



This information is intended to provide an abbreviated version of the Florida licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit [www.ahca.myflorida.com](http://www.ahca.myflorida.com).

**All policies must be available for the Surveyor to review once they arrive on-site. Please flag the identified policies for review.**

## POLICIES AND PROCEDURES

- Written policies and procedures, per Florida requirement 59A-8.003(10), must designate the facility hours of operation which include:
  - » Hours of operation
  - » The HHA Administrator and DON, or their alternates, must be available to the public for any eight consecutive hours between 7 am and 6 pm, Monday through Friday of each week, excluding legal and religious holidays
  - » When the Administrator and the DON are not on the premises during designated business hours, a staff person must be available to answer the phone and the door, and must be able to contact the Administrator and the DON by telecommunications
- Written policies and procedures, per Florida requirement 59A-8.003(10)(d), describe the HHA's on-call system which includes:
  - » 24 hour availability to licensed professional nursing staff by active patients of the HHA receiving skilled care
  - » Designated nursing staff will be available to directly communicate with the patient
- Written policies and procedures address the following:
  - » On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report complaints
  - » The statewide toll-free telephone number for reporting complaints to the HHA must be provided to clients; the words: "To report a complaint regarding the services you receive, please call toll-free (phone number)," must be included and clearly legible
  - » The statewide toll-free telephone number for the central abuse hotline must be provided to clients; the words: "To report abuse, neglect, or exploitation, please call toll-free (phone number)," must be included and clearly legible
  - » A description of Medicaid fraud written by the HHA and the statewide toll-free telephone number for the central Medicaid fraud hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report suspected Medicaid fraud, please call toll-free (phone number)"
    - The HHA shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers
- The Compliance Program details actions the organization takes to prevent violations of fraud and abuse. The guidelines include, but are not limited to:
  - » Implementation of written policies, procedures, and standards of conduct
  - » Designation of a Compliance Officer and Compliance Committee
  - » Conducting effective training and education programs
  - » Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures, applicable statutes, and regulations
  - » Development of open lines of communication between the Compliance Officer and/or Compliance Committee and HHA personnel for receiving complaints and protecting callers from retaliation
  - » Performance of internal audits to monitor compliance
  - » Prompt response to detected offenses through corrective action

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- Written policies and procedures regarding confidentiality address the following:
- » The HHA ensures the confidentiality of the patient's clinical record
  - » The federal Health Insurance Portability and Accountability Act (HIPAA) regulations referenced in Section 164.502 and 164.506 permit providers to disclose health information for treatment, payment, or health care operations
  - » When disclosing information for payment or health care operations, only the minimum necessary information should be disclosed
  - » Description of any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas
  - » Conditions for release of information
  - » Retention of medical records even if the HHA discontinues operations
  - » Backup procedures, which include, but are not limited to:
    - Electronic transmission procedures
    - Storage of backup disks and tapes
    - Methods to replace information if necessary
  - » A description of the protection and access of computerized records and information
  - » Personnel authorized to enter information and review the records
  - » Who can have access to patient records
  - » How records are transferred to another agency
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- Written policies and procedures regarding emergency management address the following:
- » Each HHA shall prepare and maintain a comprehensive emergency management plan that is consistent with the standards adopted by national or state accreditation organizations and consistent with the local special needs plan
  - » The plan shall be updated annually and shall provide for continuing home health services during an emergency that interrupts patient care or services in the patient's home
  - » The plan shall include the means by which the HHA will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation
  - » The plan shall describe how the HHA establishes and maintains an effective response to emergencies and disasters, including:
    - Notifying staff when emergency response measures are initiated
    - Providing communication between staff members, county health departments, and local emergency management agencies
    - Including a backup system
    - Identifying resources necessary to continue essential care or services or referrals to other organizations subject to written agreement
    - Prioritizing and contacting patients who need continued care or services
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- Written policies and procedures requiring an overall evaluation of the HHA's total program at least once a year by the group of professional personnel (or a committee of this group), staff, and consumers, or by professional people outside the HHA working in conjunction with consumers which includes that mechanisms are established in writing for the collection of pertinent data to assist in annual evaluation.
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- Written policies and procedures, per Florida requirement 59A-8.0245(1), address the distribution of information regarding Advance Directives which includes:
    - » The HHA's position with respect to the state law and rules relative to Advance Directives
    - » The policies shall not condition treatment or admission upon whether or not the individual has executed or waived an Advance Directive
    - » In the event of conflict between the HHA's policies and procedures and the patient's Advance Directive, provision should be made in accordance with Chapter 765, Florida Statutes
    - » The HHA shall provide each adult patient, in advance of receiving services, with a copy of "Health Care Advance Directives – The Patients' Right to Decide", as prepared by AHCA, revised April 2006 as well as the HHA's position concerning their policies respecting Advance Directives
    - » Documentation on whether or not the patient has executed an Advance Directive shall be contained in the patient's medical record and not kept solely at another location in the HHA
    - » If an Advance Directive has been executed, a copy of that document shall be made a part of the patient's medical record. If the HHA does not receive a copy of the Advance Directive for a patient, the HHA must document in the patient's record that it has requested a copy

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  - Written policies and procedures address that an RN performs an annual evaluation of the Licensed Practical Nurse's (LPN's) performance of duties.

