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The Development of a Home Health Agency

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THE DEVELOPMENT OF A HOME
HEALTH AGENCY

Sandra K. Gain, R.N.C., B.S.



A Digest Presented to the Faculty of the Graduate School of
the Lindenwood Colleges in Partial Fulfillment
of the Requirements for the
Degree of Master of Art

1982

DIGEST

Three objectives were focused upon regarding the development of a home health agency. The first objective involved was to define what a home health agency is. Several definitions exist, however, for practical purposes, the definitions set forth in the state and federal regulations of home health agencies have been used. Many people are not aware of the fact that health care in the home is an integrated program of health and social services. Following a review of pertinent literature, these health and social services have been explained in more detail.

The second objective concerns itself with the relevance of home care to the elderly. Factors pertaining to the psychological benefits as well as the economic benefits have been explored. The fact that home care can maximize the potential of individuals to function and enjoy life in their own homes has been documented. While institutionalization remains necessary for some, home health care has been shown to offer an acceptable alternative to many.

The actual development of a home health agency was the third objective. Steps that were taken to progress the idea of opening a home health agency into an actual reality have been discussed. The steps and decision making processes involved in developing a home health agency that would be certified by the State and eligible to participate in the Medicare program

were numerous. The state and federal regulations have been included as Appendices in this paper in order to show the rigid guidelines by which a certified home health agency must abide.

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HEALTH AGENCY

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A Culminating Project Presented to the Faculty of the
Graduate School of the Lindenwood Colleges in
Partial Fulfillment of the Requirements
for the Degree of Master of Art

1982

COMMITTEE IN CHARGE OF CANDIDACY:

Dr. Arlene Taich, Chairperson and
Advisor

Dr. Paul J. Biedenharn, Advisor

Sandra Christie, Faculty Sponsor

Dedicated to my grandmother, Christine Hirsch, who has shown me how to age gracefully and with dignity.

She gave me the inspiration to pursue my career in the field of gerontology and gave everything of herself, expecting nothing in return.

To her, I dedicate this paper.

ACKNOWLEDGEMENTS

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To my patients over the past years a special thank you. There is a saying, "Experience is the best teacher." That being the case, your roles as "teachers" have been fulfilled. The learning experiences I have received from each of you will never be forgotten.

I would like to thank the members of the Belleville Home Health Agency's Advisory Board, which includes Carolyn Dozier, Father Eugene Neff and

Dr. Paul J. Biedenharn for their valuable contributions and perseverance to make a dream a reality.

A special thanks goes to my mom and dad, Rae and Gilbert Cebulske, for their financial assistance and backing which was greatly needed and appreciated.

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I. INTRODUCTION

For years when a person became ill he was simply bundled up in a corner of the house and nursed back to health or he was taken out of the house in a coffin. There simply was no other choice.

Our first health professionals, healers and midwives, also delivered their care in the home. They were frequently called upon to consult on diseases and to offer opinions on possible cures while giving emotional support to the family. Even hospitals, when they began, took into consideration the roles of home and family in health care. The first outpatient clinic, the Boston Dispensary, was founded in 1796 to assure that, "The sick, without being pained by separation from their families, may be attended and relieved in their own homes."

Within the last century homes have begun to be displaced by hospitals and clinics as the primary site for medical care - but not without reluctance on the part of the lay population. It has been noted that in 1920 a resident of St. Charles, Missouri recalled that, "Most people in the olden days were possessed of a great fear of hospitals. To be sent to a hospital as a patient was imagined by many to be a

positive sign that one would never emerge alive."

That fear no doubt still exists today - coupled with the fear of financial ruin and inhumane treatment in the hands of the medical establishment. Add to that the inability to financially contain an almost \$200 billion health care system plus the rapid growth of population of those sixty-five and older, the growing interest in home health care as an alternative to institutionalization is easy to understand.

The likelihood, however, of our returning to the "good old days", when grandmothers helped mother take care of the sick children, or when the grown children assumed the responsibility of caring for their elderly parents, is slim. As the United States Special Committee on Aging reported, "The day of the extended family in which generations live together is disappearing, destroyed by economic pressures which attract young families either to the city and away from the farm, or away from the city to the suburbs...."

What needs to be done, then, is to structure a new form of home care which relies on a mixture of the family, medical professionals, social service agencies, and informal social support networks. The goal of this structure is to allow the patient to recover from his illness or at least to gain maximum rehabilitation in a way that will cause the least dis-

ruption to his and his family's daily lifestyle.

It appears, however, that home health care has a long way to go to meet the needs of those who prefer to remain in their own homes. According to the committee on Aging report in 1972, the estimated total number of homemaker-home health aides was 30,000, but the need established in that report was 300,000. Similarly, less than one percent of the total amount of federal money spent on health care (272 million of 33 billion dollars) was used to reimburse for home health care. An important point to note is that many potential home health care consumers are still being institutionalized. In a report published by the Department of Health, Education and Welfare, it was estimated in 1976 that 25 to 40 percent of the people who are institutionalized are admitted only because of a lack of home health care services.

As someone once said, "Home care is the newly found attic antique that has potential value, but no one is yet willing or able to estimate the value." Home care may well be an "antique", however, it will take considerable time before its value is ever realized.

II. WHAT IS A HOME HEALTH AGENCY?

Before one can begin to comprehend the development of a home health agency, it is important to have an understanding of what a home health agency is and what it provides.

A home health agency, as defined by the Department of Health, Education and Welfare in 1978, is a public agency or private organization or a subdivision of such an agency or organization which meets the following requirements:

- A. It is primarily engaged in providing skilled nursing services and other therapeutic services, such as physical, speech or occupational therapy, medical social services, and home health aide services. A public or voluntary nonprofit health agency may qualify by:
 - 1. furnishing both skilled nursing and at least one other therapeutic service directly to patients, or
 - 2. furnishing directly either skilled nursing services or at least one other therapeutic service and having arrangements with another public or voluntary nonprofit agency to furnish the services which it does not provide directly.

A proprietary agency can qualify only by providing directly both skilled nursing services and at least one other therapeutic service.

- B. It has policies established by a professional group associated with the agency or organization (including at least one physician and at least one registered professional nurse) to govern the services, and provides for supervision of such services by a physician or a registered professional nurse.
- C. It maintains clinical records on all patients.
- D. It is licensed in accordance with State or local law or is approved by the State or local licensing agency as meeting the licensing standards (where State or local law provides for the licensing of such agencies or organizations).
- E. It meets other conditions found by the Secretary of Health, Education and Welfare to be necessary for health and safety.

A private organization which is not exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954 (sometimes referred to as a proprietary organization) must be licensed pursuant to State law. If the State has no licensing law for such organizations, a proprietary agency cannot participate

in the health insurance program.

In general, then, there are three classifications of home health care agencies: public; nonprofit; and proprietary, or profit making.

Public home care providers include local public health departments and departments of welfare. They are funded entirely through state and local taxes and Medicare/Medicaid funds and usually work mostly with the elderly and needy.

The most numerous nonprofit agencies are the visiting nurse associations (VNAs). These organizations were first established in Boston in the 1870s and began to appear throughout the United States in the late nineteenth century. Today over 500 of them provide home health care. One advantage of this type of agency is their prorated fees for people who do not have insurance coverage of some kind.

Proprietary home health care agencies are private businesses. Probably the largest and most widely known is Upjohn Health Care Services, a subsidiary of the Upjohn Company of Kalamazoo, Michigan. One disadvantage of this type of agency is that in some states profit-making agencies are not certified by Medicare and thus cannot compete for Medicare/Medicaid dollars.

In order for a home health agency to be certified

for Medicare/Medicaid money it must: (1) engage primarily in skilled nursing services and provide at least one other therapeutic service; (2) have policies which are developed by at least one physician and one registered nurse associated with the agency; (3) maintain clinical charts and records on all patients; (4) ensure that the professional personnel are licensed by their respective professional organizations; and (5) provide for regular review and evaluation of policies. (See Appendix A for a more detailed list) Currently there are approximately 2,500 certified home health care agencies - of these only 81 are proprietary.

The services offered by home health agencies can vary. It can encompass a wide range of personnel and services. Generally, there are two kinds of services that can be provided: medical care or social services like Meals on Wheels programs or housekeeping.

Direct nursing care is usually done by a registered nurse, who can be a graduate of a two-year community college, three-year hospital program, or a four-year program. She may visit weekly or even daily for a limited period of time if the patient's condition warrants it. She may do direct medical care like changing dressings, giving injections, taking vital signs, giving enemas, changing catheters or administering treatments to bed sores or wounds; or, she may

carry out such broader nursing functions as supervision, evaluation, teaching and prevention.

Another service that many home health agencies offer is that of home health aide. The home health aide can assist with bathing, shampoos, and other personal care that is not considered to be medical or nursing per se. She will provide assistance with activities of daily living (ADL) which also includes assistance in meal preparation and light household chores to maintain a clean and healthful environment. The home health aide usually will visit for two to three hours several times a week. Many states require that the aides be certified, which means that they have completed certain course work, have had on-the-job training, and have attended inservice classes. The registered nurse remains medically and legally responsible for the supervision of the home health aide.

Health care agencies may provide physical, occupational and/or speech therapy as part of their services, too. Therapists may make home visits, with the frequency of those visits varying according to the availability of the therapist and the needs of the patient. Many times family members and/or friends are taught to assist and eventually carry out rehabilitative therapy.

It should be mentioned that all of the previous mentioned services are provided under the direction of

the patient's physician. It is the responsibility of the health care professional to maintain close contact with the patient's physician and to report any changes in the patient's condition to him.

There are times when a patient does not need medical services, but an illness or injury prevents them from doing the things they normally would do in the course of a day to take care of themselves: doing the grocery shopping, cleaning the house, driving to take care of errands or to see the doctor. In a situation such as this, they need social services - services which are traditionally not considered health care, are not subject to physician approval, but may be provided along with medical services, if necessary.

Homemaker services are the most popular. The homemaker will assist with chores, housekeeping, and help the family with meals. Often home health aides will perform homemaker services, in which case they are called homemaker-home health aides.

The need for home health care is not new. In 1961, a study by the Community Council of Greater New York revealed that 12 percent of all families and individuals receiving services from hospitals and other health agencies in the city needed a home health aide, and that four-fifths of these families did not have one (Browning, 1974).

In 1972, the Citizen's Committee on Aging of the Community Council of Greater New York, singled out home health care to the aging as one of the most pressing unmet needs for the one million persons aged sixty-five and over in New York City. The committee was granted funds under Title III of the Older Americans Act through the New York State Office for the Aging, to study this problem and to promote services to meet the need.

It was the finding of the committee that home care for the aged was an essential part of the total services offered and that any plan to increase the number of beds in hospitals or institutions must at the same time include plans for the number of persons who could be cared for in their own homes. The question of how this care would be provided to all in need, remains unanswered.

III. RELEVANCE OF HOME CARE TO OLDER PATIENTS

Patients with continuing therapeutic needs, particularly those who are homebound or have great difficulty getting to a doctor, have been able to receive continuing and quality care thru the use of home health agencies. This has meant for many patients, the maintenance of gains achieved in the hospital which otherwise were lost. Before home care, it was not uncommon to find that the homebound patient had noted significant losses in his ability to ambulate, to transfer or to perform other important aspects of activities of daily living. Studies have shown that through the use of therapy and instruction of those in the home setting, regression can be prevented.

In a number of cross-national studies, it has been shown that the majority of the ill elderly are being cared for at home. The bulk of the care provided is personal care such as bathing and dressing and transfer techniques rather than active medical care (Turk, 1976). The prevalence of home care increases sharply with age, from 2.1% at age 55 to 64, to 12.5% at age 75 and older (Atchley, p. 121).

Home health care has the potential to respond to two pressing problems in our current health care system;

spiraling costs and increasingly ineffective and impersonal institutionalization. It can save money by decreasing the number of days spent in a hospital or nursing home, but it also allows the patient to heal in a place in which he is comfortable and surrounded by people who know and care about him. These two characteristics alone make home care a very attractive alternative.

Home health care programs have pretty well defined the elements of hospital care that can be transferred to the home. Almost any type of home care program can shorten hospital stays. In a sample of 200 patients in a large general hospital in New York City lacking a home care program, an evaluation team consisting of an experienced doctor and social worker found 12 to 14 percent of the patients could have been transferred to such a program (Rossman, 1979).

Experience seems to indicate that many patients, sooner than many hospital personnel are aware, reach a stage in which further care can be continued in the home environment. Even the typical postoperative patient can have his hospital stay cut by a third to a half without risk and even with benefit (Rossman, 1979).

On the most basic level, home health care has the advantage of allowing people to be in their own homes rather than in a hospital or nursing home.

It means that the patient can be in familiar surroundings rather than in a strange and often terrifying place. It permits patients to live according to their own time schedules rather than the time schedule set by an institution. At a time when a person is under stress with an illness, he can be surrounded by loved ones who want to take care of him rather than by strangers in starched white uniforms who are paid to be there.

Several studies have demonstrated this preference for home care. A survey conducted at Mount Sinai Hospital in Milwaukee showed that 84 percent of all patients receiving home care preferred it to hospitalization. Among patients who did not receive home care, 50 percent said they would have preferred it. In the same study, members of the nursing staff said they believed that both the patient and his family did better at home than in the hospital (Bischoff, 1976).

The psychological benefits received from being at home are great. Hospitals have been shown to be anxiety-producing places. There is a feeling of helplessness present and patients are often unable to cope with hospital routine.

The relaxation and security that comes from being taken care of in familiar surroundings can help in the healing process. One report on home health care de-

scribed a gentleman who "was convinced that he was healing faster" at home, and it went on to point out that "many doctors confirm that how a patient feels about getting better affects his/her capacity to heal" (Bischoff, 1976). Pain, too, tends to be directly related to anxiety and thus can be lessened when anxiety is reduced.

Another factor to consider is the strain institutionalization places on the family. Hospitalization disrupts normal family routine. It means that a member of the family isn't there to fulfill his normal duties. Having to be with the sick person in the hospital tends to worsen an already stress-filled situation. The family often finds itself in a no-win situation when the patient must be placed in a nursing home. The decision to institutionalize causes guilt and unhappiness, but without the support from a home health agency, caring for an ill or disabled relative at home is inconceivable.

Through the use of home health service a caring family member can be taught to give quality general nursing care which includes giving hypodermic injections, tube feedings, irrigations, treatments, etc. In the home setting, that famous ingredient, tender loving care that hospitals at times have difficulty generating, may be present in generous amounts. In

home care programs, the patient's family is strongly encouraged to participate in the patient's care. The family is considered as a valuable member of the "team."

Economics is a factor which must be considered in home health care. An unfortunate fact of life in this country is that people who are faced with catastrophic illness often face financial hardship. The two often go hand in hand. Home health care can help to lighten the financial burden.

Many studies have been done to confirm the cost savings potential of home health care:

In a study of 485 patients receiving home care by a Rochester home care association, physicians recorded an average "saving" of 21 hospital days. With Rochester hospital costs averaging \$108.00 (in 1976 when the study was done) and Rochester home care costs averaging \$15.61 a day, the total savings ran to approximately \$900,000.00 (Bischoff, 1976).

Upjohn Health Care Services, a home health care agency, analyzed the case of a patient who fractured both legs in an automobile accident. The patient received 29 nursing visits, 16 physical therapy visits, 96 six and eight hour visits by a health aide, 3 visits by a social worker and 4 deliveries of equipment during his 141 days of home care. In addition, he used an extensive range of rental equipment and was transported by ambulance to the hospital or to a physician's office on 4 occasions. Total cost of his home care, including program administrative costs, was just

over \$3,500.00 or an average of \$25.00 a day. Without home care, he would have had to remain in the hospital for at least 74 days at a cost of nearly \$8,500.00 (Upjohn, 1976).

There has been an increasing awareness lately that illnesses which have usually required institutional care can be treated at home. In a study done at St. Luke's Medical Center in New York City, the costs and outcomes of stroke patients who had home care were compared with similar stroke patients who did not. Among the advantages of being taken care of at home were shorter hospitalizations, fewer admissions for recurring stroke, fewer deaths, continuity of care, the ability to remain self-sufficient in the community, and, predictably, reduced costs (Bryant, 1974). It must be remembered that the cost savings potential of home health care will continue to rise along with hospital costs. Add to this the fact that our population includes more and more people 65 years of age and older (the elderly with chronic or long-term disabilities like cancer, arthritis, or cardiovascular disease are the primary recipients of home health care today), and it is clear that a good home health care system be developed.

In contrast to the rising costs of institutional care, whether hospital, nursing home or homes for the

aged, home care, even when elaborate is comparatively inexpensive. The cost advantages favoring home care have continued undiminished over three decades of inflation and soaring medical costs. These facts indicate the economic importance of the home care provisions written into the Medicare Act. At the present time, Medicare will pay 100 percent of a covered service to a certified home health agency with no limit on the number of visits.

The road to turning our health care system around so that its primary purpose is to keep people in their own homes and to keep family members together is long. Home health care does play an important role in our country and will play an even greater role in the future. We must continue to preserve what we have already achieved and use this knowledge and skill to work towards an ideal health care system.

IV. DEVELOPING A HOME HEALTH AGENCY

The idea of opening up my own home health agency has been in the back of my mind for years. The need was very apparent. I found that numerous elderly, following a health crisis, were exhausting their Medicare benefits in extended care facilities and were then discharged home due to financial problems or the patient's request to fend for themselves. Many times this would start the whole cycle over again. They would somehow manage to survive at home for their 60-day period, as established by Medicare, and then re-enter the hospital. Due to the financial hardship and transportation problems, few would seek medical care prior to hospitalization. Patients, while in the hospital or extended care facility, may have been regulated well with diet and medications, only to have them go home with little explanation or help on how to maintain this in the home environment. Through home health follow-up many of these problems could be alleviated. Home health care involves a lot of counseling and teaching in order to maintain the elderly in their own homes.

With having achieved national certification as a gerontological nurse in 1979 and having completed courses in gerontology, I felt as though I had a more

thorough awareness of the needs of the elderly in this and surrounding rural communities.

I met with Lucille Allison, from the Illinois Department of Public Health back in the spring of 1981 to discuss the opening of a home health agency in the Belleville area. The meeting proved to be very beneficial. I had initially planned on pursuing this venture on a part-time basis while keeping my full-time day employment in a long-term care facility (I had worked 8 years in the facility and had wanted to keep my job security that I had there while I developed the home health agency into a prosperous and full-time business). Following the meeting, however, I realized that to do things in this way would be impossible. I would either have to pursue the home health agency on a full-time basis, meaning that I would have to quit my present employment, or give up the idea completely. I had also planned to operate the agency out of my own home.

After much deliberation I decided to give the home health agency my all. I knew that once this decision had been made, there would be no turning back. The phrase "make or break it" took on a much greater meaning now. Although I had decided that I would forfeit my present job in order to operate the agency, I thought it best to maintain my full-time

status at the convalescent center until I obtained certification from the state due to financial necessity.

