

LICENSURE SURVEY PREP

CALIFORNIA

HOME HEALTH



This information is intended to provide an abbreviated version of the California licensure requirements in preparation for a licensure survey by Accreditation Commission for Health Care (ACHC). For a complete listing of the regulations, visit leginfo.legislature.ca.gov.

- **All policies must be available for the Surveyor to review once they arrive on site. Please flag the identified policies for review. If you have purchased policies from an approved consultant or vendor, policies will not be reviewed during the licensure or Medicare-certification survey.**
- **The agency Administrator, Alternate Administrator, Director of Patient Care Services (DPCS), or Alternate DPCS must be present during the licensure survey.**

The Surveyor will interview the Administrator, Alternate Administrator, DPCS, or Alternate DPCS. They should be knowledgeable of:

- The process for reporting a change in ownership, management, and/or governing body to the Centers for Medicare & Medicaid Services (CMS).
- The duties of the governing body.
- The negative outcomes that must be reported to ACHC and the required timeframes for reporting.
- The process for addressing a patient complaint or grievance.
- The process for addressing competency of staff.

Below are items that will be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your personal Account Advisor.

ACHC Standard	Personnel File Requirements
HH1-5A	<p>The signed job description for the Administrator requires, at a minimum:</p> <ul style="list-style-type: none"> ■ The Administrator (if hired by the home health agency prior to January 13, 2018): <ul style="list-style-type: none"> » Is a licensed physician or Registered Nurse; or » Has training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or related health programs. ■ The Administrator (if hired by the home health agency after January 13, 2018): <ul style="list-style-type: none"> » Is a licensed physician or a registered nurse, or holds an undergraduate degree; and » Has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or a related health care program.

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HH1-6B	<p>The personnel file of the DPCS meets the California requirements. The DCPS is:</p> <ul style="list-style-type: none"> ■ A registered nurse with a baccalaureate or higher degree in nursing or another health-related field with three years of experience within the past five years in a home health agency, primary care clinic, or health facility, at least one year of which was in a supervisory or administrative capacity; or ■ A registered nurse with four years of experience within the past five years in a home health agency, primary care clinic, or health facility, at least one year of which was in a supervisory or administrative capacity. ■ The Director of Patient Care Services shall have sufficient background knowledge and expertise in clinical decision-making for the patient population of the home health agency to meet the needs of his or her patients, and to contribute to Quality Management review and evaluation.
HH1-6B	<p>The personnel file of the Nurse Supervisor meets the California requirements. The Nurse Supervisor is:</p> <ul style="list-style-type: none"> ■ A registered nurse with two years of experience within the past five years in a home health agency, primary care clinic, or health facility. ■ A nurse supervisor shall have sufficient background knowledge and expertise in clinical decision-making for the patient population assigned to him or her in the home health agency to meet the needs of his or her patients and to contribute to Quality Management review and evaluation.
HH4-1A.02	<p>The personnel file for all individuals hired should contain:</p> <ul style="list-style-type: none"> ■ Position application. ■ Dated and signed withholding statements. ■ Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States).
HH4-2B.01	<p>The personnel file for all licensed individuals hired should contain:</p> <ul style="list-style-type: none"> ■ Evidence of verification of credentials through primary source verification.
HH4-2H.01	<p>The personnel file for all licensed individuals hired should contain:</p> <ul style="list-style-type: none"> ■ Evidence of a criminal background check for all states the individual has worked or lived in for the past three years. ■ Evidence of a national sex offender registry check if the individual will have access to patients. ■ Evidence of the Office of Inspector General exclusion list check If the individual will have access to patients or patient information.
HH4-2H.01	<p>The personnel file for each of the following persons shall submit to the State Department of Public Health an application and shall submit electronic fingerprint images to the Department of Justice for the furnishing of the person's criminal record to the state department, at the person's expense as provided in subdivision (b), for the purpose of a criminal record review:</p> <ul style="list-style-type: none"> ■ The owner or owners of a private agency if the owners are individuals. ■ If the owner of a private agency is a corporation, partnership, or association, any person having a 10 percent or greater interest in that corporation, partnership, or association. ■ The Administrator of a home health agency. <p>When the conditions set forth in paragraph (3) of subdivision (a) of Section 1265.5, subparagraph (A) of paragraph (1) of subdivision (a) of Section 1338.5, and paragraph (1) of subdivision (a) of Section 1736.6 are met, the licensing and certification program shall issue an All Facilities Letter (AFL) informing facility licensees. After the AFL is issued, facilities must not</p>

