses (LPN/LVN) being supervised by a Registered Nurse (RN).

Written policies and procedures outline the supervision of care/service provided by LPN/LVN personnel. The procedure outlines the process for assessing LPN/LVN practice and a method for ensuring that client/patient care needs are met.

Supervision includes:

- Client/patient record reviews

- Case conferences
- A visit to the client's/patient's home by the RN, with or without the LPN/LVN present, at least every 60 days, unless state laws requires more frequently

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Response to Interviews

Services applicable: PDN

Standard PD4-11E: There is a qualified Therapist responsible for supervision of all therapy services.

All Agency Therapy services must be provided under the direction of a licensed Therapist with sufficient education and experience in the scope of services offered. A minimum of two years of home care experience and at least one-year supervisory experience is required.

Evidence: Personnel Files

Services applicable: PDOT, PDPT, PDST

Standard PD4-12A: Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Written policies and procedures define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Personnel files contain documentation of completion of all special education, experience, or licensure/certification requirements. Qualifications may vary based upon state's board of nursing requirements for LPNs and RNs.

Evidence: Written Policies and Procedures
Evidence: Personnel Files

Services applicable: PDIN, PDN

Standard PD4-13A: Written policies and procedures are established and implemented in regard to Nursing Services being provided by a qualified Registered Nurse (RN), Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN) in accordance with the state's Nurse Practice Act and and/or job descriptions.

RNs, LPNs and LVNs function in accordance with professional standards, the state's Nurse Practice Act, and according to the Agency's policies and procedures and/or job descriptions.

Current copies of applicable rules/regulations and the state's Nurse Practice Act are available to nursing personnel.

Evidence: Written Policies and Procedure
Evidence: Observation

Services applicable: PDIN, PDN

Standard PD4-13B: Written policies and procedures are established and implemented in regard to all Aide Services being provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, and/or job descriptions.

Written policies and procedures define minimum personnel qualifications, experience, educational requirements and skilled tasks performed at each level.

All services are provided in accordance with the recognized occupational certification and state regulations, where applicable, including the Agency's policies and procedures and/or job description.

Examples of aide service levels include, but are not limited to:

- Personal care services as defined in Medicaid regulations
- Personal care services as defined by the organization
- Live-in aide services

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Personnel Files

Services applicable: PDA

Standard PD4-15A: Any therapy services offered by the Agency directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist.

Therapy services are provided by a qualified licensed Therapist or therapist assistant in accordance with the appropriate state's Therapy Practice Act, the Agency's policies and procedures, and/or job descriptions.

Physical Therapists (PTs), and Physical Therapist Assistants (PTAs) function in accordance with the state's Physical Therapy Practice Act and according to the Agency's policies and procedures and/or job description.

Occupational Therapists (OTs) and Certified Occupational Therapist Assistants (COTAs) function in accordance with the state's Occupational Therapy Practice Act and according to the Agency's policies and procedures and/or job description.

Speech Language Pathologists (SLPs) function in accordance with the state's Speech-Language Pathology Practice Act and according to the Agency's policies and procedures and/or job description.

Current copies of applicable rules and regulations and the state's Therapy Practice Acts are available to therapy personnel.

Evidence: Observation

Services applicable: PDOT, PDPT, PDST

Standard PD4-15B: Physical Therapy Assistants (PTA) must be supervised by a licensed Physical Therapist (PT).

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a licensed PTA. The process includes a procedure for assessing PTA practice and a method for ensuring that client/patient needs are met. A PTA performs services planned, delegated, and supervised by the Therapist.

Supervisory activities include, but are not limited to:

- A visit to the client's/patient's home by the PT, with or without the PTA present, at least every 60 days, unless state laws requires more frequently
- Regularly scheduled client/patient record reviews
- Conferences

Supervisory visits are documented in the client/patient record.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Observation

Services applicable: PDPT

Standard PD4-15C: Certified Occupational Therapy Assistants (COTAs) are supervised by a licensed Occupational Therapist (OT).

Written policies and procedures are established and implemented that outline the supervision of care provided by licensed COTA. The process includes a procedure for accessing COTA practice and a method for ensuring that client/patient needs are met. A COTA performs services planned, delegated, and supervised by the OT.

Supervisory activities include, but are not limited to:

- A visit to the client's/patient's home by the OT, with or without the COTA present, at least every 60 days, unless state laws requires more frequently
- Regularly scheduled client/patient record reviews
- Conferences

Supervisory visits are documented in the patient record.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records
Evidence: Observation

Services applicable: PDOT

Standard PD4-15D: All Social Work services are provided by a qualified Medical Social Worker or Social Worker Assistant in accordance with the state's Social Work Practice Act and the Agency's policies and procedures and/or job descriptions

Social Workers function in accordance with the state's Social Work Practice Act and according to the Agency's policies and procedures and/or job descriptions. The Social Worker assists the physician* and other team members in understanding the social and emotional factors related to health problems.

Current copies of applicable rules and regulations, Code of Ethics, and Social Work Practice Act are available to social work personnel.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Observation
Evidence: Personnel Files

Services applicable: PDSW

Standard PD4-15E: Social Work Assistants are supervised by a master's degree prepared Medical Social Worker (MSW).

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a Social Worker Assistant. The process includes a procedure for assessing the Social Worker Assistant's practice and a method for ensuring that client/patient needs are met. A Social Worker Assistant performs services planned, delegated, and supervised by the master's degree-prepared MSW.

Supervisory activities include, but are not limited to:

- Periodically approve the plan of care
- Provide clinical supervision at least every 60 days but more frequently based on the acuity of the client/patient, unless state laws require more often
- Case conferences, joint visits or both depending on the needs of the client/patient and skills of the assistant

Supervisory visits or other forms of supervision are documented in the client/patient record. A supervisory visit is a one-on-one between the MSW and the bachelor's degree-prepared Social Worker (BSW) in conjunction with a client/patient record review, and the need for a home supervisory visit is based on the severity of the client's/patient's situation.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records

Services applicable: PDSW

Standard PD4-15F: Certified Speech-Language Pathology Assistants (SLPAs) are supervised by a licensed Speech-Language Pathologist (SLP).

Written policies and procedures are established and implemented that outline the supervision of care provided by licensed Certified SLPAs. The process includes a procedure for assessing SLPA practice and a method for ensuring that client/patient needs are met. An SLPA performs services planned, delegated, and supervised by the SLP.

Supervisory activities include, but are not limited to:

- A visit to the client's/patient's home by the SLP, with or without the SLPA present at least every 60 days, unless state laws requires more frequently
- Regularly scheduled client/patient record reviews
- Conferences

Supervisory visits are documented in the client/patient record.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Records

Evidence: Observation

Services applicable: PDST

Section 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient/resident record. These standards also address the specifics surrounding the operational aspects of care/services provided.

Standard PD5-1A: Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

Written policies and procedures define the required content of the client/patient record. The content includes, but is not limited to:

- Identification data
- Names of family/legal guardian/emergency contact
- Name of primary caregiver(s)
- Source of referral
- Name of physician* responsible for care
- Diagnosis
- Physician's* orders that include medications, dietary, treatment and activity orders, (as appropriate to the level of care/service the client/patient is receiving)
- Signed release of information and other documents for Protected Health Information (PHI)
- Admission and informed consent documents
- Initial assessments
- Signed and dated clinical and progress notes
- Signed notice of receipt of Client/Patient Rights and Responsibilities statement
- Initial plan of care
- Updated plan of care
- Evidence of coordination of care/service provided by the Agency with others who may be providing care/service, if applicable
- Ongoing assessments, if applicable
- Assessment of the home, if applicable
- Copies of summary reports sent to physicians*, if applicable
- Client/patient response to care/service provided
- A discharge summary, if applicable
- Advance Directives, if applicable
- Admission and discharge dates from a hospital or other institution, if applicable

If the agency has electronic medical records (EMR), the agency has written policies and procedures and a mechanism to maintain all client/patient records in an electronic format. The EMR is in compliance with federal and state EMR requirements.

*A physician or other licensed practitioner with prescribing authority

Evidence: Written Policies and Procedures

Evidence: Client/Patient Record

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-1B: Written policies and procedures are established and implemented relating to the required content of the client/patient record. An accurate record is maintained for each client/patient.

Written policies and procedures define the required content of the client/patient record. The content includes, but is not limited to:

- Identification data
- Names of family/legal guardian/emergency contact
- Name of primary caregiver(s)
- Source of referral
- Signed notice of receipt of Client/Patient Rights and Responsibilities statement
- Admission and informed consent documents
- Plan of service
- Signed release of information and other documents for Protected Health Information (PHI), if applicable
- Evaluation of the ability to provide services in the home environment
- Initial evaluation of services requested
- Ongoing evaluations, if applicable

If the agency has electronic medical records (EMR), the agency has written policies and procedures and a mechanism to maintain all client/patient records in an electronic format. The EMR is in compliance with federal and state EMR requirements.

