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Home Health Agency Administrative Policies *and* Procedures Manual

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EDITING YOUR MANUAL

This document's formatting is controlled using Word styles. It is a Microsoft Word document and should operate on systems using Office 2007 software or higher. Kenyon HomeCare Consulting has done it is best to ensure reformatting will be minimal for most agencies, but we do not assume liability for any formatting errors that may occur.

There are several text placeholders that will need to be replaced with your agency's information. Text placeholders are as follows:

[AGENCY NAME] — Your agency's business name

[BUSINESS TYPE] — Your agency's business type

[STATE] — The state your agency is licensed in

[OPENING TIME] — Your agency's opening operating time

[CLOSING TIME] — Your agency's closing operating time

[GEOGRAPHIC COVERAGE AREA] — Your agency's geographic coverage area, including cities, towns, and/or counties

[HOLIDAYS OBSERVED] — Your agency's observed holidays that you will be closed for

[DOLLAR LIMIT] —Your agency's dollar limit within document

[JOB TITLE] — Your agency's Administrator title

[STATUS] — Your agency's status: for-profit or non-profit

To Find and Replace Text Placeholders:

1. On the Edit menu, click Replace.
2. In the Find what box, enter the placeholder text exactly as it is above that you want to search for.
3. In the Replace with box, enter the replacement text.
4. Click Find Next, Replace, or Replace All.
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You can update either the whole table of contents or page numbers only.

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2. Click the option that you want.

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WASHINGTON STATE MEDICARE HOME HEALTH AGENCY ADMINISTRATIVE POLICIES & PROCEDURES MANUAL

Updated October 29, 2026

THE ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

I attest that the following administrative policies and procedures have been reviewed by me and have been accepted and approved by the Owner/Governing Body as the policies and procedures that guide the practices and services for Strategic Home Health PLLC

Owner/Administrator:_____

Date: _____

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TABLE OF CONTENTS

ORGANIZATION AND ADMINISTRATION 1

Mission Statement 2
Policy And Procedure Development and Implementation 3
Agency Rights and Responsibilities 5
Governing Body 12
Orientation for Governing Body 16
Plan of operations 18
Organizational Structure 20
Organizational Chart 22
Compliance/Whistleblower Policy 23
Medicare/Medicaid Fraud and Abuse 26
Conflict of Interest 28
Public Disclosure 30
Legal Requirements 32
Quality Assurance Plan 34
Closure/Transfer of Ownership 36

PERSONNEL, VOLUNTEERS, AND CONTRACTORS 39

Equal Employment and Affirmative Action 40
Personnel Selection Criteria 41
Criminal history, Disclosures, and Background Inquiries 43
Fingerprinting 46
Personnel Requirements/Criteria 47
Personnel Selection 50
Personnel File Contents 52
Physician Licensure verification 55
Conditions of Employment 56
Orientation to Home Health Care Agency 57
Continuing Education 60

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Personnel, Contractor, and Volunteer Records....62
Home Health Care Agency Resource Materials....64
HIV/AIDS Education and Training....65
Performance Evaluation....66
Supervision of Clinical Staff....68
Supervision of Non-Clinical Staff....71
Supervision of Home Health Aides....73
Supervision of Homemakers....75
Corrective Action....77
Personnel Grievances and Complaints....79
Smoke Free Workplace....80
Drug and Alcohol-Free Workplace....81
Drug and Alcohol Testing....83
Intimidation, Discrimination, and Harassment....85
Ethical Issues....87
Job Description: *Administrator*....90
Job Description: *Director of Clinical Services*....94
Job Description: *Office Manager*....97
Job Description: *Quality Coordinator/Compliance Officer*....100
Job Description: *Clinical Manager*....103
Job Description: *Registered Nurse Case Manager*....107
Job Description: *Licensed Practical Nurse*....110
Job Description: *Physical Therapist*....112
Job Description: *Physical Therapy Assistant*....115
Job Description: *Occupational Therapist*....118
Job Description: *Occupational Therapist Assistant*....121
Job Description: *Speech Language Pathologist*....124
Job Description: *Masters-Prepared Social Worker*....127
Job Description: *Bachelors-Prepared Social Worker*....130
Job Description: *Dietitian*....133
Job Description: *Home Health Aide*....136

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Job Description: *Long-term Care Worker* 139
Job Description: *Homemaker* 143
Job Description: *Scheduler/Patient Care Coordinator* 146

