R432. Health, Family Health and Preparedness, Licensing.
R432-700. Home Health Agency Rule.
R432-700-1. Authority.

This rule is adopted pursuant to Title 26, Chapter 21 Health Care Facility Licensing and Inspection Act.

R432-700-2. Purpose.

The purpose of this rule is to promote the public health and welfare through the establishment and enforcement of licensure standards. This rule sets standards for the operation of home health agencies.

R432-700-3. Compliance.

Home health agencies shall comply with these rules and their own policies and procedures.

R432-700-4. Definitions.

Terms used in this rule are defined in Section 26-21-2, and section R432-1-3. In addition:

(1) "Certification in Cardiopulmonary Resuscitation" (CPR) refers to certification issued after completion of an in- person course, to include skills testing and evaluation on-site with a licensed instructor.

(2) "Licensed health care professional" means a registered nurse, physician assistant, advanced practice registered nurse, or physician licensed by the Utah Department of Commerce who has education and experience to assess and evaluate the health care needs of the resident.

(3) "Primary Care Provider" means the physician, physician assistant, or advanced practice registered nurse who is the primary care provider of the patient, and who has education and experience to assess and evaluate the health care needs of the patient. This definition also applies to a physician, physician assistant, or advanced practice registered nurse who is on call for the primary care provider of the patient.

(4) "Service Agreement" means a written agreement for services between the client and the personal care provider which outlines how the services are to be provided according to the requirements of Section R432-700-24.

R432-700-5. Categories of Home Health Agencies.

Home health agencies include institutionally based home care programs, freestanding public and proprietary home health agencies, and any subdivision of an organization, public agency, hospital, or nursing home licensed to provide intermittent part-time services or full-time private duty services to patients in their places of residence.

R432-700-6. Services Provided by a Home Health Agency.

(1) A home health agency shall provide services to patients in their place of residence, or in special circumstances, the place of employment.

(2) Services shall be directed and supervised by a licensed practitioner.

(3) Professional and supportive personnel shall be responsible to the home health agency for any of the following services that they may perform:

(a) provision of skilled services authorized by a primary care provider;

(b) nursing services assessed, provided, or supervised by registered nurses; or

(c) other related health services approved by a licensed practitioner.

R432-700-7. Licensure Required.

(1) R432-700 Home Health Agency Rule does not apply to a single individual providing professional services under the authority granted by a professional license or registration.

(2) The home health agency shall comply with Rule R432-2 General Licensing Provisions.

R432-700-8. Governing Body and Policies.

(1) The home health agency shall be organized under a governing body that assumes full legal responsibility for the conduct of the home health agency.

(2) The governing body shall develop an organization chart that shows the administrative structure of the home health agency.

(3) The governing body shall assume responsibility to:

(a) comply with federal regulations, state rules, and local laws;

(b) adopt policies and procedures which describe functions or services of the home health agency and protect patient rights;

(c) adopt a statement that there is no discrimination because of race, color, sex, religion, ancestry, or national origin; and

(d) develop and implement bylaws which shall include at least:

(i) a statement of purpose;

(ii) a statement of qualifications for membership and methods to select members of the governing board;

(iii) a provision for the establishment, selection and term of office for committee members and officers;

(iv) a description of functions and duties of the governing body, officers and committees;

(v) a statement of the authority and responsibility delegated to the administrator;

(vi) a policy statement relating to conflict of interest of members of the governing body or employees who may influence home health agency decisions;

(vii) required meetings as stated in bylaws, at least annually; and

(viii) appointment by name and in writing of a qualified administrator who is responsible for the home health agency's overall functions.

(4) The governing body shall review the written annual evaluation report from the administrator and make recommendations as necessary. Documentation of this review shall be available to the Department.

(5) The governing body shall make provision for resources and equipment to provide a safe working environment for personnel.

(6) The governing body shall establish a system of financial management and accountability.

R432-700-9. Administrator.

(1) The administrator is the individual the home health agency's governing body appoints to be responsible for the overall functions of the home health agency.

(2) The administrator shall have at least one year of managerial or supervisory experience.