Evidence: Written Policies and Procedures
Evidence: Client/Patient Record

Services applicable: PDC

Standard PD5-1C: Client/patient records contain documentation of all care/services provided. All entries are legible, clear, complete, appropriately authenticated and dated in accordance with policies and procedures and currently accepted standards of practice.

The client/patient record contains documentation of all care/service provided, directly or by contract, and has entries dated and signed by the appropriate personnel. Each home visit, treatment, or care/service is documented in the client/patient record and signed by the individual who provided the care/service. Signatures are legible, legal, and include the proper designation of any credentials. Electronic signatures are acceptable as long as the Agency is following appropriate safeguards to prevent unauthorized access to the client/patient records. Stamped physician* or clinical personnel signatures on orders, treatments, or other documents that are part of the client's/patient's record are not accepted.

*A physician or other licensed practitioner with prescribing authority

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-2A: Written policies and procedures are established and implemented that address access, storage, removal, and retention of client/patient records and information.

Written policies and procedures are consistent with Health Insurance Portability and Accountability Act (HIPAA) standards, which include, but are not limited to:

- Who can have access to client/patient records
- Personnel authorized to enter information and review the records
- Any circumstances and the procedure to be followed to remove client/patient records from the premises or designated electronic storage areas
- A description of the protection and access of computerized records and information
- Backup procedures, which include, but are not limited to:
 - Electronic transmission procedures
 - Storage of backup disks and tapes
 - Methods to replace information if necessary
- Conditions for release of information

All active client/patient records are kept in a secure location. Current electronic client/patient records are stored in an appropriate secure manner to maintain the integrity of the client/patient data through routine backups on- or off-site. Client/patient record information is safeguarded against loss or unauthorized use. A Agency has written consent from the client/patient to release information not authorized by law.

All client/patient records are retained for a minimum of seven years from the date of the most recent discharge or the death of the client/patient, or per state law (whichever is the greater). Records of minor clients/patients are retained until at least seven years following the client's/patient's eighteenth birthday or according to state laws and regulations. The Agency's policies and procedures provide for retention even if the Agency discontinues operations.

Portions of client/patient records may be copied and removed from the premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care/service. The Agency has specific written policies and procedures delineating how these copies will be transported and stored to preserve confidentiality of information.

The client/patient record, whether hard copy or in electronic form, is made readily available on request by an appropriate authority.

Evidence: Written Policies and Procedures
Evidence: Observation

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-3A: Written policies and procedures are established that describe the process for assessment and the plan of care.

Written policies and procedures describe the process for a client/patient assessment, the development of the plan of care, and the

frequency and process for the plan of care review.

The Agency's develop written assessment policies and procedures and/or protocols that define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

A Registered Nurse (RN) or qualified professional, per state licensure rules or regulations, conducts an initial assessment to determine eligibility, care, and support needs of the client/patient. The plan of care should be appropriate for the type of care/service that is needed. Care planning is directed toward driving positive client/patient outcomes.

Evidence: Written Policies and Procedures

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-3B: All clients/patients referred for Private Duty Nursing services have an initial assessment. The initial assessment is conducted within 48 hours of referral and/or within 48 hours of the client's/patient's return home, unless the physician specifies a specific time to conduct the initial assessment.

A Registered Nurse (RN) must conduct an initial assessment visit to determine the immediate care/service and support needs of the client/patient. The initial assessment visit must be held either within 48 hours of referral, within 48 hours of the client's/patient's return home, or on the physician*-ordered start-of-care date.

Clients/patients are accepted for treatment on the basis of a reasonable expectation that the client's/patient's medical, nursing, and social needs can be met adequately by the agency in the client's/patient's place of residence.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDN

Standard PD5-3C: The comprehensive assessment must be completed in a timely manner, consistent with client's/patient's immediate needs, but no later than 5 calendar days after the start of care.

The comprehensive assessment is performed on clients/patients referred for services and documented in the client's/patient's record. The comprehensive assessment is based on client/patient need or perceived need and addresses physical status. The comprehensive assessment is conducted and documented whether services continue or not. The comprehensive assessment is appropriate to the client/patient age and diagnosis (e.g., infant, older adult, prenatal, or postpartum client/patient).

The comprehensive assessment includes, but is not limited to:

Client/patient information:

- Client/patient demographics

The physical health component:

- Diagnosis
- Vital signs
- Identification of additional health problems or pertinent health history, including recent hospital stays
- Review of medications
- Allergies
- Special nutritional needs or dietary requirements and weight loss
- Complete pain and other symptoms assessment
- Head-to-toe assessment
- Equipment and supply needs
- Client/patient preferences for treatment and concerns
- Other needed information that could impact the level of services required to meet the client/patient needs

The mental component:

- Orientation/memory
- Reasoning/judgment
- Emotional/behavioral status
- Ability to read/understand material
- Depression and suicide risk
- Substance abuse
- Coping mechanisms

The social component:

- Identification of the responsible party
- Identification of an emergency contact
- Availability and capability of caregivers
- Role changes and family dynamics
- Language preference
- Communication strengths and barriers, literacy and language skills
- The client's/patient's involvement with social and community resources
- Financial, economic and community resources
- Advance Directive decisions

The environmental component:

- Identification of safety and health hazards
- Presence of adequate living arrangements (e.g., heat, electricity, and water)
- Home environmental assessments, which include the potential for safety and security hazards (e.g., water, heat, cooling, refrigeration, throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)

The economic component:

- A review of the financial resources available to pay for the care/service provided

Functional limitations:

- The client's/patient's ability to ambulate
- Documentation of all functional limitations
- Documentation of ability to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) that include:
 - Bathing
 - Dressing
 - Feeding
 - Toileting
 - Transferring
 - Ambulation
 - Use of telephone
 - Shopping
 - Meal preparation
 - Housework
 - Money management
 - Ability to take medication, as appropriate
- Need for a home health aide to assist with client/patient care, ADLs and IADLs

A complete pain assessment is conducted at the time of admission based on policies and procedures and/or protocols for pain assessment and management of pain. The assessment includes, but is not limited to:

- History of pain and its treatment (including non-pharmacological and pharmacological treatment)
- Characteristics of pain, such as:
 - Intensity of pain (e.g., as measured on a standardized pain scale)
 - Descriptors of pain (e.g., burning, stabbing, tingling, or aching)
 - Pattern of pain (e.g., constant or intermittent)
 - Location and radiation of pain
 - Frequency, timing, and duration of pain
 - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood)
 - Factors such as activities, care, or treatment that precipitate or exacerbate pain
 - Strategies and factors that reduce pain
 - Patient's/family's goals for pain management and their satisfaction with the current level of pain control

Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on policies and procedures/protocols for symptom identification and management. Common symptoms include, but are not limited to:

- Nausea and vomiting
- Anorexia
- Constipation
- Anxiety
- Restlessness
- Dyspnea
- Dehydration
- Skin breakdown
- Sleep disorders

Assessment findings are communicated to all personnel.

Qualified personnel conduct assessments. Specialized populations such as infants and children are assessed by personnel with appropriate training and experience.

Evidence: Client/Patient Records
Evidence: Observation

Services applicable: PDIN, PDN

Standard PD5-3D: All clients/patients referred for Aide Services have an assessment. The initial assessment is conducted and care/service implemented within 7 days of the referral or on the date requested by the client/patient.

An assessment is performed on clients/patients referred for aide services and documented in the client's/patient's record. The assessment is based on client/patient need or perceived need and addresses the client/patient's physical and functional status. The assessment is documented whether services continue or not.

Assessments and reassessments are conducted by a Registered Nurse (RN) or a qualified professional, per state licensure rules or regulations.

The assessment includes, but is not limited to:

Client/patient information:

- Client/patient demographics

The social component:

- Identification of the responsible party
- An emergency contact
- The client's/patient's involvement with social and community activities

The environmental component:

- Identification of safety or health hazards
- Presence of adequate living arrangements
- Home environmental assessments include the potential for safety and security hazards (i.e., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks).

The economic component:

- A review of the financial resources available to pay for the care/services provided

Functional limitations:

- Documentation of all functional limitations
- Documentation of ability to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
 - Bathing
 - Dressing
 - Feeding
 - Toileting
 - Transferring
 - Ambulation
 - Use of telephone
 - Shopping
 - Meal preparation
 - Housework
 - Money management
 - Ability to take medication, as appropriate

The physical health component:

- Identification of health problems
- Review of medications
- Special dietary requirements
- Other needed information that could impact the level of care/services required to meet the client's/patient's needs

The mental component:

- Orientation/memory
- Reasoning/judgment

Evidence: Client/Patient Records
Evidence: Observation

Services applicable: PDA

Standard PD5-3E: All clients/patients referred for Companion/Homemaker Services have an evaluation. The initial evaluation is conducted and service started within 7 days of the referral or on the date requested by the client/patient.