PATIENT CARE POLICIES AND PROCEDURES 148

Scope and Availability of Home Health/Home Care Services 149
Patient Rights and Responsibilities 151
Advance Directives 158
Eligibility and Covered/Non-Covered Services 161
Certification/Re-Certification/ Face-To-Face Process 164
OASIS Comprehensive Assessment 167
Acceptance Of Patient, Admission, Care Planning, and Coordination of Services 170
Approved treatment, Procedures, and patient care activities 175
Sample Listing: Approved treatment, Procedures and patient care activities 176
Scheduling and Visits 177
On-Call Services 178
Skilled Nursing Services 179
Physical Therapy Services 181
Occupational Therapy Services 183
Speech Therapy Services 185
Medical Social Worker Services 187
Home Health Aide Services 189
Homemaker Services 191
Dietary Counseling Services 193
Laboratory Services and Waivered Testing 195
Telemedicine Policy 197
Durable Medical Equipment and Supply Services 199
Contracted Services 201
Coordination of Care 204
Case Conferences 207
Patient Education and Training 208

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Communicating with Patients 211
Pain Management 213
Physician Plan of Care Orders 216
Behavior Management 220
Use of Restraints 222
Medication Management/Administration 224
Medication Assistance 228
Medication Disposal 231
Advance Beneficiary Notices 233
Patient Transfer 238
Patient Discharge 241
Outpatient Services 245
Patient Expiration at Home 246
On-Call Services 248
Nurse Delegation Services 249
Clinical Services 253
Certified Home Health Aide and Nurse Assistant Registered Services 257
Contracted Services 262
Coordination of Services 266
Communicating with Patients 269
Authorized Practitioner Plan of Care Orders 271
Advance Directives 275
Medical Supplies and Equipment 277
Supervision of Clinical/State Aide Staff 279
Supervision of Home Health Aides and registered nurse assistants 281
Performance Evaluation 284

PATIENT RECORDS/INFORMATION MANAGEMENT 286

Information Management Plan 287
Record Retention and Disposal 291
Notice of Privacy Practices 295

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HIPAA Compliance for PHI* 297
Release and Disclosure of Patient Health Information 301
Patient Request for Restrictions on Use/Disclosure of PHI 303
Patient Privacy and Security 305
Patient Clinical Record and comprehensive assessment contents 307
Patient Charting 311

QUALITY IMPROVEMENT 313

Quality Assessment and Performance Improvement Program 314
Quality assurance and Performance Improvement Initiatives 319
Quality Assurance Performance Improvement Program Responsibilities 324
Clinical Record Review 326
Annual Program Evaluation 329
Research 332
Patient Satisfaction Survey 334
Patient/patient's Representative Complaints and Grievances 335
Risk Management 337
Mandatory Reporting of Abuse and Neglect 339
Patient/Personnel Incident Reporting 341
Adverse Drug Reactions 343
Medication Errors 347
Adverse Events 349

INFECTION CONTROL 352

Post-Exposure Plan For HIV 353
Tuberculosis Exposure Control 354
Hepatitis B Prevention/Vaccination 358
Infection Control/Exposure Plan 360
Hand Hygiene Policy 366
Covid-19 Guidance and Training 370
Standard Precautions 375
Employee Exposure to Bloodborne Pathogens 379

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Disposal of Needles, Syringes, and Sharps 382
Hazardous Waste Disposal 384
Hazard Communication Standard 386
Reportable Diseases 388

SAFETY 390

Safety Management 391
Workplace Safety 394
Safe Medical Devices Act/Medical Device Tracking 395
Personnel Safety 397
Pets in the Home 399
Food Handling 400
Fall Prevention 402
Drug and Alcohol-Free Workplace 403
Smoke-Free Workplace 405
Intimidation, Discrimination, and Harassment 406
Violence in the Workplace 408
Emergency Care 410
Emergency/Disaster Preparedness and Procedures 412
Staff and Patient Home Safety 421
Home Environment/Safety Assessment 422
Employee Protective Equipment 423
OSHA/300/300A/301 Logs 424
Behavior Management 426

FINANCIAL POLICIES 428

Financial Management 429
Fee Setting and Collections 432
Liability Insurance 434
Budget Preparation 435
Strategic Plan 436
Financial Monitoring 437

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Chart of Accounts 438
Claims Submission and Denied Claims Processes 439
Billing Audits and Annual Financial Review 442
Accounts Receivable and Payable 444
Transportation Reimbursement 446
Payroll Compensation and Benefits 447
Petty Cash 449
Inventory/Fixed Assets 450

RESOURCE TOOLKIT 451

Patient Bill Of Rights 452
Patient Responsibilities 454
Patient file review 455
Employee file review 459
Tuberculosis Risk Assessment Tool 461
Emergency Preparedness Guide 464
Compliance Plan Education Elements 466
Samples of Suspected Home Health Care Compliance Violations 467
Developing a Patient Bill of Rights 468
Sample: Individual Statement Regarding Conflict of Interest 469
Sample: Personnel Orientation 470
Sample: Physician License Verification Request Form 472
Sample: Complaint Form 473
Sample: Employee Complaint Form 475
Sample: Patient Medication Disposal Form 477
Sample: Home Health Quality Grid 478
OSHA Injury and Illness Recordkeeping and Reporting 480
Research Informed Consent Form 481
Research Documentation 482
Hazard Vulnerability Assessment 483
Washington State Advance Directive For Health Care 484

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DOCUMENT REVISION HISTORY 486

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ORGANIZATION AND ADMINISTRATION

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MISSION STATEMENT

POLICY

The [AGENCY NAME]'s Governing Body has adopted a written mission statement that reflects its commitment to the provision of efficient, effective, quality home health care services to patients in the communities we serve. The agency will serve its patients with dignity and comfort, prioritize service goals based on patient/representative input, and deliver timely, coordinated, and culturally sensitive service.