(3) The administrator shall designate in writing a qualified person who shall act in their absence. The administrator's designee shall have sufficient power, authority, and freedom to act in the best interests of patient safety and well-being.

(4) The administrator or designee shall be available during the home health agency's hours of operation.

(5) The administrator shall have the responsibility to:

(a) complete, submit and file records and reports required by the Department;

(b) review home health agency policies and procedures at least annually and revise as necessary and document the date of review;

(c) implement home health agency policies and procedures;

(d) organize and coordinate functions of the home health agency by delegating duties and establishing a formal means of staff accountability;

(e) appoint a primary care provider, registered nurse, or health care professional to provide general supervision, coordination, and direction for professional services of the home health agency;

(f) appoint a registered nurse to be the director of nursing services;

(g) appoint the members and their terms of membership in the interdisciplinary quality assurance committee;

(h) appoint other committees as deemed necessary, describe committee functions and duties, and make provision for selection, term of office and responsibilities of committee members;

(i) designate a person responsible for maintaining a clinical record system on each patient;

(j) maintain current written designations or letters of appointment in the home health agency;

(k) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority, and who have the appropriate license or certificate of completion;

(l) develop job descriptions that delineate functional responsibilities and authority;

(m) develop a staff communication system that coordinates implementation of plans of treatment, utilizes services or resources to meet patient needs and promotes an orderly flow of information within the organization;

(n) provide staff orientation as well as continuing education in applicable policies, rules, regulations and resource materials;

(o) secure contracts for services not directly provided by the home health agency;

(p) implement a program of budgeting and accounting; and

(q) establish a billing system which itemizes services provided and charges submitted to the payment source.

R432-700-10. Personnel.

(1) The administrator shall employ qualified personnel who are competent to perform their respective duties, services and functions.

(2) The home health agency shall develop written policies and procedures that address at least the following:

(a) job descriptions, qualifications, validation of licensure or certificates of completion for each position held;

(b) orientation for direct and contract employees;

(c) criteria for, and frequency of, performance evaluations;

(d) work schedules, method and period of payment, fringe benefits such as sick leave, vacation and insurance;

(e) frequency and documentation of in-service training; and

(f) contents of personnel files.

(3) Each employee shall be licensed, certified or registered as required by the Utah Department of Commerce, Division of Occupational and Professional Licensing.

(4) Failure to ensure that staff are licensed, certified or registered may result in sanctions to the home health agency license.

(5) The home health agency shall document that staff have been trained annually in the reporting requirements for suspected abuse, neglect and exploitation.

R432-700-11. Health Surveillance.

(1) The home health agency shall establish and implement a policy and procedure for health screening of home health agency health care workers to identify any situation which would prevent the employee from performing assigned duties in a satisfactory manner.

(2) Employee health screening and immunization components of personnel health programs shall be developed by the home health ageny, in accordance with Rule R386-702, Communicable Disease Rules.

(3) Employees shall be tested for tuberculosis by the Mantoux Method or other FDA approved in-vitro serologic test in accordance with Rule R388-804, Special Measures for Control of Tuberculosis.

(a) The licensee shall ensure that employees are skin-tested for tuberculosis within two weeks of:

(i) initial hiring;

(ii) suspected exposure to a person with active tuberculosis; and

(iii) development of symptoms of tuberculosis.

(b) Skin testing shall be exempted for employees with known positive reaction to skin tests.

(4) Infections and communicable diseases reportable by law shall be reported by the home health agency to the local health department in accordance with Section R386-702-3.

R432-700-12. Orientation.

(1) The home health agency shall document that employees are oriented to the home health agency and the job for which they are hired.

(2) Orientation under Subsection (1) shall include:

(a) the functions of home health agency employees and the relationships between various positions or services;

(b) job descriptions;

(c) duties for which persons are trained, certified or licensed for;

(d) ethics, confidentiality and patients' rights;

(e) information about other community agencies including emergency medical services;

(f) opportunities for continuing education appropriate to the patient population served; and

(g) reporting requirements for suspected abuse, neglect or exploitation.

R432-700-13. Contracts.