The next question that would have to be dealt with was where to locate the agency. In my meeting with public health it was pointed out that the agency should be a separate entity - located outside of my own home.

My husband and I had purchased a duplex in 1980 which is on a rather heavily traveled thoroughfare in Belleville. I decided after my meeting with Mrs. Allison that half of the duplex would make an ideal office for the business. Since the duplex was located on a corner there would be more than enough room for parking both in front of the building and on the side. The side that was to be used for the agency, however, required considerable renovation. My husband agreed to do a large portion of this.

I contacted the Department of Public Health again in the fall of 1981 to request a copy of the rules and regulations that had to be followed in order to establish a home health agency. I also requested that they send me all the necessary forms needed to apply for licensure.

I found it necessary to budget money from each of my paychecks in order to begin purchasing the

furniture and equipment necessary for the agency operation. A list was compiled of all necessary furniture items I would need (Table 1). I began purchasing the furniture, a little at a time.

The rules and regulations along with the necessary forms to apply for licensure arrived from Springfield. According to the rules and regulations (Appendix B) I must have a Professional Advisory Board and someone had to be named, in writing, to act as the Administrator of the agency in my absence. A friend of mine, also an R.N., who showed great interest in my new endeavor was approached in regards to this. She consented.

The rules and regulations state that the Professional Advisory Board should consist of a practicing physician, and a registered nurse with representation from other professional disciplines which are providing home health service. It also recommended that a consumer be a member of the group.

The first decision that had to be made was that of deciding what services the agency would offer. I decided that initially it would offer nursing, physical therapy, and home health aides. This decision was based on the fact that I already had people from all of these disciplines who had voiced interest in working with the agency. Once this had been decided,

TABLE 1FURNITURE AND GENERAL OFFICE SUPPLIES

3 desks
3 desk chairs
4 office chairs
1 filing cabinet
1 storage cabinet
3 floor mats
2 bulletin boards
1 telephone
3 desk lights
1 typewriter
1 adding machine
1 xerox machine
1 stand for xerox machine
2 bookcases
1 posting tray
1 answering machine
1 refrigerator
1 stereo system

I could select the members of the Professional Advisory Board. Dr. Biedenharn, a geriatrician, was asked to serve on the board due to his involvement with the elderly, and his medical expertise. Carolyn Dozier, a registered nurse, who will be functioning as administrator in my absence, and Oscar Gain Jr., a physical therapist, were also appointed to the board. The only other member left to select was a consumer who was neither an owner nor employee of the agency. Due to his involvement in the community with the Ministry to the Sick and Aged, I asked Father Eugene Neff. He agreed without hesitation. I might also add that he is involved with the hospice which was just recently developed in Belleville.

I found it necessary to seek legal advice in regards to establishing the type of control under which the agency would operate. After some deliberation I decided to be a sole proprietorship; I could always incorporate in the future if I so desired.

It was necessary for me at this time to file an application for the use of an assumed name under which the agency would operate. The name I had chosen was the "Belleville Home Health Agency." In order to do this I had to publish a public notice in one of the area newspapers (Appendix C). Once this had appeared in the paper weekly for three successive

weeks, I was issued a certificate to conduct business (Appendix D).

In order to complete the forms necessary for licensure, I had to designate the geographical area that the agency would be covering. I decided to cover the areas of Belleville, Fairview Heights, Swansea, Shiloh, O'Fallon, Mascoutah, Scott Air Force Base, Millstadt, Freeburg, and Smithton. The crime rates of these and other surrounding communities were taken into consideration. I did not want my employees going into high crime areas.

Staffing was the next issue of primary concern. I already had the services of nursing and physical therapy resolved. Since the only other service I would be offering would be that of home health aides, it was imperative that I secure confirmation from at least two nurse's aides in regards to their employment with the agency. This was easily achieved.

The next step was to establish the charge for each of these services. I understood that this was just a tentative rate and that it would be subject to change following a meeting with my intermediary, the Health Care Service Corporation of Blue Cross and Blue Shield. These established rates had to be included on my application for licensure.

The only other thing that had to be done before I could submit my application was to have a phone installed at the agency. Once I had the telephone number to add to the application, the application could be mailed.

Along with the application I had to include the following:

1. Two copies of Request to Establish Eligibility in the Health Insurance for the Aged Program, SSA 1515;
2. Two copies of the Health Insurance Benefits Agreement, SSA 1561;
3. One copy of the Statement of Financial Solvency, SSA 2572;
4. Four copies of the Assurance of Compliance, HEW 441, and;
5. Three copies of Interest Disclosure Statement, HCFA 1513.

This was sent in to the Illinois Department of Public Health along with a \$25.00 check on March 3rd, 1982.

The rules and regulations state that a home health agency shall show proof of liability insurance. I figured that obtaining this insurance would be my next step. This was easier said than done. I had contacted several insurance companies in regards to this matter only to find out they would not or could not write a

liability policy on this type of business. I was finally referred to a small company in Belleville that provided this type of coverage. Workmens Compensation, however, also presented a challenge. I had to apply for "Assigned Risk" due to the fact that no insurance company would accept it. I was assigned an insurance company in Chicago.

I knew when the surveyor came down from Springfield that she would request to see all policies and procedures for the agency. This was to be my next big undertaking. I decided to write the bylaws first (Appendix E).

It was also necessary at this time to work on the various forms that would be used by the agency. The surveyor would want to review these when she visited. A list of the forms I felt would be necessary was made (Table 2). I worked on these forms as time permitted.

The preparation of the estimated first, second, and third year budget was quite a challenge (Appendix F). It was difficult to prepare the estimated income and expenditures for the first year, let alone for three years. I had very little upon which to base my figures. I would like to stress that these figures are strictly estimates.

TABLE 2FORMS

Referral Forms
Telephone Order Slips
Nursing Assessment Forms
Physical Therapy Evaluation and Progress Notes
Visit Reports
Statistics Card
Daily Record Sheet
Employee Physical Exam Forms
Certification Forms
Release of Information Forms
Employment Applications
Care Plans
Acknowledgement of Policies
Social Evaluation Forms
History and Physical Forms
Discharge Summary
Incident Reports
Statements
Billing Cards

It is required that any employee hired on a contractual basis have a written agreement with the agency which includes the following:

- a. Services to be provided.
- b. Provision for adherence to all applicable agency policies and personnel requirements.
- c. Designation of full responsibility for agency control over contracted services.
- d. Procedures for submitting clinical and progress notes.
- e. Charges for contracted services.
- f. Statement of responsibility of liability and insurance coverage.
- g. Period of time in effect.
- h. Date and signatures of appropriate authorities.
- i. Provision for termination.

I, therefore, had to line up a contract which met these requirements (Appendix G).

The employee's personnel policies booklet was written next (Appendix H). Following the writing of the personnel policies, time had to be spent typing the policy and procedural manual for the agency itself which follows the guidelines established by the state (Appendix I). This includes job descriptions, qualifications, an organizational chart, etc.

I was notified by the Illinois Department of

Public Health that a surveyor would visit the agency on March 16th and 17th in order to determine whether all rules and regulations had been met for licensure.

The surveyor, Lucille Allison, spent both days going over the agency's policies, forms, contracts, etc.. After completing her survey she informed me that I had met all the requirements for certification, meaning that I was now the owner of a "certified home health agency" in the State of Illinois. Words cannot describe my feelings at that time.

Many decisions again had to be made. I had maintained my full-time employment at the convalescent center up to this time. Since I had accumulated two weeks of paid vacation, I decided to apply for my vacation and turn in my two weeks notice to terminate my employment. I resigned effective April 19, 1982.

It was imperative that I start work immediately to advertise my agency to the community. One of the first things that had to be done was the writing and designing of a brochure to explain what services the agency had to offer. Once I had the wording down on paper, I took it to a printer to be type-set and printed (Appendix J).

I received a call from Mr. Gunter from the Department of Public Health informing me that there was a problem with my home health aides certifications.

It appeared as though they had received their schooling prior to the program receiving state approval. I, therefore, had to go through the process of getting them certified with the State by providing the State with documentation of at least one year of continuous employment as a nurse's aide or orderly in one licensed hospital/long term care facility/home health agency between March 1st, 1975 and March 1st, 1980 as evidenced by personnel records. This information was obtained and forwarded to the Department of Health Regulations. Mr. Gunter later called me to assure me that everything was now in order.

In order for residents of the community to differentiate employees of the Belleville Home Health Agency from other employees in the area, I decided to design an arm patch which could either be sewn or ironed to the employees uniform or lab coat. I am not considered as being artistically inclined, however, I managed to come up with a patch that seemed appropriate.

Letters to the doctors were next on the agenda. I found a company that would personalize each letter and address all the envelopes, provided that I submit a list of doctors names and addresses along with a copy of the letter I would like to have typed (Appendix K). This was done and letters, along with a brochure

and business card were sent to approximately 125 doctors.

There were several miscellaneous things that had to be done. A yard sign was erected in order to promote the business, forms and medical supplies were ordered, and plans were made to visit area hospitals and nursing homes to explain the new service in the community.

I received my official certification in the mail on April 24, 1982 (Appendix L).

The agency will officially open for business on April 26, 1982. At this time, I have three registered nurses, two home health aides, one physical therapist and one physical therapy assistant under contract, and one secretary to meet the staffing needs. It is my hope that the Belleville Home Health Agency will be able to meet the needs of those in Belleville and surrounding communities by providing quality and continuity of care that is so important in order to prolong or even deter the possibility of institutionalization.

APPENDIX A

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Regulations No. 5--Subpart L

Subpart L—Conditions of Participation; Home Health Agencies

Sec.

405.1201 General.

405.1202 Definitions.

(§§ 405.1203-405.1208 deleted,
39 FR 2251, Jan. 17, 1974)

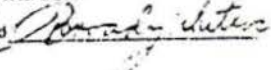
- 405.1220 Condition of participation: Compliance with Federal, State, and local laws.
- 405.1221 Condition of participation: Organization, services, administration.
- 405.1222 Condition of participation: Group of professional personnel.
- 405.1223 Condition of participation: Acceptance of patients, plan of treatment, medical supervision.
- 405.1224 Condition of participation: Skilled nursing service.
- 405.1225 Condition of participation: Therapy services.
- 405.1226 Condition of participation: Medical social services.
- 405.1227 Condition of participation: Home health aide services.
- 405.1228 Condition of participation: Clinical records.
- 405.1229 Condition of participation: Evaluation.
- 405.1230 Condition of participation: Qualifying to provide outpatient physical therapy and/or speech pathology services.

Appendix—Addenda for Several States Incorporating Conditions of Participation Higher Than Those Imposed by the Health Insurance for the Aged Program.

NOTE

THIS MATERIAL SUBMITTED FOR PRINTING IS THE BEST CAMERA COPY AVAILABLE. THE ORIGINATOR WILL ACCEPT THE BEST RESULTS.

Signed



**Subpart L—Conditions of Participation;
Home Health Agencies**

AUTHORITY: Secs. 1102, 1842, 1802, 1870, 1871, 49 Stat. 647, as amended, 79 Stat. 309, 79 Stat. 323, 79 Stat. 331, 81 Stat. 846-847; 42 U.S.C. 1302, 1395 et seq.

SOURCE: The provisions of this Subpart L appear at 33FR 12090, Aug. 27, 1968, as amended at 38 FR 18978, July 16, 1973, unless otherwise noted.

§ 405.1201 General.

(a) In order to participate as a home health agency in the health insurance program for the aged, an institution must be a "home health agency" within the meaning of section 1861(o) of the Social Security Act. This section of the law states a number of specific requirements which must be met by participating home health agencies and authorizes the Secretary of Health, Education, and Welfare to prescribe other requirements considered necessary in the interest of health and safety of beneficiaries. Section 1861 (o) of the Act provides:

(o) The term "home health agency" means a public agency or private organization, or a subdivision of such an agency or organization, which—

(1) Is primarily engaged in providing skilled nursing services and other therapeutic services;

(2) Has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services (referred to in paragraph (1)) which it provides, and provides for supervision of such services by a physician or registered professional nurse;

(3) Maintains clinical records on all patients;

(4) In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (A) is licensed pursuant to such law, or (B) is approved by the agency of such State or locality responsible for licensing agencies or organizations of this nature, as meeting the standards established for such licensing;

(5) Has in effect an overall plan and budget that meets the requirements of subsection (z); and

(6) Meets such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization; except that such term shall not include a private organization which is not a nonprofit organization exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954 (or a subdivision of such organization) unless it is licensed pursuant to State law and it meets such additional standards and

requirements as may be prescribed in regulations; and except that for purposes of Part A such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

(b) The requirements included in the statute and the additional health and safety requirements prescribed by the Secretary are set forth in the conditions of participation for home health agencies.

§ 405.1202 Definitions.

As used in this subpart, the following definitions apply:

(a) *Administrator, home health agency.* A person who:

(1) Is a licensed physician; or

(2) Is a registered nurse; or

(3) Has training and experience in health service administration and at least 1 year of supervisory or administrative experience in home health care or related health programs.

(b) *Bylaws or equivalent.* A set of rules adopted by a home health agency for governing the agency's operation.

(c) *Branch office.* A location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.

(d) *Clinical note.* A dated written notation by a member of the health team of a contact with a patient containing a description of signs and symptoms, treatment and/or drug given, the patient's reaction, and any changes in physical or emotional condition.

(e) *Nonprofit agency.* An agency exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954.

(f) *Occupational therapist.* A person who:

(1) Is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education 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

(3) Has 2 years of appropriate experience as an occupational therapist, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public

Health Service, except that such determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as an occupational therapist after December 31, 1977.

(g) *Occupational therapy assistant.* A person who:

(1) Meets the requirements for certification as an occupational therapy assistant established by the American Occupational Therapy Association; or

(2) Has 2 years of appropriate experience as an occupational therapy assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that such determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as an occupational therapy assistant after December 31, 1977.

(h) *Parent home health agency.* The agency that develops and maintains administrative controls of subunits and/or branch offices.

(i) *Physical therapist.* A person who is licensed as a physical therapist by the State in which practicing, and

(1) Has graduated from a physical therapy curriculum approved by

(i) The American Physical Therapy Association, or

(ii) The Council on Medical Education and Hospitals of the American Medical Association, or

(iii) The Council on Medical Education of the American Medical Association and the American Physical Therapy Association; or

(2) Prior to January 1, 1966,

(i) Was admitted to membership by the American Physical Therapy Association, or

(ii) Was admitted to registration by the American Registry of Physical Therapists, or

(iii) Has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education; or

(3) Has 2 years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service except that such determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking qualification as a physical therapist after December 31, 1977; or

(4) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time ex-

perience 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 physicians; or

(5) If trained outside the United States,

(i) Was graduated since 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.

(ii) Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy.

(iii) Has 1 year of experience under the supervision of an active member of the American Physical Therapy Association, and

(iv) Has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.

(j) *Physical therapist assistant.* A person who is licensed as a physical therapist assistant, if applicable, by the State in which practicing, and

(1) Has graduated from a 2-year college-level program approved by the American Physical Therapy Association; or

(2) Has 2 years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that such determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as a physical therapist assistant after December 31, 1977.

(k) *Physician.* A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which such function or action is performed.

(l) *Practical (vocational) nurse.* A person who is licensed as a practical (vocational) nurse by the State in which practicing.

(m) *Primary home health agency.* The agency that is responsible for the service rendered to patients and for implementation of the plan of treatment.

(n) *Progress note.* A dated, written notation by a member of the health team summarizing facts about care and the patient's response during a given period of time.

(o) *Proprietary agency.* A private profit-making agency licensed by the State.

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(p) *Public agency*. An agency operated by a State or local government.

(q) *Public health nurse*. A registered nurse who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation or post-registered nurse study which includes content approved by the National League for Nursing for public health nursing preparation.

(r) *Registered nurse*. A graduate of an approved school of professional nursing, who is licensed as a registered nurse by the State in which practicing.

(s) *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 1 year of social work experience in a health care setting; or

(2) Has 2 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 such 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.

(t) *Social worker*. A person who has a master's degree from a school of social work accredited by the Council on Social Work Education, and has 1 year of social work experience in a health care setting.

(u) *Speech pathologist or audiologist*. A person who:

(1) Meets the education and experience requirements for a Certificate of Clinical Competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association; or

(2) Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

(v) *Subdivision*. A component of a multi-function health agency, such as the home care department of a hospital or the nursing division of a health department, which independently meets the conditions of participation for home health agencies. A subdivision which has subunits and/or branches is regarded as a parent agency.

(w) *Subunit*. A semi-autonomous organization, which serves patients in a geographic area different from that of the parent agency. The subunit by virtue of the distance between it and the parent agency is judged incapable of sharing administration, supervision, and services

on a daily basis with the parent agency and must, therefore, independently meet the conditions of participation for home health agencies.

(x) *Summary report*. A compilation of the pertinent factors from the clinical notes and progress notes regarding a patient, which is submitted as a summary report to the patient's physician.

(y) *Supervision*. Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise provided in this subpart, the supervisor must be on the premises if the person does not meet qualifications for assistants specified in the definitions in this section.

(§§ 405.1203—405.1208 deleted, 39 FR 2251, Jan. 17, 1974)

§ 405.1220 Condition of participation: Compliance with Federal, State, and local laws.

The home health agency and its staff are in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of home health agencies, an agency not subject to licensure must be approved by the licensing authority as meeting the standards established for such licensure. A proprietary organization which is not exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954 must be licensed as a home health agency pursuant to State law. If no State law exists for the licensure of a proprietary home health agency, it cannot be certified for participation in the health insurance program.

§ 405.1221 Condition of participation: Organization, services, administration.

Organization, services provided, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. Administrative and supervisory

functions are not delegated to another agency or organization and all services not provided directly are monitored and controlled by the primary agency, including services provided through subunits of the parent agency. If an agency has subunits, appropriate administrative records are maintained for each subunit.

(a) *Standard: Services provided.* Part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech, or occupational therapy; medical social services; or home health aide services) must be made available on a visiting basis, in a place of residence used as a patient's home. A public or nonprofit home health agency must provide at least one of the qualifying services directly through agency employees, but may provide the second qualifying service and additional services under arrangements with another agency or organization. A proprietary home health agency, however, must provide all services directly, through agency employees.

(b) *Standard: Governing body.* A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the operation of the agency. The governing body appoints a qualified administrator, arranges for professional advice (see §405.1222), adopts and periodically reviews written bylaws or an acceptable equivalent, and oversees the management and fiscal affairs of the agency. The name and address of each officer, director, and owner are disclosed. If the agency is a corporation, all ownership interests of 10 percent or more (direct or indirect) are also disclosed.

(c) *Standard: Administrator.* The administrator, who may also be the supervising physician or registered nurse (see paragraph (d) of this section), organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff; employs qualified personnel and ensures adequate staff education and evaluations; ensures the accuracy of public information materials and activities, and implements an effective budgeting and accounting system. A qualified person is authorized in writing to act in the absence of the administrator.