PURPOSE

To serve as the guiding principles for the agency's personnel, policies, procedures, services, and programs.

PROCEDURE

1. The mission statement is established with appropriate interdisciplinary team and administrative staff input and review and approved by the Governing Body.
2. The mission statement is reviewed, revised (if needed), and approved at least every 36 months by the Governing Body.
3. The mission statement is included in all orientations. (Not required by ACHC)
4. A written copy of the mission statement is available for patients or their representatives, referral sources, employees, and other interested parties.

EXAMPLE

[AGENCY NAME] provides excellent and respectful home health care agency services to patients served in our communities that are provided by qualified and dedicated personnel in a fiscally responsible manner.

REFERENCES:

CMS 42 CFR 484.100
ACHC HH1-2A
CHAP CI.1, CI.2
TJC: LD 01.03.01, LD 02.01.01; LD.03.04.01

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POLICY AND PROCEDURE DEVELOPMENT AND IMPLEMENTATION

DEFINITIONS

Policy: A statement of principles formulated, approved, and enforced by the Governing Body/designees to direct and limit its actions as related to a specific subject.

Procedure: A set of established steps or a prescribed method to be followed routinely for optimally effective achievement of a desired result.

POLICY

1. [AGENCY NAME] follows an established process for the development, approval, implementation, and access to its policies and procedures. Agency policies and procedures reflect an emphasis of patient-centered care, data-driven quality, current and ethical standards of practice, patient rights, integrated communication and coordination of care and service transitions, and the agency's mission statement
2. Policies will conform to Medicare Home Health Care Conditions of Participation policies and procedures, state and federal regulations, and applicable home health care agency accreditation standards.
3. Administrative policies and procedures delineate lines of authority and responsibilities for governance, planning, public communications, financial control of the agency and its quality assessment and Quality Assessment and Performance Improvement Program
4. Operational policies and procedures define personnel management, infection control, and compliance with federal and state employment regulations.
5. Agency patient care policies and procedures are developed by the clinical management with staff input and approved by the Governing Body.
6. Exceptions to the Governing Body approval of procedures may occur due to legal or regulatory mandates, accepted clinical-based standards of practice, or manufacturer instructions for use and maintenance of agency equipment. The Administrator with clinical management will identify procedure approval exceptions.
7. The Administrator or designee(s) may develop or amend policies and procedures on a need basis when required for the continuity of care and submit them for Governing Board approval.
8. The Governing Body will approve all new and revised policies and applicable procedures by electronic and/or written notation.
9. Policies and procedures will be reviewed and revised if needed at least annually by the Owner/Governing Board.

PURPOSE

1. To ensure a consistent methodology for the development, review, revision, approval and distribution of administrative and clinical policies and procedures.
2. To ensure accountability and responsibility in the oversight, review and approval of policies and procedures which direct the agency's services.

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PROCEDURE

1. Policies and procedures may be generated by staff or management suggestions and may be assigned to an individual or committee for development. Input from appropriate staff will be solicited during the development process. Outside consultants may be sought if the policy involves greater subject expertise.
2. Policies and procedures will be written in a standardized format, maintained, and organized for efficient reference and access by the Administrator or designee, accessible via the Internet, and available to authorized personnel during normal business hours.
3. If the annual review of policies and applicable procedures results in a revision, the revision follows the same approval process. Policy reviews will be documented on the policies updated and on any new ones developed.
4. Upon review and approval, the President of the Governing Body will sign and date the "Acceptance of the Administrative Policies and Procedures Manual." This form will appear at the front of the manual or by electronic signature.
5. Once approved, the Administrator will implement the policy by notifying affected persons and distributing related instructions (if needed) to affected entity managers for related staff training. If a policy or procedure requires competency testing to confirm a new practice, the Administrator or designee will arrange for that competency testing.
6. Policies and procedures may be shared with community resources and facilities serving the agency patients for continuity of care, patients or their representatives, and federal and state authorities upon request. Personnel will have access to all policies including personnel policies

REFERENCES:

CMS 42 CFR 484.50
ACHC HH1-1A.01, HH4-6A.01
CHAP
TJC LD.04.01.0, LD.04.01.07
WAC 246-335-515

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AGENCY RIGHTS AND RESPONSIBILITIES

POLICY

The AGENCY NAME Owner/Designees understands that as a licensed home health agency in the State of Washington, it has certain rights and responsibilities and will adhere to those responsibilities.