(1) The administrator shall secure written contracts or agreements from other providers, or independent contractors, who provide patient services through the home health agency and shall arrange for an orientation to ensure that the contractor is prepared to meet the job expectations.

(2) The home health agency shall make any contract under Subsection (1) available for review by the Department.

(3) The contract shall include:

(a) the effective and expiration dates;

(b) a description of goods or services to be provided; and

(c) a copy of the professional license.

R432-700-14. Acceptance Criteria.

(1) The home health agency shall develop written acceptance criteria and shall make these policies available to the public upon request.

(2) The home health agency shall accept patients for treatment if the patient's needs can be met by the home health agency in the patient's place of residence. The home health agency shall base the acceptance determination on an assessment using the following criteria:

(a) the patient needs skilled nursing services which meet the following criteria:

(i) the complexity of prescribed services can be safely or effectively performed only by, or under the close supervision of, technical or professional personnel;

(ii) care is needed to prevent, to the extent possible, deterioration of the condition or to sustain current capacities of a patient, such as one with terminal cancer; and

(iii) special medical complications necessitate service performance or close supervision by technical or professional persons, as in the care of a diabetic patient with impaired circulation, fragile skin and a fractured leg in a cast;

(b) the patient needs therapy services or support services;

(c) the patient, responsible family members, guardians or legal representatives request care at home; or

(d) the physical facilities in the patient's place of residence can be adapted to provide a safe environment for care.

R432-700-15. Termination of Services Policies.

(1) The home health agency may discharge a patient under one or more of the following circumstances:

(a) a licensed practitioner signs a discharge statement for termination of services;

(b) treatment objectives are met;

(c) the patient's status changes, which makes treatment objectives unattainable and new treatment objectives are not an alternative;

(d) the family situation changes and affects the delivery of services;

(e) the patient or family is uncooperative in efforts to attain treatment objectives;

(f) the patient moves from the geographic area served by the home health agency;

(g) the primary care provider fails to renew orders as required by the rules for skilled nursing or therapy services, or the patient changes primary care providers and the home health agency cannot obtain orders for continuation of services from the new primary care provider;

(h) the patient's payment sources are exhausted and the home health agency is fiscally unable to provide free or reduced care;

(i) the home health agency discontinues a particular service or terminates services;
(j) the home health agency can no longer provide quality care in the place of residence;
(k) the patient or family requests home health agency services to be discontinued;
(l) the patient dies;
(m) the patient or family is unable or unwilling to provide an environment that ensures safety for the both the patient and provider of service; or
(n) the patient's payer excludes the home health agency from participating as a covered provider or refuses to authorize services the home health agency determines are medically necessary.
(2) The person who is assigned to supervise and coordinate care for a particular patient shall complete a discharge summary when services to the patient are terminated.

R432-700-16. Patients' Rights.
(1) Written patients' rights shall be established by the home health agency and made available to the patient, guardian, next of kin, sponsoring agency, representative payee and the public.
(2) Home health agency policy shall determine how patients' rights information is distributed.
(3) The home health agency shall ensure that each patient receiving care has the following rights:
(a) to be fully informed of these rights and rules governing patient conduct, as evidenced by documentation in the clinical record;
(b) to be fully informed of services and related charges for which the patient or a private insurer may be responsible, and to be informed of changes in charges;
(c) to be fully informed of the patient's health condition, unless medically contraindicated and documented in the clinical record;
(d) to be afforded the opportunity to participate in the planning of home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research;
(e) to refuse treatment to the extent permitted by law and to be informed of the medical consequences if treatment is refused;
(f) to be assured confidential treatment of personal and medical records, and to approve or refuse their release to any individual outside the home health agency, except in the case of transfer to another home health agency or health facility, or as required by law or third-party payment contract;
(g) to be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;
(h) to be assured the patient, family members or other individuals providing care to the patient will be taught about required services, so the patient can develop or regain self-care skills and the family members or other individuals providing care to the patient can understand and help the patient;
(i) to be assured that personnel who provide care demonstrate competency through education and experience to carry out the services for which they are responsible;
(j) to receive proper identification from the individual providing home health services; and
(k) to receive information concerning the procedures to follow to submit complaints about services being performed.