An evaluation is performed on clients/patients referred for Companion/Homemaker services and documented in the client's/patient's record. The evaluation is based on services requested by the clients/patients. The evaluation is documented whether services continue or not.

The organization defines who conducts the initial and on-going evaluations.

The evaluation includes, but is not limited to:

Client/patient information:

- Client/patient demographics
- Requested services

The social component:

- Identification of the responsible party
- An emergency contact

The environmental component:

- Identification of safety or health hazards

The economic component:

- A review of the financial resources available to pay for the care/services provided

Evidence: Client/Patient Records

Evidence: Observation

Services applicable: PDC

Standard PD5-3F: There is a written plan of care for each client/patient accepted to services.

The initial plan of care includes, but is not limited to:

- Start of care date
- Certification period
- Client/patient demographics
- Principle diagnoses and other pertinent diagnoses
- Medications: dose/frequency/route
- Allergies
- Orders for specific clinical services, treatments, procedures (specify amount/frequency/duration)
- Equipment and supply needs
- Caregiver needs
- Functional limitations
- Diet and nutritional needs
- Safety measures
- Measurable goals

Physician* orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors). In these situations, the Agency has a responsibility to obtain physician orders prior to initiation of the care/services and to notify the physician* of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and signed by the physician* within the time frame established in the Agency's policies and procedures and/or state requirement.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDN

Standard PD5-3G: There is a written plan of care for each client/patient accepted for Aide Services.

The written plan of care shall be based upon assessment data and specify:

- Problems/needs
- Interventions
- Services
- Expected client/patient outcomes/goals
- Treatments/orders

The plan of care will delineate specific services and assessments to be delivered based on the evaluation and will include amount, frequency, duration, and expected outcomes for the client.

Physician's* orders are needed to provide any care/services governed by state law. Physician's* orders may also be required under certain program requirements (i.e., Medicaid, Managed Care, and other third-party payors). The Agency has a responsibility to obtain physician's* orders prior to initiation of the care/services.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDA

Standard PD5-3H: There is a written plan of service for each client/patient accepted for Companion/Homemaker Services.

The written plan of service is based upon the evaluation data and specifies:

- Services to be performed
- Frequency and duration of services

Evidence: Client/Patient Records

Services applicable: PDC

Standard PD5-3I: The Agency shows evidence of the client/patient participation in the plan of care.

The client/patient has a right to be involved in the development of the plan of care and any changes in that plan. The degree of involvement may vary depending on the status of the client/patient. At a minimum, the client/patient agrees to the plan of care prior to the beginning of services and as subsequent changes occur.

The methods by which the Agency documents participation include, but are not limited to:

- The plan of care is signed by the client/patient
- A notation is made in the client/patient record that the client/patient participated in the development of the plan of care
- There is documentation in the client/patient record that the plan of care was reviewed and accepted by the client/patient

Evidence: Response to Interviews

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-3J: The Agency shows evidence of the client/patient acceptance of the plan of service and shows documentation that services are delivered in accordance with the plan of service.

The client/patient agrees to the services that the Agency has outlined in the plan of service. The client/patient agrees to the plan of service prior to the beginning of services and as subsequent changes occur.

The client/patient record reflects that the services are delivered in accordance with the plan of service.

Evidence: Client/Patient Records

Services applicable: PDC

Standard PD5-3K: Care/services are delivered in accordance with the written plan of care.

The client/patient record reflects that the care is delivered in accordance with the plan of care and is directed at achieving established goals. The documentation also shows effective communication and coordination between all personnel involved in the client's/patient's care.

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-3L: There is evidence that the plan of care for Aide Services is reviewed and revised based on reassessment data by a Registered Nurse (RN) or qualified professional.

There is documentation in the client/patient record that reflects the plan of care is reviewed by a Registered Nurse (RN) or a qualified professional for:

- Appropriateness (care/service being provided is still needed)
- Effectiveness (client/patient outcomes/response to care/service)
- To determine if all needed care/services are being provided
- Change in client's/patient's condition

Included in this review is a discussion with the client/patient to determine the level of satisfaction with the care/services being provided. The RN or qualified professional reviews the plan of care at a minimum of every 90 days unless state laws require more frequent reviews. Review of the plan of care occurs more frequently if indicated by the client's/patient's needs.

Evidence: Client/Patient Records

Evidence: Response to Interviews

Services applicable: PDA

Standard PD5-3M: Aides providing personal care services are supervised in those tasks in the client's/patient's home as appropriate to the service level provided.

Aides are supervised according to the frequency defined in the Agency's policies and procedures based on state and federal regulations or payor guidelines, or at a minimum of every 90 days.

A Registered Nurse (RN) must provide supervision to aides who provide Medicaid Personal Care services. Other qualified professionals, in accordance with state law, may provide this supervision in other programs.

A supervisory visit must be made in the home of each client/patient receiving aide services with the in-home aide present, to assess the care and services being provided and the client's/patient's response to those services.

Evidence: Client/Patient Records

Evidence: Response to Interviews

Evidence: Observation

Services applicable: PDA

Standard PD5-3N: There is evidence that the plan of care for Nursing Services is reviewed and revised based on reassessment data by a Registered Nurse (RN).

There is documentation in the client/patient record that reflects the plan of care is reviewed at least every 60 days for:

- Appropriateness (care/service being provided is still needed)
- Effectiveness (client/patient outcomes/response to care/service)
- To determine if all needed care/services are being provided
- Change in client's/patient's condition

Included in this review is a discussion with the client/patient to determine the level of satisfaction with the care/services being provided. Notation of a review may be made in the client/patient record and in meeting minutes (team meetings or case conferences).

The Agency follows program policies and procedures and any applicable laws and rules for the frequency of the plan of care review. Review of the plan of care can occur more frequently if indicated by the client's/patient's needs.

The plan of care should be reviewed:

- At a minimum of every 60 days
- When there are changes in client's/patient's response to therapy
- When physician's* orders change

- At the request of client/patient
- As defined in the Agency's policies and procedures

* A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records
 Evidence: Response to Interviews

Services applicable: PDN

Standard PD5-3P: There is evidence of changes in the plan of service based on reassessment and/or review of client's/patient's needs.

The plan of service will be reviewed and revised as necessary, but not less than once annually.

Evidence: Client/Patient Record

Services applicable: PDC

Standard PD5-3Q: Written policies and procedures are established and implemented that address the process the Agency will follow to ensure that all clients/patients receive the appropriate number of visits as outlined in the plan of care/service.

A missed visit to a client's/patient's home is considered a deviation from the plan of care/service. The Agency has protocols in place to address missed visits and ensure that the client/patient receives the visit as scheduled.

Written policies and procedures include, but are not limited to:

- Personnel not arriving at the client/patient home
- Personnel calling in sick
- Personnel shortages

Evidence: Written Policies and Procedures
 Evidence: Client/Patient Records

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-4A: Written policies and procedures are established and implemented for addressing client/patient needs which cannot be met by the Agency at time of referral. The Agency coordinates planning and care/service delivery efforts with other community agencies. Clients/patients are referred to other agencies when appropriate.

Care/service needs that cannot be met by the Agency are addressed by referring the client/patient to other organizations when appropriate.

The Agency maintains a referral log or other tool to record all referrals. Referral sources are notified when client/patient needs cannot be met and the client/patient is not being admitted to the Agency .

Personnel are knowledgeable about other care/services available in the community.

Evidence: Written Policies and Procedures
 Evidence: Referral Log/Tool
 Evidence: Response to Interviews

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-5A: Written policies and procedures are established and implemented that describe the client/patient referral and acceptance process.

Written policies and procedures describe the referral process including the required information and the positions designated in the Agency that may receive referrals.

Referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-6A: Written policies and procedures are established and implemented that describe the process for client/patient education.

Written policies and procedures describe client/patient education. The policies/procedures and practices include, but are not limited to:

- Disease management as appropriate to the care/service provided
- Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment that is provided
- Plan of care
- How to notify the company of problems, concerns and complaints
- Emergency preparedness information

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-6B: Client/patient education focuses on goal and outcome achievement as established in the plan of care.

Client/patient education is an integral part of care/services provided. Assessment of the client's/patient's knowledge deficits and learning abilities are evaluated during the initiation of care/services.

Client/patient education/instruction proceeds in accordance with the client's/patient's willingness and condition to learn.

Education is coordinated with the client/patient and the healthcare team, and focuses on goal and outcome achievement as established in the plan of care. Elements of client/patient education include, but are not limited to:

- Ongoing assessment of client's/patient's learning needs
- Communication of needs to other healthcare team members
- Incorporating client/patient needs into the plan of care

The client/patient record must indicate educating the client/patient about appropriate actions to take if a medication or treatment reaction occurs when a health-care professional is not present.