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  - Written policies and procedures address that the DON, Administrator, or Alternate Administrator shall establish policies and procedures on biomedical waste for HHAs providing nursing and physical therapy services, per Florida requirement 59A-8.0095(2)(b).

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  - Written policies and procedures are established that outline the process for meeting patient needs in a disaster or crisis situation. The process includes:
    - » A system to identify alternative methods for contacting personnel
    - » Mobilizing resources to meet critical needs
    - » Alternative methods, resources, and travel options for the provision of care/service
    - » Safety of personnel
    - » Identified time frames for initiation of the plan
    - » Identify and prioritize patients based upon their need so that care/service is ensured for patients whose health and safety might be at risk

Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)

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  - Written policies and procedures address the following:
    - » The HHA's policies and procedures are consistent with recommended Centers for Disease Control (CDC) and Occupational Safety and Health Agency (OSHA) guidelines for safety, universal precautions and infection control procedures
    - » The HHA will employ and evaluate nursing personnel
    - » The coordination of patient care services
    - » The HHA will set or adopt policies for, and keep records of criteria for admission to service, case assignments and case management
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- Written policies and procedures are established by the HHA in regard to the patient's right to make decisions about medical care, accept or refuse medical care, surgical treatment and the right to formulate an Advance Directive. Policies and procedures include, but are not limited to:
  - » Providing all adult individuals with written information about their rights under State law to:
    - Make decisions about their medical care
    - Accept or refuse medical or surgical treatment; and
    - Formulate, at the individual's option, an Advance Directive
  - » Informing patients about the HHA's written policies on implementing Advance Directives
  - » Documenting in the patient's medical record whether he or she has executed an Advance Directive
  - » Not limiting the provision of care or otherwise discriminating against an individual based on whether he or she has executed an Advance Directive
  - » Ensuring compliance with the related State requirements on Advance Directives
  - » Providing staff and community education on issues concerning Advance Directives

- Written policies and procedures and/or an Employee Handbook that includes, at a minimum, policies addressing:
  - » Wages
  - » Benefits
  - » Grievances and complaints
  - » Recruitment, hiring and retention of personnel
  - » Disciplinary action/termination of employment
  - » Professional boundaries and conflict of interest
  - » Performance expectations and evaluations

- Written policies and procedures address the following:
  - » All employees complete a continuing education course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) with an emphasis on appropriate behavior and attitude change
  - » Instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25
  - » An employee who has completed the educational course required in this subsection is not required to repeat the course upon changing employment to a different facility licensed under Part II, III or IV of chapter 400 or Part I of chapter 429

## OBSERVATION

- The home health agency (HHA) can demonstrate the availability of the Administrator and Director of Nursing (DON) or appropriate alternatives 8 hours a day, between 7 am and 6 pm, Monday through Friday of each week, and appropriate phone availability if the Administrator or DON are not available on site during these times.
- The HHA has all applicable current licenses required by local, state, and federal laws, and all required federal and state posters are placed in a prominent location.
- The HHA has an appropriately appointed Medical Director who is either under contract, an employee, or a volunteer.

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- The HHA has marketing materials that provide a description of the care/services to be offered and the contact information. Marketing materials also provide information regarding the referral process.
- The HHA has an Employee Handbook or provides access to personnel policies to its staff.
- There is evidence of a process to investigate all complaints, concerns, or grievances made.
- The HHA has a current lease for the office space occupied and proof the HHA is appropriately zoned.
- The supervising Registered Nurse (RN) or physician participates in all activities relevant to the services provided including the development of qualifications and the assignment of personnel.
- All home health services are provided under the direction of an RN or a physician with sufficient education and experience in the scope of services offered.
- The HHA has a sample admission packet that contains the required patient education materials.
- Supervision for all skilled nursing and therapeutic services is available at all times either by the supervising nurse, physician, or a qualified alternate.
- There is evidence the HHA has a standardized form on which to report incidents.
- The HHA has a TB Exposure Plan that includes the prevalence rate of TB in the communities to be served by the HHA.
- Once patients are accepted, the DON compiles a daily report of the home health services provided by a specific direct employee or contracted staff member.
- Once services are offered, the HHA's license number is included in newspaper advertisements, phone books, and brochures.