PURPOSE

To assure all responsibilities are met under WAC 246-335-335

PROCEDURE

An applicant or licensee must:

1. Comply with the provisions of chapter 70.127 RCW and this chapter.
2. Maintain at least one in-State office location where records are kept, secured, and accessible.
3. Display the license issued by the Department of Health in an area within the main office visible to the public, including branch office locations if applicable.
4. Cooperate with the Department of Health during surveys which may include reviewing licensee records and conducting on-site visits with client or patient consent.
5. Notify the Department of Health in writing within thirty days of any of the following:
    a. Changes of administrator, director of clinical services, or supervisor of direct care services.
    b. Beginning or ceasing operation of any office location(s).
    c. Ceasing operation of home care, home health, hospice, or hospice care centers services.
    d. Decreasing home care, home health, or hospice service areas; and
    e. Survey or monitoring decisions and findings from a Department of Health approved accrediting organization, DSHS, or area agency on aging for agencies approved through substantial equivalency according to WAC 246-335-350.
6. Request approval to expand State licensing home care, home health, or hospice service areas, by submitting an amended application, on forms provided by the Department of Health, which lists all service areas for which the agency is seeking approval and information based on the criteria in WAC 246-335-415(6), 246-335-515(6), or 246-335-615(6).
    a. To request approval to expand services areas for home health or hospice agencies that are certified by the Centers for Medicare and Medicaid Services, a licensee must contact the Department of Health's certificate of need program and follow their separate application and approval process.
    b. Licensees must receive Department of Health approval for service area expansion prior to providing services in the proposed expanded service area(s).
7. AGENCY NAME understands that the Department of Health may:

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a. Conduct unannounced surveys at any time and at least once during a licensure period, except for agencies approved through substantial equivalency according to WAC 246-335-350.

b. Survey a licensee at any time if the Department of Health has reason to believe the licensee is providing unsafe, insufficient, inadequate, or inappropriate client or patient care.

c. Investigate any person suspected of advertising, operating, managing, conducting, opening, or maintaining an in-home service AGENCY NAME or providing in-home services, including hospice care center services, without a license unless exempt from licensure under RCW 70.127.040 and 70.127.050.

d. Investigate complaints against in-home services licensees that allege noncompliance with chapter 70.127 RCW and this chapter.

e. Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, and, when necessary, in consultation with law enforcement personnel.

f. Require the licensee to complete additional criminal history background checks and disclosure Statements for an individual associated with the licensee or having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable persons if the Department of Health has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure Statement and criminal background inquiry.

8. AGENCY NAME cooperates with the Department of Health during surveys which may include reviewing licensee records and conducting on-site visits with patient or client consent.

9. AGENCY NAME understands that to ensure compliance with chapters 246-335 WAC and 70.127 RCW, the Department of Health may:

a. Issue a Statement of deficiencies following a survey which identifies noncompliance with chapter 70.127 RCW and this chapter. The Statement of deficiencies will include a brief Statement of what is required to achieve compliance, the date by which the Department of Health requires compliance to be achieved, contact information for any technical assistance services provided by the Department of Health and notice of the process and timeline for requesting an extension of time for good cause to achieve compliance.

b. Require licensee to submit a written correction plan within ten working days of receipt of the Statement of deficiencies to address deficiencies determined to not be significant, broadly systemic, or recurring.

i. Under this chapter, a "plan of correction" is a form developed by the Department of Health and completed by the licensee that describes:

A. How each deficiency will be or was corrected.

B. What measures or monitors will be put in place to ensure the deficiencies do not recur.

C. Who is responsible for correcting each deficiency; and when each deficiency will be or has been corrected.

ii. The licensee must complete all corrections within sixty days unless the Department of Health authorizes a longer time frame for

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correction of some of the deficiencies. Implementation of the plan of correction is subject to verification by the Department of Health.