The client/patient record includes documentation of all teaching, client's/patient's response to teaching, and the client's/patient's level of progress/achievement of goals/outcomes. Written instructions are provided to the client/patient.

If medical supplies are provided, written instructions must be provided to clients/patients regarding the safe and appropriate use and care of the supplies.

Evidence: Client/Patient Records

Evidence: Response to Interviews

Services applicable: PDIN, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-7A: Written policies and procedures are established and implemented that describe the process for transfer of a client/patient.

Written policies and procedures define the circumstances when a client/patient would be transferred to another organization.

Reasons for client/patient transfer may include the client/patient moves outside of the Agency's geographic service area, the client/patient requires care/service not provided by the Agency, or the Agency is not a preferred provider by the client's/patient's insurance company.

A transfer summary is completed and maintained in the client/patient record and a copy is forwarded to the receiving organization. A transfer summary includes, but is not limited to:

- Date of transfer, client/patient identifying information, and emergency contact
- Destination of client/patient transferred
- Date and name of person receiving report

- Client's/patient's physician* and phone number
- Diagnosis related to the transfer
- Significant health history
- Transfer orders and instructions
- A brief description of services provided and ongoing needs that cannot be met
- Status of client/patient at the time of transfer

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-7B: Written policies and procedures are established and implemented that describe the process for discharge of a client/patient.

The discharge policies and procedures define the circumstances when a client/patient would be discharged. Reasons for client/patient discharge may include when a client/patient moves outside of the Agency's geographic service area; when the client's/patient's condition improves and therefore the client/patient no longer needs the care/service provided; when the physician* discontinues the order for care/service; or when the client/patient declines the care/service, requests discontinuation of services, or expires.

The client/patient record must reflect discharge planning activities, coordination with other care/service providers, the client's/patient's response and understanding of these activities, and client/patient care instructions. If there is imminent danger to agency personnel, then the discharge is completed as soon as possible.

A copy of the discharge summary is maintained in the client/patient record and a copy is made available to the primary physician* upon request. The discharge summary includes, but is not limited to:

- Date of discharge
- Client/patient identifying information
- Client's/patient's physician* and phone number
- Diagnosis
- Reason for discharge
- A brief description of care/services provided
- Status of client/patient at the time of discharge
- Any instructions given to the client/patient

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD5-8A: Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by Agency personnel.

Written policies and procedures identify the drugs or drug classifications and/or routes not approved by the governing board/owner for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: PDN

Standard PD5-8B: Written policies and procedures are established and implemented in regard to the requirements for agency staff administering the first dose of a medication in the home setting.

The Agency may elect not to administer the first dose of a medication in the home or may have specific written requirements that allow administration of the first dose. The Agency defines when first dose policies and procedures are appropriate based on the medication route and potential reaction.

The following are reviewed prior to administering the first dose in the home:

- The history of being allergic to this class of medication
- Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
- Giving the first dose in the hospital, physician's* office or other medical facility has been considered and has been rejected
- The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
- The nurse administering the medication stays with the client/patient at least a half hour after the administration of the medication to ensure the client/patient has tolerated the medication well
- The appropriate monitoring of the client/patient after the first dose is administered

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Written Policies and Procedures

Evidence: Client/Patient Records

Services applicable: PDN

Standard PD5-8C: A Registered Nurse (RN) reviews all client/patient medications, both prescription and non-prescription, on an ongoing basis as part of the care/services to a client/patient.

An RN reviews and documents all prescription and non-prescription medications that a client/patient is taking.

A medication profile includes, but is not limited to:

- All current client/patient medications
- Date prescribed or taken
- Name of medication
- Dose
- Route
- Frequency
- Date discontinued
- Drug and/or food allergies

The RN is specifically accountable for recognizing the following:

- Side effects
- Toxic effects
- Allergic reactions
- Immediate desired effects
- Unusual and unexpected effects
- Changes in the client's/patient's condition that contraindicates continued administration of the medication

In addition, the RN is able to anticipate those effects that may rapidly endanger a client's/patient's life or well-being, and instruct the client/patient as necessary in following the prescribed regimen.

The physician* is notified promptly regarding any medication discrepancies, side effects, problems, or reactions.

The label on the bottle of a prescription medication constitutes the Pharmacist's transcription or documentation of the order. Such medications are noted in the client's/patient's record and listed on the physician's* plan of care. This is consistent with acceptable standards of practice.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDN

Standard PD5-9A: All clients/patients that are referred for therapy services have an assessment. The initial assessment is conducted and care/service implemented within 7 days of the referral unless the physician* specifies a specific time to conduct the initial assessment.

The evaluation assessment will be performed on clients/patients referred for therapy services and documented in client/patient records. The assessment is based on client/patient need or perceived need and addresses physical and functional status. The

assessment will be documented whether services continue or not. The assessment should be appropriate to the client/patient diagnosis and age.

The therapy assessment includes, but is not limited to:

The environmental component:

- Identification of safety or health hazards and presence of adequate living arrangements
- Home environmental assessments include the potential for safety and security hazards (e.g., throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)
- Instructions and interventions are directed to minimizing safety risks and preventing injury

Functional limitations component:

- Client's/patient's mobility
- Client's/patient's restrictions
- Assistive devices
- Medical equipment

The physical health component:

- Client/patient diagnosis
- Other needed information that could impact the level of services required to meet the client's/patient's needs

The Agency develops written assessment policies and procedures and/or protocols that define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDOT, PDPT, PDST

Standard PD5-9B: There is a written plan of care for each client/patient accepted into therapy services.

The initial therapy plan of care includes, but is not limited to:

- Start of care date
- Client/patient demographics
- Principle diagnoses and other pertinent diagnoses
- Medications: dose/frequency/route
- Allergies
- Orders for specific clinical services, treatments, procedures (specify amount/frequency/duration)
- Equipment and supply needs
- Caregiver needs
- Functional limitations
- Safety measures
- Measurable goals

Physician's* orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors). In these situations, the Agency has a responsibility to obtain physician's* orders prior to initiation of the care/services and to notify the physician* of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order, and are signed by the physician* within the time frame established in the Agency's policies and procedures and/or state requirement.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDOT, PDPT, PDST

Standard PD5-9C: All clients/patients that are referred for social work services have an assessment. The initial assessment is conducted within 7 days of the referral unless the physician* specifies a specific time to conduct the initial assessment. Social work services are based on the patient's psychosocial assessment and the client's/patient needs and acceptance of

these services.

A Social Work (SW) service assessment will be performed on clients/patients referred for SW services and documented in the client's/patient's record. The assessment is based on client/patient need or perceived need, and addresses financial and social status. The assessment will be documented whether services continue or not.

The assessment includes, but is not limited to:

The social component:

- Identification of the responsible party
- An emergency contact
- The patient's involvement with social and community activities

The economic component:

- A review of the financial resources available to pay for the care/services provided
- A review of the financial resources to maintain current independent status

Functional limitations:

- Resources needed to manage functional limitations

The mental health component:

- Orientation
- Memory
- Reasoning
- Judgment

The physical health component:

- Identification of health problems and other needed information that could impact the level of services required to meet the patient's needs.

The Agency develops written assessment policies and procedures and/or protocols that define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDSW

Standard PD5-9D: There is a written plan of care for each client/patient accepted into social work services.

The initial SW services plan of care includes, but is not limited to:

- Social component
- Economic component
- Functional limitations
- Mental health component
- Physical health component

Physician's* orders may be required under certain program requirements (e.g., Medicaid, Managed Care, and other third-party payors). In these situations, the Agency has a responsibility to obtain physician* orders prior to initiation of the care/services and to notify the physician* of any changes in the client's/patient's condition.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order, and are signed by the physician* within the time frame established in the Agency's policies and procedures and/or state requirement.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDSW

Standard PD5-9E: There is evidence that the plan of care was reviewed and revised based on reassessment data by a Therapist and Social Worker.

There is documentation in the client/patient record that reflects the plan of care is reviewed at least every 60 days for:

- Appropriateness (care/service being provided is still needed)
- Effectiveness (client/patient outcomes/response to care/service)
- To determine if all needed care/services are being provided
- Change in client's/patient's condition

Included in this review is a discussion with the client/patient to determine the level of satisfaction with the care/services being provided. Notation of a review may be made in the client/patient record and in meeting minutes (team meetings or case conferences).

The Agency follows program policies and procedures and any applicable laws and rules for the frequency of the plan of care review. Review of the plan of care can occur more frequently if indicated by the client's/patient's needs.

The plan of care should be reviewed:

- At a minimum of every 60 days
- When there are changes in client's/patient's response to therapy
- When physician's* orders change
- At the client/patient request
- As defined in the Agency's policies and procedures

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Client/Patient Records

Services applicable: PDOT, PDPT, PDST, PDSW

Section 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

Standard PD6-1A: The Agency develops, implements, and maintains an effective, ongoing, organization wide Performance Improvement (PI) program. The Agency measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the Agency to assess processes of care, services, and operations. Organizational-wide performance improvement efforts address priorities for improved quality of care/service and client/patient safety, and that all improvement actions are evaluated for effectiveness.

