



This information is intended to provide an abbreviated version of the Missouri licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit <http://health.mo.gov>.

**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 are established in regard to drugs that may be possessed by any licensed nurse of a home health agency and used in the usual course of business without being licensed as a pharmacist or a pharmacy. Policies and procedures address, at a minimum:
  - » Specific drugs authorized to be possessed by the agency and the nurse
  - » Indications for use of the drugs possessed
  - » Receiving physicians' orders for administration of the drugs
  - » Leaving drugs with the patient for routine care procedures
  - » Conditions for storage and transport of the drugs by the agency and the nurse
  - » Quantity of drugs possessed by the agency and the nurse
- Written policies and procedures are established by the home health agency 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 address, at a minimum:
  - » 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 home health agency'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
- The home health agency has a Compliance Program which details actions the organization takes to prevent violations of the fraud and abuse. The guidelines address, at a minimum:
  - » Implementation of written policies, procedures, and standards of conduct
  - » Designation of a Compliance Officer and Compliance Committee
  - » Conducting effective training and education programs
  - » Performance of internal audits to monitor compliance
  - » Prompt response to detected offenses through corrective action
  - » Development of open lines of communication between the Compliance Officer and/or Compliance Committee and home health agency personnel for receiving complaints and protecting callers from retaliation
  - » Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures applicable statutes and regulations

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- Written personnel policies and procedures and/or an Employee Handbook address, at a minimum:
- » Wages
  - » Benefits
  - » Complaints and grievances
  - » Recruitment, hiring and retention of personnel
  - » Disciplinary action/termination of employment
  - » Professional boundaries and conflict of interest
  - » Performance expectations and evaluations
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- Written policies and procedures are established in regard to the required orientation on dementia-specific training about Alzheimer's disease and related dementias for employees and independent contractors who provide direct care to patients. The training includes, at a minimum:
- » An overview of Alzheimer's disease and related dementias
  - » Communicating with persons with dementia
  - » Behavior management
  - » Promoting independence in activities of daily living
  - » Understanding and dealing with family issues
  - » Dementia-specific training about Alzheimer's disease and related dementias shall be incorporated into orientation for new employees with direct patient contact and independent contractors with direct patient contact. The training shall be presented by an instructor who is qualified by education, experience, and knowledge in the current standards of practice regarding individuals with Alzheimer's disease and other related dementias. The training shall be provided annually and updated as needed.
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- Written policies and procedures are established and consistent with HIPAA standards. Written policies and procedures address, at a minimum:
- » Any circumstances and the procedures to be followed to remove patient records from the premises or designated electronic storage areas
  - » Conditions for release of information
  - » Back-up procedures, which include, but are not limited to:
    - Electronic transmission procedures
    - Storage of back-up 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
  - » Identified personnel that can have access to patient records
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- Written policies and procedures provide for retention of patient records even if the home health agency discontinues operations.
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- Written policies and procedures address 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 and includes mechanisms for the collection of pertinent data to assist in the annual evaluation.
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- Written policies and procedures are established that outline the process for meeting patient needs in a disaster or crisis situation. Policies and procedures address, at minimum:
    - » 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
    - » Specific measures for anticipated emergencies typical or appropriate for the geographical area served (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills, and inclement weather)
    - » Identify and prioritize patients based upon their need so that care/service is ensured for patients whose health and safety might be at risk
  - The agency has a written policy and procedure or a statement of Patient Rights and Responsibilities for distribution to the patient, which includes the following:
    - » Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
    - » Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/ service expected from third parties and any charges for which the patient will be responsible
    - » Receive information about the care/services covered under the Medicare Home Health benefit
    - » Participate in the development and periodic revision of the plan of care
    - » Refuse care or treatment after the consequences of refusing care or treatment are fully presented
    - » Be informed of patient rights under state law to formulate an Advance Directive
    - » Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
    - » The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent
    - » Be able to identify visiting personnel members through proper identification
    - » Receive information about the scope of services that the HHA will provide and specific limitations on those services
    - » Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
    - » Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
    - » Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
    - » Confidentiality and privacy of all information contained in the patient record and of Protected Health Information
    - » Be advised on agency's policies and procedures regarding the disclosure of clinical records
    - » Choose a health care provider, including choosing an attending physician
    - » Receive appropriate care without discrimination in accordance with physician orders
    - » Be informed of any financial benefits when referred to an organization
    - » Be fully informed of one's responsibilities
    - » Be informed of patient rights regarding the collection and reporting of OASIS information
    - » Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement
    - » Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act
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## GOVERNING BODY/OWNER

- Governing Body/owner meeting minutes demonstrate, at a minimum:
  - » The Governing Body/owner assumes full legal authority and responsibility of home health agency
  - » The Governing Body/owner appointed a qualified Administrator
  - » The Governing Body/owner arranged for a Professional Advisory Committee (PAC)
- 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, at a minimum:
  - » Organizational structure
  - » Confidentiality practices
  - » Review of the agencies values, mission and goals
  - » Overview of programs, services and initiatives
  - » Responsibility for the Performance Improvement Program
  - » Organizational ethics
  - » Conflict of interest
  - » Personnel and patient grievance policies and procedures