10. Issue a directed plan of correction following a survey which identifies deficiencies that are determined to be significant, broadly systemic, and are not in the categories specified in RCW 70.127.180(3) for which a licensee may be subject to a formal enforcement action.
    a. The Department of Health may choose to issue a directed plan of correction if the Department of Health deems the plan of correction submitted by the licensee to be unacceptable because the actions proposed will not correct the deficiencies, will take too long, or fails to protect the public health, safety, and welfare.
    b. Implementation, progression, and completion of the directed plan of correction may be verified by the Department of Health.
11. Deny, restrict, condition, modify, suspend, or revoke a license and assess civil monetary penalties as authorized in RCW 70.127.170 and 70.127.180(3).
12. Summarily suspend or limit a license pending an enforcement action as authorized in RCW 34.05.479 if deficiencies are identified that pose an imminent risk of harm to clients or patients.
13. The licensee shall sign and return the completed plan of correction or directed plan of correction to the Department of Health on or before the required date.
14. Neither the requirement to submit a plan of correction nor a directed plan of correction is an AGENCY NAME action for which an adjudicative hearing must be afforded to the licensee.
15. The failure to correct the deficiencies in the Statement of deficiencies or the failure to comply with the plan of correction or directed plan of correction may be grounds for an action against the license or a civil monetary penalty under RCW 70.127.170 and 70.127.180(3).
16. If the Department of Health initiates action to deny, restrict, condition, modify, suspend, or revoke a license or to assess civil monetary penalties as authorized in RCW 70.127.170 and 70.127.180(3), the applicant or licensee will be afforded an adjudicative hearing opportunity under chapter 34.05 RCW, RCW 43.70.115, and chapter 246-10 WAC.
17. Responding to a "Directed plan of correction" developed by the Department of Health, based on a current Statement of deficiencies and a licensee's survey history, which specifies the corrective actions the licensee must take and time frames in which those actions are to be completed by submitting to the Department of Health within ten working days of receipt, a written plan of correction for each deficiency. It is further understood that all corrections will be completed within sixty days after the survey exit date, unless otherwise specified by the Department of Health; and no longer than ninety days after the survey exit date, a progress report describing corrections made and ongoing monitoring actions, unless otherwise specified by the Department of Health.
18. The Department of Health is responsible to provide a licensee with:
    a. a written Statement of deficiencies found during a survey; and
    b. a written service area approval or denial.
19. It is understood that the licensed Home Health AGENCY NAME may:
    a. Discuss findings observed during a survey with the surveyor, and

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b. Discuss the Statement of deficiencies, denial of service area, or denial of an exemption with the Department of Health's manager.

20. Further it is understood that the AGENCY NAME has the right to respond to and contest a Statement of charges according to the following provisions:

a. RCW 43.70.115, Department of Health authority for license approval, denial, restriction, conditioning, modification, suspension, and revocation.

b. Chapter 34.05 RCW, the Administrative Procedure Act, and Chapter 246-10 WAC, Adjudicative proceedings.

Department of Health Responsibilities

1. The Department of Health may, in accordance with chapter 70.127 RCW:

a. Issue an initial license including the in-home services category(ies) and Department of Health approved service area(s), if applicable, for twelve months following submission of a completed application and appropriate fee and following a survey that documents the applicant meets all the requirements of this chapter.

b. Issue a renewal license including the in-home services category(ies) and Department of Health approved service area(s), if applicable, for a twenty-four-month period following submission of a completed application and appropriate fee.

c. Issue a license for change of ownership including the in-home services category(ies) and Department of Health approved service area(s), if applicable, to the new licensee for the remainder of the current license period following submission of the required information and appropriate fee, under WAC 246-335-330.

2. The Department of Health may:

a. Conduct surveys at any time and at least once during a licensure period to determine compliance with chapter 70.127 RCW and this chapter, except for agencies with deemed status;

b. Conduct one licensing survey inclusive of all in-home services categories.

c. Investigate any person suspected of:

i. Advertising, operating, managing, conducting, opening, or maintaining an in-home service AGENCY NAME or providing in-home services, including hospice care center services, without a license unless exempt from licensure under RCW 70.127.040 and 70.127.050; or

ii. Survey a licensee at any time if the Department of Health has reason to believe the licensee is providing unsafe, insufficient, inadequate, or inappropriate care.

d. Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.845, when necessary, in consultation with law enforcement personnel.

e. Require licensees to complete additional disclosure Statements and background inquiries for an individual associated with the licensee or having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable adults if the Department of Health has

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reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure Statement and criminal background inquiry.

f. Approve, deny, or revoke requests by home health, hospice or home care agencies for initial service area or service area expansion based on:

   i. The licensee's demonstrated ability or inability to comply with this chapter as illustrated by substantiated complaint history, survey outcomes or enforcement action; and

   ii. Evidence of the licensee's ability or inability to manage and supervise services throughout the approved service area under criteria listed in WAC 246-335-515.

g. Approve, deny, restrict, condition, modify, suspend, or revoke a license under this chapter under RCW 70.127.170 and 70.127.180(3).

h. Issue a Statement of deficiencies following a survey which identifies noncompliance with chapter 70.127 RCW and this chapter; and

i. Prepare and serve upon the licensee or applicant at the earliest practical time a Statement of charges following a survey which identifies noncompliance with chapter 70.127 RCW and this chapter. The Statement of charges shall be accompanied by a notice that the licensee or applicant may request a hearing to contest the charges.

Substantial Equivalency

According to WAC 246-335-350 Substantial equivalency to the State survey requirement. To ensure compliance with chapters 246-335 WAC and 70.127 RCW the Department of Health has the following substantial equivalency options apply that satisfy the State survey requirement:

1. An in-home services licensee that is approved to provide home health or hospice services and is certified by the federal Medicare program is not subject to the STATE survey requirement when the following have been met:

   a. The Department of Health has determined that the applicable survey standards of the certification program are substantially equivalent to those required by this chapter and chapter 70.127 RCW.

   b. Verification that an on-site Medicare survey has been conducted during the previous twenty-four months; and

   c. The licensee or the federal Medicare program submits to the Department of Health the information required in subsection (4) of this section.