R432-700-17. Primary Care Provider Orders.
(1) Primary care provider orders shall be incorporated into the plan of care when skilled care is being provided.
(2) Primary care provider orders in Subsection (1) may include:
(a) diet and nutritional requirements;
(b) medications;
(c) frequency and type of service;
(d) treatments;
(e) medical equipment and supplies; and
(f) prognosis.

R432-700-18. Patient Records.
(1) The home health agency shall develop and implement record-keeping policies and procedures that address use of patient records by authorized staff, content, confidentiality, retention and storage.
(2) Records in Subsection (1) shall be maintained in an organized format.
(3) To facilitate locating each patient's current or closed record, the home health agency shall maintain a patient record identification system.
(4) An accurate, up-to-date record shall be maintained by the home health agency, for every patient receiving service through the home health agency.
(5) Each person who has patient contact or provides a service in the patient's place of residence shall enter a clinical note of that contact or service in the patient's record.
(6) Entries in Subsection (5) shall be dated and authenticated with the signature, or identifiable initials of the person making the entry.
(7) Services provided by the home health agency and outcomes of these services shall be documented in the individual patient record.

(8) Each patient record shall contain at least the following information:

(a) identification data including patient's name, address, age, date of birth, name and address of nearest relative or responsible individual, name and telephone number of the primary care provider with responsibility for patient care, and the name and telephone number of any person or family member who provides care in the place of residence;

(b) a written plan of care;

(c) a signed and dated patient assessment which identifies pertinent information required to carry out the plan of care;

(d) reasons for referral to the home health agency;

(e) statement of the suitability of the patient's place of residence for the provision of health care services;

(f) documentation of telephone consultation or case conferences with other individuals providing services;

(g) signed and dated clinical notes for each patient contact or home visit including services provided; and

(h) a written termination of services summary which describes:

(i) the care or services provided;

(ii) the course of care and services;

(iii) the reason for discharge;

(iv) the status of the patient at time of discharge; and

(v) the name of the agency or facility if the patient was referred or transferred.

(9) For those patients who receive skilled services, the home health agency shall include the following items in the patient record in addition to the items under Subsection (8):

(a) diagnosis;

(b) pertinent medical and surgical history;

(c) a list of medications and treatments;

(d) allergies or reactions to drugs or other substances;

(e) clinical summaries or other documents obtained when necessary for promoting continuity of care, especially when a patient receives care elsewhere, such as:

(i) a hospital;

(ii) an ambulatory surgical center;

(iii) a nursing home;

(iv) a primary care providers or consultant's office; or

(v) other home health agency; and

(f) clinical notes to include a description of the patient condition and significant changes such as:

(i) objective signs of illness, disorders and body malfunction;

(ii) subjective information from the patient and family;

(iii) general physical condition;

(iv) general emotional condition;

(v) positive or negative physical and emotional responses to treatments and services;

(vi) general behavior; and

(vii) general appearance.

R432-700-19. Confidentiality and Release of Information.

(1) The home health agency shall develop and implement policies and procedures to safeguard patient records against loss, destruction or unauthorized use.

(2) The home health agency shall have written procedures for the use and removal of medical records. The release of information, including photographs, shall require the written consent of the patient.

(3) The home health agency shall keep patient records confidential. Information may be disclosed only to authorized persons in accordance with federal regulations, state rules and local laws.

(4) Authorized representatives of the Department shall be allowed to review records to determine compliance with licensure rules and standards.

(5) When a patient is referred to another agency or facility, the home health agency may release information only with the written consent of the patient.

(6) The home health agency shall make provisions for filing, safe storage and easy access to medical records.

R432-700-20. Quality Assurance.

(1) The quality, appropriateness and scope of services rendered shall be reviewed and evaluated at least annually by the governing body to determine overall effectiveness in meeting home health agency objectives.

(2) The administrator shall conduct an annual evaluation of the home health agency's overall program and submit a written report of the findings to the governing body.