## PROFESSIONAL ADVISORY COMMITTEE (PAC)

- PAC meeting minutes document committee members which include at least one physician and one Registered Nurse (preferably a public health nurse), appropriate representation from other professional disciplines and that at least one member of the group is neither an owner nor an employee of the agency.
- PAC members receive an orientation to responsibilities and accountabilities in advising the governing body/owner to include, but not be limited to:
  - » Organizational structure
  - » Confidentiality practices and signing of a confidentiality agreement
  - » Overview of programs, services and initiatives
  - » Personnel and patient grievance policies and procedures
  - » Responsibility for the Performance Improvement Program
- PAC meeting minutes document the oversight of the programs offered, including:
  - » Admission and discharge policies
  - » Medical supervision and plans of care
  - » Emergency care
  - » Clinical records
  - » Personnel qualifications
  - » The home health agency's policies and procedures were reviewed and approved prior to the initiation of patient care
  - » The annual review of the home health agency's policies and procedures
  - » The evaluation of the home health agency's total program
- Agency has a list of PAC members, which includes name, address, and employer.

## PERSONNEL RECORDS

- The Administrator meets the following qualifications:
  - » Is a licensed Physician; or
  - » A Registered Nurse or
  - » 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

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- The job description identifies the responsibilities and authority of the Administrator which includes, but is not limited to:
  - » The overall operation and services of the organization
  - » Organizing and directing the agency's ongoing functions
  - » Maintaining an ongoing liaison with the governing body/owner, the group of professional advisors and the personnel
  - » Employing qualified personnel
  - » Ensuring adequate personnel education and evaluations
  - » Ensuring the accuracy of public information materials and activities
  - » Implementing an effective budgeting and accounting system

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- The alternate Administrator meets the following qualifications:
  - » Is a licensed Physician; or
  - » Registered Nurse or
  - » 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

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- Alternate Administrator has a signed job description which defines the duties of the alternate Administrator

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- The Supervising Registered Nurse or Physician meets the following criteria:
  - » A minimum of 2 years of home care experience and at least one year of supervisory experience is required with sufficient education and experience in the scope of services offered

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- All personnel show evidence of background checks including:
  - » Office of Inspector General Exclusion List
  - » Criminal background
  - » National sex offender registry (only required for personnel providing direct patient care)

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- There is evidence in the personnel files that prior to patient contact (Missouri Revised Statutes, Chapter 660, Department of Social Services, Section 660.317, the home health agency must verify that employee is registered with the Family Care Safety Registry (FCSR). For survey purposes, a copy of the registration and the results must be in the employee file. Any employee with a class A or B felony violation of chapter 565, 566 or 569, or any violation of subsection 3 of section 198.070, RSMo, or section 568.020, RSMo, cannot have patient contact unless a Good Cause Waiver has been GRANTED by the Department of Health and Senior Services. Any employee with any other FCSR finding cannot have patient contact without a Good Cause Waiver application having been SUBMITTED to the Department of Health and Senior Services. For survey purposes, if a Good Cause Waiver is required (either submitted or granted), there must be documentation in the employee file

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- There is evidence in the personnel files that the home health agency, per Section 660.315, did not knowingly hire a person, for any type of position, whose name appears on the Employee Disqualification List (EDL). Home health agencies must, at a minimum, check the latest annual EDL and quarterly updates, available on the Missouri Department of Health and Senior Services web site, before hiring any person for any job. An annual list is available in January of each year. Personnel records show:
  - » Evidence of a state background check prior to any contact with patient
  - » Evidence of checking the Employee Disqualification List (EDL) prior to hire
  - » Evidence of checking the Employee Disqualification List quarterly and annually

- There is evidence in the personnel file of a Criminal Disclosure statement prior to the employee having patient contact. (Per Missouri Revised Statutes, Chapter 660, Department of Social Services, Section 660.317(5)(2)).
- There is evidence in the personnel files for dementia-specific training about Alzheimer's disease and related dementias for direct care, non-direct care and contract employees, upon hire and annually thereafter

## STAFF INTERVIEW QUESTIONS

- All staff is able to discuss how the agency receives, reports and resolves any patient grievances and the home health agency has a standardized form to report incidents.
- Administrator and Supervising Nurse are knowledgeable of what would prevent the home health agency from hiring an individual who had a criminal background.

Compliance with all Medicare Conditions of Participation and ACHC Home Health Standards is required for a Medicare certification survey.

THIS IS AN ABBREVIATED VERSION OF MISSOURI LICENSURE REQUIREMENTS.

ACCREDITATION COMMISSION *for* HEALTH CARE

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