2. An in-home services licensee that is approved to provide home health or hospice services and is accredited by a Department of Health approved certification or accrediting organization is not subject to the STATE survey requirement when the following have been met:

   a. The Department of Health has determined that the applicable survey standards of the certification or accrediting program are equivalent to those required by this chapter and chapter 70.127 RCW.

   b. Verification that an on-site accreditation survey has been conducted during the previous twenty-four months; and

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c. The licensee or the certification or accrediting program submits to the Department of Health the information required in subsection (4) of this section.

3. An in-home services licensee that is approved to provide home care services under contract with and monitored by DSHS or the AAA to provide home care services is not subject to the STATE sur-vey requirement when the following have been met:

   a. The Department of Health has determined that the applicable survey standards of DSHS or the AAA are substantially equivalent to those required by this chapter and chapter 70.127 RCW.

   b. Verification that an on-site DSHS or AAA monitoring has been conducted during the previous twenty-four (24) months.

   c. The licensee has submitted to the Department of Health a copy of the final executed contract; and

   d. DSHS or the AAA submits to the Department of Health copies of monitoring reports and other relevant reports or findings that indicate compliance with licensure requirements, and the monitoring reports include samples of private pay patients, if applicable.

4. An in-home services licensee that is approved to provide home health or hospice services and is accredited by a Department of Health approved accrediting organization or certified by the federal Medicare program, which wants to be exempt from the State survey requirement as authorized in RCW 70.127.085, must submit to the Department of Health:

   a. Verification of initial or ongoing accreditation or certification; and

   b. A copy of the most recent decisions and findings of the ac-crediting organization or the federal Medicare program based on an on-site survey within the twenty-four-month period preceding the request for State 108 survey exemption.

5. Nothing in this section shall prevent the Department of Health from:

   a. Conducting validation surveys of agencies consistent with RCW 70.127.085

   b. Conducting initial surveys for applicants applying for initial licensure or licensees applying to add a new service category to their existing license under this chapter.

   c. Surveying in-home services licensees who have service categories that are not Medicare certified, accredited, or monitored by DSHS or the AAA; and

   d. Investigating complaints against in-home services licensees approved through substantial equivalency.

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REFERENCES:

WAC 246-335-335
WAC 246-335-515
WAC 246-335-035
WAC 246-335-350
WAC 246-335-335
RCW 70.127
RCW 70.127.085
RCW 70.127.040 and 70.127.050
RCW 43.43.830 through 43.43.845
RCW 70.127.170 and 70.127.180(3)

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GOVERNING BODY

POLICY

The Governing Body of [AGENCY NAME] assumes full legal authority and responsibility for the agency's overall management and operation and to operate in compliance with local, state, and federal regulations and applicable accrediting body standards, including the Medicare Home Health Care Conditions of Participation requirements. The Governing Body is responsible for the provision of all home health care agency services, fiscal and personnel management, review of the agency's budget and operational plans, and its quality assessment and performance improvement program. The Governing Body will notify regulatory agencies and accrediting bodies as appropriate of negative outcomes from reviews/regulatory inspections, surveys, sanctions and/or audits. The Governing Body is made up of individuals with relevant expertise to effectively govern the agency and follow its mission.

PURPOSE

1. To ensure patients are provided with appropriate, quality services.
2. To ensure delineated lines of authority are established for effective agency management.

PROCEDURE

As a legal entity in the state of [STATE] the duties and responsibilities of the Governing Body shall include:

3. Establishing and periodically reviewing no less frequently than every 36 months, the bylaws (or acceptable alternative), articles of incorporation, legal agreements, and mission statement that regulate the Governing Body conduct.
4. Defining the business structure and clearly indicating lines of authority.
5. Developing and approving strategic and operational plans including community needs assessments, budget, and capital expenditure requirements, and complying with all Medicare regulations regarding certification of home health care agencies.
6. Appointing a qualified Administrator delegated to have the authority and responsibility for the provision of services in accordance with state and federal regulations, accreditation standards, and agency mission, and who is required to comply with the agency's bylaws, mission statement, and other legal documents. The responsibilities of the Administrator are defined in the Administrator's job description; the Administrator reports to the Governing Body. The Governing Body also designates an individual to serve in the absence of the Administrator.
7. Performing a yearly evaluation of Administrator, evaluating agency performance, and approving annual performance review.
8. Ensuring the agency applies the Medicare Conditions of Participation to both Medicare and non-Medicare patients for all programs.
9. Assuring that qualified, competent professionals are available for patient services.
10. Ensuring that all services furnished under arrangement provided by other entities or individuals meet necessary requirements.