Each Agency develops a program that is specific to its needs. The methods used by the Agency for reviewing data include, but are not limited to:

- Current documentation (e.g., review of client/patient records, incident reports, complaints, and client/patient satisfaction surveys)
- Client/patient care/services
- Direct observation in care/service setting
- Operating systems
- Interviews with clients/patients and/or personnel

The information gathered by the Agency is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and client/patient outcomes.

Ongoing means that there is a continuous and periodic collection and assessment of data. Assessment of such data enables identification of potential problems and indicates when additional data is needed.

The following elements are considered within the plan:

- Program objectives
- All disciplines
- Description of how the program will be administered and coordinated
- Methodology for monitoring and evaluating the quality of care/service
- Priorities for resolution of problems
- Monitoring to determine effectiveness of the action
- Oversight and responsibility for reports to the governing body/owner

Evidence: Written Policies and Procedures/PI Plan

Evidence: PI reports and/or documents

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-1B: The Agency ensures the implementation of an agency wide Performance Improvement (PI) plan by the designation of a person responsible for coordinating PI activities.

Duties and responsibilities relative to PI coordination include:

- Assisting with the overall development and implementation of the PI plan
- Assisting in the identification of goals and related client/patient outcomes
- Coordinating, participating in and reporting of activities and outcomes

The position responsible for coordinating PI activities may be the owner, manager, supervisor, or other personnel, and these duties are included in the individual's job description.

Evidence: Job Description

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-1C: There is evidence of involvement of the governing body/owner and organizational leaders in the Performance Improvement (PI) process.

The governing body/owner and Administrators are ultimately responsible for all actions and activities of the Agency; therefore, their role in the evaluation process and the responsibilities delegated to personnel are documented.

There is evidence that the results of PI activities are communicated to the governing body/owner and organizational Administrators.

The Agency's Administrators allocate resources for implementation of the PI program. Resources include, but are not limited to:

- Training and education programs regarding PI
- Personnel time
- Information management systems
- Computer support

Evidence: Governing Body Meeting Minutes, if applicable

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-1D: There is evidence of personnel involvement in the Performance Improvement (PI) process.

Personnel receive training related to PI activities and their involvement. Training includes, but is not limited to:

- The purpose of PI activities
- Person responsible for coordinating PI activities
- Individual's role in PI
- PI outcomes resulting from previous activities

Personnel are involved in the evaluation process through carrying out PI activities, evaluating findings, recommending action plans, and/or receiving reports of findings.

Evidence: Personnel Meeting Minutes/In-Service Records

Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2B: There is an annual Performance Improvement (PI) report written.

There is a comprehensive, written annual report that describes the PI activities, findings, and corrective actions that relate to the care/service provided. In a large multi-service organization, the report may be part of a larger document addressing all of the organization's programs.

While the final report is a single document, improvement activities must be conducted at various times during the year. Data for the annual report may be obtained from a variety of sources and methods (e.g., audit reports, client/patient questionnaires, feedback from referral sources, and outside survey reports).

Evidence: Performance Improvement Annual Report

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2C: Each Performance Improvement (PI) activity or study contains the required items.

Each PI activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings/threshold
- Written plan of correction when thresholds are not met
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

The above criteria are used to develop each required PI activity.

Evidence: Performance Improvement Activities/Studies

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2D: Performance Improvement (PI) activities include ongoing monitoring of processes that involve risks, including infections and communicable diseases.

A review of all variances that includes but is not limited to incidents, accidents, complaints/grievances and worker compensation claims is conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Evidence: Performance Improvement Reports

Evidence: Incident/Variance Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2E: Performance Improvement activities include ongoing monitoring of at least one important aspect related to the care/service provided.

The Agency monitors at least one important aspect of the care/service provided by the Agency. An important aspect of care/service reflects a dimension of activity that may be high-volume (occurs frequently or affects a large number of clients/patients), high-risk (causes a risk of serious consequences if the care/service is not provided correctly), or problem-prone (has tended to cause problems for personnel or clients/patients in the past).

Evidence: Performance Improvement Reports

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2F: Performance Improvement (PI) activities include ongoing monitoring of at least one important administrative aspect of function or care/service of the Agency.

The Agency monitors at least one important administrative/operational aspect of Agency function or care/service.

Examples of PI activities include, but are not limited to:

- Monitoring compliance of conducting performance evaluations
- Number of in-service hours completed by personnel
- Conducting billing audits

Evidence: Performance Improvement Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2G: Performance Improvement (PI) activities include satisfaction surveys.

The PI plan identifies the process for conducting client/patient and personnel satisfaction surveys.

Evidence: Performance Improvement Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2H: The Performance Improvement (PI) plan includes ongoing monitoring of the client/patient record.

The client/patient record review is conducted by all disciplines or members of the client/patient care/service team. An adequate sampling of open and closed records is selected to determine the completeness of documentation.

Evidence: Performance Improvement Reports

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-2I: Performance Improvement (PI) activities include the ongoing monitoring of client/patient grievances/complaints.

PI activities include ongoing monitoring of client/patient grievances/complaints and the action(s) needed to resolve grievances/

complaints and improve client/patient care/service.

Evidence: Performance Improvement Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD6-4A: Written policies and procedures are established and implemented by the Agency to identify, monitor, report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve client/patient care/service.

Written policies and procedures describe the process for identifying, reporting, monitoring, investigating, and documenting all adverse events, incidents, accidents, variances, or unusual occurrences. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for notifying the physician*, if applicable
- Follow-up reporting to the administration/board/owner

Written policies and procedures identify the person responsible for collecting incident data and monitoring trends, investigating all incidents, taking necessary follow-up actions and completing appropriate documentation.

The Agency investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve client/patient services, and develops a plan to prevent the same or a similar event from occurring again. Events include, but are not limited to:

- Unexpected death, including suicide of client/patient
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Significant medication error
- Other undesirable outcomes as defined by the Agency
- Adverse client/patient care/service outcomes
- Client/patient injury (witnessed and un-witnessed) including falls

There are written policies and procedures for the Agency to comply with the FDA's Medical Device Tracking program and to facilitate any recall notices submitted by the manufacturer, if applicable.

There is a standardized form developed by the Agency used to report incidents.

This data is included in the Performance Improvement (PI) plan. The Agency assesses and utilizes the data for reducing further safety risks.

Evidence: Written Policies and Procedures

Evidence: Incident/Variance Reports

Evidence: Performance Improvement Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Section 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues, such as fire safety, hazardous materials, and disaster and crisis preparation.

Standard PD7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

The Agency maintains and documents an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.

The Agency's infection control program must identify risks for the acquisition and transmission of infectious agents in all care/service settings. There is a system to communicate with all personnel and clients/patients about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

Written policies and procedures are established and implemented that include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples include, but are not limited to:

- The Centers for Disease Control and Prevention (CDC)
- The Agency for Healthcare Research and Quality (AHRQ)
- State Practice Acts
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology [APIC] American Nurses Association [ANA])

Written policies and procedures include, but are not limited to:

- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and personal protective equipment (PPE)
- Needle-stick prevention and sharps safety, if applicable
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring, and reporting of employees and clients/patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised clients/patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing client/patient care/service issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- Guidelines on caring for clients/patients with multi-drug-resistant organisms
- Policies on protecting clients/patients and personnel from blood-borne or airborne pathogens
- Monitoring staff for compliance with Agency policies and procedures related to infection control
- Protocols for educating client/patient and personnel in standard precautions and the prevention and control of infection

The Agency has written policies and procedures that detail OSHA Bloodborne Pathogen and TB Exposure Control Plan training for all direct care personnel. The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure. The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and appropriate respiratory protection devices). Plans are available to the personnel at the workplace during the work shift.

The agency conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessments for direct care personnel..

Written policies and procedures identify the personnel who are responsible for implementation of the infection control activities and personnel education.

The Agency provides infection control education to employees, contracted providers, patients, and family members regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

All personnel demonstrate infection control procedures in the process of providing care/service to patients as described in OSHA and CDC standards and as adopted into program care/service policies and procedures.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Response to Interviews
Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-1B: Written policies and procedures are established and implemented that address the identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards.

The Agency maintains and documents an effective infection control program that protects clients/patients and personnel by preventing and controlling infections and communicable diseases.