(3) The home health agency shall demonstrate concern for cost of care by evaluating:

(a) relevance of health care services;

(b) appropriateness of treatment frequency;

(c) use of less expensive, but effective resources whenever possible; and

(d) use of ancillary services consistent with patient needs.

(4) An interdisciplinary quality assurance committee shall evaluate patient services on a quarterly basis. A written report of findings from each meeting shall be submitted to the administrator and shall be available in the home health agency.

(a) Each member of the quality assurance committee shall be appointed by the administrator for a given term of membership.

(b) The quality assurance committee shall have a minimum of three members who represent at least three different licensed or certified health care professions.

(5) The methodology for evaluation by the quality assurance committee shall include:

(a) review and evaluation of active and closed patient records to assure that established policies and procedures are being followed. Home health agency policy and procedure will determine the methods for selecting and reviewing a representative sample of records;

(b) review and evaluation of coordination of services through documentation of written reports, telephone consultation, or case conferences; and

(c) review and evaluation of plans of treatment for content, frequency of updates and whether clinical notes correspond to goals written in the plan of care.

R432-700-21. Nursing Services.

(1) Nursing services provided through a home health agency shall be under the supervision of a director of nursing services.

(2) Nursing services shall be provided by or under the supervision of a registered nurse and according to the plan of care.

(3) When a home health agency provides or contracts for services, the service shall be provided according to the plan of care and supervised by designated, qualified personnel.

(4) The nursing staff of the home health agency shall observe, report and record written clinical notes.

(5) Nursing services provided through a home health agency shall recognize and use opportunities to teach health concepts to the patient and family.

(6) Registered nurses or licensed practical nurses employed by or contracted with the home health agency shall have a valid license from the Utah Department of Commerce.

(7) A licensed nurse of the home health agency shall include the following responsibilities:

(a) administer prescribed medications and treatments according to law and as permitted within the scope of the individual's license;

(b) perform nursing care according to the needs of the patient and as indicated in the written plan of care;

(c) inform the primary care provider and other personnel of changes in the patient's condition and needs;

(d) write clinical notes in the individual patient record for each visit or contact;

(e) teach self-care techniques to the patient or family, or both;

(f) develop plans of care; and

(g) participate in in-service programs.

(8) The director of nursing services of the home health agency shall be responsible for and shall be accountable for the following functions:

(a) designate a registered nurse to act as director of nursing services during their absence;

(b) assume responsibility for the quality of nursing services provided by the home health agency;

(c) develop nursing service policies and procedures that shall be reviewed annually and revised as necessary;

(d) establish work schedules for nursing personnel according to patient needs;

(e) assist in development of job descriptions for nursing personnel;

(f) complete performance evaluations for nursing personnel according to home health agency policy; and

(g) direct in-service programs for nursing personnel.

(9) In addition to the responsibilities in Subsection (7), a registered nurse of the home health agency shall include the following responsibilities:

(a) make the initial nursing evaluation visit;

(b) re-evaluate nursing needs based on the patient's status and condition;

(c) initiate the plan of care and make necessary revisions;

(d) provide services that require specialized nursing skills;

(e) initiate appropriate preventive and rehabilitative nursing procedures;

(f) supervise staff assignments based on specific patient needs, family capabilities, staff training and experience, and degree of supervision needed;

(g) assist in coordinating services provided;

(h) prepare termination of services statements;

(i) supervise and consult with licensed practical nurses as necessary;

(j) provide written instructions for a certified nursing aide to ensure provision of required services written in the plan of care;

(k) supervise certified nursing aide in the patient's home as necessary, and be readily available for consultation by telephone; and

(l) make supervisory visits with or without the certified nursing aide's presence as follows:

(i) initial assessment;

(ii) every two weeks to patients who receive skilled services;

(iii) every three months to patients who require long-term maintenance services; and

(iv) any time there is a question of change in the patient's condition.

(10) The licensed practical nurse of the home health agency shall include the following responsibilities:
(a) work under the supervision of a registered nurse;
(b) observe, record and report to the immediate supervisor the general physical or mental condition of the patient;
(c) assist the registered nurse in performing specialized procedures; and
(d) assist in development of the plan of care.