(d) *Standard: Supervising physician or registered nurse.* The skilled nursing and other therapeutic services provided are under the supervision and direction

of a physician or a registered nurse (who preferably has at least 1 year of nursing experience and is a public health nurse). This person, or similarly qualified alternate, is available at all times during operating hours and participates in all activities relevant to the professional services provided, including the developing of qualifications and assignments of personnel.

(See Connecticut, Massachusetts, New Jersey, and Rhode Island Addenda in the Appendix.)

(e) *Standard: Personnel policies.* Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include job descriptions, qualifications, licensure, performance evaluations, and health examinations, and are kept current.

(f) *Standard: Personnel under hourly or per visit contracts.* (1) If personnel under hourly or per visit contracts are utilized by the home health agency, there is a written contract between such personnel and the agency clearly designating:

(i) That patients are accepted for care only by the primary home health agency,

(ii) The services to be provided,

(iii) The necessity to conform to all applicable agency policies including personnel qualifications,

(iv) The responsibility for participating in developing plans of treatment,

(v) The manner in which services will be controlled, coordinated, and evaluated by the primary agency,

(vi) The procedures for submitting clinical and progress notes, scheduling of visits, periodic patient evaluation, and

(vii) The procedures for determining charges and reimbursement.

(g) *Standard: Coordination of patient services.* All personnel providing services maintain liaison to assure that their efforts effectively complement one another

and support the objectives outlined in the plan of treatment. The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordinated patient evaluation does occur. A written summary report for each patient is sent to the attending physician at least every 60 days.

(h) *Standard: Services under arrangements.* Services (see paragraph (a) of this section) provided under arrangements must be subject to a written contract conforming with the requirements specified in paragraph (f) of this section and with the requirements of section 1861(w) of the Act (42 U.S.C. 1395x(w)).

(1) *Standard. Institutional planning.* The home health agency, under the direction of the governing body, prepares an overall plan and budget which provides for an annual operating budget and a capital expenditure plan.

(1) *Annual operating budget.* There is an annual operating budget which includes all anticipated income and expenses related to items which would, under generally accepted accounting principles, be considered income and expense items (except that 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).

(2) *Capital expenditure plan.* (1) There is a capital expenditure plan for at least a 3-year period (including the year to which the operating budget described in paragraph (1)(1) of this section is applicable), which includes and identifies in detail the anticipated sources of financing for, and the objectives of, anticipated expenditure in excess of \$100,000 for items which would, under generally accepted accounting principles, be considered capital items. In determining if a single capital expenditure exceeds \$100,000, the cost of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant, building, and equipment are included. Expenditures directly or indirectly related to capital expenditures, such as grading, paving, broker commissions, taxes assessed during the construction period, and costs involved in demolishing or razing structures on land are also included. Transactions which are separated in time but are components of an overall plan or patient care objective are viewed in their entirety without regard to their timing. Other costs related to capital expenditures include title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes and other costs incurred for borrowing funds.

(2) If the anticipated source of such financing is, in any part, the anticipated reimbursement from title V (Maternal and Child Health and Crippled Children's Services) or title XVIII (Health Insurance for the Aged and Disabled) or title XIX (Grants to States for Medical Assistance Programs) of the Social Security Act, the plan states:

(a) Whether the proposed capital expenditure is required to conform, or is likely to be required to conform, to current standards, criteria, or plans developed pursuant to the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, to meet the need for adequate health care facilities in the area covered by the plan or plans so developed;

(b) Whether a capital expenditure proposal has been submitted to the designated planning agency for approval pursuant to section 1122 of the Social Security Act (42 U.S.C. 1320a-1) and implementing regulations; and

(c) Whether the designated planning agency has approved or disapproved the proposed capital expenditure if it has been so presented.

(3) *Preparation of plan and budget.* The overall plan and budget is prepared under the direction of the governing body of the home health agency by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (if any) of the home health agency.

(4) *Annual review of plan and budget.* The overall plan and budget is reviewed and updated at least annually by the committee referred to in paragraph (1)(3) of this section under the direction of the governing body of the home health agency.

(33 FR 12090, Aug. 27, 1968, as amended at 33 FR 18647, Dec. 18, 1968; 36 FR 7050, Apr. 14, 1971; 38 FR 18979, July 16, 1973; 40 FR 24325, June 5, 1975; 40 FR 56661, Dec. 4, 1975)

**§ 405.1222 Condition of participation:
Group of professional personnel**

A group of professional personnel, which includes at least one physician and one registered nurse (preferably a public health nurse), and with appropriate representation from other professional disciplines, establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of treatment, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner (§ 405.1221(b)) nor an employee of the agency.

(a) *Standard: Advisory and evaluation function.* The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in its community information program. Its meetings are documented by dated minutes.

(See New Jersey Addendum in the Appendix.)

§ 405.1223 Condition of participation: Acceptance of patients, plan of treatment, medical supervision.

Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. Care follows a written plan of treatment established and periodically reviewed by a physician, and care continues under the supervision of a physician.

(a) *Standard: Plan of treatment.* The plan of treatment developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. If a physician refers a patient under a plan of treatment which cannot be completed until after an

evaluation visit, the physician is consulted to approve additions or modifications to the original plan. Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration. The therapist and other agency personnel participate in developing the plan of treatment.

(b) *Standard: Periodic review of plan of treatment.* The total plan of treatment is reviewed by the attending physician and home health agency personnel as often as the severity of the patient's condition requires, but at least once every 60 days. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of treatment.

(c) *Standard: Conformance with physician's orders.* Drugs and treatments are administered by agency staff only as ordered by the physician. The nurse or therapist immediately records and signs oral orders and obtains the physician's countersignature. Agency staff check all medicines a patient may be taking to identify possibly ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contraindicated medication, and promptly report any problems to the physician.

§ 405.1224 Condition of participation: Skilled nursing service.

The home health agency provides skilled nursing service by or under the supervision of a registered nurse and in accordance with the plan of treatment.

(See Connecticut, Massachusetts, and Rhode Island Addenda in the Appendix.)

(a) *Standard: Duties of the registered nurse.* The registered nurse makes the initial evaluation visit, regularly re-evaluates the patient's nursing needs, initiates the plan of treatment and necessary revisions, provides those services requiring substantial specialized nursing skill, initiates appropriate preventive and rehabilitative nursing procedures, prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs, counsels the patient and family in meeting nursing and related needs, participates in inservice programs, and supervises and teaches other nursing personnel.

(b) *Standard: Duties of the licensed practical nurse.* The licensed practical nurse provides services in accordance with agency policies, prepares clinical and progress notes, assists the physician and/or registered nurse in performing specialized procedures, prepares equipment and materials for treatments observing aseptic technique as required, and assists the patient in learning appropriate self-care techniques.

§ 33 FR 12090, August 27, 1968, as amended at 33 FR 18647, December 18, 1968; 38 FR 18978, July 16, 1973

§ 405.1225 Condition of participation: Therapy services.

Any therapy services offered by the home health agency directly or under arrangement are given by a qualified therapist or by a qualified therapist assistant under the supervision of a qualified therapist in accordance with the plan of treatment. The qualified therapist assists the physician in evaluating level of function, helps develop the plan of treatment (revising as necessary), prepares clinical and progress notes, advises and consults with the family and other agency personnel, and participates in inservice programs.

(a) *Standard: Supervision of physical therapist assistant and occupational therapy assistant.* Services provided by a qualified physical therapist assistant

or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapist assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist, assists in preparing clinical notes and progress reports, and participates in educating the patient and family, and in inservice programs.

(b) *Standard: Supervision of speech therapy services.* Speech therapy services are provided only by or under supervision of a qualified speech pathologist or audiologist.

§ 33 FR 12090, August 27, 1968, as amended, at 36 FR 19250, October 1, 1971; 38 FR 18978, July 16, 1973

§ 405.1226 Condition of participation: Medical social services.

Medical social services, when provided, are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker, and in accordance with the plan of treatment. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems, participates in the development of the plan of treatment, prepares clinical and progress notes, works with the family, utilizes appropriate community resources, participates in discharge planning and inservice programs, and acts as a consultant to other agency personnel.

§ 405.1227 Condition of participation: Home health aide services.

Home health aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. Aides are carefully trained in methods of assisting patients to achieve maximum

self-reliance, principles of nutrition and meal preparation, the aging process and emotional problems of illness, procedures for maintaining a clean, healthful, and pleasant environment, changes in patient's condition that should be reported, work of the agency and the health team, ethics, confidentiality, and recordkeeping. They are closely supervised to assure their competence in providing care.

(See Connecticut and Oregon Addenda in the Appendix.)

(a) *Standard: Assignment and duties of the home health aide.* The home health aide is assigned to a particular patient by a registered nurse. Written instructions for patient care are prepared by a registered nurse or therapist as appropriate. Duties include the performance of simple procedures as an extension of therapy services, personal care, ambulation and exercise, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's conditions and needs, and completing appropriate records.

(b) *Standard: Supervision.* The registered nurse, or appropriate professional staff member, if other services are provided, makes a supervisory visit to the patient's residence at least every 2 weeks, either when the aide is present to observe and assist, or when the aide is absent, to assess relationships and determine whether goals are being met.

(See Massachusetts Addendum in the Appendix.)

33 FR 12090, August 27, 1968, as amended, at 33 FR 18648, December 18, 1968; 38 FR 18978, July 16, 1973

§ 405.1228 Condition of participation: Clinical records.

A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of treatment (see § 405.1223(a)), the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes (clinical notes are written the day service is rendered and incorporated no less often than weekly);

copies of summary reports sent to the physician; and a discharge summary.

(a) *Standard: Retention of records.* Clinical records are retained for 5 years after the month the cost report to which the records apply is filed with the intermediary, unless State law stipulates a longer period of time. Policies provide for retention even if the home health agency discontinues operations. If a patient is transferred to another health facility, a copy of the record or abstract accompanies the patient.

(b) *Standard: Protection of records.* Clinical record information is safeguarded against loss or unauthorized use. Written procedures govern use and removal of records and conditions for release of information. Patient's written consent is required for release of information not authorized by law.

§ 405.1229 Condition of participation: Evaluation.

The home health agency has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), home health agency staff, and consumers; or by professional people outside the agency working in conjunction with consumers. The evaluation consists of an overall policy and administrative review and a clinical record review. The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient. Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency and are maintained separately as administrative records.

(a) *Standard: Policy and administrative review.* As a part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient. Mechanisms are established in writing for the collection of pertinent data to assist in evaluation. The data to be considered may include but are not limited to: number of patients receiving each service offered, number of patient visits,

reasons for discharge, breakdown by diagnosis, sources of referral, number of patients not accepted with reasons, and total staff days for each service offered.

(b) *Standard: Clinical record review.* At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to assure that established policies are followed in providing services (direct services as well as services under arrangement). There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of treatment and appropriateness of continuation of care.

§ 405.1230 Condition of participation:
Qualifying to provide outpatient physical therapy or speech pathology services.

(a) Section 1861(p) of the Social Security Act provides in pertinent part as follows:

(p) The term "outpatient physical therapy services" means physical therapy services furnished by a provider of services, a clinic, a rehabilitation agency, or a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient—

The term "outpatient physical therapy

services" also includes speech pathology services furnished by a provider of services, a clinic, rehabilitation agency, or by a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient, subject to the conditions prescribed in this subsection.

(b) As a provider of services, a home health agency may qualify to provide outpatient physical therapy or speech pathology services if such agency meets the statutory requirements of section 1861(o) of the Act and complies with other health and safety requirements prescribed by the Secretary for home health agencies, and, additionally, is in compliance with applicable health and safety requirements pertaining to rendition of outpatient physical therapy or speech pathology services. The applicable health and safety requirements pertaining to outpatient physical therapy or speech pathology services are included in the conditions of participation in Subpart Q of this part. (See §§ 405.1717, 405.1718, 405.1719, 405.1721, 405.1723, and 405.1725.)

38 FR 18978, July 16, 1973;
41 FR 20871, May 21, 1976)

APPENDIX B

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

TEXT OF ADOPTED RULES

RULES AND REGULATIONS FOR THE LICENSURE OF HOME HEALTH AGENCIES

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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which meet the requirements to write the registration examination and to be eligible for membership in the American Dietetic Association; and has two years of full-time experience as Dietitian/Nutritionist, at least one of which is in a community health agency with consultant and teaching responsibilities. A Master's Degree from an accredited college or university with major studies in public health, nutrition or family development may be substituted for one year of the work experience.

Director - the Director of the Department of Public Health, State of Illinois.

Discharge Summary - the written report of services rendered, goals achieved and final disposition at the time of discharge from service.

Geographic Service Area - the area from which patients are drawn. This area is to be clearly defined by readily recognizable boundaries.

Home Health Agency - a public agency or private organization which provides skilled nursing services and at least one other home health service as defined in these regulations.

Home Health Aide - a person who shall have training in those supportive services which are required to provide personal care, emotional comfort and to assist the patient toward independent living in a safe environment. Persons employed as home health aides shall be selected on the basis of such factors as emotional and mental maturity, interest and sympathetic attitude toward caring for the sick, willingness to participate in a continuous learning process, and the ability to communicate through reading, writing and carrying out instructions. On and after April 1, 1980, every agency employing home health aides shall insure through verification that all newly employed home health aides have completed a basic course of instruction. The course content shall meet guidelines established by the Department. The agency shall further insure through verification that all incumbent home health aides shall have completed the basic course, or in lieu thereof, have satisfactorily demonstrated proficiency in a performance test which measures the level of competency in the assigned tasks. The performance test shall meet guidelines established by the Department. The performance test shall be administered by a registered nurse employed by the agency.

Home Health Services - services provided to a person at his residence according to a plan of treatment for illness or infirmity prescribed by a physician. Such services include part time and intermittent nursing services and other therapeutic services such as physical therapy, occupational therapy, speech therapy, medical social services or services provided by a home health aide.

Licensed Practical Nurse - a person currently licensed as a licensed practical nurse under the "Illinois Nursing Act".

Medical Social Worker - a person who has a master's degree from a school of social work accredited by the Council on Social Work Education, currently licensed in the State of Illinois, and has one year of social work experience in a health care setting.

Occupational Therapist - a person who is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association or is eligible for the National Registration Examination of the American Occupational Therapy Association; or, has two years of appropriate experience as an occupational therapist and has achieved a satisfactory grade on a proficiency examination conducted, approved or sponsored by the U.S. Public Health Service, except that such examinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as an occupational therapist after December 31, 1977.

Occupational Therapy Assistant - a person who meets the requirements for certification as an occupational therapy assistant established by the American Occupational Therapy Association; or, has two years of appropriate experience as an occupational therapy assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved or sponsored by the U.S. Public Health Service, except that such determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualification as an occupational therapy assistant after December 31, 1977.

Part Time or Intermittent Care - home health services given to a patient at least once every sixty (60) days or as frequently as a few hours a day, several time per week.

Patient - a person who is under treatment or care for illness, disease, injury or conditions appropriately responsive to home health services to maintain health or prevent illness.

Patient Care Plan - a coordinated and combined care plan prepared by and in collaboration with each discipline providing service to the patient and/or family.

Person - any individual, firm, partnership, corporation, company, association or any other legal entity.

Physical Therapist - a person who is licensed as a physical therapist by the State of Illinois and who meets the Federal Conditions of Participation for Home Health Agencies (USC 42 Section 1395x Health Insurance for the Aged Act).

Physical Therapist Assistant - a person who 1) has graduated from a two year college level program approved by the American Physical Therapy Association or 2) has two years of appropriate experience as a physical therapist assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved or sponsored by the U.S. Public Health Service, except that such determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualifications as a physical therapist assistant after December 31, 1977.

Physician - any person licensed to practice medicine in all of its branches under the "Medical Practice Act".

Plan of Treatment - a plan based on the patient's diagnosis and the assessment of the patient's immediate and long range needs and resources. The plan of treatment is established in consultation with the home health services team which includes the attending physician, pertinent members of the agency staff, the patient and members of the family.

Professional Advisory Group - a group composed of at least one practicing physician, one registered nurse (preferably a public health nurse), and with appropriate representation from other professional disciplines which are participating in the provision of home health services. It is highly recommended that a consumer be a member of the group. At least one member of the group is neither an owner nor an employee of the agency.

Progress Notes - a dated, written notation by a member of the health team, summarizing facts about care and the patient's response during a given period of time.

Public Health Nurse - a registered nurse who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation.

Purchase of Services/Contractual - the provision of services through a written agreement with other providers of services.

Registered Nurse - a person who is currently licensed as a registered nurse under the "Illinois Nursing Act".

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 health care 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 such 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.

Speech Pathologist - a person who: (1) meets the education and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association; or, (2) meets the education requirements for certification and is in the process of accumulating the supervised experience required for certification.

Student Nurse - an individual who is a nursing student in an educational institution leading to a Bachelor of Science in Nursing degree.

Subdivision - a component of a multi-function health agency, such as the home care department of a hospital or the nursing division of a health department, which independently meets the federal conditions of participation for home health agencies. A subdivision which has branches is regarded as a parent agency.

Subunit - a semi-autonomous organization, which serves patients in a geographic area different from that of the parent agency. The subunit by virtue of the distance between it and the agency is judged incapable of sharing administration, supervision and services.

Summary Report - a compilation of the pertinent factors from the clinical notes and progress notes regarding a patient, which is submitted to the patient's physician.

Supervision - authoritative procedural guidance by a qualified person of the appropriate discipline.
(filed September 23, 1980, effective September 23, 1980)

3.0 ADMINISTRATION/ORGANIZATION

3.01 Governing Body

The home health agency shall have a governing body or a clearly defined body having legal authority and responsibility for the conduct of the home health agency. Where the governing body of a large organization is functionally remote from the operation of the home health agency, the Department may approve the designation of an intermediate level "governing body". For the purposes of this section the governing body shall:

- (1) Have bylaws or the equivalent which shall be reviewed annually and be revised as needed. They shall be made available to all members of the governing body and of the professional advisory group. The bylaws or the equivalent shall specify the objectives of the agency.
- (2) Appoint members of the professional advisory group.
- (3) Employ a qualified administrator.
- (4) Adopt and revise, as needed, policies and procedures for the operation and administration of the agency.
- (5) Meet to review the operation of the agency.

- (6) Keep minutes of all meetings.
- (7) Provide and maintain an office facility adequately equipped for efficient work and which provides a safe working environment in compliance with local ordinances and fire regulations.