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11. Arranging for a PAC, as required by state licensure and/or Medicare Conditions of Participation, to assist the Administrator in the development and review of programs, policies, and procedures, including the identification of potential goals, outcomes, and measurements of accomplishments.
12. Arranging for professional advice as required for oversight of fiscal and/or operational affairs of the home health care agency.
13. Overseeing and approving the fiscal administration of the home health care agency including financial statements, annual budget, capital expenditures, contracts, required licenses and insurances, and other legal functions as identified. The Governing Body holds the Administrator/designee responsible for fiscal management and providing for annual review or audit by auditor or accountant.
14. Assuring that new Governing Body members are oriented to the agency as appropriate to their responsibilities and accountabilities and are knowledgeable and responsive to key issues affecting the agency.
15. Approving new and/or revised policies and procedures that are consistent with the mission statement and assuring that a review of policies and procedures by qualified professionals occur annually.
16. Adopting and, at least annually, reviewing and approving the administrative, personnel, and patient care policies and procedures, licensure regulations, the annual operating budget, and capital expenditure plan.
17. Providing and maintaining adequate resources and an office facility adequately equipped for efficient work and confidentiality of clinical records.
18. Providing a safe working environment in compliance with local ordinances and regulations.
19. Providing access to industry associations, Center for Medicare Services (CMS) websites, and other resources as necessary to remain current with home health care agency related regulations and practices.
20. Assuring Governing Body, and personnel complete an annual Disclosure of Conflict-of-Interest form identifying professional and personal direct and indirect relationships, ownership and controlling interests. Maintaining these forms on file. Agency must furnish updated information to CMS, state agencies and accreditation bodies at intervals between recertification, reenrollment, or contract renewals, within 30 days of a written request.
21. Ensuring accurate, complete, and signed minutes document actions taken at all official Governing Body meeting and retaining for a minimum of five years or state regulation mandate. Minutes are distributed as determined by the board.
22. Providing proper licenses and insurance liability coverage.
23. A list of Governing Body members will be provided to regulatory, federal, and state agencies upon request and is maintained in the administrative file with the Governing Body minutes.
24. The Governing Body will meet at least twice a year and ad hoc quarterly or monthly based on agency needs. The members have access to monthly reports for review that may generate a request for a meeting. A quorum is defined as majority plus one.
25. Ensures that the agency complies with all federal and state laws and regulations.
26. Ensures that the agency does not refuse service, employment, or discriminate against anyone.

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27. Ensures the ongoing program for quality assessment and performance improvement (QAPI) and patient safety is defined, implemented, and maintained, approving the frequency and detail of data collection. The Governing Body must ensure the program reflects the complexity of the agency and services, including services by agreement; focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admission and re-admissions; and takes action addressing the agency's performance across the spectrum of care, including the prevention and reduction of medical errors; and further ensures documentary evidence of the QAPI program is maintained and is able to demonstrate its operation to CMS.

28. Members of the Governing Body serve until they resign or are asked to step down. Failure to attend three consecutive meetings is considered a resignation.

29. The Governing Body may establish committees as deemed necessary. Such committees may meet ad hoc or regularly and may include:

    a. *Budget Committee: A special committee, appointed by the Governing Board, helps prepare the annual budget and reviews the agency's financial position.* It presents an annual report of findings, recommendations (if any), and the proposed budget to the Governing Board. Written meeting minutes are maintained at the agency's office.

    b. *Professional Advisory Committee (PAC):* The agency utilizes a group of professional personnel to oversee and evaluate operations. At least one member of the PAC will be neither an employee of the agency nor the owner. The Governing Board approves the appointment of the PAC members. The committee meets at least twice a year to review policies and procedures, to assist with development and implementation of a community awareness program, and to evaluate the agency's total program. Written minutes of PAC meetings are maintained at the agency's office. Recommendations made by the PAC are presented to the Governing Board at least annually.

    c. *Special Committees/Consultants:* The Governing Board may organize committees or hire consultants to undertake special projects. Such committees may be convened to study personnel issues, program development, and other matters related to agency operation and planning.

    d. *Clinical Record Review Committee*: As part of the agency's overall Quality Assessment and Performance Improvement Program, appropriate health professionals, representing at least the scope of the program, is required to review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under contract at least quarterly. Any records reviewed by outside persons need to comply with HIPAA standards. This committee will receive a summary report of the record reviews to discuss the results and determine an appropriate improvement action plan if needed. Written minutes of meetings are maintained at the agency's office.

    e. *Safety Committee:* As part of the agency's goal to maintain and resolve safety issues, a Safety Committee, appointed by the Administrator, will meet at least annually.

    f. Continuous Quality Improvement Program (CQI): Skilled professionals will participate in the organization's CQI program

    g. *Ethics Committee: Appointed by the Administrator to ensure that all issues are resolved ethically, the Ethics Committee shall meet annually and as special issues arise, meetings can be called as frequently as necessary.*

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h. *Policy Committee: A review of all policies and procedures by a Policy Committee appointed by the Administrator will be completed yearly.*

REFERENCES:

CMS 42 CFR 484.12(b), 484.14(b), 484.16 Revisions 484.100; 484.100(a), (b), (c); 484.105; 484.105 (a), (b)(1); 484.105(h); 484.105(h)(4); 484.105 (e)(2)(3); 484.65; 484.65(b)(3); 484.65(e)
ACHC HH1-1B, HH1-2A, HH1-3A, HH1-9A.01, HH3-1A & B
CHAP LG.1; LG.3; LG.4; LG 12; FS.2, CQI 1.I M2
TJC: LD. 01.03.01, LD.04.01.05, LD.03.04.01; EM.01.01.01 EP1; EM.02.01.01EP1

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ORIENTATION FOR GOVERNING BODY

POLICY

[AGENCY NAME] provides a structured orientation for all new Governing Body.