The Agency's infection control program must identify risks for the acquisition and transmission of infectious agents in all settings where clients/patients reside. There is a system to communicate with all personnel and clients/patients about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

Written policies and procedures are established and implemented to include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples include, but are not limited to:

- The Centers for Disease Control and Prevention (CDC)
- The Agency for Healthcare Research and Quality (AHRQ)

Written policies and procedures include, but are not limited to:

- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and personal protective equipment (PPE)
- Appropriate cleaning/disinfecting procedures

The Agency has written policies and procedures that detail OSHA Bloodborne Pathogen and TB Exposure Control Plan training for all direct care personnel. The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure. The TB Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and appropriate respiratory protection devices). Plans are available to the personnel at the workplace during the work shift.

The agency conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessments for direct care personnel..

Written policies and procedures identify the personnel responsible for implementation of the infection control activities and personnel education.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Response to Interviews

Services applicable: PDC

Standard PD7-1E: The Agency reviews and evaluates the effectiveness of the infection control program.

The Agency monitors infection statistics of both clients/patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Infection control tracking is used to collect and trend data on infections of both personnel and clients/patients. The Agency identifies what infections will be reported using criteria appropriate to the populations served and in accordance with applicable laws and regulations.

Surveillance data is analyzed for trends and related factors that may contribute to the correlations between personnel, clients/patients and infection control practices.

Data is utilized to assess the effectiveness of the infection control program. Corrective action plans and steps for improvement are to be implemented as needed. Data and action plans must be included in the performance improvement (PI) reports and

communicated to leadership and personnel.

The Agency reports all communicable diseases, as required by the local county health department, to the local county or state department of health.

Evidence: Reports of Infection Tracking Records or Logs

Evidence: Performance Improvement Reports

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-2A: Written policies and procedures are established and implemented that address the education of personnel concerning safety.

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel.

Safety training activities include, but are not limited to:

- Body mechanics
- Safety management
 - Fire
 - Evacuation
 - Security
 - Office equipment
 - Environmental hazards
 - In-home safety
- Personal safety techniques

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-2B: Written policies and procedures are established and implemented that address client/patient safety in the home.

Written policies and procedures address client/patient safety in the home. The safety training activities include, but are not limited to:

- Compliance monitoring measures relating to the client's/patient's medication, if applicable
- Client/patient medical equipment safety, if applicable
- Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, and electrical safety)

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-3A: Written policies and procedures are established and implemented that outline the process for meeting client/patient needs in a disaster or crisis situation.

Written policies and procedures describe a process to organize and mobilize personnel adequate to secure resources needed to meet client/patient needs in the event of a disaster or crisis. The process includes:

- A system to identify alternative methods for contacting personnel
- Mobilizing resources to meet critical needs
- Alternative methods, resources, and travel options for the provision of care/service
- Safety of personnel
- Identified time frames for initiation of the plan
- Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
- Clients/patients identified and prioritized based upon their need so that care/service is ensured for clients/patients whose health and safety might be at risk

The Agency educates all personnel about the process to meet patient needs in a disaster or crisis situation.

The Agency has, at a minimum, an annual practice drill to evaluate the adequacy of its plan.

The emergency plan also describes access to 911 (EMS) services in the event of needed emergency care/services for clients/patients and personnel.

Evidence: Written Policies and Procedures

Evidence: Disaster Drill Log

Evidence: Observation

Evidence: Client/Patient Records

Evidence: Response to Interviews

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-3C: The Agency provides education to the client/patient regarding emergency preparedness.

This education includes information on planning for emergencies/disasters such as:

- Evacuation plans
- Medications
- Food/water
- Important documents
- Care for pets, if applicable

Evidence: Client/Patient Education Material

Evidence: Client/Patient Records

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-5A: Written policies and procedures are established and implemented that address the Agency's fire safety and emergency power systems.

Written policies and procedures or a fire safety plan addresses fire safety and management for all office and worksite environments and includes:

- Providing emergency power to critical areas such as:
 - Alarm systems, if applicable
 - Illumination of exits
 - Emergency communication systems
- Testing of emergency power systems (at least annually)
- A no smoking policy and how it will be communicated
- Maintenance of:
 - Smoke detectors
 - Fire alarms
 - Fire extinguishers
- Fire drills:
 - Conducted at least annually
 - Evaluated and results communicated to all personnel

Personnel are trained on the fire safety plan and emergency power systems.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-6A: Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of client/patient care/service.

Written policies and procedures include the safe method of acceptance, transportation, and pickup and/or disposal of hazardous wastes, chemicals and/or contaminated materials used in the home/Agency. The Agency follows local, state, and federal guidelines.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-6B: Written policies and procedures are established and implemented in regard to OSHA's Hazard Communication Standard that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

Written policies and procedures follow OSHA's Hazard Communication Standard detailing:

- The labeling of hazardous chemical containers and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheets (SDSs) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Products that require an SDS sheet include:

- Hand Sanitizer
- Product cleaner

Written policies and procedures address how personnel handle exposure to a hazardous product while in the home environment.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-7A: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Written policies and procedures describe the process for reporting, monitoring, investigating and documenting a variance. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for medical care
- Follow-up reporting to the administration/board/owner

Written policies and procedures address the compliance with OSHA guidelines regarding recording work-related injuries and illnesses that are diagnosed by a physician* or licensed healthcare professional, and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11, as applicable to the Agency.

Written policies and procedures identify the person responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.

Incidents to be reported include, but are not limited to:

- Personnel injury or endangerment
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards
- Equipment safety hazards, malfunctions, or failures
- Unusual occurrences

There is a standardized form developed by the Agency to report incidents. The Agency documents all incidents, accidents, variances, and unusual occurrences. The reports are distributed to management and the governing body/owner and are reported as required by applicable laws and regulations. This data is included in the Performance Improvement (PI) program. The Agency assesses and utilizes the data for reducing further safety risks.

The Agency educates all personnel on its policies and procedures for documenting and reporting incidents/variances.

*A physician or other licensed independent practitioner with prescriptive authority

Evidence: Written Policies and Procedures

Evidence: Incident Reports

Evidence: OSHA 300, 300A and 301 Forms, if applicable
Evidence: Performance Improvement Reports
Evidence: Response to Interviews

Services applicable: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-8A: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

Written policies and procedures address how waived tests will be utilized in client/patient care for screening, treatment, or diagnostic purposes.

Policies and procedures for the use of equipment in conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing and maintenance
- Quality control procedures

Evidence: Written Policies and Procedures
Evidence: Quality Control Logs
Evidence: In-service Logs

Services applicable: PDA, PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-9A: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care/service to the client/patient.

Written policies and procedures include, but are not limited to:

- Storage and transportation of equipment used to provide care/services
- Electrical safety of the equipment
- Use of cleaning and disinfecting agents
- Cleaning of equipment after each use
- Maintenance and repair of equipment used by the Agency personnel
- Calibration per manufacturer's guidelines, if applicable
- Requirements for dispensing of any disposable supply used in the provision of care/service
- Manufacturer's recalls

Personnel implement the policies and procedures for the use of the Agency's equipment/supplies in the provision of care/service to the client/patient. The cleaning and maintenance of equipment used in the provision of care is documented. Supplies used in the provision of care/service are also documented.

Evidence: Written Policies and Procedures
Evidence: Observation
Evidence: Maintenance Logs
Evidence: Response to Interviews

Services applicable: PDN, PDOT, PDPT, PDST, PDSW

Standard PD7-10A: Written policies and procedures are established and implemented for participating in clinical research/experimental therapies and/or administering investigational drugs. This criterion is applicable to Agency's that are participating in clinical research/experimental therapies, or administering investigational drugs.

Written policies and procedures include, but are not limited to:

- Informing clients/patients of their responsibilities
- Informing clients/patients of their right to refuse investigational drugs or experimental therapies
- Informing clients/patients of their right to refuse to participate in research and clinical studies
- Notifying clients/patients that they will not be discriminated against for refusal to participate in research and clinical studies
- Stating which personnel can administer investigational medications/treatments
- Describing personnel's role in monitoring a client's/patient's response to investigational medications/treatments
- Identifying the responsibility for obtaining informed consent
- Defining the use of experimental and investigational drugs and other atypical treatments and interventions