3.02 Professional Advisory Group

- 1) The professional advisory group shall assist in developing and recommending policies and procedures for administration and home health services provided by the agency. These policies and procedures shall be in accordance with the scope of services offered by the agency and based on the home health needs of the patient and the area being served. Policies and procedures shall be reviewed annually or more frequently as needed to determine their adequacy and suitability. Recommendations for any improvements are made to the Governing Body. These policies and procedures shall include but not be limited to:
 - a) Administration and supervision of the agency and the home health services it provides.
 - b) Criteria for the acceptance, non-acceptance and discharge of patients.
 - c) Home Health services.
 - d) Medical supervision and plans of treatment.
 - e) Patient care plans.
 - f) Clinical records.
 - g) Personnel data.
 - h) Evaluation.
 - i) Coordination of services.
- 2) The group shall keep minutes of its meetings and meet as often as necessary to carry out its purposes.

3.03 Administration

- 1) The home health agency shall have written administrative policies and procedures to insure the provision of safe and adequate care of the patient.
- 2) The home health agency shall show evidence of liability insurance.

3.04 Agency Supervision

- 1) The home health agency shall designate a physician or a registered nurse who is a public health nurse with at least one year of nursing experience to supervise the provision of home health services. Such services shall be provided in accordance with the orders of the patient's physician and under a plan of treatment established by such physician. This person shall be available at all times during operating hours of the agency and participates in all activities relevant to the provision of home health services.

- 2) The skilled nursing service of a home health agency shall be under the supervision of a full time registered nurse. This supervising nurse shall be responsible for:
- a) The overall supervision of all registered nurses, licensed practical nurses and home health aides.
 - b) The assurance that the professional standards of community nursing practice are maintained by all nurses providing care.
 - * c) Maintaining and adhering to agency procedure and patient care policy manuals.
 - d) Participation in the establishment of service policies and procedures.
 - e) Participation in the selection of nursing personnel and the evaluation of nursing personnel.
 - f) Coordination of patient care services.
 - g) Keeping and maintaining records of case assignments and case management.
 - h) Preparation and maintenance of scheduling of cases to be brought to the clinical record review committee.
 - i) The conduct of selective program evaluations to improve deficient services and the development and implementation of plans of correction.

3.05 Personnel Policies

- 1) Personnel policies applicable and available to all full and part time employees shall include but not be limited to the following:
 - a) Wage scales, fringe benefits, hours of work and leave time.
 - b) Requirements for initial and periodic health examinations as required by the governing body.
 - c) orientation to the home health agency and appropriate continuing education.
 - d) Job descriptions for all positions utilized by the agency.
 - e) Annual performance evaluation for all employees.
 - f) Compliance with all applicable requirements of the Civil Rights Act of 1964.
 - g) Provision for confidentiality of personnel records.
- 2) Personnel records for all employees shall include the name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, current licensure and/or registration if applicable, dates of employment and separation from the agency and the reason for separation.

- 3) Home health agencies that provide other home health services under arrangement through a contractual purchase of services shall ensure that these services are provided by qualified personnel, currently licensed and/or registered if applicable, under the supervision of the agency.

4.0 STAFFING/RESPONSIBILITIES

4.01 Administrator

The administrator shall have the following responsibilities:

- 1) Ensure that the agency is in compliance with all applicable Federal, State and Local laws.
- 2) Be familiar with the rules of the Department and maintain them within the agency.
- 3) Familiarize all employees as well as providers through contractual purchase of services with the law and the rules of the Department and make copies available for their use.
- 4) Ensure the completion, maintenance and submission of such reports and records as required by the Department.
- 5) Maintain ongoing liaison with the governing body, professional advisory group, staff members and the community.
- 6) Maintain a current organizational chart to show lines of authority down to the patient level.
- 7) Have the authority for the management of the business affairs and the overall operation of the agency.
- 8) Maintain appropriate personnel records, administrative records and all policies and procedures of the agency.
- 9) Employ qualified personnel in accordance with job descriptions.
- 10) Provide orientation of new staff, regularly scheduled in-service education programs and opportunities for continuing education for the staff.
- 11) Designate in writing the qualified staff member to act in the absence of the administrator.

4.02 Dietitian/Nutritionist

- 1) Nutrition is recognized as an important component of the total health status of all persons. Because state and community health agencies are concerned with the total health care of all, nutrition services must be considered a vital element in all home health agencies' programs. When a home health agency elects to provide nutrition services, these services shall include an evaluation of the nutritional assessments of patients, the results of which shall be included in the patient care plan.

- 2) The responsibilities of the Dietitian/Nutritionist shall include, but not be limited to, the following:
 - a) Developing and implementing a plan of nutrition services based on program objectives.
 - b) Developing written policies and procedures for the nutrition services of the home health agency.
 - c) Assuming responsibility for evaluating nutritional status.
 - d) Insuring that the patient care plan includes a nutrition component.
 - e) Assisting agency staff in strengthening knowledge and skills in nutrition practice through conferences and continuing education and in-service training programs.
 - f) Selecting, preparing and evaluating teaching materials and aids for patient counseling and education.
 - g) Furnishing direct nutrition counseling services to the patient when the unique knowledge and skills of the Dietitian/Nutritionist are indicated.
 - h) Developing a record system for the communication of appropriate nutrition and operational data.
 - i) Administering the agency's nutrition services and preparing its operating budget recommendations.

4.03 Home Health Aide

- 1) When home health aide services are offered, the services shall be under the supervision of a registered nurse in accordance with the plan of treatment. The home health aide is assigned to a particular patient by a registered nurse. Written instructions for patient care are prepared by a registered nurse or the appropriate therapist.
- 2) Duties of the home health aide may include:
 - a) The performance of simple procedures as an extension of therapeutic services.
 - b) Personal care.
 - c) Ambulation and exercise of the patient.
 - d) Household services essential to health care at home.
 - e) Assistance with medications that are ordinarily self-administered.
 - f) Reporting changes in the patient's condition and needs to the registered nurse or the appropriate therapist.
 - g) Completion of appropriate records.

- 3) The registered nurse or appropriate therapist shall make a supervisory visit to the patient's residence at least every two weeks either when the home health aide is present to observe and assist, or when the home health aide is absent to assess relationships and determine whether goals are being met.

4.04 Licensed Practical Nurse

- 1) The licensed practical nurse may perform selected acts according to the "Illinois Nursing Act", including the administration of treatments and medications in the care of the ill, injured, or infirm, the maintenance of health and prevention of illness, under the direction of a registered nurse.
- 2) The licensed practical nurse shall report changes in the patient's condition to the registered nurse and these reports shall be documented in the clinical notes.
- 3) The licensed practical nurse shall prepare clinical notes for the clinical record.

4.05 Medical Social Worker

When provided, medical social services shall be given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker in accordance with the plan of treatment. These services shall include the following:

- 1) Assists the physician and other members of the health team in understanding significant social and emotional factors related to the patient's health problems.
- 2) Assess the social and emotional factors in order to estimate the patient's capacity and potential to cope with the problems of daily living.
- 3) Helps the patient and family to understand, accept and follow medical recommendations and provide services planned to restore the patient to the optimum social and health adjustment within the patient's capacity.
- 4) Assists patient and family with personal and environmental difficulties which predispose toward illness or interfere with obtaining maximum benefits from medical care.
- 5) Utilizes all available resources, such as family and community agencies, to assist the patient to resume life in the community or to live within the disability.
- 6) Observe, record and report social and emotional changes.
- 7) Prepares clinical and progress notes for the clinical record.

4.06 Occupational Therapist and Occupational Therapy Assistant

When provided, occupational therapy services shall be given by a qualified occupational therapist or by a qualified occupational therapy assistant under the supervision of a qualified occupational therapist in accordance with the plan of treatment. These services shall include the following:

- 1) Assist the physician in evaluating the patient's level of function by applying diagnostic and prognostic procedures.
- 2) Guide the patient in the use of therapeutic creative and self-care activities for the purpose of improving function.
- 3) Observe, record and report to the physician the patient's reaction to treatment and any changes in the patient's condition.
- 4) Instruct other health team personnel including, when appropriate, home health aides and family members in certain phases of occupational therapy in which they may work with the patient.
- 5) Prepares clinical and progress notes for the clinical record.

4.07 Physical Therapist and Physical Therapist Assistant

- 1) When provided, physical therapy services shall be given by a qualified physical therapist or by a qualified physical therapist assistant under the supervision of a qualified physical therapist in accordance with the plan of treatment. These services shall include the following:

- a) Review and evaluate physician's referral and patient's medical record to determine physical therapy required.
- b) Plan and prepare written treatment program based on the evaluation of available patient data.
- c) Perform patient tests, measurements, and evaluations, such as range-of-motion and manual muscle tests, gait and functional analyses, and body parts measurements, and record and evaluate findings to aid in establishing or revising specifics of treatment programs.
- d) Plan and administer prescribed physical therapy treatment programs for patients to restore function, relieve pain, and prevent disability following disease, injury or loss of body part.
- e) Administer manual therapeutic exercises to improve or maintain muscle function, applying precise amounts of manual force and guiding patient's body parts through selective patterns and degrees of movement. Instruct,

motivate and assist patient in non-manual exercises, such as active regimens, isometric and progressive-resistive, and in functional activities using available equipment and assistive and supportive devices, such as crutches, walkers, canes, orthoses and prostheses. Administer treatment involving application of physical agents, such as heat, light, cold, water and electricity. Administer traction and massage. Evaluate, fit and adjust prosthetic and orthotic devices and recommend modifications to the orthotist/prosthetist.

- f) Observe, record and report to the physician the patient's treatment, response and progress.
 - g) Instruct other health team personnel including, when appropriate, home health aides and family members in certain phases of physical therapy with which they may work with the patient.
 - h) Instruct patient and family in total physical therapy program.
 - i) Prepares clinical and progress notes for the clinical record.
- 2) Supervision of the physical therapist assistant shall include the following:
- a) A registered physical therapist must be accessible by telephone to the physical therapist assistant at all times while the physical therapist assistant is treating patients.
 - b) On-site supervision should take place every 4-6 visits. If less than 4-6 visits are made by the physical therapist assistant in a two month period, the physical therapist assistant must be supervised at least once during that two month period.
 - c) Supervision does not constitute treatment.
 - d) The supervisory visit should include a complete on-site functional assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the utilization of outside resources.
- 3) The physical therapist assistant shall:
- a) Be directed by and under the supervision of a registered physical therapist.
 - b) Administer the physical therapy program as established by the physical therapist.
 - c) Administer non-complex active and passive manual therapeutic exercises, therapeutic massage, traction, heat, light, cold, water and electrical modalities to patients with relatively stable conditions.
 - d) Instruct, motivate and assist patient in learning and improving functional activities such as perambulation, transfers, ambulation and activities of daily living.

- e) Observe patient's progress and response to treatment and report to the physical therapist.
- f) Confer with members of the health care team for planning, modifying, and coordinating treatment programs.

4.08 Registered Nurse

Skilled nursing services shall be given by a registered nurse in accordance with the plan of treatment. These services shall include the following:

- 1) Have the responsibility for the observation, assessment, nursing diagnosis, counsel, care and health teaching of the ill, injured or infirm, and the maintenance of health and prevention of illness of others.
- 2) Maintain a clinical record for each patient receiving care.
- 3) Provide progress notes to the patient's physician about patients under care when the patient's conditions change or there are deviations from the plan of care or at least every sixty days.
- 4) Make home health aide assignments, prepare written instructions for the aide and supervise the aide in the home.
- 5) Direct the activities of the licensed practical nurse.
- 6) Administer medications and treatments as prescribed by the patient's physician.
- 7) Act as the coordinator of the health care team in order to maintain the proper linkages within a continuum of care.

4.09 Speech Pathologist

When provided, speech therapy services shall be given by a qualified speech pathologist in accordance with the plan of treatment. These services shall include the following:

- 1) Assist the physician in determining and recommending appropriate speech and hearing services.
- 2) Evaluate the patient's speech and language abilities and establish a plan of treatment.
- 3) Provide rehabilitation services for speech and language disorders.
- 4) Record and report to the patient's physician the patient's progress in treatment and any changes in the patient's condition and plan of care.
- 5) Instruct other health team personnel and family members in methods of assisting the patient in improving communication skills.
- 6) Prepares clinical and progress notes for the clinical record.

4.10 Student Nurse

When an agency elects to participate with an educational institution to provide clinical community health nursing experience for students as part of their Bachelor of Science in Nursing curriculum, there shall be a written agreement between the agency and each educational institution. The agreement specifies the responsibilities of the agency and the educational institution. The agreement includes, at minimum the following:

- 1) The agency retains the responsibility for client care.
- 2) The educational institution retains the responsibility for student education.
- 3) The student and faculty performance expectations.
- 4) Faculty supervision of undergraduate students in the clinic and the field.
- 5) Ratio of faculty to students.
- 6) Confidentiality regarding patient information.
- 7) Required insurance coverage.
- 8) Provisions for joint agency/faculty student program evaluation.

(filed September 23, 1980, effective September 23, 1980)

5.0 SERVICES

5.01 Services Provided

- 1) Each agency shall provide skilled nursing service and at least one other home health service on a part-time or intermittent basis. The skilled nursing service shall be provided directly by agency staff. Other home health services may be provided by agency staff directly or provided under arrangement through a contractual purchase of services. All services shall be provided in accordance with the orders of the patient's physician and under a plan of treatment established by such physician.
- 2) The agency shall state in writing what services will be provided directly and what services will be provided under arrangements.
- 3) Services provided under arrangements shall be through a written agreement which includes but is not limited to the following:
 - a) Services to be provided.
 - b) Provision for adherence to all applicable agency policies and personnel requirements.
 - c) Designation of full responsibility for agency control over contracted services.
 - d) Procedures for submitting clinical and progress notes.
 - e) Charges for contracted services.
 - f) Statement of responsibility of liability and insurance coverage.
 - g) Period of time in effect.

- h) Date and signatures of appropriate authorities.
- i) Provision for termination.

5.02 Acceptance of Patients

Patient acceptance and discharge policies shall include but not be limited to the following:

- 1) Persons shall be accepted for health service on a part-time or intermittent basis upon a plan of treatment established by the patient's physician. This plan shall be reduced to writing within fourteen days.
- 2) Prior to acceptance, the person shall be informed of the agency's charges for the various services that it offers.
- 3) No person shall be refused service because of age, race, color, sex, marital status, national origin or source of payment. An agency is not required to accept a patient whose source of payment is less than the cost of the service.
- 4) Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.
- 5) When services are to be terminated by the home health agency, the patient is to be notified three working days in advance of the date of termination stating the reason for termination. This information shall be documented in the clinical record. When indicated, a plan shall be developed or a referral made for any continuing care.
- 6) Services shall not be terminated until such time as the registered nurse and/or the appropriate therapist, in consultation with the patient's physician, deem it appropriate or arrangements are made for continuing care.

5.03 Plan of Treatment

- 1) Skilled nursing and other home health services shall be in accordance with a plan based on the patient's diagnosis and assessment of the patient's immediate and long range needs and resources. The plan of treatment is established in consultation with the home health services team which includes the patient's physician, pertinent members of the agency staff, the patient and members of the patient's family. The plan of treatment shall include:
 - a) Diagnoses
 - b) Functional limitations and rehabilitation potential.
 - c) Expected outcomes for the patient.
 - d) The patient's physician regimen of:
 - 1) Medications
 - 2) Treatments

- 3) Activity
 - 4) Diet
 - 5) Specific procedures deemed essential for the health and safety of the patient.
 - 6) Mental status
 - 7) Frequency of visits
 - 8) Equipment required
 - 9) Instructions for timely discharge or referral
- e) The patient's physician's signature and date.
- 2) Consultation with the patient's physician on any modifications in the plan of treatment deemed necessary shall be documented, and the patient's physician's signature obtained within fourteen days of any modification of the medical plan of treatment.
 - 3) The plan shall be reviewed by the home health services team every sixty days or more often should the patient's condition warrant.
 - 4) An updated plan of treatment shall be given to the patient's physician for review/revision and signature every sixty days or more often as indicated.

5.04 Patient Care Plan

- 1) Home health services from members of the agency staff as well as those under arrangements shall be given in accordance with the plan of treatment and the patient care plan. The patient care plan shall be written by appropriate members of the home health services team based upon the plan of treatment and an assessment of the patient's needs, resources, family and environment. The initial assessment is to be made by a registered nurse. Assessment by other members of the health services team shall be made on orders of the patient's physician or by request of a registered nurse.
- 2) The patient care plan shall be updated as often as the patient's condition indicates. The plan shall be maintained as a permanent part of the patient's record. The patient care plan shall indicate:
 - a) Patient problems.
 - b) Patient's goals, family's goals, service goals.
 - c) Service approaches to modify or eliminate problems.
 - d) The staff responsible for a given element of service.
 - e) Anticipated outcome of service approach with an estimated time frame for completion.
 - f) Potential for discharge from service.

5.05 Clinical Records

Each patient shall have a clinical record, identifiable for home health services and maintained by the agency in accordance with accepted professional standards. Clinical records shall contain:

- 1) Appropriate identifying information for the patient, household members and caretakers, medical history and current findings.
- 2) A plan of treatment signed by the patient's physician.
- 3) A patient care plan for the patient developed by the home health services team which is in accord with the patient's physician's plan of treatment.
- 4) A notated medication list with dates reviewed, revised and date sent to the patient's physician.
- 5) Initial and periodic patient assessments by the registered nurse which include documentation of the patient's functional status and eligibility for service.
- 6) Assessments made by other members of the home health services team.
- 7) Signed and dated clinical notes for each contact which are written the day of service and incorporated into the patient's clinical record at least weekly.
- 8) Reports of all patient home health care conferences.
- 9) Reports of contacts with the patient's physician by patient and staff.
- 10) Indication of supervision of home health services by the supervising nurse, a registered nurse, or other members of the home health services team.
- 11) Written summary reports sent to the patient's physician every sixty days containing home health services provided, the patient's status, recommendations for revision of the plan of treatment and the need for continuation or termination of services noted.
- 12) Written and signed confirmation of the patient's physician's interim verbal orders.
- 13) A discharge summary giving a brief review of service, patient status, reason(s) for discharge and plans for post discharge needs of the patient.
- 14) A copy of appropriate patient transfer information, when requested, if the patient is transferred to another health facility or health agency.
- 15) Each agency shall have a written policy on records procedures and shall retain records for a minimum of five years beyond the last date of service provided. *Those agencies which are subject to the Local Records Act (Illinois Revised Statutes, 1975, Chapter 116, Section 43.101 et. seq.) should note that "except as otherwise provided by law, no*

public record shall be disposed of by any officer or agency unless the written approval of the appropriate Local Records Commission is first obtained."

- 16) Each agency shall have a written policy and procedure for the protection of confidentiality of patient records which explains the use of records, removal of records and release of information.

5.06 Drugs and Biologicals

The agency shall have written policies governing the supervision and administration of drugs and biologicals which shall include but not be limited to the following:

- 1) All orders for medications to be given shall be dated and signed by the patient's physician.
- 2) All orders for medications shall contain the name of the drug, dosage, frequency, method or site of injection and permission from the patient's physician if the patient and/or family are to be taught to give medication.
- 3) The agency's physician or registered nurse shall check all medicines a patient may be taking to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contraindicated medications and promptly report any problem to the patient's physician.
- 4) All verbal orders for medication or change in medication orders shall be taken by the registered nurse and reduced to writing and signed by the patient's physician within seven days.
- 5) When experimental drugs, sera, allergenic desensitizing agents, penicillin or any potentially hazardous drug is administered, the registered nurse administering such drugs shall have an emergency plan and whatever drugs and/or devices are appropriate in the event of a drug reaction.