R432-700-22. Certified Nursing Aide.

(1) A certified nursing aide of the home health agency may have the following responsibilities:
(a) provide only those services written in the plan of care and received as written instructions from the registered nurse supervisor, if the service is an extension of therapy, the instructions shall be written by the licensed therapist;
(b) perform normal household services essential to health care at home;
(c) make occupied or unoccupied beds;
(d) supervise the patient's self-administration of medication;
(e) observe, record and report basic patient status;
(f) perform activities of daily living as written in the plan of care;
(g) give nail care as described in the plan of care;
(h) observe and record food and fluid intake when ordered;
(i) change dry dressings according to written instructions from the supervisor;
(j) administer emergency first aid;
(k) provide escort and transportation to appointments for patient care services;
(l) provide social interaction and reassurance to the patient and family in accordance with the plan of care; and
(m) write clinical notes in individual patient records.
(2) A certified Nursing Aide shall be at least 18 years old.
(3) A certified Nursing Aide shall have a certificate of completion for the employment position within six months of the date of hire.
(4) A certified Nursing Aide shall be certified in CPR and emergency procedures.

R432-700-23. Personal Care Aides.

(1) A personal care aide shall be at least 18 years of age and include the following responsibilities:
(a) receive written instructions from the supervisor;
(b) perform only the tasks and duties outlined in the service agreement;
(c) have knowledge of home health agency policy and procedures;
(d) be trained in first aid;
(e) be oriented and trained in aspects of care to be provided to clients;
(f) be able to demonstrate competency in areas of training for personal care; and
(g) maintain a minimum of six hours of in-service training per calendar year, prorated for the first year of employment.
(2) A personal Care Aide may assist clients with the following activities:
(a) self-administration of medications by:
(i) reminding the client to take medications, and
(ii) opening containers for the client;
(b) housekeeping;
(c) personal grooming and dressing;
(d) eating and meal preparation;
(e) oral hygiene and denture care;
(f) toileting and toilet hygiene;
(g) arranging for medical and dental care including transportation to and from appointments;
(h) taking and recording oral temperatures;
(i) administering emergency first aid;
(j) providing or arranging for social interaction; and
(k) providing transportation.
(3) A personal Care Aide shall document observations and services in the individual client record.

R432-700-24. Plan of Care.

(1) For each patient, the home health agency shall:
(a) establish a plan of care for any care, services, or treatment provided by:
(i) the home health agency; or
(ii) any indirect contracted services;
(b) describe the plan of care under Subsection (a) in the patient's record; and
(c) document the activities of the home health agency or indirect contracted services to implement the plan of care under Subsection (1) in the patient's record.
(2) The plan of care under Subsection (1) shall be developed and signed by a licensed health care professional.

(3) The plan of care under Subsection (1) shall be developed with consultation from other home health agency staff or contract personnel.

(4) Modifications or additions to the initial plan of care shall be made by a licensed health care professional as necessary.

(5) Each plan of care under Subsection (1) shall be reviewed and approved by the licensed health care professional as the patient's condition warrants, at intervals not to exceed 63 days.

(6) For patients receiving skilled services, the written plan of care under Subsection (1) shall be approved by a primary care provider at intervals not to exceed 63 days.

(7) The person who is assigned to supervise and coordinate care for a patient shall have the primary responsibility to notify the attending primary care provider and other home health agency staff of any significant changes in the patient's status.

(8) Notifications under Subsection (7) shall be made part of the patient's record.

(9) The plan of care under Subsection (1), developed in accordance with the referring primary care provider's orders, shall include:

(a) name of the patient;

(b) diagnoses;

(c) treatment goals stated in measurable terms;

(d) services to be provided, at what intervals, and by whom;

(e) needed medical equipment and supplies;

(f) medications to be administered by designated, licensed home health agency personnel;

(g) supervision of self-administered medication;

(h) diet or nutritional requirements;

(i) necessary safety measures;

(j) instructions to patient and family; and

(k) date plan was initiated and dates of subsequent review.

R432-700-25. Medication and Treatment.