Evidence: Written Policies and Procedures

Services applicable: PDN

Appendix A: Standard Service Table for Selected Services

Standard	PDA	PDC	PDN	PDOT	PDPT	PDST	PDSW
PD1-1A	X	X	X	X	X	X	X
PD1-2A	X	X	X	X	X	X	X
PD1-2D	X	X	X	X	X	X	X
PD1-3A	X	X	X	X	X	X	X
PD1-4A	X	X	X	X	X	X	X
PD1-4B	X	X	X	X	X	X	X
PD1-4C	X	X	X	X	X	X	X
PD1-5A	X	X	X	X	X	X	X
PD1-7A	X	X	X	X	X	X	X
PD1-7B	X	X	X	X	X	X	X
PD1-8A	X	X	X	X	X	X	X
PD1-9A	X	X	X	X	X	X	X
PD1-10A	X	X	X	X	X	X	X
PD1-10D	X	X	X	X	X	X	X
PD1-11A	X		X	X	X	X	X
PD2-1A	X	X	X	X	X	X	X
PD2-2A	X	X	X	X	X	X	X
PD2-2B	X	X	X	X	X	X	X
PD2-3A	X	X	X	X	X	X	X
PD2-4A	X	X	X	X	X	X	X
PD2-4B	X	X	X	X	X	X	X
PD2-5A	X		X	X	X	X	X
PD2-5C	X		X	X	X	X	X
PD2-6A	X	X	X	X	X	X	X
PD2-6B	X	X	X	X	X	X	X
PD2-7A	X		X	X	X	X	X
PD2-8A	X	X	X	X	X	X	X
PD2-8B	X	X	X	X	X	X	X
PD2-9A	X		X	X	X	X	X
PD2-10A	X						
PD2-11A			X				
PD2-12A				X	X	X	
PD3-1A	X	X	X	X	X	X	X
PD3-2A	X	X	X	X	X	X	X
PD3-6A	X	X	X	X	X	X	X
PD3-6B	X	X	X	X	X	X	X
PD3-7A	X	X	X	X	X	X	X
PD4-1A	X	X	X	X	X	X	X
PD4-1B	X	X	X	X	X	X	X
PD4-1C	X	X	X	X	X	X	X
PD4-2B	X		X	X	X	X	X
PD4-2C	X	X	X	X	X	X	X
PD4-2D	X		X	X	X	X	X
PD4-2E	X	X	X	X	X	X	X
PD4-2F	X	X	X	X	X	X	X
PD4-2H	X	X	X	X	X	X	X
PD4-2I	X	X	X	X	X	X	X
PD4-2J	X	X	X	X	X	X	X
PD4-5A	X	X	X	X	X	X	X
PD4-5B	X		X	X	X	X	X
PD4-6A	X		X	X	X	X	X
PD4-6B		X					
PD4-7A	X	X	X	X	X	X	X
PD4-7B	X	X	X	X	X	X	X
PD4-7D	X		X	X	X	X	X
PD4-9A	X	X	X	X	X	X	X
PD4-10A	X		X	X	X	X	X
PD4-11A	X						
PD4-11B	X						

PD4-11C			X				
PD4-11D			X				
PD4-11E				X	X	X	
PD4-12A			X				
PD4-13A			X				
PD4-13B	X						
PD4-15A				X	X	X	
PD4-15B					X		
PD4-15C				X			
PD4-15D							X
PD4-15E							X
PD4-15F						X	
PD5-1A	X		X	X	X	X	X
PD5-1B		X					
PD5-1C	X		X	X	X	X	X
PD5-2A	X		X	X	X	X	X
PD5-3A	X		X	X	X	X	X
PD5-3B			X				
PD5-3C			X				
PD5-3D	X						
PD5-3E		X					
PD5-3F			X				
PD5-3G	X						
PD5-3H		X					
PD5-3I	X		X	X	X	X	X
PD5-3J		X					
PD5-3K	X		X	X	X	X	X
PD5-3L	X						
PD5-3M	X						
PD5-3N			X				
PD5-3P		X					
PD5-3Q	X	X	X	X	X	X	X
PD5-4A	X		X	X	X	X	X
PD5-5A	X		X	X	X	X	X
PD5-6A	X		X	X	X	X	X
PD5-6B			X	X	X	X	X
PD5-7A	X		X	X	X	X	X
PD5-7B	X		X	X	X	X	X
PD5-8A			X				
PD5-8B			X				
PD5-8C			X				
PD5-9A				X	X	X	
PD5-9B				X	X	X	
PD5-9C							X
PD5-9D							X
PD5-9E				X	X	X	X
PD6-1A	X	X	X	X	X	X	X
PD6-1B	X	X	X	X	X	X	X
PD6-1C	X	X	X	X	X	X	X
PD6-1D	X	X	X	X	X	X	X
PD6-2B	X	X	X	X	X	X	X
PD6-2C	X	X	X	X	X	X	X
PD6-2D	X	X	X	X	X	X	X
PD6-2E	X		X	X	X	X	X
PD6-2F	X	X	X	X	X	X	X
PD6-2G	X	X	X	X	X	X	X
PD6-2H	X		X	X	X	X	X
PD6-2I	X	X	X	X	X	X	X
PD6-4A	X	X	X	X	X	X	X
PD7-1A	X		X	X	X	X	X
PD7-1B		X					
PD7-1E	X	X	X	X	X	X	X
PD7-2A	X	X	X	X	X	X	X

PD7-2B	X		X	X	X	X	X
PD7-3A	X		X	X	X	X	X
PD7-3C	X		X	X	X	X	X
PD7-5A	X	X	X	X	X	X	X
PD7-6A	X		X	X	X	X	X
PD7-6B	X		X	X	X	X	X
PD7-7A	X	X	X	X	X	X	X
PD7-8A	X		X	X	X	X	X
PD7-9A			X	X	X	X	X
PD7-10A			X				

Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: PDA, PDC, PDN, PDOT, PDPT, PDST, PDSW

Standard #	Documents, Policies and Procedures	Agency Notes
PD1-2A	Written Policies and Procedures	
PD1-3A	Written Policies and Procedures	
PD1-4A	Administrator Resume/Application	
PD1-7A	Written Policies and Procedures	
PD1-7B	Written Policies and Procedures	
PD1-9A	Written Policies and Procedures	
PD1-11A	Written Policies and Procedures	
PD2-1A	Written Policies and Procedures	
PD2-2A	Written Policies and Procedures	
PD2-3A	Written Policies and Procedures	
PD2-4A	Written Policies and Procedures	
PD2-5A	Written Policies and Procedures	
PD2-6A	Written Policies and Procedures	
PD2-6B	Written Policies and Procedures	
PD2-7A	Written Policies and Procedures	
PD2-8A	Written Policies and Procedures	
PD2-8B	Written Policies and Procedures	
PD2-9A	Written Policies and Procedures	
PD4-1A	Written Policies and Procedures	
PD4-2C	Written Policies and Procedures	
PD4-2D	Written Policies and Procedures	
PD4-2H	Written Policies and Procedures	
PD4-2I	Written Policies and Procedures and/or Employee Handbook	
PD4-2J	Written Policies and Procedures	
PD4-5A	Written Policies and Procedures	
PD4-6A	Written Policies and Procedures	
PD4-6B	Written Policies and Procedures	
PD4-7A	Written Policies and Procedures	
PD4-7B	Written Policies and Procedures	
PD4-7D	Written Policies and Procedures	
PD4-11A	Written policies and procedures	
PD4-11B	Written Policies and Procedures	
PD4-11D	Written Policies and Procedures	
PD4-12A	Written Policies and Procedures	
PD4-13A	Written Policies and Procedure	
PD4-13B	Written Policies and Procedures	
PD4-15B	Written Policies and Procedures	
PD4-15C	Written Policies and Procedures	
PD4-15E	Written Policies and Procedures	
PD4-15F	Written Policies and Procedures	
PD5-1A	Written Policies and Procedures	
PD5-1B	Written Policies and Procedures	
PD5-2A	Written Policies and Procedures	
PD5-3A	Written Policies and Procedures	
PD5-3Q	Written Policies and Procedures	

PD5-4A	Written Policies and Procedures	
PD5-5A	Written Policies and Procedures	
PD5-6A	Written Policies and Procedures	
PD5-7A	Written Policies and Procedures	
PD5-7B	Written Policies and Procedures	
PD5-8A	Written Policies and Procedures	
PD5-8B	Written Policies and Procedures	
PD6-1A	Written Policies and Procedures/PI Plan	
PD6-4A	Written Policies and Procedures	
PD7-1A	Written Policies and Procedures	
PD7-1B	Written Policies and Procedures	
PD7-2A	Written Policies and Procedures	
PD7-2B	Written Policies and Procedures	
PD7-3A	Written Policies and Procedures	
PD7-5A	Written Policies and Procedures	
PD7-6A	Written Policies and Procedures	
PD7-6B	Written Policies and Procedures	
PD7-7A	Written Policies and Procedures	
PD7-8A	Written Policies and Procedures	
PD7-9A	Written Policies and Procedures	
PD7-10A	Written Policies and Procedures	

GLOSSARY OF TERMS



PRIVATE DUTY



FOR PROVIDERS.
BY PROVIDERS.

Bereavement Counseling: Emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

Bylaws: A set of rules adopted by a Home Health Agency for governing the agency's operation.

Comprehensive Assessment: A thorough evaluation of the patient's physical, psychosocial, emotional and spiritual status related to the terminal illness and related conditions. This includes a thorough evaluation of the caregiver's and family's willingness and capability to care for the patient.

Hospice Care: A comprehensive set of services described in Section 1861(dd)(1) of the Social Security Act, identified and coordinated by an Interdisciplinary Group (IDG)/Interdisciplinary Team (IDT) to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care.