5.07 Evaluation

The home health agency shall have written policies and is required to make an overall evaluation of the agency's total program at least once a year. This evaluation shall be made by the Professional Advisory Group (or a committee of this group), home health agency staff, consumers, or representation from professional disciplines which are participating in the provision of home health services. The evaluation consists of an overall policy and administrative review and a clinical record review. The evaluation shall assess the extent to which the agency's program is appropriate, adequate, effective and efficient.

Results of the evaluation shall be reported to and acted upon by those responsible for the operation of the agency and maintained separately as administrative records.

5.08 Policy and Administrative Review

As a part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient. Mechanisms are established in writing for the collection of pertinent data to assist in evaluation. The data to be considered may include but are not limited to: number of patients receiving each service offered, number of patient visits, reasons for discharge, breakdown by diagnosis, sources of referral, number of patients not accepted with reasons and total staff days for each service offered.

5.09 Clinical Record Review

- 1) At least quarterly, members of professional disciplines representing at least the scope of the agency's programs, shall review a sample of both active and closed clinical records to assure that established policies are followed in providing services (direct as well as those under arrangement). This review will include, but not be limited to the following:
 - a) If the patient care plan was directly related to the stated diagnosis and plan of treatment.
 - b) If the frequency of visits was consistent with the plan of treatment.
 - c) If the services could have been provided in a shorter span of time.
- 2) There is a continuing review of clinical records for each sixty day period that a patient received home health services to determine adequacy of the plan of treatment and appropriateness of continuation care.

6.0 LICENSURE

6.01 License Required

- 1) No person shall open, manage, conduct or maintain a home health agency without a license issued by the Department.
- 2) A person shall make application for and receive a license from the Department, which shall be based upon compliance with all applicable laws, rules and regulations.
- 3) Separate licensure, applications and fees for operation of a home health agency are required for all home health agency subunits.

6.02 Provisional Licensure

- 1) Any person opening, managing, conducting or maintaining a home health agency during the year beginning October 1, 1977, upon proper application and payment of the fee of \$25.00 shall be issued a provisional license which shall expire on September 30, 1978.
- 2) Each application for a home health agency provisional license shall contain the following information: 1) name, address and location of agency; 2) organization and governing structure of agency; 3) number and qualification of staff; 4) sources of financing of services and agency; 5) service area; 6) patient load; 7) agency utilization; 8) service charges; 9) affiliation agreements with other health care providers; and 10) such other information as the Department may require.
- 3) Applications for licenses to be effective on and after March 1, 1978, shall be in accordance with these regulations.

6.03 Exemptions

- 1) This Act does not apply to any home health agency conducted by and for the adherents of any well recognized church or religious denomination for the purpose of providing services for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or religious denomination.

6.04 Expiration

- 1) Each license shall be for a term of one year and shall expire one year from the date of issuance.
- 2) The licensee shall notify the Department 30 days in advance of closing the home health agency.

6.05 License Nontransferable

- 1) Each license shall be issued only for the home health agency named in the application and shall not be transferred or assigned to any other person, agency or corporation.
- 2) Sale, assignment, lease or other transfer, voluntary or involuntary, shall require relicensure by the new owner or person in interest prior to maintaining, operating or conducting a home health agency.

6.06 Application Procedure

- 1) On and after October 1, 1978, an annual license shall be issued to any person upon a signed application and payment of the fee, if standards established by the Department and other requirements of the Act and these regulations are met.

- 2) *The fee for each license or any renewal shall be \$25.00. The fee shall accompany the filing of the application and is not refundable. A fee of \$25.00 is required for each subunit operated by the home health agency.*
- 3) *A person desiring to obtain a license shall file with the Department an application on a form prescribed, prepared and furnished by the Department. The application shall contain such information as may be required by the Department for the proper administration and enforcement of the Act and these regulations.*
- 4) *A person in interest, different from the licensee, contemplating conducting, maintaining or operating a home health agency pursuant to Section 6.05 2) of these regulations, shall file an application for licensure with the Department.*

6.07 *Financial Statements Required*

- 1) *Each licensee shall file annually, or more often as the Director shall prescribe, an attested financial statement on a form prescribed, prepared and furnished by the Illinois Department of Public Health in conjunction with the Illinois Department of Public Aid. The application shall contain such information as may be required by the Illinois Department of Public Health and the Illinois Department of Public Aid for the proper administration of the Act and these regulations. An audited financial statement may be required of a particular facility, if the Director determines that additional information is needed.*
- 2) *No public funds shall be expended for the services of a home health agency which has failed to file the financial statement required by this section.*
- 3) *No other state agency may require submission of financial data except as expressly authorized by law or as necessary to meet requirements of federal law or regulation.*
- 4) *Information obtained under this section shall be made available, upon request, by the Department only to any other State agency or legislative commission to which such information is necessary for investigations or to execute the intent of state or federal law or regulation.*

6.08 *Denial of License*

- 1) *An application for license may be denied for any of the following reasons:*
 - a) *Failure to meet the minimum standards prescribed by the Department.*

- b) Satisfactory evidence that the moral character of the applicant or supervisor of the agency is not reputable. In determining moral character, the Department may take into consideration any convictions of the applicant or supervisor but such convictions shall not operate as a bar to licensing.
 - c) Lack of personnel qualified by training and experience to properly perform the function of a home health agency.
 - d) Insufficient financial or other resources to operate and conduct a home health agency in accordance with the requirements of this Act and the minimum standards, rules and regulations promulgated thereunder.
- 2) The Department may, upon its own motion, and shall upon the verified complaint, in writing, of any person setting forth facts which if proven would constitute ground for the denial of an application for a license notify the applicant in the manner set forth in Section 6.12 of these regulations.
- 6.09 *Renewal of License*
- 1) An application for renewal of license shall be filed with the Department at least 60 days prior, but not sooner than 90 days before the expiration date of the currently held license.
- 6.10 *Renewal of License Denied*
- 1) An application for a renewal of license may be denied for any of the following reasons:
- a) A violation of any provision of the Act or of the minimum standards, rules and regulations or orders of the Department promulgated thereunder;
 - b) Any ground upon which an application for a license may be denied as set forth in Section 6.08.1) of this regulation.
- 2) The Department may, upon its own motion, and shall upon the verified complaint, in writing, of any person setting forth facts which if proven would constitute grounds for the denial of an application for a license, notify the applicant in the manner set forth in Section 6.12 of these regulations.
- 6.11 *Revocation of License*
- 1) A license may be revoked for any of the following reasons:
- a) A violation of any provision of the Act or of the minimum standards, rules and regulations or orders of the Department promulgated thereunder;
 - b) Any ground upon which an application for a license may be denied as set forth in Section 6.08.1 of these regulations.

- 2) Conduct or practice found by the Director of the Department to be detrimental to the health, safety or welfare of a patient is grounds for revocation of a license.
- 3) *The Department may, upon its own motion, and shall upon the verified complaint, in writing, of any person setting forth facts which if proven would constitute grounds for the denial of an application for a license in the manner set forth in Section 6.12 of these regulations investigate the applicant or licensee.*
- 4) In the event that an immediate and serious danger to the public health, safety and welfare exists, the Director may order an emergency suspension of a license. Emergency suspension may be ordered but revocation proceedings shall thereafter be promptly instituted.

6.12 Investigation, Notice and Hearing

- 1) Licenses issued by the Department to operate home health agencies will be based, in part, upon the results of a survey and inspection conducted by Department representatives to determine compliance with the requirements of the Act and these regulations.
- 2) Any duly authorized officer or employee of the Department shall have the right to make surveys and inspections as are necessary in order to determine the status of compliance with the provisions of this Act and this regulation.
- 3) *The Department may, upon its own motion, and shall upon verified complaint in writing of any person setting forth facts which if proven would constitute grounds for the denial of an application for a license, or refusal to renew a license, or revocation of a license, investigate the applicant or licensee.*
- 4) *Before denying an application or refusing to renew a license or revoking a license, the Department shall notify the applicant or licensee in writing.*
- 5) *Notice shall be effected in writing, either by registered mail or by personal service setting forth the particular reasons for the proposed action and fixing a date, not less than 15 days from the date of such mailing or service, at which time the applicant or licensee shall be given an opportunity for a hearing.*
- 6) *Such hearing shall be conducted by the Director or by an employee of the Department designated in writing by the Director as Hearing Officer to conduct the hearing.*
- 7) *On the basis of any such hearing or upon default of the applicant or licensee, the Director shall make a determination specifying his findings and conclusions.*

- 8) The procedure governing hearings authorized by this section shall be in accordance with the Illinois Administrative Procedure Act which is expressly adopted and incorporated herein as if all of the provisions of such Act were included in this Act, except that in case of conflict between the two Acts the provisions of the Illinois Administrative Procedure act shall control.
- 9) The Director or Hearing Officer shall upon his own motion or on the written request of any party to the proceeding, issue subpoenas requiring the attendance and the giving of testimony by witnesses and subpoenas duces tecum requiring the production of books, papers, records or memoranda. All subpoenas and subpoenas duces tecum issued under the terms of this Act may be served by any person of full age. The fees of witnesses for attendance and travel shall be the same as the fees of witnesses before the circuit court of this state, such fees to be paid when the witness is excused from further attendance. When the witness is subpoenaed at the instance of the Director, or Hearing Officer, such fees shall be paid in the same manner as other expenses of the Department, and when the witness is subpoenaed at the instance of any other party to any such proceeding the Department may require that the cost of service of the subpoena or subpoena duces tecum and the fee of the witness be borne by the party at whose instance the witness is summoned. In such case, the Department in its discretion, may require a deposit to cover the cost of such service and witness fees. A subpoena or subpoena duces tecum issued as aforesaid shall be served in the same manner as a subpoena issued out of a court.
- 10) Any circuit court of this state upon the application of the Director, or upon the application of any other party to the proceeding, may, in its discretion, compel the attendance of witnesses, the production of books, papers, records or memoranda and the giving of testimony before the Director or Hearing Officer conducting an investigation or holding a hearing authorized by this Act, by an attachment for contempt, or otherwise, in the same manner as production of evidence may be compelled before the court.
- 11) The Director or Hearing Officer, or any party in an investigation or hearing before the Department, may cause the depositions of witnesses within the state to be taken in the manner prescribed by law for like depositions in civil actions in courts of this state, and to that end compel the attendance of witnesses and the production of books, papers, records or memoranda.

6.13 Applicant's Right to Administrative Review

- 1) Whenever the Department denies an application for a license, refuses to renew a license, revokes a license, or suspends a license to open, conduct, operate or maintain a home health agency, the applicant or licensee may have such decision judicially reviewed. The provisions of the "Administrative Review Act," approved May 8, 1945, as heretofore or hereafter amended, and the rules adopted pursuant thereto shall apply to and govern all proceedings for the judicial review of final administrative decisions of the Department hereunder. The term "administrative decisions" is defined as in Section 1 of the "Administrative Review Act."

7.0 REQUIREMENTS FOR STATE APPROVED HOME HEALTH AIDE TRAINING PROGRAMS

7.01 Application Procedures

The following information must be furnished to the Department at least sixty (60) days in advance of the training program. Retroactive approval will not be granted.

- 1) Program rationale; i.e., philosophy, purpose and brief summary that identifies sponsoring agency, program coordinator, and faculty qualifications. The instructor shall be a registered nurse with training expertise. Instructors' vitae must be submitted.
- 2) Complete outline including program title, objectives, content, and methodology and delineated by hour. The instructor has flexibility of teaching content in desired outline.
- 3) Location and dates of program.
- 4) A copy of the evaluation tool must be included. The evaluation tool must evaluate the objectives, content and instructors.
- 5) Submitted materials will be reviewed by the Department and the program sponsor will be notified of the Department's action. If the program is not approved, the reason for this decision will be given to the program sponsor.
- 6) If a program is deferred or not approved, the program sponsor may, after making the appropriate modifications, reapply for approval.
- 7) The basic course must be presented in a minimum time frame of three (3) weeks, but not to exceed a maximum of a thirteen (13) week period. A ratio of three (3) hours of clinical to one (1) hour of theory instruction should be reflected in the one-hundred twenty (120) hour minimum of training, of which twelve (12) hours shall be in area of training

exclusively for Home Health Care. Term semester and trimester courses may be submitted by an educational institution. The program must include designated hours for clinical institution affiliation.

- 8) Orientation to the specific policies of the employing agency shall be in addition to the one-hundred twenty (120) hours of instruction.
- 9) Any change in content or instructional staff must be submitted for review.
- 10) All courses must be submitted on an annual basis for continued approval.

7.02

Content Requirements.

The basic Home Health Aide Training Program must include, but not be limited to:

- 1) Orientation.
 - a) Functions of health care facilities.
 - b) Home Health Agencies and the health care professions.
 - c) Philosophy of patient care.
 - d) The role of the multidisciplinary health care team.
 - e) Personal qualities of the home health aide.
 - f) Duties of the home health aide.
 - g) Medical terminology.
 - h) Recording.
- 2) Introduction to the patient.
 - a) Communication and interpersonal relationships with patients, families and others.
 - b) Psychological needs of patient and family.
 - c) Normal growth and development.
- 3) Your working environment.
 - a) Cleanliness in the health care setting and patient homes.
 - b) Principles of handwashing.
 - c) Principles of disinfection.
 - d) Principles of sterilization.
 - e) Techniques of disinfection.
 - f) Maintaining equipment and supplies.
- 4) Safety.
 - a) Body mechanics.
 - b) Fire safety.
 - c) Disaster.
- 5) The patient's unit.
 - a) Bedmaking procedures - unoccupied and occupied.
- 6) Lifting, moving and transporting patients.
 - a) In bed.
 - b) Ambulatory.
 - c) Wheelchair.
 - d) Stretcher.

- 7) Basic Anatomy.
 - a) Anatomy of the Skeletal System.
 - b) Anatomy of the Circulatory System.
 - c) Anatomy of the Digestive System.
 - d) Anatomy of the Respiratory System.
 - e) Anatomy of the Urinary System.
 - f) Functioning of the human body as related to the disease process.
- 8) Personal care of the patient.
 - a) Oral hygiene.
 - b) Bathing procedures.
 - c) Care of the back, feet and skin.
 - d) Observing and reporting.
- 9) Nutrition.
 - a) Diets - therapeutic diets.
 - b) Feeding techniques.
 - c) Nourishments.
 - d) Fluid intake.
- 10) Fluid balance.
 - a) Measuring fluid intake and output.
 - b) Forcing and restricting fluids.
 - c) Specimen collection.
- 11) Observing and recording vital signs.
 - a) Taking the temperature.
 - b) Taking pulse.
 - c) Taking respirations.
 - d) Taking blood pressure.
 - e) Recording vital signs.
- 12) Supportive care.
 - a) Heat applications.
 - b) Cold applications.
 - c) Enemas.
 - d) The vaginal douche - external and internal.
 - e) Preparing the patient for surgery physiologically.
 - f) Preparing the patient for surgery psychologically.
 - g) Care for the post-operative patient's physiological needs.
 - h) Care for the post-operative patient's psychological needs.
 - i) Care for the psychological needs of home bound patients.
- 13) Fundamentals of Rehabilitation Nursing.
 - a) Philosophy of rehabilitation nursing.
 - b) Principles of rehabilitation nursing.
 - c) Concepts of activities of daily living.
- 14) Patient care planning.
 - a) Patient admission.
 - b) Patient transfer.
 - c) Patient discharge.
 - d) Plan of care for the patient in the home.

- 15) The patient in isolation.
 - a) Isolation techniques.
 - b) Physiological aspects of isolation.
 - c) Psychological aspects of isolation.
 - d) Isolation in the home.
- 16) Care of the terminally ill patient.
 - a) Psychological needs of the patient.
 - b) Psychological needs of the family.
- 17) Care of the body.
 - a) Postmortem care.

7.03 Evaluation

Upon completing the basic home health aide training program, the student must show competency of nursing skills by return demonstration as well as pass a written examination encompassing theory and skills taught.

7.04 Performance Test

The Department has developed a performance test that measures the level of competency for all incumbent home health aides. This performance test, administered and signed by a registered nurse, will verify that each incumbent home health aide has satisfactorily demonstrated proficiency in assigned tasks. The Performance Test is available from the Department upon request.

7.05 Application for approval of programs

Requests for approval of programs and other related correspondence are to be submitted to:

Illinois Department of Public Health
Office of Health Regulation
Division of Curriculum Development and Training
525 West Jefferson Street
Springfield, Illinois 62761

7.06 Equivalency may be established by any one of the following:

- 1) Documentation of successful completion of a training course approved by another state as evidenced by a diploma or certificate.
- 2) Documentation of at least one year of continuous employment as a nurse aide or orderly in one licensed Hospital/Long-Term Care Facility/Home Health Agency between March 1, 1975 and March 1, 1980, as evidenced by personnel records.
- 3) Documentation of employment for two or more years in more than one licensed hospital/Long-Term Care Facility/Home Health Agency between March 1, 1975 and March 1, 1980, as evidenced by personnel records.

- 4) Documentation of successful completion of a nursing arts course in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school.
 - 5) Documentation of successful completion of a nurse aide training course approved by the Illinois Board of Education between March 1, 1979 and March 1, 1980, as evidenced by a diploma or certificate.
 - 6) Documentation of one year of employment as a nurse aide in one facility with an interruption due to sick leave or education leave not exceeding six (6) weeks during the year ending March 1, 1980.
 - 7) Requests to establish equivalency should be submitted to th Office of Health Regulation with accompanying documentation.
- (filed September 23, 1980, effective September 23, 1980)

No. 1076

RECEIPT FOR BOOK OF REGISTRATION

1911

APR 11 1911

APPENDIX C

County Clerk of St. Louis, Missouri
for Memphis, Tenn.

RECEIPT FOR PROOF OF PUBLICATION

Kell Home Health Agency

1021 "E" B. St.

Bell, Ill. 62221

RECEIPT FOR PROOF OF PUBLICATION
OF NOTICE OF OWNERSHIP OF BUSINESS

Receipt is hereby acknowledged of Proof of Publication of Notice of Ownership of Business, pursuant to a Certificate filed in my office on *February 19*, A.D. 19*82*, showing that such notice was duly published once each week for three successive weeks in the *Reporter*, a secular newspaper of general circulation regularly and continuously published in *Pellville* *St. Clair* County, Illinois, for more than one year last past, and that the first insertion was on *February 24*, A.D. 19*82*, or within 10 days after the filing of said certificate, and the last insertion on *March 10th*, A.D. 19*82*.