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	allow newly hired Administrators, program directors, and fiscal officers to have direct contact with clients or residents of the facility prior to completion of the criminal record clearance. A criminal record clearance shall be complete when the department has obtained the person's criminal offender record information search response from the Department of Justice and has determined that the person is not disqualified from engaging in the activity for which clearance is required.
California-required policies	<p>Written policies and procedures, per California requirement 1727.5(F), describe the purchase, storage, furnishing, and transportation of legend devices, including:</p> <ul style="list-style-type: none"> ■ Legend devices are reviewed annually by a group of professional personnel, including a physician and surgeon, Pharmacist, and Registered Nurse. ■ A legend device is defined as any device that bears the label "Caution: federal law restricts this device to sale by or on the order of a _____" (or words of similar meaning). <p>Written policies and procedures, per California requirement 74709, describe the circumstances under which the home health agency requires on-site supervisory visits to be conducted jointly with the Home Health Aide present.</p> <p>Written policies and procedures, per California requirement 74731, describe the retention, retrieval, and security for off-site centralized storage of inactive patient records.</p> <p>Written policies and procedures, per California requirement 74721, describe that Administrative policies will be established and implemented by the agency and, at a minimum, will address:</p> <ul style="list-style-type: none"> ■ A plan to handle medical emergencies. ■ Clinical program policies. <p>Written policies and procedures, per California requirement 74693, address the clinical protocols based on the services and procedures provided to patient accepted to the home health agency.</p>
HH1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws.
HH1-1A.01	The required federal and state posters are placed in a prominent location for easy viewing by personnel.
HH1-1B	Any disclosures per the California requirement 74665 have been properly disclosed.
HH1-2A	<p>Written policies and procedures define the governing body duties and accountabilities to include but not be limited to:</p> <ul style="list-style-type: none"> ■ Decision-making. ■ Appointing a qualified administrator. ■ Adopting and periodically reviewing written bylaws or equivalent. ■ Establishing or approving written policies and procedures governing operations. ■ Human resource management. ■ Quality Assessment/ Performance Improvement (QAPI). ■ Community needs planning, if applicable. ■ Oversight of the management and fiscal affairs of the home health. ■ Annual review of the policies and procedures.
HH1-6B	<p>Written policies and procedures and/or job description defines the role of the clinical manager to include, at a minimum:</p> <ul style="list-style-type: none"> ■ A clinical manager is a licensed physician, physical therapist, speech-language pathologist, occupational therapist, audiologist, social worker, or a Registered Nurse. ■ Education and experience in the scope of services offered.