(1) Skilled treatments shall be administered only by licensed personnel to comply with signed orders from a person lawfully authorized to give the order. The order may be remotely given but shall be subsequently signed by the person giving the order within 31 days.

(2) Medications shall be administered according to signed orders from a person lawfully authorized to give the order. The order may be remotely given but shall be subsequently signed by the person giving the order within 31 days.

(3) Orders remotely given shall be received and verified only by licensed personnel lawfully authorized to accept the order. Remotely given orders shall be recorded in the patient's record.

(4) If medications are administered by home health agency personnel, the orders and subsequent changes in orders shall be signed by the primary care provider and included in the patient's record.

(5) Unlicensed staff may administer medications only after delegation by a licensed health care professional under the professional scope of practice with the following requirements:

(a) the delegation shall be in accordance with Section R156-31B-701;

(b) the medications shall be administered according to the prescribing order;

(c) the delegating authority shall provide and document supervision, evaluation and training of unlicensed assistive personnel assisting with medication administration; and

(d) the delegating authority or another registered nurse shall be readily available either in person or by telecommunication.

(6) Orders for therapy services shall include the procedures to be used, the frequency of therapy and the duration of therapy.

(7) Orders for skilled services shall be reviewed or renewed by the attending primary care provider at intervals not to exceed 63 days. Primary care provider's signature and date shall be evidence of this review or renewal.

(8) Primary care provider orders may be transmitted by facsimile machine. The home health agency shall obtain the original signature, upon request, if verification of the signature is requested.

R432-700-26. Therapy Services.

(1) Physical, occupational, speech and nutrition therapy services offered by the home health agency, as either direct or contract services, shall be provided by, or under the supervision of, a licensed or certified therapist in accordance with the plan of care.

(2) The qualified therapist in Subsection (1) shall have the following general responsibilities:

(a) provide treatment as ordered and approved by the attending primary care provider;

(b) evaluate the home environment and make recommendations;

(c) develop the plan of care for therapy;

(d) observe and report findings about the patient's condition to the attending primary care provider and other home health agency staff and document information in the patient's record;

(e) advise, consult and instruct other home health agency personnel and family about the patient's therapy program;

(f) provide written instructions for the certified nursing aide to promote extension of therapy services;

(g) supervise other home health agency personnel when appropriate; and

(h) participate in in-service programs.

(3) In addition to the general responsibilities in Subsection (2), a physical, speech, or occupational therapist may perform the following:

(a) provide written instructions for personal care aides and certified nursing aides to ensure provision of required services written in the plan of care;

(b) supervise aides in the patient's home as necessary, and be readily available for consultation by phone; and

(c) make supervisory visits with or without the aide's presence, as required.

R432-700-27. Medical Supplies and Equipment.

The home health agency shall develop and follow written medical supply policies and procedures which describe:

(1) home health agency provision of or use of durable medical equipment and disposable medical supplies;

(2) categories of medical supplies and equipment available through the home health agency;

(3) charges and reimbursement for medical supplies and equipment; and

(4) processes for billing medical supplies and equipment to the patient, insurance carrier, or an other payment source.

R432-700-28. Emergency and After-Hours Care.

Emergency and after-hours care shall be described in home health agency written policies and procedures and made available to the patient and family.

R432-700-29. Social Services.

(1) When medical social services are provided by the home health agency, the services shall be provided by a certified social worker or by a social service worker supervised by a certified social worker, in accordance with the plan of care.

(2) The social worker in Subsection (1) shall be responsible to:

(a) assist team members in understanding significant social and emotional factors related to health problems;

(b) participate in the development of the plan of care;

(c) prepare clinical notes according to rules and home health agency policy;

(d) utilize community resources; and

(e) participate in in-service programs.

R432-700-30. Penalties.

Any person who violates any provision of this rule may be subject to the penalties enumerated in Section 26-21-11 and Section R432-3-7 and be punished for violation of a class A misdemeanor as provided in Section 26-21-16.

KEY: health care facilities
Date of Last Change: February 14, 2022
Notice of Continuation: August 13, 2021
Authorizing, and Implemented or Interpreted Law: 26-21-5; 26-21-2.1