Dated this *10th* day of *March*, A.D. 19*82*

Alvin P. Schneider

County Clerk of *St. Clair* County, Illinois
per Marie A. Baucher

Certificate of Publication

STATE OF ILLINOIS)
)ss
COUNTY OF ST. CLAIR)

LINDA L. POLSTON, of O'Fallon, Illinois,
hereby certifies that she is the publisher of

THE REPORTER

a public and secular newspaper of general circulation that has been published weekly in the City of O'Fallon, County of St. Clair and State of Illinois for at least a year prior to day of first insertion of the notice herein mentioned.

"I further certify that said newspaper is a newspaper as defined in 'an Act to revise the law in relation to notices' as amended by Act approved July 17, 1959 — Ill. Revised Statutes, Chap. 100, Para. 1 & 5."

Notice of which the annexed is a true printed copy has been regularly published in said newspaper 3 times, once in each

week for 3 successive weeks, the first publication, thereof having been made in the issue of said newspaper published on the 24

day of Feb A.D. 1982 and the last publication thereof having been made in the issue of said newspaper published on the

10 day of Mar A.D. 1982.
She further certifies that the face of the type in which each publication of said notice was made was the same as the body type used in the classified advertising in the issue of said newspaper in which said publication was made.

Dated this 10 day of Mar A.D. 1982.

Linda Polston Publisher.

Publisher's Fees \$20.00

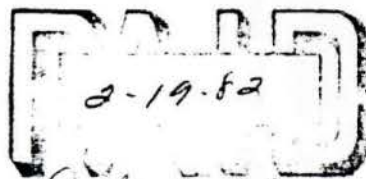
PUBLIC NOTICE

State of Illinois)
)ss
County of St. Clair)

This is to certify that the undersigned transacting a Home Health Agency business in the said county and state under the name of Belleville Home Health Agency at the following post office address: 1021 E. "B" St., Belleville, IL 62221, that the true and real full name of the person owning, conducting or transacting such business together with his respective post office address is as follows:

Sandra K. Gain
1021 E. "B" St.
Belleville, IL 62221

(2-24-3tp)



Gertrude Schwarz

APPENDIX D

Entered in the file of the _____

day of _____, 19__

County Clerk

[Redacted]

City of _____

OFFICE OF THE COUNTY CLERK

St. Clair County, Illinois

This is to certify that:

Sandra K. Gain

NAME OF PERSON APPLYING FOR CERTIFICATE

pursuant to Section 1 et seq. of "AN ACT in relation to the use of an assumed name in the conduct or transaction of business in this State" (Ill. Rev. Stat., Ch. 96, par. 4 et seq.), a certificate has been filed with [REDACTED] County Clerk, County of St. Clair, State of Illinois, stating that a business is to be

conducted or transacted under the name of Belleville Home Health Agency

at 1021 East 'B' Street Belleville, Il. 62221

ALVIN P. SCHNEIDER

Dated at Belleville, Ill. this 10th [REDACTED]

day of March, 19 82.

County Clerk



APPENDIX E

BYLAWS OF
THE BELLEVILLE HOME HEALTH AGENCY
OF
BELLEVILLE, ILLINOIS

ARTICLE I

NAME AND LOCATION

- I.I The name of the agency shall be the Belleville Home Health Agency. Hereinafter, the Belleville Home Health Agency shall be referred to as the Agency. Its principle place of business shall be located at 1021 East "B" Street, Belleville, Illinois.

ARTICLE II

OBJECTIVES

- II.I The objectives of the Belleville Home Health Agency are as follows:
- A) To provide quality ancillary health care to residents of Belleville, Freeburg, O'Fallon, Swansea, Smithton, Shiloh, SAFB, Fairview Heights, Mascoutah, and Millstadt, Illinois.
 - B) To provide quality care rather than quantity.

- C) To maintain close contacts with the patient's physician.
- D) To instruct family, relatives, or friends on proper supportive care to the patient.
- E) To provide continuity of care following the patient's discharge from a hospital or convalescent center.
- F) To promote and improve geriatric care through the offering of educational programs related to geriatrics.
- G) To support research in geriatric care.
- H) To promote the development of new knowledge.

ARTICLE III

MEETINGS

- III.1 The agency shall meet at least once a year with the professional Advisory Board to establish and review the agency's policies governing the scope of services offered, admission and discharge policies, medical supervision and plans of treatment, emergency care, clinical records, personnel qualifications and program evaluation.
- III.2 The Professional Advisory Board will consist of the following:

- A) The Administrator - Sandra K. Gain
 - B) The Supervising Nurse - Sandra K. Gain
 - C) The Assistant Administrator - Carolyn Dozier
 - D) The Assistant Supervising Nurse - Carolyn Dozier
 - E) The Supervising Physical Therapist - Oscar R. Gain Jr.
 - F) Medical Doctor - Dr. Paul J. Biedenharn
 - G) Member of the Community - Father Eugene Neff
- III.3 Members of the Professional Advisory Board shall be notified by mail of any meeting at least 30 (thirty) days prior to the date of the meeting.
- III.4 The voting body at the meeting shall consist of all professional advisory group present.

ARTICLE IV

OFFICERS

- IV.I The officers of the Professional Advisory Board will consist of President, Secretary, and Treasurer.

ARTICLE V

DUTIES

- V.1 The President shall:
- A) Preside at all meetings of the Professional Advisory Board
 - B) Appoint, with the approval of the Professional Advisory Board, new members to the Board.
 - C) Fill any vacancies occurring in the office of Secretary or Treasurer.
 - D) Make the agency report or arrange to have the agency report made at the annual Professional Advisory Board Meeting.
- V.2 The Secretary shall:
- A) Keep minutes of all meetings and present a summary of the previous business meeting to the members of the Professional Advisory Board.
 - B) Serve as Corresponding Secretary
- V.3 The Treasurer shall:
- A) Keep an accurate account of all receipts and disbursements and report annually to the Professional Advisory Board.
 - B) Submit an annual budget.

ARTICLE VI

AMENDMENTS

VI.I These By-Laws may be amended at any meeting of the Professional Advisory Board by a two-thirds vote.

APPENDIX F

1 4,250

957

7,800

1,750

31,200

49,920

10,480

18,720

41,600

4,400

1,200

2,800

5

10

15

20

Belleville Home Health Agency
1021 East "B" Street
Belleville, Illinois

PROPOSED FIRST YEAR BUDGET

| | |
|---|----------|
| Rent (includes all utilities) \$350/mo. | \$ 4,200 |
| Phone (\$80/mo) | 960 |
| Patient Supplies (\$5/pt @ 6 pts/day) | 7,800 |
| Liability Insurance | 1,000 |
| Wages | |
| Administrator @ \$15/hr. | 31,200 |
| R.N.'s (4 part-time @ \$12/hr.) | 49,920 |
| Secretary (2,080 hrs. @ \$5/hr.) | 10,400 |
| Home Health Aides (3 part-time @ \$6/hr.) | 18,720 |
| Registered P.T.'s (2,080 hrs. @ \$20/hr.) | 41,600 |
| P.T. Assistants (540 hrs. @ \$9/hr.) | 4,860 |
| Office Supplies (\$100/mo.) | 1,200 |
| CPA and Lawyer Fees (\$150/mo.) | 1,800 |
| Initial Start-Up Expenses | |
| Nursing Bags | 150 |
| BP Cuffs and Stethoscopes | 100 |
| Desks (2) | 600 |
| Chairs | 250 |
| Filing Cabinet | 300 |
| Storage Cabinet | 150 |
| Typewriter | 300 |
| Xerox Machine | 150 |

| | |
|--|-----------|
| Yard Sign | 300 |
| Forms | 200 |
| Bookcases | 100 |
| Announcements, brochures, calling cards, etc. | 200 |
| | <hr/> |
| TOTAL: | \$176,460 |

APPENDIX G

The
Health

Agency

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Physicians,
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CONFIDENTIAL - SECURITY INFORMATION

CONTRACT OF EMPLOYMENT

This Agreement, made by and between the
Belleville Home Health Agency (Home Health
 Agency), and _____
 (Contracting Person), witnesseth:

WHEREAS, The Belleville Home Health Agency
 (Home Health Agency) provides nursing care of sick at
 home to residents of _____ County who
 are referred to it by families, licensed physicians,
 hospitals, nursing homes and other health and welfare
 agencies; and

WHEREAS, such nursing services are provided to
 patients pursuant to a plan of medical treatment de-
 veloped by the attending physician for this patient in
 conjunction with personnel of the Belleville
Home Health Agency (Home Health Agency);
 and

WHEREAS, in some instances the medical treatment
 plan which is developed for the care of a particular
 patient requires the services of a _____
 _____ (Type of Worker) to carry out such plan;
 and

WHEREAS, the Belleville Home Health Agency
 (Home Health Agency) is aware of the necessity for pro-
 viding the service of _____,

and in doing so, believes that the home health needs of the resident of _____ County can be more adequately served; and now, therefore,

IT IS MUTUALLY AGREED BY AND BETWEEN THE PARTIES HERETO THAT:

1. _____
(Contracting Person) will:
 - a. perform services in the homes of individuals within _____ County in accordance with the medical treatment plan for each individual patient made by the attending physician in conjunction with the Belleville Home Health Agency (Home Health Agency) staff;
 - b. adhere to the scope and limitations set forth in the medical treatment plan for each patient he serves, and will not alter in type, scope, or duration the services which he renders pursuant to such medical treatment plan;
 - c. provide the following services: (write in appropriate job descriptions for the worker.)

- d. conform to all applicable policies of the Belleville Home Health Agency (Home Health Agency);
- e. not attempt to collect for his services as _____ from either patient, family or any private or public agency other than the Belleville Home Health Agency (Home Health Agency);
- f. meet the qualifications for _____ set forth in the "Conditions of Participation for Home Health Agencies";
- g. participate with other health team personnel of the Belleville Home Health Agency (Home Health Agency) in staff meetings, policy formation, planning the manner in which a plan of treatment should be carried out, scheduling of visits, and discussions for the purpose of planning and evaluating patient care in individual cases;
- h. prepare clinical and progress notes (clinical notes to be written the day service is rendered) for incorporation into the

medical records of the Belleville Home Health Agency (Home Health Agency) no less often than weekly.

2. The Belleville Home Health Agency (Home Health Agency) will:
 - a. be responsible for the collection of fees for services rendered by _____ (Contracting Person) to persons referred for _____;
 - b. reimburse _____ (Contracting Person) on the basis of \$_____ per visit, for his services as a _____ to patients whose medical treatment plan requires such service; and
 - c. provide overall supervision of all personnel providing service to the patient to determine whether the medical treatment plan developed by the attending physician is being carried out properly.

3. All patients who are to receive home health care, including _____ services, shall be accepted for home health care by the Belleville Home Health Agency (Home Health Agency) prior to any service

being rendered and that _____
 _____ (Contracting Person) has no
 authority to admit patients to home health
 care or render services on behalf of the
Belleville Home Health Agency (Home Health
 Agency) to a patient until such patient has
 been admitted to the home health service.

4. This Agreement shall be effective on
 _____ and for one
 year thereafter, unless amended by mutual
 agreement.
5. The provisions of this Agreement and the pro-
 gram of services carried out pursuant thereto
 shall be reviewed and examined on or about
 _____ and annually
 thereafter to determine whether the provisions
 of this Agreement shall be modified.
6. If no modification of this Agreement is re-
 quested in writing by either party prior to
 _____, this Agreement
 shall remain in full force and effect unless
 and until one of the parties thereto gives
 60 days' notice in writing to the other party
 of its intention to terminate this Agreement.

 _____ Date

 _____ Date

BELLEVILLE HOME

HEALTH AGENCY

EMPLOYEE PERSONNEL POLICIES

Welcome to the Belleville Home Health Agency! You have been selected for employment because we believe that you have the qualifications to do your job well and to bring credit to the agency. Your job is important and essential. Each employee is vital to providing quality care to our homebound patients.

The following policies have been prepared to answer your questions about employment. If after reading the policies, you still have questions, please do not hesitate to ask.

We earnestly hope that your employment with the Belleville Home Health Agency will afford you the opportunity for professional growth and to help us provide quality patient care.

Sandra K. Gain, R.N.C.

Administrator

EMPLOYMENT PROCEDURES

Prior to employment each applicant will be required to complete an application. The person conducting the pre-employment interview will discuss personnel policies, job description, duties and responsibilities of the employee.

Employees are hired and their compensation and terms, conditions and privileges of their employment are set without regard to race, color, creed, sex, or national origin. Persons over forty years of age are assured non-discrimination according to the Age in Employment Discrimination Act.

HEALTH EXAMINATIONS

An applicant for employment is required to have a physical exam at his own expense before employment starts and annually thereafter. Forms will be provided by the Belleville Home Health Agency and must be returned in order to assure continued employment.

ORIENTATION

A brief orientation period will be provided to enable new employees to become familiar with the operation of the agency.

PROBATIONARY PERIOD

A new employee will be considered as on probation for a period of 90 days from the date said employee actually begins performing his duties. Belleville Home Health may, during the probationary period, discharge such employees at any time and for any reason it deems appropriate.

LICENSURE AND CERTIFICATIONS

All home health aides must meet the Illinois requirements for certification and show proof thereof.

All licensed employees are required to provide a copy of their license to the Belleville Home Health Agency. These will be kept in the employee's file.

WAGE AND SALARY PROGRAM

Belleville Home Health will maintain a progressive wage and salary program for its employees.

ADVANCEMENT OF WAGES

Advancement of wages will not be granted under any circumstances.

RESPONSIBILITY OF THE BELLEVILLE HOME HEALTH AGENCY

Belleville Home Health has a legal and ethical responsibility toward each patient not to divulge

confidential information about his physical condition, financial status or personal problems, to persons not authorized to obtain this information. Each employee's cooperation in this matter is essential.

RESPONSIBILITY OF EMPLOYEES

Each employee has a responsibility for and should maintain at all times an understanding attitude towards patients and their families. Tact and thoughtfulness contribute greatly to a continued cooperation and understanding on the part of the community.

PAY DAYS

All contract employees will be paid on a per visit basis once a week on Monday. Full and part-time employees, not on contract, will be paid every 2 weeks on Thursday.

RESIGNATIONS

Employees resigning from the Belleville Home Health Agency are required to give no less than 14 calendar days notice. Failure to do so will mean a poor reference for future employment.

WORK HOURS

Because patients are cared for in their own homes, working hours for some employees may be more flexible than others.

Agency hours will be 8:00 A.M. to 4:30 P.M. Monday thru Friday.

HOLIDAYS

The Belleville Home Health Agency will observe the following holidays: New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day. In observance of these holidays, the agency will be closed.

In the event that a home visit must be made on a holiday, time and one-half will be paid to the employee making the visit.

JURY DUTY

An employee selected for jury duty will immediately notify the administrator.

VACATION LEAVE

Full-time permanent employees will be granted 80 hours of vacation time each year after one full year of employment. No vacation time will be paid

during the first year of employment. (2080 hours = 2 weeks vacation)

Split vacations may be granted with the approval of the administrator. Pay for vacation may be given rather than time off if requested by the employee and approved by the administrator.

When a holiday occurs during an employee's vacation, an additional day will be added to the vacation period.

Employees must request vacation time in writing at least 2 weeks in advance.

Seniority will prevail if two or more employees request vacations at the same time.

Part-time permanent employees will accumulate 1 hour of paid vacation time for every 26 hours worked after one full calendar year of employment.

DEATH IN FAMILY

After six months of full-time employment, if there is a death in the employee's immediate family (spouse, children, parent, brother, sister) the employee will be granted a maximum of 3 days off with pay to attend the funeral.

UNIFORMS

Uniforms are not provided and must be purchased

by the employee where required as a condition of employment. All mode of dress for uniformed and non-uniformed employees must be clean and appropriate while on duty.

Home Health Aide

The home health aides uniform will consist of an appropriate clean white uniform, neutral colored stockings (not white), and white nursing styled shoes (not tennis shoes).

Nurses, Therapists, and P.T. Assistants

The above mentioned staff may wear appropriate street clothes and shoes with a clean white lab coat.

Office Personnel

Office personnel may wear appropriate street clothes.

All employees are required to wear name pins furnished by the Belleville Home Health Agency when making home visits.

GRIEVANCE PROCEUDRE

Employees having a grievance or complaint concerning pay, working hours and conditions, etc. should notify the administrator immediately.

TELEPHONES

Phones located in the offices of the Belleville Home Health Agency are for business use. Personal calls should be kept to a minimum and only as emergencies. Agency phones should be answered as follows: "Belleville Home Health, this is _____, may I help you?"

Employees are not to use telephones in patient's homes except in emergency situations.

SMOKING

As a courtesy to non-smokers, smoking will not be permitted in the offices of the Belleville Home Health Agency.

Smoking is also prohibited in patient's homes. Any reports received of employees smoking in patient's homes will be acted upon promptly and could result in termination of the employee.

APPEARANCE AND CONDUCT

Good grooming and cleanliness are necessary at all times. Be sure your clothing is always neat and clean and that you are well groomed. Please use care in using perfumes and colognes. These many times can prove to be nauseating to our patients.

Remember you are a reflection of the Belleville Home Health Agency. Treat patients with the consideration they deserve. You will never know how much a smile, a thank-you, a friendly greeting, or an offer of assistance may mean to them.

The use of profanity will not be tolerated. Any reports of such will be acted upon immediately and could be cause for termination.

BULLETIN BOARDS

Bulletin boards are an effective means of communication from one person to a group. All employees are encouraged to keep informed of policies, rules and regulations by reading the bulletin boards.

INCIDENT REPORTS

Any employee injured while on duty is to complete an incident report within 24 hours of injury.

An incident report is to be filed immediately for any patient receiving an injury while the employee is present in the patient's home.

INSURANCE

The Belleville Home Health Agency, at this time, does not pay any hospitalization or life insurance premiums.

TRAVEL ALLOWANCE

A travel allowance, at this time, will not be provided. It is requested, however, that employees keep a record of this to turn into the agency.

TRANSPORATION

Each employee will be required to have dependable transportation for making home visits. The agency will not provide vehicles for this purpose.

LUNCH BREAKS

Full-time employees will be given one-half hour for lunch. This half-hour will be on the employees own time.

CONTINUING EDUCATION

The Belleville Home Health Agency will provide continuing education programs throughout your employment. You are strongly encouraged to attend these programs. On occasion, mandatory inservice meetings may be scheduled.

CONTINUITY OF CARE MEETINGS

A monthly continuity of care meeting will be held to discuss and review patient care plans of selected patients.

FULL-TIME PERMANENT EMPLOYEES

A full-time permanent employee is one who works in a permanent position a minimum of forty (40) hours per week.

PART-TIME PERMANENT EMPLOYEES

A part-time permanent employee is one who works less than forty (40) hours per week. Hours will fluctuate according to the needs or requirements of the agency.

RULES OF CONDUCT

Violation of any of the following rules will be cause for dismissal.