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	<ul style="list-style-type: none"> ■ Minimum of two years of home care experience and at least one year of supervisory experience. ■ Direction, coordination, and overall supervision of all services provided by direct or contract personnel: <ul style="list-style-type: none"> » The clinical manager's oversight must include the following: <ul style="list-style-type: none"> ■ Making patient and personnel assignments. ■ Coordinating patient care. ■ Coordinating referrals. ■ Assuring that patient needs are continually assessed. ■ Assuring the development, implementation, and updates of the individualized plan of care. » Availability at all times during operating hours. » Assures quality of services offered and adequate staffing.
HH2-1A.01	<p>Written policies and procedures address the care/services to be provided by the agency to include but not be limited to:</p> <ul style="list-style-type: none"> ■ Types of care/service available. ■ Care/service limitations. ■ Charges or patient responsibility for care/service. ■ Eligibility criteria. ■ Hours of operation, including on-call availability. ■ Contact information and referral procedures.
HH2-2A	<p>Written policies and procedures outline the patient's rights and responsibilities to include but not be limited to:</p> <p>The HHA must provide the patient and the patient's legal representative (if any) with a written notice of the patient's rights during the initial evaluation visit, in advance of furnishing care to the patient, along with:</p> <ul style="list-style-type: none"> ■ Contact information for the home health agency Administrator, including the Administrator's name, business address, and business phone number in order to receive complaints. ■ An OASIS privacy notice to all patients for whom the OASIS data is collected. ■ Written notice of the patient's rights and responsibilities under this rule and the home health agency's transfer and discharge policies as set forth in 42 CFR 484.50(d)(1-7) to a patient-selected representative within four business days of the initial evaluation visit. <p>The patient and representative (if any) have the right to be informed of the patient's rights:</p> <ul style="list-style-type: none"> ■ The statement must be written in a language and manner the individual understands, and the written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities. ■ The home health agency provides written information concerning its policies on Advance Directives, prior to care being provided. ■ The home health agency obtains the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities. ■ If the patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed to act on the patient's behalf. If a state court has not adjudged a patient to lack legal capacity to make health care decisions

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	<p>as defined by state law, the patient's representative may exercise the patient's rights. If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his or her rights to the extent allowed by court order.</p>
HH2-2A	<p>The Patient Rights and Responsibilities statement must include at a minimum:</p> <ul style="list-style-type: none"> ■ Have his or her property and person treated with respect. ■ Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property. ■ Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA. ■ Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to: <ul style="list-style-type: none"> » Completion of all assessments. » The care to be furnished based on the comprehensive assessment. » Establishing and revising the plan of care. » The disciplines that will furnish the care. » The frequency of visits. » Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits. » Any factors that could impact treatment effectiveness. » Any changes in the care to be furnished. ■ Receive all services outlined in the plan of care. ■ Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164. ■ Be advised of: <ul style="list-style-type: none"> » The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA. » The charges for services that may not be covered by Medicare, Medicaid, or any other federally funded or federal aid program known to the HHA. » The charges the individual may have to pay before care is initiated. » Any changes in the information provided in accordance with 42 CFR 484.50(c)(7) of this section when they occur. The HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f). ■ Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating ongoing care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204. ■ Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.

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	<ul style="list-style-type: none"> ■ Be advised of the names, addresses, and telephone numbers of the following federally funded and state funded entities that serve the area where the patient resides: <ul style="list-style-type: none"> » Agency on Aging. » Center for Independent Living. » Protection and Advocacy Agency. » Aging and Disability Resource Center. » Quality Improvement Organization. ■ Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity. ■ Be informed of the right to access auxiliary aids and language services, and how to access these services. ■ Be able to identify visiting personnel members through agency-generated photo identification. ■ Choose a healthcare provider, including an attending physician. ■ Receive appropriate care without discrimination in accordance with physician orders. ■ Be informed of any financial benefits when referred to a home health agency.
HH2-3A	<p>Written policies and procedures define the process for investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the organization.</p> <p>The policies and procedures include but are not limited to:</p> <ul style="list-style-type: none"> ■ The timeframes for reporting and investigating allegations. ■ Who the allegations are reported to. ■ The process for immediately preventing further potential violations while the alleged violation is being verified.
HH2-4A	<p>Written policies and procedures define the process for the reporting of customer grievances/complaints to include but not be limited to:</p> <ul style="list-style-type: none"> ■ The appropriate person to be notified of the grievance/complaint. ■ Time frames for investigation activities, to include after hours. ■ Reporting of information. ■ Review and evaluation of the collected information. ■ Communication with the patient/family. ■ Documentation of all activities involved with the grievance/complaint, investigation, analysis, and resolution.
HH2-8A	<p>Written policies and procedures define the process for the provision of care/service to patients and families with communication and/or language barriers to include but not be limited to:</p> <ul style="list-style-type: none"> ■ Persons with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. ■ Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