## GOVERNING BODY/OWNER

- There is a description of the governing body that includes name, address and telephone number for each member.
- There is evidence the governing body members received an orientation to their responsibilities to include:
  - » Organizational structure
  - » Confidentiality practices
  - » Review of the HHA's values, mission, and goals
  - » Overview of programs, services, and initiatives
  - » Responsibility for the Performance Improvement (PI) Program
  - » Organizational ethics
- Governing body/owner meeting minutes demonstrate the governing body assumes full legal authority and responsibility for the HHA.
- The governing body/owner has appointed a qualified Administrator and other personnel.
- The governing body/owner arranges for a Professional Advisory Committee (PAC).
- The governing body/members have a signed Conflict of Interest Disclosure statement, as applicable, as well as a signed Confidentiality statement.

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## PROFESSIONAL ADVISORY COMMITTEE (PAC)

- There is a description of the PAC, which includes name, occupation, title, and employer.
- There is evidence the PAC members received an orientation to their responsibilities to include:
  - » Organizational structure
  - » Confidentiality practices
  - » Review of the HHA's values, mission, and goals
  - » Overview of programs, services, and initiatives
  - » Personnel and patient grievance policies and procedures
  - » Responsibility for the Performance Improvement (PI) Program
- PAC meeting minutes demonstrate a review of clinical policies prior to the initiation of patient care.
- PAC members have a signed Conflict of Interest Disclosure statement, as applicable, and a signed Confidentiality statement.
- PAC meeting minutes document that committee members include at least one physician, one RN, appropriate representation from other services the HHA may provide, and at least one member who is neither an owner nor employee of the HHA.
- PAC meetings occur at least annually if the HHA has been in business for at least one year and minutes reflect discussion of:
  - » Admission/discharge policies
  - » Medical supervision and Plans of Care
  - » Emergency care
  - » Clinical record review
  - » Personnel qualifications
  - » Participation in the evaluation of the HHA's program
  - » Advice to the HHA on professional issues
  - » Maintaining liaison with other health providers in the community

## MOCK UP PATIENT RECORD

- The Patient Rights and Responsibilities statement includes the ACHC requirements, per Standard HH2-2A.
- Patients are provided information for the statewide toll-free telephone number for reporting complaints. The words "To report a complaint regarding the services you receive, please call toll-free (phone number)" must be included and clearly legible.
- The April 2006 version of "Health Care Advanced Directives-The Patient's Right to Decide" is included in the medical record.
- Patients are provided information for the statewide toll-free telephone number for the central abuse hotline. The words "To report abuse, neglect, or exploitation, please call toll-free (phone number)" must be included and clearly legible.
- Patients are provided a written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline. The words: "To report suspected Medicaid fraud, please call toll-free (phone number)," must be included and clearly legible. The HHA shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.

## EMERGENCY PLANNING

- There is a written comprehensive emergency plan in accordance with criteria shown in the “Comprehensive Emergency Management Plan” Agency for Health Care Administration (AHCA) Form 3110-1022 revised December 2006.

## PERSONNEL RECORDS

- Job descriptions are specific to the tasks, duties, and requirements for personnel.
- HHAs must have the Level 2 background checks completed, as well as Office of Inspector General (OIG) and national sex offender registry checks.
- The DON job description specifies the requirement to compile a daily report of home health services provided by a specific direct employee or contracted staff member.
- The DON meets all of the following qualifications:
  - » Is an RN from an approved school of nursing
  - » Is licensed in the state
  - » Is a direct employee
  - » Has a minimum of two years of home care experience and
  - » Has one year of supervisory experience with sufficient education and experience in the scope of services offered
  - » Fulfills the duties of the Director of Quality Assurance
- The Administrator meets the following qualifications:
  - » Is a direct employee and
  - » Is a licensed physician or
  - » Physician Assistant or
  - » An RN, licensed in the state or
  - » Has training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or in an acceptable licensed facility
- The Alternate Administrator meets the following qualifications:
  - » Is a direct employee or an individual covered under a management company contract and
  - » Is a licensed physician or
  - » Physician Assistant or
  - » An RN, licensed in the state or
  - » Has training and experience in health service administration and at least one year of supervisory or administrative experience in home health care or in an acceptable licensed facility

## STAFF INTERVIEW QUESTIONS

- All staff are able to discuss how the HHA receives, reports, and resolves any patient grievances.
- The Administrator and DON are aware of the procedure to prevent hiring an individual with a criminal background.

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  - » Instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25
  - » An employee who has completed the educational course required in this subsection is not required to repeat the course upon changing employment to a different facility licensed under Part II, III or IV of chapter 400 or Part I of chapter 429
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Compliance with all Medicare Conditions of Participation and ACHC Home Health Standards is required for a Medicare certification survey.

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