1. Use of Narcotics or Intoxicants: Being under the influence of narcotics or intoxicants when reporting for duty or while on duty is absolutely prohibited. Employees must be alert and attentive to the interest and welfare of patients.
2. Employees who are determined to be careless of the safety of themselves or others, immoral, quarrelsome, or otherwise malicious, will not be retained as an employee of the Belleville Home Health Agency.
3. Courteous deportment is required of all employees in their relationship with the public, their subordinates, patients, families, and each other.

4. The use of boisterous, profane, or vulgar language is forbidden.
5. Dishonesty, theft, or the unauthorized removal of Belleville Home Health Agency equipment or property or the same thereof from the homes of patients, is prohibited.
6. Conviction under any criminal code or law, or incompetence, including neglect in the performance of duty, constitutes cause for dismissal.
7. Failure to report to work without previously furnishing notice to the Belleville Home Health Agency is prohibited and constitutes cause for dismissal.
8. Dissemination of confidential information is prohibited. Any employee who, in the opinion of the Administrator, is consistently guilty of disseminating confidential information is subject to discharge from his position.
9. Any employee found to be in unlawful or questioned possession of equipment or property belonging to the Belleville Home Health Agency, patients, or others, will be subject to dismissal. Willful neglect or damage of equipment or property will be charged to and paid by the employee.
10. Frequent tardiness and repeated frequent absence is prohibited and may be cause for dismissal.

11. Repeated garnishments of wage or wage assignments may be cause for dismissal.
12. Any other reason for which the employee may be considered unsuitable for continued employment including personal appearance, and failure to satisfactorily perform assigned duties will be cause for termination.

TERMINATIONS

A. Non-Disciplinary Terminations

The Belleville Home Health Agency will furnish to full-time and to part-time permanent employees no less than fourteen (14) calendar days notice of termination of services.

B. Disciplinary Terminations

Employees may be dismissed for acts of gross misconduct, breach of the Belleville Home Health Agency's ethics, policies or code of conduct. Termination will result if in the opinion of the Administrator and after appropriate counseling and written warnings have been issued, continued employment is no longer feasible. The employee shall not receive advance notice of termination or be entitled to benefits of any kind other than

wages for hours worked. This is also applicable to employees terminated during the probationary period.

Full-time permanent employees and part-time permanent employees, after completion of the probationary period, have a right to request and have a hearing on the assigned charges for disciplinary termination. The following procedure will apply:

1. The request for a hearing must be in writing and must be submitted to the Belleville Home Health Agency within two hours of notice of dismissal.
2. When the terminated employee requests a hearing, it should be held within seven calendar days from the date of dismissal.
3. Between the date of notice of termination and the date of the hearing, the employee shall be suspended. If the committee determines that the discharge was justified, said discharge shall be retroactive to the date the employee receives notification of discharge. If the committee determines that the discharge was not justified, the employee will be reinstated and will be reimbursed for all wages lost during the suspension.

4. The committee will be composed of members of the Professional Advisory Board. In the event that the committee members are unable to agree upon the charge, they will appoint an impartial individual who will not be connected with the Belleville Home Health Agency or its employees, to arbitrate the basis for dismissal. The majority decision of the committee shall be conclusive.

PERFORMANCE EVALUATIONS

Performance evaluations of all employees will be done after the first six months of employment and yearly thereafter. Should the need arise, evaluations will be given more frequently.

ACKNOWLEDGEMENT OF POLICIES

Upon acceptance of employment with the Belleville Home Health Agency, you will be asked to read a copy of the policy book and sign a form stating that you have read the policy book and have become familiar with its contents. If there are any questions concerning the policies, please feel free to ask.

Each employee is expected to keep abreast of policy changes. Policy changes will be posted on the bulletin board in the Belleville Home Health Agency.

APPENDIX I

P O L I C Y

A N D

P R O C E D U R A L

M A N U A L

The purpose of this manual is:

- A) To define the scope and mission of the Belleville Home Health Agency.
- B) To introduce the services offered to the community by the Belleville Home Health Agency to new employees and members of the Medical Profession.
- C) To introduce and orientate new employees to the Belleville Home Health Agency, its functions and procedures generally, and their functions specifically.
- D) To give the Belleville Home Health Agency an updated and complete procedural manual to prevent any misunderstanding of agency purpose or function.

GOVERNING BODY

The Belleville Home Health Agency shall have a governing body who has legal authority and responsibility for the conduct of the Belleville Home Health Agency. The governing body shall:

1. Have bylaws which shall be reviewed annually and be revised as needed. They shall be made available to all members of the Professional Advisory Board.
2. Appoint members of the Professional Advisory Board.
3. Employ a qualified administrator.
4. Adopt and revise, as needed, policies and procedures for the operation and administration of the agency.
5. Meet to review the operation of the agency with the Professional Advisory Board.
6. Keep minutes of all meetings.
7. Provide and maintain an office facility adequately equipped for efficient work and which provides a safe working environment in compliance with local ordinances.

The governing body of the Belleville Home Health Agency will be Sandra K. Gain.

PROFESSIONAL ADVISORY BOARD

The Belleville Home Health Agency's Professional Advisory Board shall assist in developing and recommending policies and procedures for administration and home health services provided by the agency. These policies and procedures shall be in accordance with the scope of services offered by the agency and based on the home health needs of the patient and the area being served. Policies and procedures shall be reviewed annually or more frequently as needed to determine their adequacy and suitability. Recommendations for any improvements shall be made.

The policies and procedures to be reviewed shall include but not be limited to the following:

1. Administration and supervision of the agency and the home health services it provides.
2. Criteria for the acceptance, non-acceptance and discharge of patients.
3. Home Health Services
4. Medical supervision and plans of treatment.
5. Patient care plans.
6. Clinical records.
7. Personnel data.
8. Evaluation of the agency.
9. Coordination of services.

The group shall keep minutes of all meetings and meet as often as necessary to carry out its purposes. The group will meet at least annually.

The Professional Advisory Board of the Belleville Home Health Agency will consist of the following people:

Sandra K. Gain, R.N.C., B.S.

Oscar R. Gain, Jr., B.S., R.P.T.

Carolyn Dozier, R.N.

Paul J. Biedenharn, M.D.

Father Eugene Neff

AGENCY SUPERVISION

The Belleville Home Health Agency shall designate a physician or registered nurse to supervise the provision of home health services. Such services shall be provided in accordance with the orders from the patient's physician and under a plan of treatment established by such physician. This person shall be available at all times during operating hours of the agency and participates in all activities relevant to the provision of home health services.

The skilled nursing service of the Belleville Home Health Agency shall be under the supervision of a full time registered nurse. This supervising nurse shall be responsible for:

1. The overall supervision of all registered nurses, licensed practical nurses and home health aides.
2. The assurance that the professional standards of community nursing practice are maintained by all nurses providing care.
3. Maintaining and adhering to agency procedure and patient care policy manuals.
4. Participation in the establishment of service policies and procedures.
5. Participation in the selection of nursing personnel and the evaluation of nursing per-

sonnel.

6. Coordination of patient care services.
7. Keeping and maintaining records of case assignments and case management.
8. Preparation and maintenance of scheduling of cases to be brought to the clinical record review committee.
9. The conduct of selective program evaluations to improve deficient services and the development and implementation of plans of correction.

The Belleville Home Health Agency will be supervised by Sandra K. Gain, R.N.C., B.S.

PERSONNEL POLICIES

Personnel policies applicable and available to all full and part time employees shall include but not be limited to the following:

1. Wage scales, fringe benefits, hours of work and leave time.
2. Requirements for initial and periodic health exams as required by the governing body.
3. Orientation to the home health agency and continuing education.
4. Job descriptions for all positions utilized by the agency.
5. Annual performance evaluation for all employees.
6. Compliance with all applicable requirements of the Civil Rights Act of 1964.
7. Provision for confidentiality of personnel records.

Personnel records for all employees shall include the name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, current licensure and/or registration if applicable, dates of employment and separation from the agency and the reason for separation.

The Belleville Home Health Agency shall ensure

that individuals employed on a contractual basis, be qualified personnel, currently licensed and/or registered if applicable, and under the supervision of the agency.

INSTITUTING HOME CARE

A referral is made to the Belleville Home Health Agency by hospital, nursing home, physician, etc. A qualified office secretary (one having skills in medical terminology and who has been given the authority) or a nurse, may accept the telephone referral. A Physician Plan of Treatment is initiated. All information listed on the plan of treatment should be obtained at this time, except of course for the physician's signature. This referral form is then given to the supervising nurse who will review the form and contact the doctor, if necessary, for further information. A copy of this form will be sent to the patient's doctor for a signature. If the referral is received in the mail and the form is signed by the doctor, a copy of the referral will be sent to the doctor's office to verify the referral.

The supervising nurse will then assign an R.N. to make the initial evaluation. A telephone confirmation will be made with the patient or the patient's family to verify the date of the visit. An envelope containing the forms necessary for the initial visit with typed in pertinent information, will be given to the nurse making the visit. It must be remembered that this is just an evaluation visit in order to determine the patient's eligibility for home visits. The

patient's personal history form should be given to the patient or family member for completion. This form can either be mailed back to the agency, or be picked up on a follow-up visit.

The nursing assessment and social evaluation form should be completed by the nurse. A visit report should be filled out as well. If the patient is accepted for care, a care plan should also be completed. This care plan will be kept in a Kardex at the Belleville Home Health Agency. If other disciplines are required in order to provide continuity of care, a referral is made to that discipline by the R.N.. Should a home health aide be required, the R.N. will be responsible for assigning an aide to the patient. Written instructions will be prepared by the R.N. and given to the aide.

All nurses and home health aides will complete a visit report form for each visit made. Physical therapists will complete the initial P.T. evaluation form, if applicable. Physical therapists and P.T. Assistants will keep notes on a per visit basis and submit them on a weekly basis. All disciplines are expected to keep a daily record, which is to be submitted to the agency office on a weekly basis.

The secretary or office manager will be responsible for determining eligibility with Medicare and pri-

vate insurance companies. She will be responsible for keeping all certifications current. A statistics card will be kept in a Kardex at the secretary's desk. She will be responsible for keeping an ongoing record of the number of patients receiving each service, breakdown by diagnosis, source of referral and total staff days for each service offered. She will assume responsibility for all billings and will be expected to balance the books at the end of the day. Two ledger cards will be kept on each patient for billing purposes. One card will be kept in the file on top of the secretary's desk; the other will be kept in the patient's chart. The purpose of two cards is to safeguard against a lost card.

Each patient referred to the agency will be assigned a number. This number is to appear on all pertinent records of the patient.

SCHEDULING OF VISITS

Visits by members of the Belleville Home Health Agency will be made between the hours of 8 a.m. and 7 p.m. Monday thru Friday. Visits will not be made on weekends or holidays. The agency office will be open 8 a.m. to 4:30 p.m. Monday thru Friday.

Patients will be informed of the agency hours and scheduling of visits during the initial visit. The last visit will be scheduled no later than 7 p.m..

DOCUMENTATION OF VISITS

Each service is required to make a written note following each visit. These notes are to be turned in to the agency office on a weekly basis accompanied by a weekly summary, which sums up the progress the patient has shown during that week. All reports are to be turned in to the office by twelve noon Monday of the following week.

STAFFING/RESPONSIBILITIESADMINISTRATOR

The Administrator shall have the following responsibilities:

1. Ensure that the agency is in compliance with all applicable Federal, State and Local laws.
2. Be familiar with the rules of the Department of Public Health, State of Illinois, and maintain them within the agency.
3. Familiarize all employees as well as providers through contractual purchase of services with the law and the rules of the Department of Public Health and make copies available for their use.
4. Ensure the completion, maintenance and submission of such reports and records as required by the Department of Public Health.
5. Maintain ongoing liaison with the governing body, professional advisory group, staff members and the community.
6. Maintain a current organizational chart to show lines of authority down to the patient level.
7. Have the authority for the management of the business affairs and the overall operation of the agency.

8. Maintain appropriate personnel records, administrative records and all policies and procedures of the agency.
9. Employ qualified personnel in accordance with job description.
10. Provide orientation of new staff, regularly scheduled in-service education programs and opportunities for continuing education for the staff.
11. Designate in writing the qualified staff member to act in the absence of the administrator.

The Administrator of the Belleville Home Health Agency will be Sandra K. Gain, R.N.C., B.S..
Carolyn Dozier, R.N. will assume the role of Administrator in Sandra Gain's absence.

HOME HEALTH AIDE

Home Health Aide service shall be under the supervision of a registered nurse in accordance with the plan of treatment. The home health aide is assigned to a particular patient by a registered nurse. Written instructions for patient care are prepared by a registered nurse or the

appropriate therapist. Duties of the home health aide include:

1. The performance of simple procedures as an extension of therapeutic services.
2. Personal care.
3. Ambulation and exercise of the patient.
4. Household services essential to health care at home.
5. Assistance with medications that are ordinarily self-administered.
6. Reporting changes in the patient's condition and needs to the registered nurse or the appropriate therapist.
7. Completion of appropriate records.

The registered nurse or appropriate therapist shall make a supervisory visit to the patient's residence at least every two weeks either when the home health aide is absent to assess relationships and determine whether goals are being met.

QUALIFICATIONS OF HOME HEALTH AIDE

The home health aide shall have training in those supportive services which are required to provide personal care, emotional comfort and to assist the patient toward independent living in a

safe environment. Persons employed as home health aides shall be selected on the basis of such factors as emotional and mental maturity, interest and sympathetic attitude toward caring for the sick, willingness to participate in a continuous learning process, and the ability to communicate through reading, writing, and carrying out instructions. The Belleville Home Health Agency shall insure through verification that all newly employed home health aides have completed a basic course of instruction. The course content shall meet guidelines established by the Department of Public Health.

REGISTERED NURSE

Skilled nursing services shall be given by a registered nurse in accordance with the plan of treatment. These services shall include the following:

1. Have the responsibility for the observation assessment, nursing diagnosis, counsel, care, and health teaching of the ill, injured or infirmed, and the maintenance of health and prevention of illness and others.
2. Maintain a clinical record for each patient receiving care.

3. Provide progress notes to the patient's physician about the patients under care when the patient's conditions change or there are deviations from the plan of care or at least every sixty days.
4. Make home health aide assignments, prepare written instructions for the aide and supervise the aide in the home.
5. Direct the activities of the licensed practical nurse.
6. Administer medications and treatments as prescribed by the patient's physician.
7. Act as the coordinator of the health care team in order to maintain the proper linkages within the continuum of care.

QUALIFICATIONS OF REGISTERED NURSE

The Registered Nurse will be a graduate of an approved school of professional nursing who is licensed as a Registered Nurse by the state in which practicing and who has had two years of nursing experience.

PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

Physical therapy services shall be given by a qualified physical therapist or by a qualified physical therapist assistant under the supervision of a qualified physical therapist in accordance with a plan of treatment. These services shall include the following:

1. Review and evaluate physician's referral and patient's medical record to determine physical therapy required.
2. Plan and prepare tests, measurements, and evaluations, such as range of motion and manual muscle tests, gait and functional analyses, and body parts measurements, and record and evaluate findings to aid in establishing or revising specifics of treatment programs.
3. Plan and prepare written treatment program based on the evaluation of available patient data.
4. Plan and administer prescribed physical therapy treatment programs for patients to restore function, relieve pain, and prevent disability following disease, injury or loss of a body part.
5. Administer manual therapeutic exercises to

- improve or maintain muscle function, applying precise amounts of manual force and guiding the patient's body parts through selective patterns and degrees of movement. Instruct, motivate and assist the patient in non-manual exercises, such as active regimens, isometric and progressive - resistive, and in functional activities using available equipment and assistive and supportive devices, such as crutches, walkers, canes, orthoses and prostheses. Administer treatment involving, but not limited to, the application of physical agents, such as heat, light, cold, water and electricity. Evaluate, fit and adjust prosthetic and orthotic devices and recommend modifications to the orthotist/prosthetist.
6. Observe, record and report to the physician the patient's treatment, response and progress.
 7. Instruct other health team personnel including, when appropriate, home health aides and family members in certain phases of physical therapy with which they may work with the patient.
 8. Instruct patient and family in total physical therapy program.
 9. Prepare clinical and progress notes for the clinical record.

Supervision of the physical therapist assistant shall include the following:

1. A registered physical therapist must be accessible by telephone to the physical therapist assistant at all times while the physical therapist assistant is treating patients.
2. On-site supervision would take place every 4-6 visits. If less than 4-6 visits are made by the physical therapist assistant in a two month period, the physical therapist assistant must be supervised at least once during that two month period.
3. Supervision does not constitute treatment.
4. The supervisory visit should include a complete on-site functional assessment, an on-site review of activities with appropriate revision of the treatment plan, and an assessment of the utilization of outside resources.

The physical therapist assistant shall:

1. Be directed by and under the supervision of a registered physical therapist.
2. Administer the physical therapy program as established by the physical therapist.

3. Administer non-complex active and passive manual therapeutic exercises, therapeutic massage, heat, light, cold, water and electrical modalities to patients with relatively stable conditions.
4. Instruct, motivate and assist patients in learning and improving functional activities such as ambulation, transfers and activities of daily living.
5. Observe patient's progress and response to treatment and report to the physical therapist.
6. Confer with members of the health care team for planning, modifying, and coordinating treatment programs.

QUALIFICATIONS OF REGISTERED PHYSICAL THERAPIST

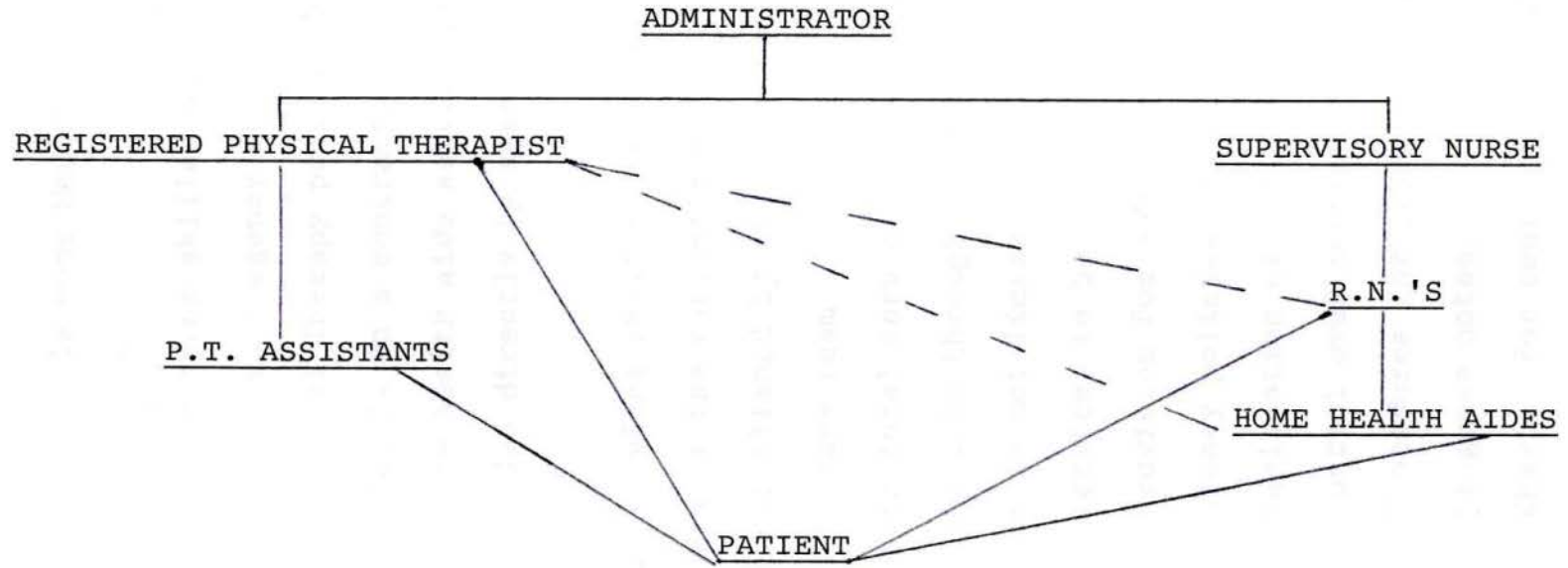
1. Licensed to practice as a physical therapist in Illinois or eligible to be.
 - a. Graduate of a physical therapy curriculum approved by the American Physical Therapy Association.
2. Prior to January, 1966:
 - a. Was admitted to membership by the American Physical Therapy Association.
 - b. Was admitted to Registration by the American Registry of Physical Therapists.