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HH4-2H.01	<p>Written policies and procedures define the process for the completion of background checks and include but are not limited to:</p> <ul style="list-style-type: none"> ■ All personnel that have direct patient care and/or access to patient records will have the following checks completed: <ul style="list-style-type: none"> » Office of Inspector General exclusion list. » Criminal background record. » National sex offender registry. ■ All personnel that have or access to patient records only will have the following checks completed: <ul style="list-style-type: none"> » Office of Inspector General exclusion list. » Criminal background record. ■ Written policies and procedures will also define the special circumstances, if any, for hiring a person convicted of a crime to include but not limited to: <ul style="list-style-type: none"> » Documentation of special considerations. » Restrictions. » Additional supervision.
HH4-6A.01	<p>Written policies and procedures are established requiring the home health agency to design a competency assessment program based on the care/services provided for all direct care personnel.</p>
HH5-1B	<p>Written policies and procedures address the retention of medical records even when the agency discontinues operations and identifies to the state agency where those records will be maintained.</p> <p>Written policies and procedures also address HIPAA standards and include but are not limited to:</p> <ul style="list-style-type: none"> ■ Who can have access to patient records. ■ Personnel authorized to enter information and review the records. ■ Any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas. ■ A description of the protection and access of computerized records and information. ■ Back-up procedures, which include but are not limited to: <ul style="list-style-type: none"> » Electronic transmission procedures. » Storage of back-up disks and tapes. » Methods to replace information, if necessary. ■ Conditions for release of information.
HH5-8A	<p>Written policies and procedures are established in regard to verbal orders being accepted only by personnel authorized to do so by applicable state and federal laws and regulations, as well as by the home health agency's policies and procedures.</p>
HH5-16A.01	<p>Written policies and procedures are established in regard to the verification of the credentials of the referring physician prior to providing service/care.</p>
HH6-1A	<p>Written policies and procedures address the home health agency's Quality Assessment Performance Improvement process and at a minimum address:</p> <ul style="list-style-type: none"> ■ All services provided by the agency. ■ Focuses on indicators related to improved outcomes.

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	<ul style="list-style-type: none"> ■ The use of emergent care. ■ Hospital admissions and readmissions <p>Takes actions that address the agency's performance across the spectrum of care, including the prevention and reduction of medical errors.</p>
HH7-1A	<p>Written policies and procedures are established that address the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases and the compliance with regulatory standards, which include:</p> <ul style="list-style-type: none"> ■ General infection control measures appropriate for care/service provided. ■ Handwashing. ■ Use of standard precautions and personal protective equipment ■ Needle-stick prevention and safety plan. ■ Appropriate cleaning/disinfecting procedures. ■ Infection surveillance, monitoring, and reporting of employees and patients. ■ Disposal and transportation of regulated waste, if applicable. ■ Precautions to protect immunocompromised patients. ■ Employee health conditions limiting their activities. ■ Assessment and utilization of data obtained about infections and the infection control program. ■ Protocols for addressing patient care issues and prevention of infections related to infusion therapy, urinary tract care, respiratory tract care, and wound care. ■ Guidelines on caring for patients with multidrug resistant organisms. ■ Policies on protecting patients, staff, and families from bloodborne or airborne pathogens. ■ Monitoring staff for compliance with home health policies and procedures related to infection control. ■ Protocols for educating staff and families in standard precautions and the prevention and control of infection. ■ Detail OSHA Bloodborne Pathogen and Tuberculosis (TB) Exposure Control Plan training for all direct care personnel. <ul style="list-style-type: none"> » The Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices, and appropriate respiratory protection devices). » The TB Exposure Control plan includes a current organization assessment indicating the community and company TB incidence and prevalence rates as recommended by CDC guidelines. » Identify the personnel who have the responsibility for the implementation of the infection control activities and personnel education ■ Describe the conditions limiting the employee's assignments to office or home <p>Infection and communicable disease data is integrated into QAPI data.</p> <p>There is a plan for implementing the appropriate actions that are expected to result in improvement in infection prevention and disease prevention.</p>
Compliance with all Medicare Conditions of Participation and ACHC Home Health Standards is required for the Medicare certification survey.	