Interdisciplinary Group/Interdisciplinary Team: A group of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of palliative care patients and families facing serious illness and bereavement.

Nonprofit Agency: An agency exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954.

Palliative Care: Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

Progress Note: A written notation dated and signed by a member of the health team that summarizes facts about care furnished and the patient's response during a given period of time.

Proprietary Agency: A private, profit-making agency licensed by the state.

Public Agency: An agency operated by a state or local government.

GLOSSARY OF PERSONNEL QUALIFICATIONS



PRIVATE DUTY

Allied Health Personnel: Licensed Practical Nurses (LPN), Physical Therapy Assistants (PTA), Occupational Therapy Assistants (COTA), Speech Therapy Assistants, or other health professionals as defined in occupational licensure laws that are subject to supervision by a health professional.

Chief Executive Officer: The person who heads an organization and has the authority and responsibility, as delegated by the governing body, to accomplish program-specific goals and objectives, implement program policy, and manage personnel and resources.

Companion/Homemaker Aide: An individual who provides assistance with household tasks, shopping, meals and/or companionship.

Experienced Professional: A professional with at least one year of work experience.

Health Professional: A licensed healthcare provider authorized to supervise other personnel as defined in applicable occupational licensure laws and regulations.

Home Health Aide: An individual with specified training and/or certification (depending upon state requirements) to provide personal care in the home environment under the direction of a licensed professional.

Infusion Nurse: Is a licensed nurse, as allowed by state regulations with special education, training and expertise in home or other alternate-site administration of drugs and biologics via infusion. Services they typically provide include evaluation and assessment, education and training for the patient or caregiver, inspection and consultation of aseptic home environment, catheter insertion, and patient assessment.

Licensed Practical/Vocational Nurse (LPN/LVN): A person who is licensed as a Practical/Vocational Nurse by the state in which practicing.

Licensed Professional: A person licensed to provide patient care services by the state in which services are delivered.

Occupational Therapist (OT):

A person who:

- A.
 1. Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing, unless licensure does not apply;
 2. Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
 3. Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)
- B. On or before December 31, 2009:
 1. Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing;
or

2. When licensure or other regulation does not apply:
 - i. Graduated after successful completion of an occupational therapy education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and
 - ii. Is eligible to take or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)
- C. On or before January 1, 2008:
 1. Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
 2. Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy
- D. On or before December 31, 1977:
 1. Had two years of appropriate experience as an Occupational Therapist; and
 2. Achieved a satisfactory grade on an Occupational Therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service
- E. If educated outside the United States, must meet all of the following:
 1. Graduated after successful completion of an Occupational Therapist education program accredited as substantially equivalent to occupational therapy entry-level education in the United States by one of the following:
 - i. The Accreditation Council for Occupational Therapy Education (ACOTE)
 - ii. Successor organizations of ACOTE
 - iii. The World Federation of Occupational Therapists
 - iv. A credentialing body approved by the American Occupational Therapy Association
 2. Successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)
 3. On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing

Occupational Therapy Assistant (COTA):

A person who:

- A. Meets all of the following:
 1. Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an Occupational Therapy Assistant by the state in which practicing
 2. Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations
 3. Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)
- B. On or before December 31, 2009:
 1. Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the state in which practicing; or any qualifications defined by the state in which practicing, unless licensure does not apply; or
 2. Must meet both of the following:
 - i. Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association
 - ii. After January 1, 2010, meets the requirements in paragraph (A) of this section
- C. After December 31, 1977, and on or before December 31, 2007:

1. Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
 2. Completed the requirements to practice as an Occupational Therapy Assistant applicable in the state in which practicing
- D. On or before December 31, 1977:
1. Had two years of appropriate experience as an Occupational Therapy Assistant; and
 2. Had achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service
- E. If educated outside the United States, on or after January 1, 2008:
1. Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry level education in the United States by:
 - i. The Accreditation Council for Occupational Therapy Education (ACOTE)
 - ii. Its successor organizations
 - iii. The World Federation of Occupational Therapists
 - iv. By a credentialing body approved by the American Occupational Therapy Association; and
 2. Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)

Paraprofessional: A trained Aide who assists a professional person (i.e. Home Care Aide, Nursing Assistant).

Physical Therapist (PT):

A person who is licensed, if applicable, by the state in which practicing, unless licensure does not apply and meets one of the following requirements:

- A.
1. Graduated after successful completion of a physical therapy education program approved by one of the following:
 - i. The Commission on Accreditation in Physical Therapy Education (CAPTE)
 - ii. Successor organizations of CAPTE
 - iii. An education program outside the United States determined to be substantially equivalent to physical therapy entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to Physical Therapists; and
 2. Passed an examination for Physical Therapists approved by the state in which physical therapy services are provided.
- B. On or before December 31, 2009:
1. Graduated after successful completion of a physical therapy curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE); or
 2. Must meet both of the following:
 - i. Graduated after successful completion of an education program determined to be substantially equivalent to physical therapy entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified in 8 CFR 212.15(e) as it relates to Physical Therapists
 - ii. Passed an examination for Physical Therapists approved by the state in which physical therapy services are provided
- C. Before January 1, 2008:
1. Graduated from a physical therapy curriculum approved by one of the following:
 - i. The American Physical Therapy Association
 - ii. The Committee on Allied Health Education and Accreditation of the American Medical Association
 - iii. The Council on Medical Education of the American Medical Association and the American Physical Therapy Association

- D. On or before December 31, 1977, was licensed or qualified as a Physical Therapist and meets both of the following:
 - 1. Has two years of appropriate experience as a Physical Therapist
 - 2. Achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service
- E. Before January 1, 1966:
 - 1. Was admitted for membership into the American Physical Therapy Association; or
 - 2. Was admitted to registration by the American Registry of Physical Therapists; or
 - 3. Graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education
- F. Before January 1, 1966, was licensed or registered, and before January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.
- G. If trained outside the United States before January 1, 2008, meets the following requirements:
 - 1. Graduated after 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy
 - 2. Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy

Physical Therapist Assistant (PTA):

A person who is licensed, unless licensure does not apply, registered, or certified as a Physical Therapist Assistant, if applicable, by the state in which practicing, and meets one of the following requirements:

- A.
 - 1. Graduated from a Physical Therapist Assistant program approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to Physical Therapist Assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and
 - 2. Passed a national examination for Physical Therapist Assistants
- B. On or before December 31, 2009, meets one of the following:
 - 1. Is licensed, or otherwise regulated in the state in which practicing
 - 2. In states where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a two-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010, meets the requirements of paragraph (a) of this definition
- C. Before January 1, 2008, where licensure or other regulation does not apply, graduated from a two-year college-level program approved by the American Physical Therapy Association.
- D. On or before December 31, 1977, was licensed or qualified as a Physical Therapist Assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S.

Professional: Refers to a licensed Registered Nurse, licensed Registered Pharmacist, licensed Respiratory Care Practitioner, licensed Physical Therapist, licensed Speech Therapist, Certified Occupational Therapist, or a person with a bachelor's or master's degree in social work, home economics or closely related helping profession.

Registered Nurse (RN): A graduate of an approved school of professional nursing, who is licensed as a Registered Nurse by the state in which practicing.

Qualified Staff: An individual that has had appropriate training and experience for the position held with evidence of education and training in accordance with applicable laws or regulations.

Qualified Supervisor:

An individual employed directly or through contract and possesses:

1. Evidence of verification of education and training requirements in accordance with applicable laws or regulations, and the organization's policy, and
2. Evidence that clinical and supervisory knowledge and experience are appropriate to his/her assigned Supervision responsibilities.

Social Work Assistant:

A person who:

1. Has a baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least one year of social work experience in a healthcare setting; or
2. Has two years of appropriate experience as a Social Work Assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as a Social Work Assistant after December 31, 1977.

Social Worker (MSW): A person who has a master's degree from a school of social work accredited by the Council on Social Work Education, and has one year of social work experience in a healthcare setting.

Speech-Language Pathologist (SLP):

A qualified SLP is:

1. An individual who has a master's or doctoral degree in speech-language pathology, and who is licensed as a speech-language pathologist by the state in which he or she furnishes such services.

Should a state choose not to offer licensure:

1. Successfully complete 350 clock hours of supervised clinical practicum (or be in the process of accumulating such supervised clinical experience)
2. Perform not less than nine months of supervised full-time speech-language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field
3. Successfully complete a national examination in speech-language pathology approved by the Secretary

Spiritual Care Professional: Spiritual care is provided by qualified individuals in accordance with professional standards and according to the job description. Individuals providing spiritual care understand and are knowledgeable of spiritual needs related to palliative care, end-of-life care, loss, and bereavement. Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel

Unlicensed Assistive Personnel (UAP): Non-licensed healthcare personnel that provide services to clients under the direction of a licensed healthcare professional.