- c. Has graduated from a physical therapy curriculum in a four year college or university approved by a State Department of Education.
3. Has two years of experience as a physical therapist.

QUALIFICATIONS OF PHYSICAL THERAPY ASSISTANT

1. Has graduated from a two-year college level program approved by the American Physical Therapy Association.
2. Has two years of appropriate experience as a physical therapist assistant.
3. Has achieved a satisfactory grade on proficiency examination conducted, approved, and sponsored by the United States Public Health Service except that such determinations of proficiency do not apply with respect to persons initially licensed by a state or seeking initial qualifications as a physical therapist assistant after December 31, 1977.

ORGANIZATIONAL CHART



SERVICES PROVIDED

The Belleville Home Health Agency will provide the following services:

1. Intermittent skilled nursing service provided directly by agency staff.
2. Physical Therapy provided by qualified individuals on a contractual basis.
3. Home health aide service which will be provided directly by agency staff.

All services shall be provided in accordance with the orders of the patient's physician and under a plan of care established by the physician and members of the health care team.

Contractual services provided by qualified individuals shall be through a written agreement which includes but is not limited to the following:

1. Services to be provided.
2. Provision for adherence to all applicable agency policies and personnel requirements.
3. Designation of full responsibility for agency control over contracted services.
4. Procedures for submitting clinical and progress notes.
5. Charges for contracted services.
6. Statement of responsibility of liability and

- insurance coverage.
7. Period of time in effect.
 8. Date and signatures of appropriate authorities.
 9. Provision of termination.

DESCRIPTION OF SERVICES

PHYSICAL THERAPY

The Belleville Home Health Agency will provide the following physical therapy services to homebound patients:

Amputee Training

Cardiac Exercise Program

Cold Pac

Corset, Splint, Brace Measurement and Fitting

Evaluations by RPT (ROM, balance, MFT, gait, posture, coordination, function, and pain)

Exercise

Gait Training (walker, crutches, cane)

Home Program Instruction

Ice Massage

Ice Stimulation

Massage

Paraffin Bath

Rehabilitation

Relaxation/Awareness Training

Respiratory Program (Breathing Exercises,
Postural Drainage)
Stimulation (electrical)
Transcutaneous Electrical Nerve Stimulation
Ultrasound

ACCEPTANCE OF PATIENTS

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

Patient acceptance and discharge policies shall include the following:

1. Persons shall be accepted for health service on a part-time or intermittent basis upon a plan of treatment established by the patient's physician. This plan shall be reduced to writing within fourteen days.
2. Prior to acceptance, the person shall be informed of the agency's charges for the various services it offers.
3. No person shall be refused service because of age, race, color, sex, marital status, national origin or source of payment. The Belleville Home Health Agency is not required to accept a patient whose source of payment is less than

- the cost of the service.
4. When services are to be terminated by the home health agency, the patient is to be notified three working days in advance of the date of termination stating the reason for termination. This information shall be documented in the clinical record. When indicated, a plan shall be developed or a referral made for any continuing care.
 5. Services shall not be terminated until such time as the registered nurse and/or the appropriate therapist, in consultation with the patient's physician, deem it appropriate or arrangements are made for continuing care.

PLAN OF TREATMENT

Skilled nursing and other home health services shall be in accordance with a plan of treatment based on the patient's diagnosis and assessment of the patient's immediate and long range needs and resources. The plan of treatment will be established in consultation with the home health services team which includes the patient's physician, pertinent members of the agency staff, the patient and members of the patient's family. The plan of treatment will include the following:

1. Diagnosis
2. Functional limitations and rehabilitation potential
3. Expected outcomes for the patient
4. The patient's physician regimen of:
 - a) Medications
 - b) Treatments
 - c) Activity
 - d) Diet
 - e) Specific procedures deemed essential for the health and safety of the patient
 - f) Mental Status
 - g) Frequency of Visits
 - h) Equipment Required
 - i) Instructions for timely discharge of referral
5. The patient's physician's signature and date
Consultation with the patient's physician on any modification in the plan of treatment deemed necessary shall be documented, and the physician signature obtained within fourteen days of any modification of the medical plan of treatment.

The treatment plan shall be reviewed by the home health agency team every sixty days or more often should the patient's condition warrant.

An updated plan of treatment shall be given to the patient's physician for review/revision and signature every sixty days or more often as indicated.

PATIENT CARE PLAN

Home health services from members of the agency staff as well as those under contract shall be given in accordance with the plan of treatment and the patient care plan. The patient care plan shall be written by appropriate members of the home health services team based upon the plan of treatment and an assessment of the patient's needs, resources, family and environment. The initial assessment is to be made by a registered nurse. Assessment by other members of the health services team shall be made on orders of the patient's physician or by request of a registered nurse.

The patient's care plan shall be updated as often as the patient's condition indicates. The plan shall be maintained as a permanent part of the patient's record. The patient care plan shall indicate:

1. Patient problems.
2. Patient's goals, family's goals, service goals.
3. Service approaches to modify or eliminate problems.

4. The staff responsible for a given element of service.
5. Anticipated outcome of service approach with an estimated time frame for completion.
6. Potential for discharge from service.

CLINICAL RECORDS

Each patient shall have a clinical record, identifiable for home health services and maintained by the agency in accordance with accepted professional standards. Clinical records shall contain:

1. Appropriate identifying information for the patient, household members and caretakers, medical history and current findings.
2. A plan of treatment signed by the patient's physician.
3. A patient care plan for the patient developed by the home health services team which is in accord with the patient's physician's plan of treatment.
4. A notated medication list with dates reviewed, revised and date sent to the patient's physician.
5. Initial and periodic patient assessments by the registered nurse which include documentation of the patient's functional status and eligi-

- bility for service.
6. Assessments made by other members of the home health services team.
 7. Signed and dated clinical notes for each contact which are written the day of service and incorporated into the patient's clinical record at least weekly.
 8. Reports of all patient home health care conferences.
 9. Reports of contacts with the patient's physician by patient and staff.
 10. Indication of supervision of home health services by the supervising nurse, a registered nurse, or other members of the home health services team.
 11. Written summary reports sent to the patient's physician every sixty days containing home health services provided, the patient's status, recommendations for revision of the plan of treatment and the need for continuation or termination of services noted.
 12. Written and signed confirmation of the patient's physician's interim verbal orders.
 13. A discharge summary giving a brief review of service, patient status, reason(s) for discharge and plans for post discharge needs of

the patient.

14. A copy of appropriate patient transfer information, when requested, if the patient is transferred to another health facility or health agency.
15. All records shall be retained for a minimum of five years beyond the last date of service provided.

According to court rulings, it is legal for a patient to see the information contained in his record. The information does belong to the patient, but the record - the paper - belongs to the agency.

In the event that a patient should ask to see his record, he should do the following:

1. Come in person to the office of the Belleville Home Health Agency.
2. Sign a release of information.
3. Be allowed to read the record.
4. The incident should be recorded in the patient's record.

PROCEDURE FOR GIVING OUT INFORMATION OVER THE PHONE

(This is for either Doctor's Office, Attorney's Office, Patient, or an Insurance Company)

1. Take call - make note of what is requested.
Be sure to get individual's (caller's name),

who they are representing, and phone number.
THEN - tell them you will check the records -
confirm if information can be given out.
AND THEN call them back within a few minutes,
or shortly later.

** DO NOT GIVE ANY INFORMATION AT THAT MOMENT!

2. Then - check the records for:
 - a) Release of information form - properly signed.
 - b) Obtain all requested information.
 - c) Check - if patient calls - the phone number corresponds.

If Doctor, Attorney, or Insurance office calls - check their phone number against the phone book.
3. Then - CALL BACK:
 - a) If information can be given and everything is in order, then give it out.
 - b) If information can't be given out, or there is some question, explain or clarify.
 - c) If there are any doubts about giving out information, contact the administrator.
4. If, after checking, you find the caller's number does not correspond, just disregard the call.

PROTECTION OF RECORDS

1. Clinical records are safeguarded against loss of unauthorized use.
2. Patient's written consent is required for release of information not authorized by law.
3. Records will be kept locked in the agency office and an abstract will be used on home visits.
4. In case of agency shut down, the owner will assume responsibility for the records.

DRUGS AND BIOLOGICALS

Policies governing the supervision and administration of drugs and biologicals include:

1. All orders for medications to be given shall be dated and signed by the patient's physician.
2. All orders for medications shall contain the name of the drug, dosage, frequency, method or site of injection and permission from the patient's physician if the patient and/or family are to be taught to give the medication.
3. The agency's physician or registered nurse shall check all medicines a patient may be taking to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies and contraindications

and promptly report any problem to the patient's physician.

4. All verbal orders for medication or change in medication orders shall be taken by the registered nurse and reduced to writing and signed by the patient's physician within seven days.
5. When experimental drugs, allergenic desensitizing agents, penicillin or any potentially hazardous drug is administered, the registered nurse administering such drugs shall have an emergency plan and whatever drugs and/or devices are appropriate in the event of a drug reaction.

AGENCY EVALUATION

The Belleville Home Health Agency is required to make an overall evaluation of the agency's total program at least once a year. This evaluation shall be made by the Professional Advisory Group (or a committee of this group), home health agency staff, consumers, or representation from professional disciplines which are participating in the provision of home health services. The evaluation consists of an overall policy and administrative review and a clinical record review. The evaluation shall assess the extent to which the

agency's program is appropriate, adequate, effective and efficient. Results of the evaluation shall be reported to and acted upon by those responsible for the operation of the agency and maintained separately as administrative records.

INSERVICE PROGRAMS

The Belleville Home Health Agency firmly believes that inservice program and continuing education classes are a must in order to maintain and improve quality of care. Therefore, the following inservice schedule has been prepared.

INSERVICE SCHEDULE

1982 - 1983

| | |
|-----------|--|
| MAY | "CPR Class" Oscar & Sandee Gain |
| JUNE | "Rehab of the Stroke Patient" Oscar Gain |
| JULY | "Aging - Common Misconceptions" Sandee Gain |
| AUGUST | "Keeping Accurate Records" Sandee Gain & Carolyn Dozier |
| SEPTEMBER | "ROM and Transferring" Oscar Gain |
| OCTOBER | "Communicating with Doctors" Dr. Paul Biedenharn |

| | |
|----------|--|
| NOVEMBER | "Taking Care of Patients with Ostomies and Draining Wounds" Flora Gray |
| DECEMBER | "Rehab in Patients with Fractures" Oscar Gain |
| JANUARY | "Drug Induced Problems" Sandee Gain |
| FEBRUARY | "Diabetes" Larry Koesterer |
| MARCH | "Coping With Stress" Don Courtial |

POLICY AND ADMINISTRATIVE REVIEW

As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extend to which they promote patient care that is appropriate, adequate, effective and efficient. Pertinent data to assist in the evaluation will include:

1. Number of patients receiving each service offered.
2. Number of patient visits.
3. Reasons for discharge.
4. Breakdown by diagnosis.
5. Sources of referral.

6. Number of patients not accepted with reasons why.
7. Total staff days for each service offered.

CLINICAL RECORD REVIEW

At least quarterly, members of professional disciplines representing at least the scope of the agency's programs, shall review a sample of both active and closed clinical records to assure that the established policies are followed in providing services.

This review will include the following:

1. If the patient care plan was directly related to the stated diagnosis and plan of treatment.
2. If the frequency of visits was consistent with the plan of treatment.
3. If the services could have been provided in a shorter span of time.

There is a continuing review of clinical records for each sixty day period that a patient received home health services to determine adequacy of the plan of treatment and appropriateness of continuation of care.



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RECEIVED
NATIONAL HEALTH AGENCY

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APPENDIX J

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To be eligible for the various services offered by the Belleville Home Health Agency, a patient must:

- Be confined to his home due to illness or injury.
- Be under the care of an attending physician.
- Require intermittent skilled nursing care and/or physical therapy.
- Nature of care must be non-custodial.

Referrals can be made by anyone, but services cannot be provided until the Agency receives written orders from the patient's attending physician. When a referral is received by the Agency, the attending physician will be contacted to obtain the necessary orders.

*Our life's work
is life itself ...*

For more information or to make a referral, please telephone or write:

Belleville Home Health Agency
1021 East "B" Street
Belleville, Illinois 62221
(618)277-7514

Belleville Home Health Agency
1021 East "B" Street
Belleville, Illinois 62221

*Our life's work
is life itself ...*



BELLEVILLE HOME HEALTH AGENCY

"Specialists in Care to the Elderly"

1021 East "B" Street
Belleville, Illinois 62221
(618)277-7514

Serving The Communities of
Belleville, Swansea, Shiloh, O'Fallon,
Fairview Heights, SAFB, Mascoutah,
Millstadt, Freeburg, and Smithton.

Home health care makes more sense today than ever before for several reasons.

First, for patients who do not need the constant supervision provided by a hospital or extended care facility, home health services permits the patient to be in familiar surroundings. A growing number of doctors and health care professionals recommend the patient's home for recovery following a health crisis.

Second, for concerned and caring family members, it allows them to assist in the patient's care. They become an important part of the "team" and are encouraged to learn and participate in the patient's care.

The third reason is economics. The costs for home care are considerably less than hospital care. At home, the health care costs can be tailored to meet the needs of the patient on an intermittent basis.

The Belleville Home Health Agency, which is privately owned and operated, offers the following services:

- Skilled Nursing Services
- Home Health Aide Services
- Physical Therapy Services

All personnel are fully qualified and meet all Federal and State requirements necessary to practice their professions.



Skilled Nursing Services

The Agency's primary service, skilled nursing care, is provided on an intermittent basis to a patient in his own home in accordance with a written order from the attending physician. Registered Professional Nurses will perform skilled nursing services in accordance with the Physician's Plan of Treatment and a supervised nursing care plan.

These services include:

- Developing and implementing the nursing care plan for the patient.
- Providing nursing services of a preventive, therapeutic and rehabilitative nature as appropriate for the patient's care and safety.
- Observing signs and symptoms and reporting to the physician reactions to treatments, including drugs, and changes in the patient's emotional or physical condition.
- Teaching, supervising, and counseling the patient and family members regarding the nursing care needs and other related problems of the patient.
- Supervising and training other nursing service personnel.
- Coordinating total patient care with the attending physician and other services involved.

Home Health Aide Services

All home health aides work under the direction and supervision of the Registered Professional Nurse. An aide is used primarily when there is a specific need for personal care services for the sick or disabled patient.

These services include:

- Assisting the patient with ambulation.
- Helping the patient to maintain personal hygiene, i.e., bathing, oral hygiene and care of the skin and hair.
- Assisting with the preparation of meals and maintenance of an appropriate diet.
- Helping to maintain a clean, healthful, safe environment.

- Assisting with certain treatments and rehabilitation plans when ordered by the physician and approved and supervised by the nurse or other appropriate professional.
- Reporting any changes in the patient's condition to her immediate supervisor, the Registered Nurse.
- The home health aide is a dependent member of the professional team. Therefore, an order for home health aide service cannot be accepted unless the physician has also ordered the services of Nursing or Physical Therapy. Custodial care cannot be provided.



Physical Therapy Services

Physical Therapy is a preventive and curative treatment which employs physical agents, such as heat, light, water, electricity, massage, and exercise to restore a patient to his maximum level of physical functioning.

These services include:

- Evaluating the patient's level of physical functioning.
- Consulting with the physician to establish goals and plan appropriate treatment which will assist the patient to reach his maximum potential.
- Applying physical therapy modalities and procedures to improve the functioning of the patient and decrease existent pain.
- Teaching and supervising the family and patient care team in the application of physical therapy techniques.

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APPENDIX K

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Belleville Home Health Agency

1021 East "B" Street
Belleville, Illinois 62221

Phone
(618)277-7514

Sandra K. Gain
Administrator

April 20, 1982

Dr. Ernest Teagle
10 West Harrison
Belleville, Illinois 62221

Dear Dr. Teagle,

With health care costs continuing to climb, it is no wonder that many of your patients are choosing their own homes, following a health crisis, for their recovery and rehabilitation needs. In order to help meet these needs, the Belleville Home Health Agency has been established.

The Belleville Home Health Agency, which is privately owned and operated, offers the services of skilled nursing, physical therapy and home health aides to your homebound patients in the communities of Belleville, Smithton, Freeburg, Millstadt, Mascoutah, Scott AFB, O'Fallon, Fairview Heights, Swansea and Shiloh. A brochure is enclosed to explain these services in more detail.

The social service departments of local hospitals and nursing centers will soon have referral forms and additional copies of the brochure for your convenience. To initiate service, simply note "BHHA referral" on your physician order sheet or call the Belleville Home Health Agency. Office hours are 8:30 a.m. to 4:30 p.m. Monday through Friday.

If I can be of assistance to you in anyway, please do not hesitate to call.

Sincerely,

Sandra K. Gain, RNC,BS
Administrator

Enclosure

State of
Mississippi

William L. ...
...

APPENDIX L

...
...
...
...

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

William L. Kempiners
Director

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | CATEGORY | I. D. NUMBER |
|-----------------|----------|--------------|
| 4/30/83 | 73 | 147860 |

*****HOME HEALTH AGENCY*** (INITIAL)**
Skilled Nursing*****
Physical Therapy*****
Home Health Aide Service*****

BUSINESS ADDRESS

Belleville Home Health Agency
1021 East "B" Street
Belleville, IL 62221

936453

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