PURPOSE

1. To assure that new members are aware of their roles and responsibilities.
2. To assist new members' understanding of the agency, its mission, and its goals.

PROCEDURE

1. The agency will provide effective orientation to members of its Governing Body. This orientation shall minimally include:
2. Agency mission, philosophy, ethics, and goals
3. Roles and responsibilities, including federal and state guidelines
4. Calendar for meetings
5. Orientation to the agency
    a. Historic background of agency and overview of the services provided
    b. Organizational structure and chart
    c. Confidentiality practices and signing of confidentiality agreement
    d. Conflict of Interest policy, process for disclosure and signing of Conflict-of-Interest form
    e. Agency standard published rates
    f. Operating and capital budget/funding sources
    g. Policies and procedures including patient and personnel grievances
    h. Quality Assessment and Performance Improvement plan, activities, and responsibilities, including findings of fraud or waste.
6. Planning Function
    a. Plan for annual agency annual program evaluation
    b. Demographic data compilation
    c. Performance improvement measures

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REFERENCES:

CMS 42 CFR 484.14(b), 484.16 Revision 484.65; 484:105 (a); 484.105(h); 484.105(h)(4);
ACHC HH1-2A.03, HH1-3A.01
CHAP LG.4; FS.2
TJC LD.01.07.01.
TJC PI.01.01.01 EP1

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PLAN OF OPERATIONS

POLICY

AGENCY NAME has an established plan of operations for the agency and has a system in place to assure updates of the plan of operation that reflects current practice, and services provided by the AGENCY NAME, and State and local laws.

PURPOSE

1. To ensure accountability and responsibility for compliance with State requirements.
2. To delineate the authority for the approval process.

PROCEDURE

AGENCY NAME has established and implemented policies and procedures which include a written plan of operation identifying:

1. A description of the organizational structure.
2. Personnel job descriptions.
3. Responsibilities of contractors and volunteers.
4. Services to be provided.
5. The days and hours of AGENCY NAME operation; and
6. Criteria for management and supervision of services throughout the service area(s) which include:
    a. How the initial assessment and development of the plan of care will be completed per WAC 246-335-540.
    b. How patient needs will be met when assigned personnel, volunteers, or contractors are unable to serve the patient.
    c. How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-545.
    d. How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-525; and
    e. How the quality improvement program required in WAC 246-335-555 will be applied throughout the approved service area.
7. A process to inform patients of alternative services prior to ceasing operation or when the licensee is unable to meet the patient's needs.
8. A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation according to WAC 246-335-550 (7) and (8).
9. Time frames for filing documents in the patient records.
10. Emergency preparedness that addresses service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal agency operations. Include, at minimum: Risk assessment and emergency planning,

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communication plan, informing local officials of patients in need of evacuation, and staff training and drills to test emergency plan.

11. Have an identified Administrator who is responsible for:
    a. Overseeing the day-to-day operation and fiscal affairs of the AGENCY NAME.
    b. Implementing the provisions of this section.
    c. Designating in writing an alternate to act in the administrator's absence.
    d. Providing management and supervision of services throughout all approved service areas according to subsection (6) of this section.
    e. Arranging necessary services.
    f. Keeping contracts current and consistent with WAC 246-335-525.
    g. Serving as a liaison between the licensee, personnel, contractors, and volunteers.
    h. Ensuring personnel, contractors and volunteers are currently credentialed by the State of Washington, when appropriate, according to applicable practice acts and consistent with WAC 246-335-525.
    i. Ensuring personnel, contractors and volunteers comply with the licensee's policies and procedures.
    j. Implementing a quality improvement process consistent with WAC 246-335-555.
    k. Managing recordkeeping according to WAC 246-335-550.
    l. Ensuring supplies and equipment necessary to patient care are available, maintained, and in working order.
    m. Ensuring the accuracy of public information materials; and
    n. Ensuring current written policies and procedures are accessible to personnel, contractors, and volunteers during hours of operation.
12. The licensee must continue to update its plan of operation to reflect current practice, services provided by the AGENCY NAME and State and local laws.

REFERENCES:

WAC 246-335-540
WAC 246-335-545
WAC 246-335-525
WAC 246-335-550 (7) and (8)

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